Exploring the Experiences of Vulnerable Families:

A Critical Reflection on the Participatory Research

Approach

Kate Herod

A thesis submitted in partial fulfilment of the

requirements of Liverpool John Moores University

for the degree of Doctor of Philosophy

February 2013

Acknowledgements

First and foremost, I want to thank the families who participated in this research. Without their willingness to share deeply personal aspects of their lives with me this research would not have been possible; their openness continues to be my inspiration.

I would like to thank my academic supervisory team at Liverpool John Moores University: Dr Daz Greenop for believing in me and giving me the confidence and support to do the right thing; Dr Conan Leavey for always being willing to question and help me make sense of chaos; also to Professor Jane Springett for offering the right solutions at the right time.

To Beverly Burke, for her supervision and for creating a space for me to be reflexive, something I will be forever grateful for.

To Carolyn Welch, Mary Johnson and all of the practitioners at the NSPCC: thank you for your time and patience with my never-ending demands.

To Elaine, for making sure I was able to complete this thesis.

And coming last but by no means whatsoever least, to my own family: My husband Andrew and children Oliver and Imogen, who can now have their wife and mummy back. Thank you for giving me the love, time and support to complete this.

Abstract

This thesis documents research undertaken to understand the experience of families who have lived with domestic violence, substance misuse and subsequent child protection intervention. Initially a participatory methodology was adopted, which presented significant challenges. This thesis presents a critical reflection of using the participatory methodology with vulnerable and stigmatized families and the divergence that this research experienced from participatory ideals when operationalized in a real-world setting. A range of methods have been employed to capture these experiences through a series of 'polyvocal' stories that not only provide authentic research findings, but also gave participants the chance to speak collectively about issues that concern them. This is an opportunity rarely afforded to families involved in child protection. Specific issues raised include the difficulty of inhabiting dual status as victim or perpetrator of domestic violence *and* a parent, the complexity of assessing structural injustice as opposed to agency responsibility when researching traumatic events and how services responses of 'kinship care' arrangements have substantial flaws. The study also generated new insight into the experiences of men as fathers and how 'risk' is assumed to be cross-contextual.

No easy solutions are proposed, but the participatory principles employed demonstrate the need to embrace a high level of reflexivity to address the challenges of power sharing with vulnerable people. The identity barriers to transformational relationships of families involved in child protection services also need to be reviewed. Only then will safe and ethical research and social work practice become possible.

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Abbreviations

LJMU   Liverpool John Moores University

NSPCC   National Society for the Prevention of Cruelty to Children

IDVA   Independent Domestic Violence Advisor

MARAC   Multi Agency Risk Assessment Conference

PR   Participatory Research

LSCB   Local Safeguarding Children's Board

Chapter overview

Chapter one   Introduction

In this chapter I lay the foundations for this thesis. I demonstrate how the philosophical and methodological approaches used in this research provided a unique perspective on the experiences of some of the most vulnerable families in our community. I present the research rationale, collaborative setting and research philosophy that underpin the research. I also address how this research aimed to give credibility to the voice of socially marginalized families and the need to present the stories and give them primacy, all of which dictated the structure of the thesis.

Chapter two   The research process

The following section describes in detail the research process: the collaboration that took place at each stage, and how, through dialogue, the research was constructed, and addresses the complexities of carrying out participatory research with vulnerable families.

Chapter three   Mark and Lindsay's story

This chapter details Mark and Lindsay's story. It outlines their interactions with services as a result of substance misuse and domestic violence and how they feel about the welfare service support they received. I examine the importance of paying attention to the power imbalance between service providers and service users and how this dynamic has the potential to

directly transfer into the research relationship with potentially unethical consequences. Furthermore, I extend this concept of the transference of a power imbalance to the assessment and perceived surveillance that service users feel they are subjected to by social and welfare services, and how research has the potential to exacerbate the surveillance culture.

Chapter four   Maria's story

This chapter examines how the welfare services designed to protect women victims of domestic violence and their children performed in Maria's life, particularly focusing on the interaction between Maria and the statutory child protection services. It examines Maria's dual status as a victim of domestic violence and a perpetrator of child abuse owing to the fact that she failed to protect her children from harm by remaining in a violent relationship. The examination considers the harms that Maria's children were exposed to that triggered a service response. Maria's story demonstrates the difficulties arising from this duality that results in mixed and confusing messages from services.

Chapter five   Alison and Dave's story

Using the story of a family who experienced domestic violence and subsequently had their children removed from their care, this chapter analyses the responsibility of services to only perform such action as an 'unavoidable' situation. This chapter uses Johan Galtung's notion of structural violence to do this.

Chapter six   The Jones family's story

This chapter deconstructs a complex family narrative in order to better understand the web of unhealthy and antisocial behaviour this family told me about. It uses literature around kinship care and family modelling to do this. I argue that the current welfare provision model of placing children with family members as a preferred option, although understandable, has substantial flaws.

Chapter seven   Risky men as risky fathers

This chapter focuses on the role of the men in the families that took part in this research, and particularly how they are viewed by services, and how it is automatically assumed that men posing a risk in one context (e.g. in a relationship), necessarily pose a risk across all contexts (e.g. parenting). This assumption appears to lead practitioners to disengage with fathers, a strategy which I argue places children at greater risk. I also argue for the need for greater reflexivity in services, including the need to understand the feminist arena in which current domestic violence interventions operate and the impacts this has on professionals' thinking about men.

Chapter eight   Conclusion

My conclusion draws on my findings, which demonstrate that, whilst the 'participatory paradigm' has much to offer vulnerable families (such as those who took part in this research) in gaining their perspective, maintaining a sound ethical core to the research involves constant forethought and

consideration. Additionally, translating the research findings into practice

presents some areas that require serious consideration. My key subject

findings are presented as a contribution to current knowledge.

1 Chapter one: Introduction

Paulo Friere

"It is through everyday conversations we can achieve radical social change."

Overview

This chapter provides the organizational and service sector context that the research took place in and briefly outlines the research process. I describe the collaboration between the National Society for the Prevention of Cruelty to Children (NSPCC) and Liverpool John Moores University (LJMU) that brought this research into being. I describe how the research used a small-scale inductive study to establish family participation from the outset.

I present the ontological, epistemological and methodological foundations of the research. I describe the ontological stance of relativism and co-constructed realities, along with an epistemology grounded in transactional knowledge, and how I adopted a methodology focused on a dialectical approach (Denzin and Lincoln 2008p. 82). This research developed an 'epistemological triad' in which the knowledge of families, my knowledge and the knowledge of practitioners, was all equally valued and included, to generate a profound understanding. I also discuss the high levels of reflexivity needed to generate a critical praxis.

I then address how this research aimed to give credibility to the voice of socially marginalized families and the need to present their stories and give

them primacy which dictated the structure of my thesis. I demonstrate how a standard thesis presentation would distort the voices, and how an individual or family narrative would drown in the analysis applied to it. In essence, the traditional methodology and literature review chapters are not the first voices heard in the content chapters of the thesis. The stories of the families are presented first and it is these which provide the framework for the entire thesis. This section demonstrates how I resolved the tension between the needs of hearing families' experiences and deconstructing those experiences in order to inform both policy and practice.

In this chapter I lay the foundations for this thesis. I demonstrate that the philosophical and methodological choices for my research have allowed the information I have collected and present to provide a unique perspective of the experiences of some of the most vulnerable families in our community. I also present my research rationale, collaborative setting and research philosophy that underpin the research and resulting thesis.

1.1 Rationale and organizational context

I undertook a collaborative participatory research project aimed at exploring the experiences of families who had been affected by domestic violence and/or substance misuse. My research aimed to develop knowledge to help welfare service provision in order to improve outcomes for all family members.

This thesis is the end result of extensive dialogues: between individuals, families and myself. These dialogues have been captured, represented and

then analysed to take what learning we can and pursue change where appropriate.

Rationale

Serious case reviews are undertaken in England by a committee appointed by the local authority when a child dies or is seriously harmed as a result of neglect or abuse. A study of all serious case reviews between 2005 and 2007 highlighted the ubiquity of domestic violence, substance misuse and parental mental health problems in cases of abuse and neglect (Brandon et al. 2009). In the UK the government's response to protect children from harm (including domestic violence, substance misuse and parental mental health problems) is through the provision of a statutory welfare service. Through the employment of qualified social workers, the state provides support to families experiencing difficulties including practical assistance and talking therapies. In addition, specialist agencies are commissioned or partner with them to provide support for some specific problems. One such agency is the National Society for the Prevention of Cruelty to Children (NSPCC). The NSPCC's core mission is to protect children in the UK from harm by delivering a portfolio of specialist services (http://www.nspcc.org.uk/).

The families that receive a service from the NSPCC are usually referred by social services, family support, education or health services. Currently welfare services are considered most effective when delivered in a multi-agency way (Devaney 2008). This means all general and specialist agencies which are working to support a family meet regularly (with the family

included) in order to ensure that the services are all working towards the same goal and sharing information about any difficulties the family may be experiencing. If it is felt that any children in the family are at significant risk of harm, this multi-agency working is delivered through formalized multi-agency child protection processes. If the family is deemed (by an assessing social worker) to require a lower level of support,, this multi-agency working will be delivered in less formalized procedures, but still with regular communication between agencies and the family concerned.

Through this research I aimed to contribute knowledge and understanding to these key issues and ultimately reduce potential harm. Through my dialogue with families who have had direct experience of either domestic violence or substance misuse and welfare services, I also aimed to explore, examine and develop practice in light of the experiences and stories presented.

Organizational context

This research originated in a dialogue between two members of staff; one from Liverpool John Moores University (LJMU) and the second an area service manager from the National Society for the Prevention of Cruelty to Children (NSPCC). During that dialogue a service manager from the NSPCC identified that a high proportion of parents using services themselves described troubled or difficult childhoods. LJMU proposed a collaboration between the two institutions to jointly fund a PhD post and carry out the research through a joint steering group. Together the two organizations

wrote a brief for the research, advertised the post and ultimately appointed me to the role in July 2008.

The aims of the research were not described in detail at this point but they were developed collaboratively with NSPCC practitioners, service users and myself through staged research.

1.2 The research process

The research was split into two distinct phases: the first was conceived as a small-scale inductive study to qualitatively scope the field. The second phase proposed a three-year participatory research project with further distinct sub-phases which are explained in detail in Chapter 2. In the first study I used standard qualitative interview methods to talk to managers and practitioners from the NSPCC, practitioners from around the sector and service users from both the NSPCC and other organizations in the field. These communication methodologies allowed me to read, talk and learn about the subject area that would be the core of the research. I started to unpick some of the complexities of the services that the NSPCC were delivering and understand some of the difficulties these families were facing. The result of this research was the opening of a dialogue between myself and NSPCC to redefine and understand what the larger research project (the PhD) would focus on and what the end product should be. This allowed the voices and stories from the NSPCC service users to influence the topic of enquiry and, along with practitioners' stories, gave the research more focus.

The agencies and I wanted to gain a better understanding of the problems these families were facing and how services were (or were not) meeting their needs. In essence, we wanted to hear their voices and then better define and understand how their contexts (including family relationships, childhoods and living conditions) influenced how they were supported by the current service provision. The research mainly focused on domestic violence and substance misuse, as these are the two specialist service areas provided by the NSPCC Centre.

The formalized aims and objectives of the research proposal were therefore agreed as:

Aim:

To better understand the experiences of families so that the welfare services (particularly the NSPCC) can provide more effective support.

Objectives:

- To hear the multiple individual voices within the families as well as the families as a whole.

- To explore the role of social and welfare services with both the families and professionals.

- To use my research findings to inform future policy and practice.

A more detailed description of the research process is provided later in this chapter, however a short summary is contained within Figure 1.

Figure 1 Overview of the research process

Initial scoping study

- Interviews with service users and professionals to inductively explore the area

Stage One

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Focus group

- Findings from the initial interviews were presented in a focus group and used to plan the larger research project. This was completed with NSPCC practitioners

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Collaborative participatory research

- In-depth dialogue with families; individual and collective family stories constructed and analyzed
- A group session with young people from families with substance misuse and/or domestic violence

Stage Two

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Action research cycle

- Cycles of dialogue with professionals and service users to improve practice. Initial session brought together a number of families which had taken part in in-depth dialogue, learning from which was presented to professionals in another session.

Research participants

Five families took part in the main research, which took the form of in-depth dialogue. They were all currently, or had been, service users of the NSPCC

at some point within a year of the research. They had all experienced domestic violence or substance misuse (or both) and all had been in formal child protection proceedings at some point in time. Many of them had lost care of their children (their children became 'looked after' by the state) for a period of time. One family who took part in the research had lost care of two of their children permanently. The NSPCC formed part of the multi-agency approach for all the families involved in this research.
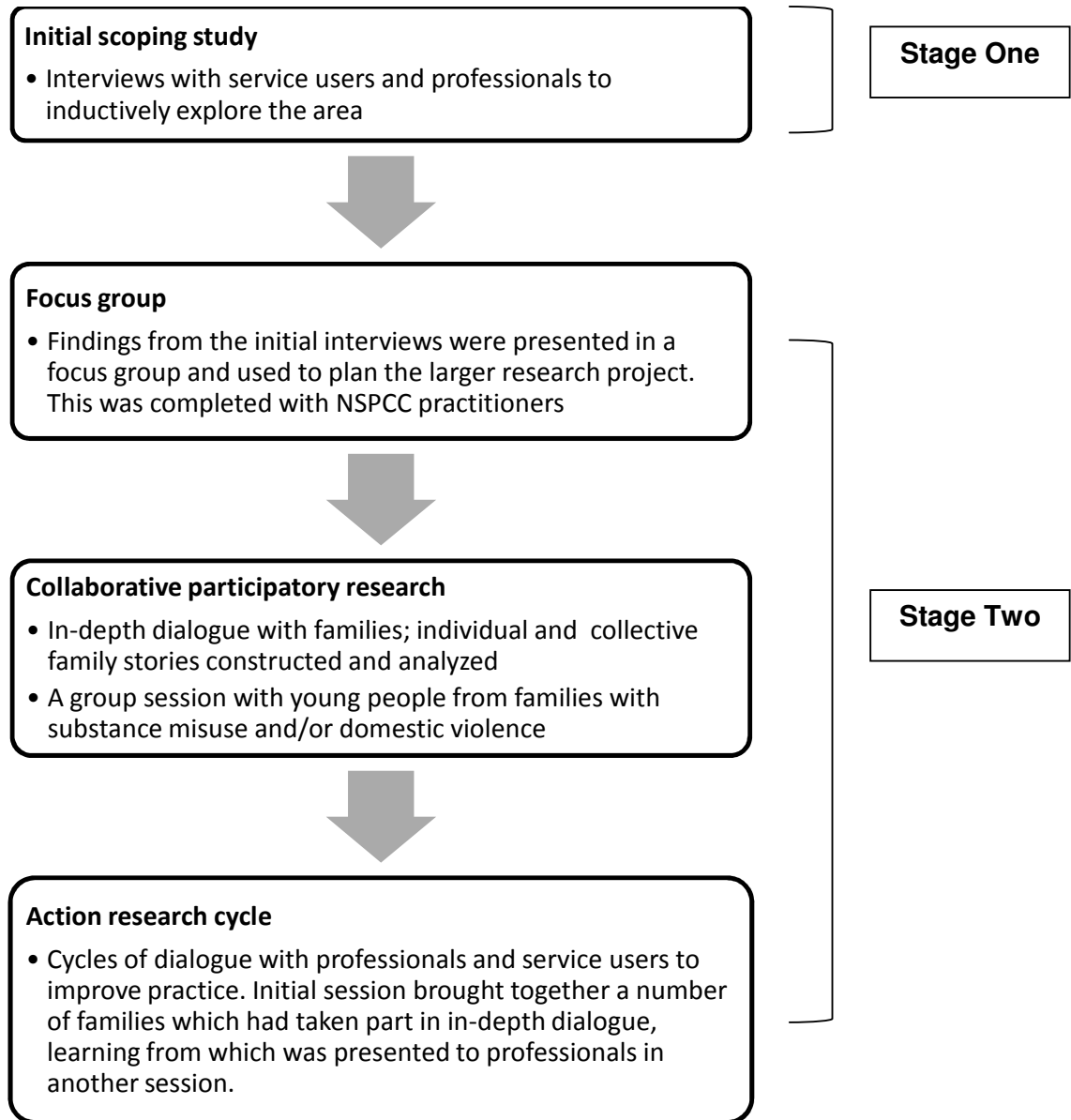
1.3 Research philosophy

My research aimed to better understand the experiences of families to enable welfare services (particularly the NSPCC) to provide more effective support. To achieve this the research focused on listening to voices and generating dialogue in different (and perhaps even new) ways.

Families were recruited to the research by NSPCC practitioners. All the families that were approached had either experienced domestic violence or substance misuse (or both), had children (even if those children were no longer in their care), and were deemed able to participate without jeopardizing NSPCC services. This meant that the majority of families who were approached had recently finished their interactions with the NSPCC, and none of the families were involved in any active care proceedings (although one was still in receipt of supportive service provision).

The participating families were introduced to me through an organization that they had become involved with in difficult and vulnerable times in their lives (i.e. the NSPCC). I wanted to use a research philosophy that was sensitive to

their marginal social status, but which at the same time allowed them a space in which they felt sufficiently comfortable to contribute to the research. Given the need to address issues of power, I adopted a 'participatory research' approach (described below) to facilitate research as a democratic and transparent process. I wanted the methodology to give value to the experiences that families shared with me and to be able to collaborate with the families to generate knowledge so that they could be party to bringing about change.

Ontology, epistemology and methodology in participatory research
Participatory methods are broadly constructivist and have flourished in the post-positivist era that questions the possibility and even the value of objective, context-free knowledge (Bagnoli and Clark 2010). Its ontological stance is one of interpretivism. Its epistemology is grounded in transactional, co-constructed knowledge and created findings and its methodology focuses on a dialectical approach (Denzin and Lincoln 2008). The decision to use human enquiry and participatory research (PR) in this research was based on the premise that "the acts of persons in life settings are open systemic events that involve an enormous range of codetermining structures in which social relationships are not constant" (Manicas and Secord 1983 p. 407). Conventional research paradigms (derived from positivism) by way of contrast, assume a static, stable, predictable reality with a single absolute truth accessible through objective methods. Epistemologically, the PR approach is a more appropriate tool for the study of complex human action (Riet 2008), as it allows a flexibility in approach that recognizes human

beings co-create their reality through participation; through their experiences, their imagination and intuition, their thinking and their actions. Human beings cannot be understood without accounting for their social context (Riet 2008).

Perhaps most importantly PR claims that a dialectical tension between participants' knowledge and the more theoretical and academic knowledge of the researcher may produce a more profound understanding of the situation. Interaction between the immediacy of participants and the perspective of the researcher generates a different way of knowing; herein lies the epistemic value of PR and meaning of human action revealed through dialogue between insider and outsider accounts (Riet 2008). PR recognises the role of the researcher, and in contrast to positivism, does not try to sanitize their role but includes their contribution to the construction of knowledge (Carter and Little 2007).

In the context of this research, the PR approach allowed me to value the contribution of services users with their experience of domestic violence and substance misuse, the contribution of practitioners with their experience of welfare provision and finally, my own contribution, bringing an academic lens to produce what I have called a 'profound understanding'. I view this as an epistemological triad: knowledge creation based on a three-way praxis of lived experience, professional experience and theoretical offerings as shown in Figure 2.

Figure 2 Triad of understanding

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                    ┌─────────────────────┐
                    │    Service Users     │
                    │  (Lived Experience)  │
                    └─────────────────────┘
                       ↖               ↗
                         'Profound
                        Understanding'
   ┌─────────────────────┐         ┌─────────────────────┐
   │   Me (Theoretical   │ ←────→  │     Practitioners    │
   │     Offerings)      │         │    (Professional     │
   │                     │         │     Experience)      │
   └─────────────────────┘         └─────────────────────┘
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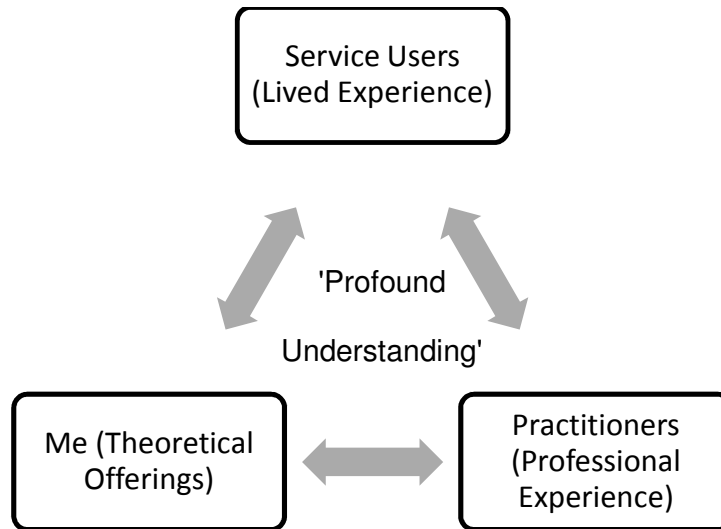
PR methodologies are often characterised as being reflexive, flexible and iterative, in contrast with the rigid linear designs of most conventional research, carried out with and by local people rather than on them (Cornwall and Jewkes 1995). Participation can shape research questions and strategies to make them most relevant to the actual lived experiences of that particular group (Rempfer and Knott 2001). Individual human actions are worked out in a dialectic relationship with the frameworks of the social structure, practices, rules and conventions related to particular contexts, which people reproduce and transform (Riet 2008). The research design in this project was emergent. I spent time with each family in the way that worked best for us. For some families this took the form of short conversations over just one or two 'sessions' focused on hearing their stories. For others it was over long periods of time; hearing stories, through dialogue and following critical reflection. I place great importance not on

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method, but on understanding. My interactions with families finished when *they* felt I understood their story. Greater detail is provided in chapter two on the research process itself, participant recruitment, 'data collection' and analysis.

Reflexivity: researcher and participants

Most qualitative (including PR) researchers acknowledge that, consciously or not, they are powerful shapers of the form and content of what participants recount, that all interviews are interactional, and that data is constructed in situ, as a product of dialogue between interviewer and interviewee. Most qualitative researchers view themselves and their research participants as active participants in the research process and view the outcomes as the result of collaboration between researchers and participants (Underwood et al. 2010). A strong PR practitioner systematically reflects on who he or she is in the enquiry process and is sensitive to their personal biography and how it shapes the study. This introspection and acknowledgement of biases, values and interests typifies strong qualitative research in contrast to the historical view that researchers have been something of a 'contaminant' – something to be neutralised, minimised, standardized and controlled (Denzin and Lincoln 2000). In PR, the personal self becomes inseparable from the research self. It represents honesty and openness to research, and acknowledges that all inquiry is laden with values (Creswell 2003). We must question all our 'selves' in relation to our research choices, how we interpret what we find, how we conduct and design the research process, the

relationships we form with participants and our interpretation of the social world in question (Lumsden 2009).

However, this personal and epistemological reflexivity (Ledwith and Springett 2010) should be complemented by a holistic assessment of the external context in which the research takes place; that is, the result of the cultural, social, historical, linguistic, political and other forces that shape the enquiry (Jacobs 2008). The ultimate goal in a PR context is critical praxis; that is, combining theory with practice; with action. It is only through this interweaving of inner and outer, of critique with action, can we reach transformation (Ledwith and Springett 2010).

My personal reflexivity

One of the challenges of this thesis was in allowing the families who shared their stories with me the loudest voice. However it would be philosophically and methodologically wrong not to recognise that I co-constructed this research. My biography is included to frame a full understanding of the background and values that I bring to my research and how these have impacted on the construction of knowledge. I initially hesitated to include 'my story' at the beginning – feeling it was not my story that was important. I subsequently justified the inclusion by the fact that I 'turned down' my voice in the rest of the thesis to allow others to be 'turned up'. In each chapter I constructed the analysis of the family stories. These analyses are my offering: my frame of reference to allow us to make sense of, and

understand, the stories that were shared with me so that we may learn from the experiences.

My biography

Before starting my PhD I was employed in the voluntary sector as a service manager for a project delivering welfare services for young people (aged 6 - 18) who were carers (St John Ambulance Young Carers Project, West Cheshire). These inspirational young people were caring for parents with a wide range of issues from physical disabilities to mental health difficulties and substance misuse. I was, for a number of years, one of the 'professionals' I refer to in this thesis. I attended child protection meetings, was frequently involved in groups that were working supportively with families, whilst also delivering a service to support the young people in their caring responsibilities. The role was highly pressurized, but very rewarding. It involved working with young people to help them thrive, whether through advocacy with their school or organizing day trips to allow them to 'Enjoy and Achieve' (www.education.gov.uk) and being their 'friend'. I was also responsible for the administrative side of the service, ensuring funding for the continuity of service delivery which was almost always under threat, recording every interaction with a young person, preparing 'care plans' which laid out what I was going to do to support a young person to achieve their full potential and various other paperwork-based recording systems.

One of the biggest challenges I faced in the role was working with some of the families where substance misuse, domestic violence, mental health or other vulnerabilities were present. I found it difficult to engage with some of

the children, and at times my empathy just did not have enough stretch. As a response I set up a peer mentoring service, where people who were in recovery from drug and alcohol addiction were mentors for these young people. They provided one-to-one support for the young people and found a natural empathy and understanding that I simply did not possess. The results were numerous and outstanding. It was from here that I became interested in participatory practice and deconstructing hierarchies of professional power and the recognition of the power and capability that comes with the everyday or lived experience.

I have also spent time working for an international charity in Africa on various projects, including teenage pregnancy and HIV/AIDS programmes in Nigeria and famine relief projects in Uganda. Since moving on from that work (to work with the UK-based charity with young carers), I have kept my links with Uganda and still visit annually. This work introduced me to the concept of 'zooing' that sits within the field of sustainability. 'Zooing' is where overseas workers or visitors want to 'see the poor black people', and risk, making those people feel like animals in a zoo by fixating on their 'otherness'. I believe the people I have met have done nothing to deserve the hellish conditions which they must endure.

This desire to not just 'zoo' but to actually do something to help is an integral part of my own sense of 'self'. This, I believe is very similar to participatory research. I have spent time both professionally and within the context of this research listening to families' struggles and frustrations with services and lack of any meaningful and long-term development of their personal and family goals. My feeling of frustration with this as a service manager for

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young carers impacted my motivation to complete a PhD more than I realized. I had, still have, two very strong desires for this research:

firstly, that it describes accurately and in very real terms the experience of the families who told me their story without unnecessary distortion and manipulation in order to make it fit the academic world; that it is told in their terms and on their terms. And secondly, that the research is not further 'zooing'. It is not seen as yet another invasion of people's privacy, by using their personal traumas and disclosure to provide me with a certificate of recognition from an academic institution. Instead, it was intended to achieve a genuine insight into a struggle for families that can in some way benefit a world that is suffocating them with wrap-around care. This desire led to my choice of a participatory research methodology. I want an outcome *beyond* a PhD; if the thesis does provide a 'contribution to knowledge' to whose knowledge does it contribute? And how can this knowledge be used?

During the four and half years of research this PhD thesis has required I have become a mother myself to two children. This has had a huge impact on the way I viewed many of the stories that I heard. The pain and anguish that some of the families have been through having had children removed from their care, or being threatened with this action would now constitute my worst nightmare. I struggle to imagine what it would be like to not be able to parent your own children, even if it is in their best interests. Some of the individuals I spoke to had lost sight of their role as parents and become consumed with the turmoil of dysfunctional relationships and unhealthy behaviours. I believe passionately in the protection of children, and, at times, while talking to the families, all I could do was bite my lip and avoid scorning

them for the lack of protection and thought they were giving their children. However, moral judgements aside, being denied the right to parent your own children, even if for the right reasons, causes a distress that I believe our society is too quick to dismiss; there is little regard or support in place for the parents involved. I believe we should avoid the need to 'pick up the pieces' of parents afterwards and instead develop better, more thought-through strategies for working with each and every member of a family to avoid the need for such action. It is this commitment that has driven me throughout this PhD.

And so, the window you will view this world through is one committed to development and change and the recognition that there is no greater expert than one who knows by doing, not by seeing.

1.4 Voice and position

The main challenge in writing up this thesis has been the issue of *voice*. Many of my supervisions, redrafts and detailed conversations with colleagues have been on the subject of representation and voice.

As already noted, this thesis embraces the notion of co-construction; that the knowledge produced in this thesis was produced as the result of interaction between myself and the families I met, and that each of our biographies 'brings something to the table'. Our views on the world and therefore how we perform on the research stage dictates the 'data' and therefore forms the entire basis of this thesis.

Qualitative research (including participatory research) claims that there is no objective reality that can be passively observed. The researcher is present within the research; bias is not a problem, but should be recognized. Our presence needs to be interrogated and addressed and in the case of this thesis, used to promote understanding (Grix 2004). As qualitative researchers it is necessary for us to acknowledge the impact *we* have on how the research unfolds. I understand and embrace this notion, and indeed believe that there are many things about 'me' that impact on my research heavily: my previous occupation in service delivery giving rise to social distance, my gender and the fact that I became a mother whilst completing this PhD, as well as my connection with the NSPCC.

My challenge was deciding how best to embrace the notion of participatory research and qualitative research at the same time. Participatory research aims to give primacy to the families whose experiences I am seeking in this research, whilst acknowledging the need, within qualitative research, to present myself as a participant in the construction of knowledge. It is the difference between acknowledging the researcher (me) which is evident prospectively (through design) in participatory research, and retrospectively (in analysis) within more traditional qualitative research that I needed to address. This required a balance between giving 'voice' to those most affected by the topic of enquiry – those that have lived with the all-consuming effects of domestic violence and substance misuse, and allowing them primacy in the research, whilst acknowledging my own role in the construction of this knowledge.

The service users I met while completing this research, on the whole, were uncomfortable with the concept of ownership of the research transferring from me to them. My attempts to allow them to steer, control and own this research had limited, if any, traction. They told their story as they have done so many times before and I listened. If research is a performance, this was the act for which they were prepared, for which they rehearsed, and with which they felt most comfortable.

Every time I talked to a family or an individual in this research they painted a picture of having told their story countless times to professionals and at the same time having never had their story heard. Families described having to fight against what they considered the preconceived ideas of professionals about their lives and what the outcome of 'due process' was going to be. Answering the questions that professionals put to families was portrayed as relentless. As one of my participants, Alison, said:

"Before they [professionals] *even came through that door they had read a bit of paper and they knew what they were gonna do, they had already made their minds up about us, they just needed us to say stuff that would back up their point, you know, it never mattered what we said, they were gonna do what they were gonna do, they just kept digging till we said the right thing in their eyes."*

Importantly it is the professionals who decide the agenda and the questions as far as families are concerned, and so whilst families are providing input, the professionals have already decided on the content to be collected; this is the nature of modern-day services. The high caseloads of professionals

often mean well-intentioned practitioners end up having to deliver a reductionist approach to welfare provision. Their aim is to ascertain the most important facts in the shortest times and establish the liability and risk of each of the options available to them (Smith 2008).

Crucially, this research gave me an opportunity to provide service users with unlimited time and space without predetermined outcomes. No pre-prescribed core assessment to complete, no specific answers required on which to base a risk assessment; but to *hear* each of the families' stories as they wanted to tell them without agenda or any predetermined result requiring justification. I wanted to hear what *they* had to say.

More often than not the 'truth' in child protection is the professional's version of events. There is little credibility or validity assigned to a straight version of events by family members (Devaney 2008). 'Facts' and 'information' are routinely checked and validated through professional channels, e.g. police records. This is often to ensure that children are protected from harm. It is recognized that sometimes parents lie to services in order to prevent them losing care of their children (Hester 2011). Professionals see that they have little choice but to follow a process that seeks as much accuracy in their findings as possible by cross-checking.

I wanted this research to take advantage of the fact that it did not have this responsibility. I was not there to provide therapy or to be responsible for the welfare of the family (within reason of course), but instead had the space and time to just listen. I accepted the families' accounts without checking and searching for external validation. My research accorded them validity just on

the basis that they have lived the experience and therefore there was no one (even professionals) better placed to offer an authentic account.

This view, I accept, is not without complication. Policy and practice is often based on the findings of research, and indeed the collaborative nature of my research has a direct line into organizational policy development. My view of where this project sits in the research arena is exactly where its participatory and emancipatory roots aspire it to be. I see my role as researcher is to present what the families said, as an equal contribution to any professional or academic interpretation of it. The voices of professionals are already privileged because they have the cultural capital to operate in the habitus (Bourdieu 1986) of practice development. They have both the feedback mechanisms and the ability to make their views known. Their qualifications and (often) professional status automatically grant them a level of credibility and the option to 'be heard'.

Whilst admittedly I struggled to actualise some aspects of the participatory methodology, I nevertheless created an opportunity for the voices of the families to be heard. Their participation (and therefore publication) in the research legitimizes their stories (to others). The fact that it is their words gives them authenticity. The act of simply word processing their stories without interpretation or selectiveness was an emotional experience for some of the participants. They felt, and fed back to me that I had "got them"; one participant said: *"…because it's there in black and white it's like, yeh, we are as good as them* [the professionals] *now."*

The challenge is that this *is* research and this *is* a PHD thesis. This project aimed to create recommendations for practice based on 'hearing the voices' of service users. Deconstruction and analysis were therefore essential. I have structured each chapter to try and resolve these tensions.

Each chapter has three distinct sections. The first part of each is the story. I met with participants and we talked. I recorded our conversations (which were completely unstructured). There was no prompt sheet or guide as to where our conversations would go. I then typed these up. This involved me listening to the recording and word processing the stories, views and opinions using their words and their constructs. This then formed the basis of family 'stories' which I would then sit down with them to read, and re-edit. They would sometimes correct, clarify, add detail, elaborate or tell additional stories where they felt appropriate, which in turn would lead to a 'finished story'. All the stories in this thesis have been constructed in this way. Often the process of re-editing would mean grouping stories and information together for clarity. Whilst verbatim quotes have been used in the analysis, I wanted my thesis to allow the service users the credibility that comes with the written form and space for the story to be heard in its entirety, not just in quotes.

The second part of each chapter is my analysis of this story, using theory to understand the story and identify any learning we can take from the families' experiences to improve the way we deliver current welfare services. This is what I have to offer; I can take the families' experiences and develop a praxis between 'it' and what others have evidenced in their research.

The third and final part of each chapter contains a section on participatory research. This examines how using a participatory methodology played out in each story. It elaborates on how elements of the participatory methodology combined to create the unique understanding that this research resulted in. I have aimed to show how moving away from traditional qualitative research into more applied methodologies has impacted the construction of the relationships between myself and these families.

1.5 Participatory research

What is participatory research? Conception and principals of the paradigm.

The term participatory research (PR) represents a research methodology from within the post-positivist paradigm that challenges many fundamental assumptions in conventional research. It is conducted under the evolving paradigm of process, local knowledge and reversals of learning (Berardi 2002). PR recognises the problem of traditional research where research is 'done to' people rather than *with* them (Dentith et al. 2009) [author's emphasis]. In participatory research, ownership rests with the collaborating participants, usually the community (Berardi 2002) and aims to tackle power and seek emancipation for the research participants (Dentith et al. 2009). As a result it is seen by some as a more relevant, morally aware and non-hierarchical research practice, and that its unique contribution is to produce alternative knowledge and more effective ways of understanding complex situations and relationships (Daley et al. 2010). This research aimed to embrace these notions and 'reversals of learning' and allow families who

have lived experience of the topics of enquiry the opportunity to be 'experts' from whom traditionally more powerful and credible members of society can learn. Despite the plethora of research on domestic violence and substance misuse, these problems still pervade our communities (Gorin, 2004). I proposed using a participatory lens to create a different understanding than that offered by other forms of research in an attempt to contribute to making change and seeking solutions to these complex phenomena.

The moral and political dimensions of the principle of participation are reflected in the belief that all people have a moral right to participate in decisions that claim to generate knowledge about them (Riet 2008) and that participants are central witnesses of the events in their experience (Dentith et al. 2009). PR challenges the traditional notion of reducing bias and researcher influence in research, and instead recognises that individual assumptions shape how we perceive social reality, representing belief systems that allow a selective interpretation of the social and environmental landscape. Participatory research, which invites the inclusion, identification and questioning of such a lens is perhaps one way forward in understanding multiple social and cultural realities (Berardi 2002). By allowing an emergent research form which includes participants in shaping the form and nature of the enquiry, a greater range and depth of exploration can occur than would have been possible with the (for example) interviewer predetermining an interview schedule (Dentith et al. 2009). Developing the theory from within the research process as opposed to it being framed by the concerns of literature, the public, professionals or other external influences etc., presents a viable opportunity to challenge the status quo (Cahill 2007b). Accordingly,

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my research aimed to allow an emergent research design as far as practicable. Of note, however, were several formal processes I needed to negotiate that made the emergent design more challenging, including the need to complete university regulatory registration frameworks, together with some definition of the research scope, methodology and design. Similarly, the need to complete an application for ethical approval required further definition of the research. Finally, the collaborative nature of this research with the NSPCC and the associated up-front dialogue exploring expectations of the research provided some predetermined structure for the research (e.g. the actual topic of enquiry was decided upon in advance by devising a collaborative research proposal). In this way some aspects of the project were non-negotiable and therefore non-participatory.

Methodology and method

"PR is a philosophy of life as much as a method, a sentiment as much as a conviction" (Fals-Borda 1997). Methodologies are often characterized as being reflexive, flexible and iterative, in contrast with the rigid linear designs of most conventional science, carried out with and by local people rather than on them (Cornwall and Jewkes 1995). Individual human intentions, and thus, actions, are worked out in a dialectical relationship with the frameworks of the social structure, practices, rules and conventions related to particular contexts, in which people reproduce and transform (Riet, 2008). Commonly, participatory studies are qualitative in nature and studies are often presented in a narrative form. Relaxed rapport is more important than prolonged

residence (Berardi 2002) and precision is in meaning over accuracy in measurement (Riet 2008).The practice is conceived as an ongoing process of dialogue and critical reflection towards the goal of 'conscientizacao' (the awakening of critical consciousness) which starts with a reflection upon the conditions of one's own life (Cahill 2007a).

This research bases its claim to be participatory largely on its methodology. Whilst high levels of participation were not achieved in all phases of the research, the process of what is traditionally known as 'data collection' and the presentation of the data was designed, constructed and decided upon by the participating families. With each family data was constructed through collaboration, and ownership as to what was included in the final presentation of data was solely at the discretion of the families themselves (with one notable exception detailed in chapter six). Whilst I did then perform further secondary analysis upon that data using other theoretical frameworks, by that point several rounds of critical reflection had already been undertaken with myself and the families concerned. This allowed the families greater control, to own the representation of their experiences and to ensure that they believed the appropriate key messages were taken away by the reader. This process of revisiting and reflecting on their own stories to develop a narrative provided an opportunity for the participating families to reflect upon their own condition and take whatever action they saw fit.

Philosophy ideals on a continuum

Most researchers and practitioners in the participatory research field acknowledge that the ideals of participatory research are difficult to achieve in all circumstances. Various researchers have devised models and frameworks which recognize the multiple influences on the ability of any given project to achieve the ideals of participatory research. These include Hart's 'ladder of participation' (Hart 1997), Arnstein's 'citizen involvement ladder' (Arnstein 1969) and Hick's 'continuum of structured social work participation' (Hick 1997). Perhaps most simplistically, Cornwall and Jewkes, building on Hart's work (1997) went on to devise 'four modes of participation' (Fig 1). Their model acknowledges that not all participation will achieve the same standard and uses the notion of power as the key differentiating variable. Other models (such as those mentioned above) reference other influences and factors which affect the level of participation. These include concepts such as control, power, tokenism and intension.

Figure One: 'Four modes of participation'
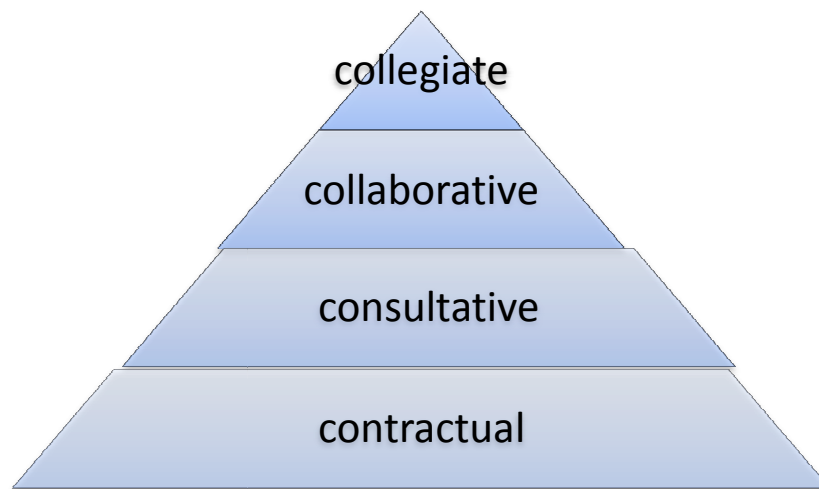
(Cornwall and Jewkes 1995)

In the case of this research project, interpersonal factors such as my skills and ability to share power and control of the research with participating families undoubtedly impacted on the levels of participation we achieved. However I believe other structural factors had equal impact. The organizational collaboration which initiated this research, and the necessary definition of the research that took place before the active 'data collection' within both the university and NSPCC settings, were both undertaken without input from the participating families. Implementing a methodology from the absolute outset of a research programme is somewhat problematic. The requirement to produce an academic and professionally accessible output from the research was also completed without input from the families. Whilst this does move away from the ideals of PR, what must be acknowledged is the real-world setting within which research takes place. However, without making an effort to engage people with a diverse range of perspectives, PR fails in its mission (Rempfer and Knott 2001).

Power

Also of particular relevance to this research was the substantial embedded power differentials between myself, the NSPCC and the participating families. I attempted to directly tackle these power imbalances through deliberate openness and discussion about the research project with the participating families, including communication methods and choices over the form and presentation of the data, as well as, to some degree, analysis of

that data. I nevertheless believe that ownership of the research process as a whole remained largely with me, and to some extent (as discussed above), the NSPCC. Sharing of control and power was largely confined to the traditional data collection and analysis phases of the research, proving less successful during the various research design, evaluation and dissemination phases. Whilst on reflection I would have ideally liked to achieve higher levels of participation in other parts of the research process, in the real world research does not take place in unfettered ways (Dentith et al. 2009).

Typology of social power

If PR is to truly address the plights of the powerless and bring about social justice, we need to acknowledge that the products of knowledge, experience and practice will ultimately inform any change. An extended epistemology in which experiential, practical and prepositional knowledge are equally valued is therefore fundamental. In my research I wished to place power and influence not in profession or class, but in experiential knowledge. However, accessing that knowledge requires that the researcher empathically understand the community from within, using their language and symbol systems (Chiu 2003). The admirable aims of participation and ownership are thus constrained by the researcher's approach to the interaction as well as by the vast differences in the relative power, capacity and knowledge of the researcher and the participants (Riet 2008). PR is a mode of research which draws on a Freirean approach in order to tackle this; it is directly concerned with the relations of power which permeate relations between the researcher

and those whom it involves and concerns. It recognizes, and aims to confront, inequalities in access to resources and those produced by the intersection of differences in class, caste, 'race', age and gender. Affirming that personal knowledge is valuable, these approaches regard people as agents, rather than objects capable of analysing their own situations and designing their own solutions (Cornwall and Jewkes 1995). The considerable distance between myself and the participating families lay in the professional-versus-personal involvement that each of us had in the research process.

In the context of this research I have made an assumption that the participating families are less privileged and less powerful than either myself or the NSPCC practitioners. On the grounds of the legitimate and expert power held by the practitioners (both from their role and position, granting them the right to prescribe courses of action), and similarly my own perceived or potential legitimate and expert power (my role and my perceived knowledge), gives rise to significant bases of social power based on the typology of social power, (French and Raven 1959).

My efforts to tackle these power differentials were twofold: firstly, I repeatedly and clearly explained my role to the participating families as well as the facilitative nature of my role, as opposed to a representation of the NSPCC or any other similar organization. I also made deliberate efforts to conduct myself in ways that are less closely linked and associated with social work organizations (e.g. in my manner of dress; my language; by not taking notes during conversations and avoiding a 'questioning' approach to sessions by encouraging and developing dialogue and information exchange). My second

effort to challenge these power differentials was to place distance in the research process between participating families and the NSPCC practitioners, acting as an intermediary for that dialogue. My ultimate success is difficult to judge. In my interactions with some families I 'felt' a there were fewer barriers and increased trust, leading to greater breadth and depth of narrative; other families, however, appeared to remain more guarded and less trusting of me or the research process.

Power: The NSPCC practitioners' position within the research

The participating families in this research all had been involved with social care organizations that held more social power (according to French and Raven's Social power typology,1959). This research aimed to explore some of the intricacies and nuances of these relationships from the respective families' perspectives. I then hoped to facilitate dialogue between participating families and service providers (particularly the NSPCC), to create increased mutual understanding and instigate change where appropriate. This process of placing distance between the NSPCC and participating families in the early stages of the research was deliberate for two reasons: firstly I believed it would be difficult for open and honest dialogue with the families without fear of consequences should practitioners be involved in this part of the research. Trust between social care professionals and service user families is almost universally low (Parton 1998) and I believed that building trust between myself and the families

concerned would be made more difficult if practitioners featured dominantly in the interaction.

I secondly hoped that the initial phase of the research, that of hearing the families' stories, would allow them a reflective space to gain an advanced understanding of their situation which would provide a more useful basis for subsequent discussions with practitioners. I believed that involving practitioners in the initial stages of my research would broadly resemble what a professional would consider a 'case history' and the resulting opportunities for transformation through a revised and represented view would be more powerful.

My position therefore became, as stated, one of an intermediary. Whilst most families assumed I was positioned within the professionals' camp, my aim was to allow the families the opportunity to build greater trust with me than they may have felt able to do with service provider organizations. It must be noted however, that all the participating families rated their experiences with the NSPCC as universally better than with statutory service provision. This may well be due to the therapeutic nature of the NSPCC's remit when compared to the statutory charge of local authority social workers. A more detailed analysis of this can be found within chapter three, Mark and Lindsay's story about the nature of gatekeeping organizations on the construction of knowledge within social research.

Broader relationship with the NSPCC

Whilst I excluded the NSPCC from directly taking part in the initial 'data collection' beyond introductions, I did involve them throughout my research activities by keeping them informed and involved.

Steering group: A research steering group was held quarterly throughout, attended by representatives from the NSPCC, LJMU and myself. Whilst no NSPCC practitioners were present, front line NSPCC managers were involved. Critical decisions about the research were made at this steering group, including a collaborative agreement on the overall research aims, agreement on research timescales, research safeguards, dissemination of plans, etc.

Focus groups with practitioners: From the outset throughout the research at various stages I held a series of small focus groups with NSPCC practitioners (to discuss research design and participant recruitment) and then, after the initial data collection, to hold a number of sessions as part of the dialogical process. This involved exploring issues raised by individual families, reflecting on these and gaining the practitioner's perspective (see chapter one, Epistemological Triad). In this way I aimed to generate knowledge 'in situ' very much as the product of dialogue between myself, the families and practitioners. Some of the frameworks for the analysis I present within this thesis I discussed with practitioners informally, to make sense of the family stories. I subsequently used their knowledge and understanding to help generate deeper analysis.

Summary of chapter one

In this chapter I have outlined the rationale for my research and proposed that, through the participatory research model, we can achieve a depth of understanding not possible with other methodologies. In this chapter I provided the organizational and sector context that the research took place in and briefly outlined my research process. I described the collaboration between the NSPCC and LJMU that brought this research into being, as well as the small-scale inductive study used to allow participation from families from the outset of my research.

I presented the ontological, epistemological and methodological foundations of participatory research (PR) and described how I came to adopt a methodology which focused on a dialectical approach (Denzin and Lincoln 2008). I presented an 'epistemological triad' in which the knowledge of the families interviewed, my knowledge and the knowledge of practitioners were all equally valued and included to generate a profound understanding of the high levels of reflexivity needed to generate a critical praxis.

Finally I addressed how my research aims to give credibility to the voice of socially marginalized families and how the need to present the stories and give them primacy dictated the thesis structure. I argue that a standard thesis presentation would have distorted their voices, and any individual or family narrative would 'drown' in the analysis applied to it. I attempted to demonstrate how I resolved the tension between the needs of understanding a family's experiences and presenting a coherent analysis in order to inform both policy and practice moving forward.

2   Chapter two: The research process

Chapter overview

This chapter describes in detail the research process: the collaboration that took place at each stage, and how, through dialogue, the research was constructed, and the ways the complexities of carrying participatory research with vulnerable families were addressed. This chapter details how my research was devised with the aspiration of delivering a participatory research process and briefly outlines some of the factors contributing to its ideals not being realised. This thesis therefore provides a critical reflection of my attempt to use PR with vulnerable families.

2.1   Participatory ideals versus collaborative results

Participatory research (PR) is a philosophy; it comprises a set of beliefs and values that are more than a 'toolbox' of technical methods researchers use to conduct their research. PR is not something you can or should 'do' – it is simply something the research 'is'. PR is a commitment to a set of values over which there can be no compromise (Ledwith and Springett, 2010). Buhler (2004) argues that these values include dignity and respect, and entail becoming a participant in a dialogue where neither speaking nor listening is one-sided. This method commits to learning from both success and failure and gives the opportunity for those involved to choose particular approaches. Acknowledging and respecting the dignity of its participants is key to PR. If we take the central principles of dignity, respect and social

justice we immediately also see the accepted institutional barriers and constraints associated with each. These barriers prevent the creation of spaces for this type of positive, open and honest engagement from taking place, often shrinking opportunities for critical reflection, dialogue and understanding of differences (Ledwith and Springett, 2010). It is in this divergence from an idealized type of participatory research that this research founded much of its critique of the methodology. This research has served to discuss, explore and unpick those ways in which the ideals of this philosophy and my aspirations as a researcher did not at times follow through into actualization within a real-world setting.

I aspired to authentic participatory practice and throughout the life of my research turned to maximizing pragmatic participation. In my idealistic research aspirations the families I was seeking to research became the leaders and shapers of the research process and journey. However the end result was not that of ideal participatory practice. The level of power and control held by the families varied dramatically throughout the research process. Especially in the stages of research formation, design, interpretation and presentation, the families' control and ownership were minimal to non-existent. However, during the times I spent with families, when I would be largely free of institutional barriers and consequently free to fulfil my participatory aspirations, the practice was more closely akin to those ideals with which I set out. The time spent with the participating families discussing how they wanted to tell their story, the time spent on both sides listening and talking, and, above all, dignity and respect as a central and non-negotiable feature of our interactions I believe equated to participatory practice. The

way their stories were told, listened to and represented in this research and its various outputs indicated the space I created which allowed the families involved to steer, shape and own their own narratives. The process of representing their stories almost without editing demonstrates the respect my research had for the validity of everyday lived experience.

Much of the content within this thesis critiques and evaluates where, how and why I fell short of the participatory ideals. Each chapter examines the real-life experiences that pulled my research towards a less equal and jointly owned process. One example is vulnerability; whilst participatory research (PR) has developed in part due to its ability to hear seldom heard and frequently marginalized groups, there are differing implications of operationalizing PR with *vulnerable* groups. This is explored in detail in chapter five, but in brief, a situation arose where a participant was willing to engage in a greater level of participatory practice in order to own and feel she had some power to control the research process. However, her vulnerability and the potential for emotional harm was something I felt ownership of; that is I retained responsibility for her welfare. I felt her emotional and physical well-being could have been detrimentally impacted by her involvement.

My research aimed to critique the gaps that existed between my ideals and actualizing them. My research and ensuing analysis pushes the boundaries of the methodology to its ethical and practical limits to expose and explore where our future efforts towards reconciling and resolving these difficulties need to be focused. This will stimulate dialogue and enable future researchers to explore new and innovative ways to increase participation, not

just with seldom heard groups, but with entire communities. Such vulnerable

communities are currently largely accessed through institutions which may

form part of the dominating organizations that (directly or indirectly),

contribute to the powerlessness and marginalization of the very communities

we seek to hear.

A continuum of participation

The 'finished product' of this research was significantly less participatory than

it initially aspired to be. The various institutional, ethical and practical

difficulties encountered served to 'force down' the participatory continuum. A

number of models recognize the fact that participatory practice reaches

varying degrees of empowerment: Arnstein's (1969) 'ladder of participation'

is a well utilized model that recognizes the spectrum from manipulation

through to citizen control, as shown below:

*Figure 3: Arnstein's ladder of participation*

Degrees of citizen power	Citizen control
	Delegated power
Degrees of tokenism	Partnership
	Placation
	Consultation
Non-participatory	Informing
	Therapy
	Manipulation

Whilst Arnstein's work explores and advocates a move to continually work towards citizen control, she also states that the model, whilst still a useful typology, is overly simplistic in some areas and that the typology does not include an analysis of the most significant roadblocks to achieving genuine levels of participation: "These roadblocks lie on both sides of the simplistic fence. On the power holders' side, they include racism, paternalism, and resistance to power redistribution. On the have-nots' side, they include inadequacies of the poor community's political socioeconomic infrastructure and knowledgebase, plus difficulties of organizing a representative and accountable citizens' group in the face of futility, alienation, and distrust" (Arnstein, (1969), p. 217). This research at times indeed provided a form of therapy to the participant families. The process of telling their story and revisiting their experiences was a reflective exercise similar to that undertaken at part of a therapeutic process. My belief is that for the most part

the research sat in the central region of this ladder, with the families working with me in partnership or as part of a consultation process. During the research phases when we were editing and constructing the families' stories the degree of 'citizen control' was a great deal higher, with my role limited to asking questions for clarification and suggesting areas in which an 'outside reader' may need more detail to understand the content the families wished to share.

Similarly, Ledwith and Springett (2010, p.82) offer an insight into the conflict of 'participatory practice in a non-participatory world' as shown in Figure 4 below:

Figure 4: Ledwith and Springett's participatory practice in a non-participatory world
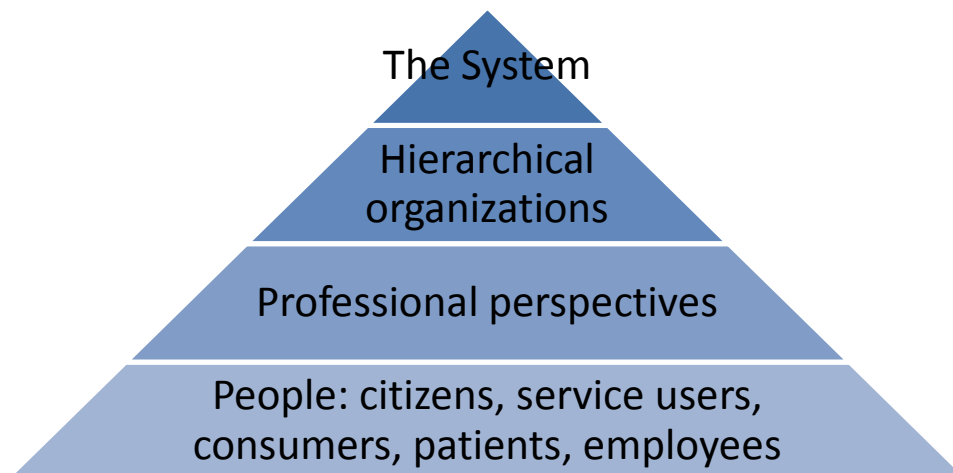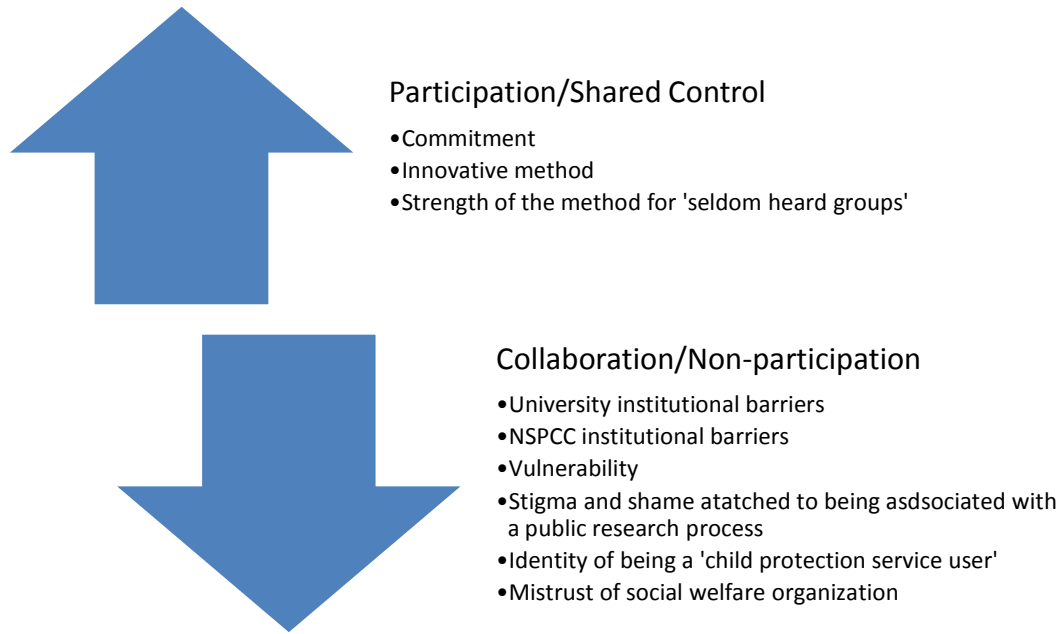

This model recognises the context within which participatory practice and research is often carried out. They state "There are challenges involved in engaging with participatory practice in a non-participatory world that are not always made evident in the published research literature, in unpublished

reports and on websites. The uphill struggle as a participatory practitioner collides with the hierarchical non-participatory world." (*ibid*, p.82)

This research concerned subjects in which the families' views and opinions were often discounted when they came up against professional perspectives. Social work, whilst aimed at empowering and improving the quality of life for vulnerable groups, often operationally falls victim to power-laden and hierarchical practices. Conducting research in this context and 'flipping the triangle on its head' to privilege service user accounts was an ambitious attempt within the context of a PhD study.

However, whilst in many operational areas the output of the research represents a more collaborative and less participatory approach, the values, beliefs and philosophy of the two ends of the continuum remain the same: commitment to collaboration, dignity and respect. In this case these attempts to practise true participation were often thwarted for varying reasons, but the fundamental values and beliefs were unwavering. This research was more akin to a collaborative process in its finished product. Its move away from idealistic PR is illustrated below in Figure 5:

Figure 5: The participation continuum

Participation/Shared Control

- Commitment
- Innovative method
- Strength of the method for 'seldom heard groups'

Collaboration/Non-participation

- University institutional barriers
- NSPCC institutional barriers
- Vulnerability
- Stigma and shame atatched to being asdsociated with a public research process
- Identity of being a 'child protection service user'
- Mistrust of social welfare organization

Whilst participatory practice was the goal, there were many barriers that caused an incremental move away from this ideal; university regulations, for example, meant that research processes had to be largely mapped out before 'entering the field' or engaging in dialogue with those thought to be 'respondents' in order to gain ethical approval. This prohibits participation and engagement with families in the early and crucial design and conceptual phases of the research. The NSPCC's lack of experience with participation and its reluctance to step away from more conventional research methodologies through concern for its service users' reliance on research as a form of supportive therapy, as well as the potential for unhealthy attachments, caused even further divergence. Furthermore, the emotive and stigmatic barriers for families associated in any public domain (which research can be) with being a 'bad parent' and the deeply engrained mistrust associated with social welfare organizations together act as a barrier which

discourages families from engaging beyond a 'safe' telling of their stories. These factors acted to divert the research away from the ideals of participatory research.

While all of these issues militated against 'true' participation, this thesis provides a critical reflection of my attempts to use the participatory approach with the families that took part in this research and explore why ideals were often not realized.

2.2 Participatory research (PR) design

As already noted, my research was split into two distinct phases: the first, a one-year study to inductively explore the field; the second, a three-year participatory research project with further distinct sub-phases. The second, larger phase of the research is presented in this thesis. The smaller study was submitted as part of my Masters in Research (MRes) qualification. Although this has been examined separately (Herod 2009) it is necessary to briefly revisit some of the key issues and themes it raised by way of context.

Throughout my MRes (and beyond) we held steering group meetings with representatives from LJMU and the NSPCC. The meetings maintained open dialogue between the two institutions and myself. By negotiation and agreement during these meetings it was decided that the MRes study would take the form of inductive research, talking to relevant stakeholders about the subject areas and gaining the perspective of service users, allowing them input into the design of the larger three-year study. The aim of this research was to holistically and inductively explore the perspectives of 'stakeholders'

who, either professionally or personally were impacted by domestic violence or substance misuse, through qualitative research in order to inform policy and practice.

The research took the form of a conventional qualitative study using semi-structured interviews, and included the views of service users and professionals, not only from the NSPCC, but other organizations such as a women's refuge, the police, social services and specialist domestic violence services. I conducted thirteen interviews in total. My MRes, in effect, gave me the basic introduction to the subject concepts that I later explored in greater depth through my PhD. It was also almost entirely subject focused around domestic violence and substance misuse, paying little attention to the methodology.

The findings from these interviews and subsequent thematic analysis are summarised below, along with the ways in which they were used to shape the design of the larger study. Crucially, my findings provided participants with knowledge from both professional and personal experience of the research area with a way to input into the design of the larger study by sharing their experiences.

Whole-family approach

Both domestic violence and substance misuse were found to impact on the whole family system, affecting family coping strategies, family resilience, parental relationship dynamics and extended family involvement and

influence. My study supported previous literature (Widom 1989, Velleman et al. 2008) that both domestic violence and substance misuse purport a strong inter-generational nature. Devaney (2008) for example completed a qualitative study of children registered in the child protection system, reporting that, a significant majority of situations involving children had parents who in their own right were known to child welfare organizations. Devaney went further, suggesting that often extended family members were also known to these organizations. He reported that the reasoning for the "intergenerational nature" was a lack of a parenting role model; that parents felt that their children were still getting "better" than they had, and therefore they (the parents) were appropriately parenting (Devaney, 2008, p.247).

Numerous researchers have acknowledged a need to recognize substance misuse and domestic violence as problems affecting all family members. Parental problems with alcohol and other drugs use may disrupt normal social processes within the family (Percy et al., 2008) and their effects are wide in both range and depth, including detrimental effects to "physical and psychological health, finance and unemployment, social life and family relationships" (Barnard, 2005, p.1). Due to the large financial implication on the child welfare system the impact substance or alcohol misuse have on an individual's ability to parent has been the subject of much government-sponsored research, suggesting that "Serious and chaotic drug use is incompatible with effective parenting" (McKegancy and Barnard, cited in Thom, Sales and Pearce, 2007, p.133). Dawe et al. researched the impacts and highlighted some of the effects of substance misuse on parenting. They similarly suggest intoxicated parents cannot respond to the physical or

emotional needs of their children and in the longer term this can lead to insecure attachments and poor emotional development for the child. Likewise, a withdrawal from substance dependency can impact on parenting ability. Substance misuse has wider implications on children's well-being (for example originating illegal activities such as theft and prostitution, and children's exposure to injecting equipment as well as other adults who misuse substances). In addition, research suggests that parents are less likely to seek treatment and support than non-parents due to the fear that their children may be taken into care by social services (Powis et al., 2000, cited in Percy et al., 2008). In this respect recent research highlights the need to reduce the emphasis of the individual in treatment and prevention services, whilst recognizing the impact, needs and effect on the family.

Forrester and Harwin (2008) examined variables associated with substance misusing parents that led to poor welfare outcomes for children. The first and strongest correlation was if children remained at home, their welfare outcomes were shown be to comparatively poor to those removed into the care of the local authority. It must be noted however that the effects of alcohol and drugs vary according to the type of drug, amounts taken, means of administration, individual physical make up, experience and/or tolerance of the drug, the user's personality and their current mental state (Cleaver, Unlee and Aldgate, 1999, p.40).

As with problematic substance misuse, research increasingly shows that domestic violence impacts negatively on the health and well-being of all family members. The consequences for children include poor and/or neglectful parenting, inconsistency from one or both parents, having to adopt

responsible or 'parental' roles at an early age, experiencing or witnessing neglect or physical verbal or sexual abuse, and experiencing high levels of violence (Vellerman, 2008).

In light of these findings and evidence it was imperative that the larger second phase of this research generated a family-wide multi-generational perspective wherever possible; children's, mothers' and fathers' experiences were all sought in order to generate a 'whole family' understanding.

Gender-specific experience

Social care professionals participating in phase 1 demonstrated a different attitude to the role of men and women in misuse of substances and relationships featuring domestic violence. Women were considered the victims of childhood experiences and lacking in the self-esteem necessary to be able to effectively manage their situations in life, while men were considered to be making active decisions regarding their actions. Generally in the study men were disengaged from services and felt 'left out' of many formal processes. Hatton's (2011) findings echo the suggestion that men who have a history of domestic violence do not often successfully engage in services. The work of Dutton and Nicholls (2005a) similarly suggests a need to re-examine our view of men in a family context to include their experiences when developing policy and practice, while Brandon et al's (2009) review highlights the absence of any information about male family members in extreme situations where children have died.

The larger study built on this knowledge recognizes the experience of individuals as well as collective family experience, acknowledging that gender-specific discourses may impact on both experience and action. I therefore wanted to dismantle unhelpful dichotomies that position female and males as passive victims and active perpetrators respectively.

Generating knowledge for action

Professionals and service users in phase 1 of the study felt a need for further education of professionals, particularly those in the criminal justice sector who are responsible for contact decisions, divorce settlements and domestic violence and substance misuse cases. Phase 2 therefore aimed to generate knowledge that could be used to inform education within a professional context. The need to create change by educating professionals closely aligns with the participatory research aim defined by Reason and Bradbury (2006). This seeks to bring together action and reflection, theory and practice, in participation with others, in the pursuit of practical solutions to issues of pressing concern to people, and more generally, the flourishing of individuals and their communities. Participatory research methodology helps to identify local needs and priorities, placing issues in the context of people's lives, giving direction to programme development and service provision (Koning and Martin 1996) and includes the wishes of participants gathered at this formative stage. Whilst this research had limited achievements in terms of delivering tangible change, the reasons for this are explored in detail within the thesis.

A holistic approach

Professionals participating in phase 1 of this study were not willing to enter into discussions of areas outside their own expertise (i.e. domestic violence workers would generally not discuss substance misuse and vice versa). However, service users made no distinction between the challenges they face with substances, domestic violence or their childhood experiences – and yet services are designed to meet these needs separately. This is similar to the work of Humphries (2005), who maintains that one of the large failings of service provision is its "separate nature" (p.1,311). Domestic violence, substance misuse and other issues are dealt with by different departments and even different organizations, and this negatively impacts on the ability to support the family as a whole. Humphries suggests that it is perceived as being "too complex" to combine resources to better support these families with resources and funding streams, exacerbates the lack of knowledge and the staff training required to effectively support the families in more than one area (in essence, staff are either domestic violence specialists *or* substance misuse specialists – but not both).

In light of these increasingly fragmented 'specialist' services, phase 2 of this study allowed families to discuss their experiences without artificial limits or categorization, thus providing a more holistic perspective.

Dissemination

Dissemination of these initial findings took place via a multidisciplinary seminar attended by 100 professionals. I presented some of the key issues in my research and was subsequently able to draw on feedback received to inform discussions with families in the larger study. Although service user participants did not attend the seminar, they were each provided with a summary of its findings and offered copies of the full report.

2.3 Three-year participatory research (PR) study

Having decided on a participatory methodology, I wanted to gain as much input to the research design as possible. I organized a focus group with some NSPCC practitioners who would be introducing the research to potential participants. During this focus group I shared my thoughts on the research aims, objectives and design (based on my previous MRes study) and asked for their input. We explored some of the potential ways to carry out the new research and drew on their practical experience to evaluate them and finally explore roles that practitioners and service users alike could take in the research.

I would also have valued input from service users at this stage in the research design, however, as this chapter will demonstrate, meetings with practitioners around research design included issues of safeguarding, dependency in a research relationship and surveillance, which, at the time, I believed would not be appropriate for the service users to be involved in.

The two-hour session with NSPCC practitioners acted as a design workshop and significantly shaped the subsequent research process. It was attended

by five people: four female and one male, four of whom were domestic violence practitioners and one substance misuse practitioner. The format was loosely defined; I provided a description of my research project aims and objectives and a basic introduction to participatory research and then held an open forum to discuss any issues the practitioners felt were important.

Initial topics of conversation focused on the research itself and how the research process was to be managed in terms of boundaries and dependencies (including confidentiality, safety of participants and researcher), views and construction of the research as well as the surveillance culture prevalent in welfare services. I was able to provide information about the ethical procedures my research had already gone through and the measures that had been put in place to protect the emotional and physical safety of both researcher and participant. These discussions were vital, as there is relatively little literature available on participatory research within a child protection context. The practitioners provided valuable insight into what was safe, ethical and possible within a child protection environment. What follows is a summary of the main issues that emerged.

Boundaries and dependency

When I introduced the idea of participatory research, practitioners were concerned about the potential for those boundaries they are used to in a worker-service user relationship becoming confused. They also felt that prolonged time spent with families may create difficulties such as the service

users becoming dependent on me and the time I was able to give to them. As one stated:

"How about dependency issues? 'cause it might be misconstrued that you are becoming a friend…"

On reflection, my description of the participatory research paradigm goes against the aims of social work practitioners working in the child protection arena. Practitioners described to me the need for very clear boundaries and distance between themselves and service users. Any attempt to reduce this gap and correspondingly the power imbalance in this relationship made the focus group members nervous. This led onto a discussion about the families that would be selected to take part in my research which highlighted the 'gatekeeping' role of practitioners. Initially the potential harm to vulnerable participants taking part in the research was discussed in terms of "dependency issues", but this discussion also concerned protecting my time as a researcher (and that of fellow professionals).

Some practitioners felt they could judge which families might have a dependency issue but equally acknowledged the opportunity that would be missed by not including such families. As one practitioner said:

"If you had one you knew would have those dependency issues then I don't think it would be right to maybe have that person take part but then at the same time they might have something beneficial to offer the research."

This was further confirmed by another practitioner who believed that they could judge from professional experience which families would be appropriate to approach.

A third practitioner said:

"I suppose as you are speaking and I'm sure we're all the same, families and people form in your head who you think they would probably respond to something like that certainly families who you think there's no way I would even approach it."

We further discussed types of vulnerabilities that would make participation in my research inappropriate or unethical. We jointly decided that those in active care proceedings, families still experiencing high levels of chaos through domestic violence or substance misuse, or those in the very early stages of therapy who are still coming to terms with issues of abuse would not be approached. It was also acknowledged that service users the NSPCC found difficult to engage with may have felt overloaded if approached to take part in research as well as services.

In addition we agreed, on the basis of issues discussed above, that the practitioners would make the initial approach to the service users. This approach would be separate from any service provision to avoid any implication that the service provision was being affected by participation in my research (i.e. not at the beginning or end of service provision contact, but through a phone conversation during which service provision would not be discussed).

Research views

At several points in the group, practitioners referred to the type of research (i.e. participatory) I was proposing and the potential benefits it had to offer the service users, supporting the notion of research having the potential to be therapeutic for service users. It was felt that, particularly for families no longer actively receiving services, revisiting their experiences as part of this research may have benefits for the individuals concerned. I have stated previously that this research benefits from not having 'therapeutic responsibility'; this was seen as an inevitable consequence. As one practitioner stated:

"I think that part of the service that we offer, it's not complete, part of your journey, your therapeutic journey is you reflect…what you put in for a child at one point doesn't mean you've answered every question, two years down the line, they may need to revisit – that's good practice. Research would suggest if you get the opportunity to return and carry your journey on a bit further so I do see it as part of that as well. If you go and approach people who have used us historically for some of those people, I would hope all, but I'm not naïve, continue to grow and move on."

However, the concept of 'participatory research', and how the research could impact on the services that the NSPCC delivers, posed more of a challenge, and other than providing benefits to individual services users, practitioners were unsure of how the knowledge could benefit future service delivery. This was mainly ascribed to a professional arrogance and lack of openness to

having established practices challenged and changed, as the following

practitioners made clear:

"…I find its endemic in services, it happens here certainly in our team, people

just will not listen, to things that are just so clear, clear as the nose on your

face and throughout all the agencies so it intrigues me that there is a

denial…"

...

"…yeah but you can't say it's not true if it's what people have said, but

people get defensive, don't they?"

Construction of the research

The practitioners felt that building trust with the participants was key to

gaining reliable information. The discussion concluded that there is a trade-

off between group sessions being a good platform for peer reassurance and

the importance of building relationships on a one-to-one level. We agreed

that I would begin working with individuals and families first, building

relationships and gaining their trust, before attempting to bring together a

number of families where we could compare and contrast experiences.

Fifth practitioner:

" I think with the group, the one-to-one stuff before the group is where you

build your relationship with them and listening [sic] *to them…"*

Here was acknowledgement by a practitioner of the importance of where and how the knowledge was constructed: that context, timing, setting and the relationship are all crucial factors in what story is told.

Surveillance

The various barriers practitioners felt I might face in my research and how these might be overcome were also significant topics of conversation. They felt that the 'surveillance culture' that operates within the child protection arena may cause families to be unwilling to enter into work that causes them to expose their private lives unless it directly relates to their service provision and they therefore feel they have no choice. Practitioners described that, for many of the families they work with, telling their story was not entered into voluntarily. Rather it was a process of forced disclosure to gain access to services, including drug treatment services or to comply with the service provision assessment process. As this practitioner described:

"…yeah sometimes they can be quite resistant and they say it [sic] *you know social services made me come here but then you'll get the people who self-refer and they're much more open to talking about what they've done because they've made that decision."*

Our focus group was designed to allow practitioners to be significant 'stakeholders' in the research; it is their actions and practices that the research aimed to inform and input into the design and execution of the research. In some ways this formed a conventional 'gatekeeping' exercise,

aimed at trying to bring them on board to increase the practitioners' willingness to give me access to the families they were working/had worked with. This gave me not just an insight into their apprehensions, but also an appreciation of those areas in which the participatory approach may be more challenging, anticipating areas of power, surveillance, and boundary-based relationships which were later to become important.

It was based on this focus group and my first session with a family that I requested clinical supervision from Liverpool John Moores University (LJMU). I recognized that issues of boundaries and personal empathy were of great importance. Clinical supervision allowed me a reflective space to critically inspect my position, relationships and interactions. It also allowed me the space to understand the fine line where the cathartic nature of story sharing with me and my empathy with the story could cross the line into collusion, reconfirming the 'wronged' sensation that some of the families had experienced. I could see the challenge that the practitioners had warned me of, which they labelled 'boundaries'. The answer was to provide me with supervision by a member of LJMU staff who was not involved in the research process in any way.

2.4 Dialogue with the families

Perhaps most crucially of all this focus group gave the practitioners a valuable insight into the research process, enabling them to introduce families to me that they were either currently working with or had worked with previously.

Initially the practitioner would contact the family by phone, explain the research to them (with knowledge from the focus group), and gain their permission to pass on their contact details to me. I would then contact them by phone and arrange to go and see them simply to tell them more about the research process so they could make an informed decision about whether they wanted to take part. Initially practitioners passed on contact details for eleven families, of which five eventually participated. It was mainly male service users that initially agreed to meet with me and then at some point withdrew their consent. A discussion of this is included in chapter seven. Other families met with me, heard about my research and decided not to participate, or simply did not turn up to the initial information sharing session.

The aim of the second stage of my research was to create knowledge and gain a greater understanding by embracing the complexity of everyday life and unpicking the chaos and vulnerability that often surrounds domestic violence and substance misuse. The sessions held true to the emergent design consistent with the participatory paradigm discussed previously. Each interaction with a family was audio recorded and the resulting key issues and stories were transcribed into a more coherent narrative. An example of this is shown below (Figure. 6) to illustrate the development from conversation to written story from one dialogue.

Figure 6 Example of story construction

Verbatim	Story excerpt
Dave: well we'd just had an argument *Alison: well there had been quite a few arguments and an incident of domestic violence and the pair of us just sat down and thought we need some help here before this gets even more out of hand, and we talked about what was the best way forward so I spoke to the health visitor about it. For me it was more helping him as well coz I didn't want him turning out the way my mother did because you do you lose all respect for your parents and I lost all mine for her and I didn't want that for Dave so I ended up speaking to the health visitor who said she would need to speak to social services. We said that was fine, we wanted some involvement* *K: you wanted help* *Alison: so the social worker come out and we was like we want some help here and he (Dave) got moved away from the premises* *K: was that at the first visit?* *Dave: yeah*	The initial contact with social services, following Alison asking her midwife/health visitor for help with domestic violence and parenting, was a social worker coming to the house and then ringing Dave on the phone while he was at work telling him to come home, pack a bag and then leave straight away and not to return. They sought help because Alison didn't want Dave to end up like (mother). Over the next few weeks and months Dave was told several times by the social worker that he could return home, but would then be contacted by the team manager and told that he had

K: how did that feel?	broken the agreement by returning home.
Dave: it wasn't on the first visit, it was the day after the midwife had been and they never even told me to my face. I was still in work and I got a phone call	Alison and Dave wanted support with their relationship, not simply for Dave to be removed.
K: from social services?	
Dave: yeah, this is such and such from social services erm go home tonight to get some clothes and that and then leave the property with no further notice. I was like, why? They said coz of domestic violence so I was like yeah, whatever then, it was just one of those. It was just the way they done it, over the phone instead of you know	
Alison: they could have done it a bit more	
K: was it what you wanted?	
Alison: no	
Dave: no	
Alison: we were basically hoping they would say you know, we know you have got some issues but we praise you for getting help and we'll put you on a course or something not like to be removed from the property and it just spiralled from there really didn't it, got worse and worse	

… *Dave: you know they would get stuff wrong as well like, I was backwards and forwards for two years* *Alison: that was mad that was* *Dave: like the team leader would tell me I had broken the agreement and so things would have to progress but it was their social worker in the first place that told me I could go home, it wrecked me head…*	

After transcribing and editing, I sent the texts back to the respective participants for them to check. I would then send their 'finished' story through the post to allow them the opportunity to read it. This invariably triggered further discussion, elaboration and editing. Eventually, sometimes after two sessions, sometimes after five or six revisits, we agreed on 'their story'. The stories presented here all take the form agreed with participants and underpin the entire thesis. Aside from chapter six (discussion within), they remain unaltered after this point and therefore lack the literary qualities expected from expert witnesses in qualitative research. I believe it is this process of presenting family stories as preserved (literal) accounts of their experience as distinct to theoretical interpretations of them represents an important part of the unique purpose and value of this research. They are frequently difficult to read, clumsy in style and colloquial in expression. They remain, however, true to PR processes, having allowed the respective participants to actively assess the representation of data and its level of trustworthiness (Mishler 1990). Insofar as participatory processes allow, this is *their* story in *their* words.

Sharing their stories and then revisiting them (sometimes several times) with me was how the participating families edited their initial recollections. They revisited their descriptions, thoughts and anecdotes in a different context to that in which most of the events took place. The majority of the events recalled in the family stories involved difficult interactions with services resulting in difficult times for them as a family. The research process allowed them to revisit some of those times in a less threatening environment. Ownership was particularly encouraged, within a space where they could talk

freely without being doubted, questioned or scrutinized. For some, there was even a noticeable transformation in understanding. The results of this are unknowable, however feedback from two of the families in particular suggested the research allowed them space to reflect and come to terms with some of the traumas they had experienced (Flood 1999).

In the process of dialogue with families we came to agreement on the 'essence of their story'; that is, whilst their story in its entirety provides rich information about the complexity of everyday lives affected by domestic violence and substance misuse, we jointly agreed on a specific area of their story that I as a co-researcher could take to the literature in order to try and generate a more 'profound understanding'. On this basis each of the family stories in this thesis is followed by a praxis section; I took their stories, the 'essence' of which we had jointly agreed, and went in search of theory and literature that would offer understanding. I then brought the literature and story together in critical praxis in an analysis. An example of this is contained within chapter 4 in Maria's story for clarity. In essence Maria described how "they (services) always looked down on me and I never knew why because he was hitting me they checked on everything I was doing as a mum." In this story the theoretical analysis is based on Maria's duality as a victim of domestic violence and at the same time a perpetrator of child neglect for failing to protect her children from harm.

This collaborative construction of stories presented here requires polyvocal sensibility and analysis. These mechanisms provide researchers with a way to systematically generate a framework that allows many voices to express

many truths, as opposed to an authorial voice pronouncing 'The Truth'

(Hatch 2002). The process of polyvocal analysis is summarised in Figure. 7.

Figure 7: Polyvocal analysis

Steps in polyvocal analysis

1. Read the data for a sense of the whole

2. Identify all of the voices contributing to the data, including your own

3. Re-read the data, marking places where particular voices are heard

4. Study the data related to each voice, decide which voices will be included in your report, and write a narrative telling the story of each selected voice

5. Re-read the entire data set, searching for data that refine or alter your stories

6. Wherever possible, take the stories back to those who contributed them so that they can clarify, refine, or change their stories

7. Write revised stories that represent each voice to be included.

(Hatch 2002)

Hatch's approach had to be adapted to fit more clearly with the participatory design of my own research so that the families could be more involved in the actions. For example, it was not me that 'read the data for a sense of the whole'. I did this *with* families and we *jointly* decided on the essence.

The families who spent time with me had a multiplicity of structures. There was a single parent family, a family with two parents and five children, and a family with a complex structure with the paternal grandmother as head of the family unit. There was, however, a voice absent from all but one of the families: that of the children concerned. All except one family felt that the

children had "been through enough" (Maria), and they did not want them to "have to go through it all again" (Mark and Lindsay). Whilst I understood and recognize these parents feeling a need to protect their children from harm, I nevertheless felt it was a vital voice missing from the research. After all, it is to protect these children from harm that the welfare services are being developed.

I therefore held a session with a group of young NSPCC service users which meets regularly as a 'young people's participation group'. They meet regularly, facilitated by a practitioner used by the NSPCC and external organizations as a consultation group. The NSPCC may come to them to seek their opinion on branding issues, website redesign, service design etc. The facilitators agreed that I could facilitate a session with these young people and worked with me to gain their consent.

2.5 Applying theory to the family stories

This thesis is firmly set in a socially constructed world. This world is based on both my own and the participants' prior knowledge and on the ways we construct our understanding based on our contexts (Vygotsky 1978). This philosophy is, in turn, based on what Creswell (2007) describes as meanings are constructed and negotiated both socially and historically.

This social constructionist approach steered the application of theory to each of the family stories I encountered during my research. The theory came inductively as a result of analysis through engagement with supervisors and literature. It was in a reflective supervisory process that I therefore made

sense and meaning of the family stories based on my knowledge and that of my supervisors. In all chapters multiple models and theories could have been applied, but I ultimately selected the approach I felt best fitted the story and its essence based on my knowledge, experience and context – particularly in terms of the sense I made of the stories when hearing them first-hand and how I interacted with the participating families.

2.6 Ethics and research standards

Research ethics are concerned with protecting the rights, safety, dignity and well-being of research participants and facilitating and promoting ethical research of potential benefit to participants, science and society as a whole (National Research Ethics Service: www.nres.nhs.uk). In this research the sensitive, personal and, in some cases, traumatic nature of the topics of enquiry meant that an iterative, responsive and informed approach was critical to ensure ethical conduct. Others have observed that research with families experiencing domestic violence, substance misuse, mental health difficulties and exposure to the child protection system, can present complex challenges that require a reflexive and responsive attitude to ensure sound ethical research (e.g. Gorin, (2008).

The risks associated with this type of research were both physical and emotional in nature and applied to both the participating families and myself. Physical risks included discussions of domestic violence by victims resulting in exposure to further assault (Ellsberg and Heise 2002), or discussions of substance misuse (and its sometimes illicit nature) disagreeably exposing a

private sphere (Sandberg and Copes 2012). Similarly, there were physical risks to me personally, as discussing sensitive topics can affect participants and cause a range of emotions (including the potential for anger and aggression). Emotional risks of the research concerned the deeply personal and potentially traumatic nature of the subject matter. For example, reliving past traumas, particularly if these were emotionally unresolved, may have caused harm. There were also emotional risks to myself as researcher due to the high exposure to numerous stories which were, to put it lightly, distressing to hear (Jackson et al. 2013).

Response to risk

As is standard practice for social research, I sought ethical approval from the LJMU Ethics Committee, which was granted. As discussed in chapter two of the thesis, the various measures put in place for this research were discussed and agreed with NSPCC practitioners from the outset to ensure that any and all mitigatory measures implemented were appropriate given the specific vulnerabilities of the participating families. This section outlines the tailored measures used to ensure safe and ethical research practices and also discusses the specific occasions on which the measures were needed or used.

Child participants

Children under the age of sixteen were included as potential participants and particular attention was paid to the implications of this including, for example, a 'no touch' (no unnecessary physical contact) approach and an understanding of the appropriate ways to handle disclosures of abuse by children. Participant information sheets and consent forms were used with all participants, including children, and these were written in clear, non-technical language; where appropriate, consent forms for children also included pictures and simplistic/direct targeted language to ensure age-appropriate understanding.

On no occasion did I act 'in loco parentis' for the children. The two occasions during which I undertook sessions with children were held in different locations. The first was in the NSPCC building, with NSPCC practitioners present taking overall responsibility for the well-being of the children involved, whilst the second was in a family home setting, with the parents present in the house (but not in the same room).

I hold a current Criminal Records Bureau check and have received extensive child protection training (including training on appropriate worker conduct and handling disclosures from children).

Abuse disclosures during interviews

All the families taking part in my research were informed during our first meeting that everything they told me would remain confidential (within the context of research aimed for publication), unless they disclosed information

that relating to someone's safety. I discussed this with each family and provided an example, that if they told me that a child was in a situation where they could be harmed I would be obliged to pass that information on to another professional that may be from the NSPCC or statutory services.

Given the nature of the research, the potential for disclosures of abuse was high, and indeed 'abuse' was often discussed in research sessions. This included abuse towards children (including physical, emotional, neglect and sexual) and adults (including domestic violence). All the families who took part in my research were known to the relevant services, and in all cases the NSPCC, and in most they had an extensive history of service contact, including statutory services. This meant that discussions of 'abuse' occurred in the past tense when discussing previous contact with child protection services. The important distinction in this research was identifying any 'new information', i.e. abuse that had not previously been brought to the attention of services. This was done through checking and clarifying with families that their social worker (or other appropriate professional) was aware of this.

On one occasion during the research process, I felt it necessary to break this confidentiality. A participant talked to me about a situation that involved potential risk to children. After seeking their permission, I discussed the matter with their NSPCC practitioner. It transpired to be information already known by the services, and I maintained a good relationship with the family, who continued to take part in my research after this incident.

Additional support for families

Routes to participant support were identified prior to commencing my research. This took two forms: firstly NSPCC counsellors were identified to support the participants, should the need arise. However, should this not be sufficient and the participant still felt uncomfortable (given the context of the relationship between the NSPCC and the research participants), a referral could be made to an identified local counselling service, where participants could access full counselling at no cost to themselves. I made this clear to families at the early stages of recruitment and it was reiterated in my participant information sheet.

Safety measures in place for the researcher

In addition to support for participants there were also systems instigated to support me that addressed both the physical and emotional risks of the research process.

Lone working

As I carried out all of the research (with the exception of two group sessions) on my own, a 'lone working system' was devised to allow me to monitor my personal safety. This used structures already in place for NSPCC workers, including:

Logging in/logging out: informing an appointed NSPCC staff member when a session was taking place, and where and how long it was envisaged the session would be. I notified them when leaving for the visit, and when the

visit had finished. In the event of a problem, the NSPCC duty manager would have been informed.

Worker risk assessment: all participants prior to the research were subject to an 'initial assessment' as part of their service from the NSPCC, including a worker risk assessment. Should any personal safety issues have been identified here, I would have been accompanied by another LJMU researcher (with appropriate research experience). It would also have been likely that the session would have taken place either at the NSPCC centre or another neutral location as opposed to the family's home. However, this was not needed in the course of this research.

Safety phone: the NSPCC subscribe to the 'Romad Safety Phone' which was also made available to me. This is an advanced personal safety device with many functions, including an SOS alert where one hits a 'panic button' to raise the emergency services using GPS technology to identify the device's location, as well as a 'man down' system that allocates a set time according to the predicted length of the session. If no notification is received by the call centre from the researcher that they are well by the end of this time the emergency services are notified. Although I took this device with me to sessions with families, I kept it out of view, feeling its conspicuous presence would have been a prohibitive factor to relationship building between myself and the participants.

If at any point circumstances for a participating family changed and I or any NPSCC practitioner involved with the family felt there was an increased risk to me, no further sessions would have been carried out alone. In this case I

would have been accompanied by an appropriate LJMU researcher on any further sessions, which would have taken place at the NSPCC centre.

Emotional well-being

In addition to the physical safety considerations I recognized the need to take care of my emotional well-being during the research process. The stories shared by families during this research were sometimes emotionally harrowing to hear, particularly being a mother myself. Through LJMU, a member of the social work team was appointed to act as my clinical supervisor. She was detached from the research process, and simply gave me a space to receive support and to openly reflect on my own emotions throughout the research process. As a trained clinical supervisor, she was able to offer me support and a reflective space that was safe and appropriate to discuss such confidential matters.

Anonymity

One of the cornerstones of ethical research in the UK is the anonymity of research participants in any publications. Due to the polyvocal presentation of in-depth family stories, the detail provided to a public arena both within this thesis, but also during other conference and academic proceedings present a number of identifiable components. The level of detail provided means that family anonymity is more vulnerable than would be the case with more traditional research presentations (such as thematic analysis with verbatim

quotes). This risk was generically discussed with the families at the recruitment stage and then again when agreeing the 'final story' where I reiterated the risk of their identities being inadvertently revealed. All the participating families consented to their stories being presented in this way in full knowledge of, and despite this risk.

Exclusion of participants from the 'participatory process'

From the outset of the research process, I talked to all the families involved about the participatory methodology of the research. In non-technical terminology we talked of 'developing the story together' and 'a conversation that we have together and try to capture'. However, as reflected upon in the concluding chapter of this thesis, the requirements of this research process included the need to conduct an academic and theoretical analysis of the families' stories constructed in this way. I reminded all the participating families, both at the outset of the research and in its final stages, that I would take their story and perform further analysis upon it without their inclusion. Whilst not a participatory practice, pragmatically this was necessary. I explained this to the families in terms of 'seeing what others had found', but heavily stressed this was *not* a validation process for their experiences, nor was it in any way 'checking up on' their story, but rather an exercise of comparative learning.

2.7 Terminology in the thesis

The nature of my necessitates many subjective central concepts which are open to (mis)interpretation. For example, the definitions of 'vulnerability' and 'substance misuse' and 'domestic violence' mean different things to different people. Here I outline *my* interpretation of these terms in order to define the linguistic context of their use throughout the thesis. This section is not exhaustive however, and does not cover all of the specialist terminology within the research, but instead aims to detail those most open to individual and social construction.

Vulnerability

I believe that everyone is vulnerable; our vulnerabilities may vary in source and by degree, but that our very humanity means that ultimately none of us are completely free of it. I also believe that vulnerability changes over the course of our lives, even on a daily basis as the stresses in our lives change and our resilience adapts (or equally, declines).

I believe that the families that took part in this research face greater stressors than 'mainstream society'. These families faced economic poverty, including housing difficulties and isolation when leaving a violent relationship (as in Maria's case); histories of abuse (in Alison's) and the multiple barriers that come with substance misuse including the additional financial strain; difficulties in battling the physical and mental addiction (in Mark and Lindsay's case); the difficulties that come with experiencing mental health problems, both in dealing internally with the condition and the complexities of

functioning in society with a mental health problem (Alison's and Lindsay's situations), and the life-consuming complexities of interacting with sometimes multiple social sector organizations assessing and judging the parenting abilities (as in all the families). The impacts of these stressors can become cyclical and self-perpetuating and can open up an individual to further stressors. For example, Alison described how her mental health suffered from her interactions with the services, thereby weakening her parenting ability. Jim described the financial burden he faced from the legal proceedings involved in legal child custody battles which in turn affected his mental health as well as his ability to maintain employment, thereby leaving him vulnerable to further economic stresses.

It is, however, important to note that social vulnerability is not registered by exposure to hazards alone, but also resides in the sensitivity and resilience of the system to help individuals and families prepare, cope and recover from such hazards (Turner et al. 2003). It is my belief that the families I met demonstrated higher and more adept resiliences than 'mainstream society'. Their ways of coping with these multiple stressors become refined with each stressor and the families I met demonstrated a uniform strength in adversity that I personally could only admire. I struggle to imagine how I would cope in the same situation. Whilst it was evident in most families that the more stressors they were exposed to, the more diverse the resilience strategies they were able to pull on; however not all strategies are as healthy and productive as others. For example, turning to substance use and telling untruths or lying to the services, although they may be considered unhealthy and adding to longer-term stressors, nevertheless allow individuals to

continue in their lives. In short, it is also important to note that a focus limited to the stresses associated with a particular vulnerability analysis is also insufficient for understanding the impact on and responses of the affected system or its components (Mileti 1999, Kasperson et al. 2003, White and E.Haas 1975).

Oppression

A detailed analysis of oppression and vulnerability can be found in chapter five: Alison and Dave's story. Typically oppression is viewed as the marginalization of one group by another, more dominant culture or group. Similar to vulnerability, I believe we all have the capacity to oppress and be oppressed and that an oppressed state can change over time and in circumstances. I believe that the family stories told in this thesis often describe feelings of oppression by the embedded social structures (social services).

Substance misuse

For the purposes of this research, the term 'substance misuse' is based on the definition provided by the Standing Conference on Drug Abuse (1997, p36): '…the use of drugs which leads to harm (social, physical and psychological)' (*The 2008 drug strategy: Drugs: protecting families and communities* 2008).

Domestic violence

The government defines domestic violence as "Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality." This includes issues of concern to black and minority ethnic (BME) communities such as so-called 'honour-based violence', female genital mutilation (FGM) and forced marriage.

(http://www.homeoffice.gov.uk/crime-victims/reducing-crime/domestic-violence, accessed 28.10.08)

The Department of Health proposed a definition of domestic abuse in 2005 that extends the definition beyond adults and includes concepts such as children witnessing domestic violence, any individual from within the family unit that intervenes in domestic disturbances along with direct domestic violence (Velleman et al. 2008 p.388).

*Substance misuse **and** domestic violence*

Within this research I often refer to families facing difficulties over 'substance misuse and domestic violence' as being almost synonymous terms. This is based on research showing the high co-occurrence rate, combined with mental health difficulties.

The two concepts are linked through a complex web of relationships and personal circumstances (Humphries et al. 2005 p.1304). These links are wide-ranging and complex, but include:

- Harmful alcohol (levels of intake) affecting physical and cognitive functioning. Reduced self-control and ability to process incoming information makes drinkers more likely to resort to violence. For victims, a reduced ability to recognize warning signs makes them an easy target for perpetrators.

- Individual and societal beliefs that alcohol causes aggressive behaviour. Alcohol is therefore being used in preparation for involvement in violence or as a way of excusing it.

- Dependence on alcohol can mean individuals fail to fulfil care responsibilities or coerce relatives into giving them money to buy alcohol or associated costs leading to increased financial pressure on families.

- Experiencing or witnessing violence can lead to the harmful use of alcohol as a way of coping and/or self-medicating.

- Uncomfortable or crowded/poorly managed drinking settings contribute to increased violence among drinkers.

- Alcohol and violence are linked through common risk factors, e.g. antisocial personality disorder.

- Prenatal alcohol exposure resulting in foetal alcohol syndrome.

(World Health Organisation: Facts on Intimate Partner Violence and Alcohol, www.who.int)

Physiological explanations include Barnett and Fagan (1993), who provide qualitative and quantitative evidence to suggest that women suffering from domestic violence use alcohol or drugs to cope with their attacks (cited in Humphries et al., 2005, p.1306). The use of alcohol and drugs as a coping mechanism is not new and has been reported for over two decades in mental health and medical literature. Similarly Poole ((2008)p. 1143) studied the time periods when women entered domestic violence shelters: time one (T1) and three months later time two (T2). The women reporting high levels of stress at T1 cited the reasons as financial, relationships with partners, housing, and high levels of domestic violence. At T1 high levels of alcohol and substance use were recorded. At T2 all uses had decreased except for depressants (excluding alcohol). The majority of women reported that their reliance on alcohol and substances were to cope with their stress.

In the same school of thought MacAndrew and Edgerton (2003 p. 48) purport that higher levels of domestic violence are caused by chemically induced disinhibition.

The school of societal explanation theories includes Miller (1976) who suggests that, due to societal beliefs, male perpetrators of violence are able to rationalize the violence if the female has consumed alcohol as "women who drink deserve to be beaten." This could perhaps be seen as having links to feminist schools of thought which believe that men are of the opinion that women deserve to be beaten. (Humphries et al., 2005, p.1,306)

Kaufman et al., (1990) suggest that belief systems and models of control are intertwined in the dual use of alcohol and violence. Other researchers

highlight the importance of social identities and the view that men who perpetrate violence do so as drinking and violence are linked to elements of masculinity (Leonard and Blane, 1985, cited in Humphries et al., 2005, p.1308).

Substance misuse leads to the breakdown of family systems. Authors Saatcioglu et al., (2006 p. 125) suggest that 'abuse' in its broadest context is a family disease, and that abusing alcohol and substances is a response to fluctuations in the family system (which could include domestic violence).

Other researchers present a more holistic approach and identify a number of possible alternative theories: Foran and O'Leary (2008 p. 1223), propose three:

Theory One – There is a link between alcohol and aggression and age and deviant-related risk factors.

Theory Two – Alcohol has a causal relationship with aggression mediated by other variables such as marital conflict and dissatisfaction. Alcohol consumption may lead to marital arguments, leading in turn to violence.

Theory Three – Alcoholic intoxification [sic] facilitates aggression directly through psychopharmacological effects on cognitive functioning – alcohol intoxification leads to distorted perceptions of cues and lowers inhibitions.

Interestingly, literature also contains information suggesting there are distinguishing characteristics between substance misusing behaviour and the patterns of intimate-partner violence. For example, men who use drugs and

alcohol are likely to be more dangerous than single substance users

(McCormick and Smith, (1995) cited in Humphries et al., 2005, p.1,308).

Summary of chapter

In this chapter I provided a detailed description of the research process. I outlined the engagement of practitioners in the research construction to ensure safe, ethical and appropriate research practices.

I provided detail on the construction of the family stories and how the preserved version of their experiences is presented within this thesis. Finally I detailed the ethical processes present throughout the research and how complex ethical and research standards were addressed.

3 Chapter three: Mark and Lindsay's story

3.1 Introduction

Mark and Lindsay are a couple. They have been together for a number of years and have five children together. Domestic violence, problematic use of substances and mental health difficulties have all featured in their family life. As a result, various social and welfare services have become involved in their lives, including children and families services, mental health services, the police, the NSPCC, family support, community drug teams and housing agencies.

I was introduced to Mark and Lindsay through the NSPCC. Mark attended the 'No Excuses Programme' for perpetrators of domestic violence, and Lindsay received therapeutic support as a victim of domestic violence. Their history of involvement with services is long, and they described their situation as coming to the end of various programmes and processes and hoping soon to be free of service intervention. I met them twice; firstly visiting them at home to give an initial explanation of the research and gain their consent to take part in it. They did indeed consent, and so I met with them on a second occasion to carry out data collection and to hear their story. This second session did not go well and this chapter is dedicated to analyzing why.

I will argue that in research with vulnerable people (such as Mark and Lindsay), more attention should be paid to the role of the gatekeeping organization and how this impacts on the participants' perceived ability to

withdraw consent to take part in research. I examine the importance of paying attention to the power imbalance between service providers and service users and how this dynamic has the potential to influence the research relationship with potentially unethical consequences.

Furthermore I extend the concept of a power imbalance to suggest that research has the potential to exacerbate the surveillance culture. This chapter is divided into three sections: the first is Mark and Lindsay's story, the second is an analysis of this story and the third discusses the use of a participatory methodology in light of the power differentials present in this research relationship.

Context

The recruitment process for my research was that families who had been service users of the NSPCC were contacted by a practitioner (whom they knew), who outlined my research and gained agreement to pass their contact details onto me. I would then visit the family (usually in their house) and spend time explaining the research and gaining consent to come back another time and hear their story. Mark and Lindsay were recruited this way and, although I had some trouble contacting them initially, I managed to make a time and date to go and see them. After two failed visits (they forgot) we had our first meeting.

They live in 'area B', which appeared to me to be a deprived area. Outside their house was lots of rubbish and the front door was damaged. When I

went into the house I was met with chaos. There were twin toddlers running up and down the length of the main living space, screaming and completely wild. The house had minimal and damaged furniture; a fish tank with a pane of glass missing, a lamp shade with holes and a TV cupboard with one door on and one off. I spent about an hour with Mark and Lindsay, explaining the research. During this time Mark and Lindsay shared with me fragments of their life. There were half-told anecdotes and snippets of experience that relied on my sharing a frame of reference with them I did not possess. They used acronyms, terminology and spoke of people they assumed I knew.

When I met them Mark and Lindsay were still subject to a child protection plan. That is, they had a designated social worker responsible for ensuring that the family met a number of goals set by a panel of professionals at a child protection meeting. In Mark and Lindsay's case the main goals were around the elimination of domestic violence in their relationship, addressing their chaotic substance misuse and ensuring that the children's needs were better met. They shared snippets of the reasons why they were subject to the child protection plan, including not getting out of bed in the morning to get their children to school because of their drug and alcohol use, and domestic violence leading to nineteen police call outs in one week and Lindsay living in a safe house. There was also reference made to some unspecified mental health problems.

I went back for a second visit, as they had agreed to take part in the research. I had explained in detail on the first visit what the research was about and asked them how they wanted to run the sessions. They said to just come to the house and "we'll tell you about what happened."

When I arrived, Mark took the two small children upstairs to give them a bath, get them dressed and put them down for their morning sleep. I tried starting a conversation with Lindsay with very little success, and so fell back to what could be considered traditional research interview methods: "So tell me a bit about Lindsay…" Lindsay became really uncomfortable, she didn't know what to say, giggling nervously and started shouting upstairs to Mark for him to come down. I backed off and asked her if she still wanted to go through with taking part, reiterated what the research was aiming to do and that there were no "right answers". She said she was still happy to do it, but didn't know what to say. I switched the tape recorder off in case it was making her uncomfortable and started with some smaller, icebreaker-type questions about her family, schooling, neighbourhood, TV programmes and other benign (or what I thought were benign), questions.

Lindsay did tell me quite a lot about her relationship with Mark, the domestic violence and substance misuse, a hereditary, life-limiting disease she has, and lost her mum to, and other private and intimate parts of her life. However throughout the entire conversation I never felt able to put her at ease, and pulled further and further back with my questions, desperately trying to avoid making her feel uncomfortable. We never found a comfortable space.

She went into the kitchen to make a cup of coffee for herself and have a cigarette. She didn't come back out. Mark came downstairs from bathing the children and went into the kitchen to have a cigarette. A short while later they both came out together. Lindsay looked like she had been crying. I asked if everything was all right, had I upset her in some way? Lindsay explained that she was just feeling emotional as they had one of their "big meetings" (child

protection reviews) coming up that afternoon and they were hoping to come off the child protection plan and that would be the end of social services in their lives. They explained that they felt the pressure of the meeting.

I made a decision to stop the session. Although at the time I did not understand why the session was making them so uncomfortable, I decided I was causing them distress, and it was not appropriate to carry on. They agreed. We did then talk for about half an hour, about some problems they had had with statutory services before I left.

We decided that I would write up their story, as far as they had told me and post it out to them. We agreed that if they wanted to edit the story or wanted to tell more, they would get in touch. I knew they wouldn't and they didn't. Below is their story, as far as we got. As with all stories in this thesis, this is Mark and Lindsay's story, as they told it to me using their words, constructs and terminology. The only editing I have provided has been for some clarity and readability.

3.2 Mark and Lindsay's story

❝ *Good Services.*

Mark and Lindsay both rate the work of NSPCC, "Vicky" particularly. "They don't look down their nose at you, don't judge, don't snoop around, just talk to you about the things causing problems and help you work out a way to change your behaviours. They listen, don't judge and understand the real

world." The group for Mark was great; hearing other men talk about their experiences, and understanding why some of his behaviours are abusive. It was a chance to think about things. Mark didn't agree with everything that was said at the group, and sometimes the role of the women in the problems in the relationship was not listened to enough. Mark thinks that it would be really good if women could go to a similar group. Mark misses the group sometimes. They were a good group of men who he understood and they understood him. Everyone has bad days, and Mark still has to check his behaviours (for example around sex), but it's much better than things used to be.

Lindsay felt that the No Excuses (domestic violence perpetrator programme) group was really good for Mark and their relationship, but sometimes felt bad that it was also her that was drinking and causing arguments, but it was Mark having to go to all of the groups.

One of the social workers (the first one of five) was really good. She was relaxed, and actually listened to Mark and Lindsay. She used to see them regularly, not just dropping in just before a meeting.

"Kayla" the family support worker was really good and supportive.

On another occasion Mark had been out drinking and came home and things kicked off. He ended up in the back of a police car looking out the window at the kids. It was a horrible sight that Mark never wants to see again. He didn't want the kids to see him like that, or all the other kids in the street.

Hayley, the new social worker is really good. She came to see Mark and Lindsay at Christmas and talked straight with them. She explained what Mark and Lindsay needed to do to avoid going to court.

Bad services.

Generally, social services were judgemental and were looking for fault. They worked on the basis of 'guilty until proven otherwise' and never trusted what Mark and Lindsay told them. There were times when they would make phone calls in secret to other professionals asking about the family. Mark and Lindsay would have been more comfortable with this if they had just been up front and told them what they were doing.

Another example of this was a social worker pretending to drop a pen on the living room floor so that she could see under the couch to see if there were any drugs there. Mark lifted the couch for her and said that she should have just asked. They asked for this social worker not to come back to their home.

Mark and Lindsay's lives have had lots of waves and ups and downs over the last few years. They always had to bring themselves up and social services usually contributed to the going down. Social services being in their lives often caused arguments between Lindsay and Mark.

A social worker came into Mark and Lindsay's house and was freaked out by one of the twins trying to play with him because he had chocolate on his hands and the social worker had a white shirt on.

When Lindsay was in hospital (with mental health problems), the kids went to Lindsay's sisters and the social worker stopped Mark seeing the kids. It was a really horrible situation.

One social worker was into feng shui and told them to get the joss sticks out and that kind of thing. She came across as being nervous and almost like she was on drugs. She did nothing to help.

Social services in Mark and Lindsay's lives

Mark and Lindsay found the initial child protection meeting one of the worst experiences of their lives. It was a week after an incident, and they walked into a big room packed full of professionals. They don't come from a world and families that understand the way social services work. Nothing was explained to them properly. They now understand that the children being on a child protection plan means people trying to understand your behaviour and change it. It also means you have goals that are set that you have to achieve and if you don't, your kids are removed. Also while you are on the plan, the social services have parental responsibility (PR).

Mark and Lindsay feel that social services are very intrusive, but it could have been worse. They found people looking in the bedrooms, not nice. Mark would try and prepare for social worker visits by tidying up and things, whereas Lindsay feels that this is her home, and as long as the children are well looked after, it shouldn't matter if the kids toys are out because they are playing with them. For example, it isn't taken into account if the bed sheets

are in the wash – just that they are not on the bed. Mark and Lindsay wonder if the social workers' houses are clean and tidy all of the time?

Mark and Lindsay know that they have made mistakes in their life, around drink, drugs and arguments and when they were drinking and taking drugs they didn't always get up in the morning like they should have. One month the police were called 19 times. Mark and Lindsay feel that the good things they have done have not been acknowledged; the fact that the children are not neglected, well looked after, eat vegetables, sit round the table to eat and have a routine at bedtime of going in their cots at 6pm.

At the moment, their case could be closed by social services, because everything is finished now, but the social worker hasn't had time to talk to Lindsay's Community Psychiatric Nurse. Lindsay suffers from Huntington's disease and they need to be clear about how her mental health is with this.

Mark and Lindsay feel that social services approach Mark as guilty before charged and assume Lindsay is the poor battered wife that can't say anything. Mark, at one of the first meetings, was upset and did point and raise his arms a bit. Because of this all the professionals said that this was 'abusive' behaviour and there must be domestic abuse going on in the home. This was just because he was saying his piece.

Mark and Lindsay know that if social services had got their way, and Mark had left the house, the kids would have ended up being removed. It's happened to other people they know, that if the man leaves the home, when he comes back the kids get removed. If you just stand your ground and say "no, he's not going anywhere", that's the only way to keep the kids.

What's important in Mark and Lindsay's life?

Lindsay has recently been diagnosed with Huntington's disease. It's a degenerative disease that both her mum and grandad died of [sic] and her Uncle also has. The Huntington diagnosis and medication has helped Lindsay a lot. She now understands the feelings she was having and why she lacked energy and was lethargic. It was her mum's death that caused Lindsay to drink and go off the rails for a time. The disease affects Mark and Lindsay day to day. Lindsay has muscle spasms at night that keep Mark awake. Lindsay wishes that social services would do their homework and realise that it was the Huntington's that caused the mental health problems that she had, and that this is not a separate issue. Lindsay has also suffered from paranoia with Huntington's which caused some of the problems with her and Mark.

Mark and Lindsay really like where they live. The two young twin boys have just got a place at a nursery, the older kids have after-school places, and the fact that there are lots of kids in the street for their kids to play with make it a place they don't want to leave. But, there are five kids plus Mark and Lindsay in a three bedroom house, and the baby's room is small. They are bidding on houses at the moment, and although they would love a five bedroom house, there are pros and cons to moving. They have struggled to get private accommodation because of the big deposit needed. This is something social services could have done for them that would have actually helped. There are no funds available because of the government cuts. The only other help has been some beds for the kids.

Lindsay and Mark are looking forward to the day when social services are not involved in their life anymore. No more playing the game and telling people what they need to hear. They sometimes feel like shouting at people and saying "just get out of our lives…" "...but you can't, you have to put things in a better way".

Mark and Lindsay still have their moments, but are glad that they stayed together. They have always been a happy family, but lost themselves for a while. Lindsay finds it upsetting to talk about the past. She is a private person who holds things in.

Improvements that could be made

Be honest. The things that really upset Mark and Lindsay were that things were done behind their backs, like phone calls to other professionals. Just ask. Sit down with people at the very beginning and explain everything to them. The process, what everything means. Mark and Lindsay had to go through three years of being involved with social services to understand everything: "People need to know ultimately that they can take your kids away."

A women's No Excuses group. Although Mark knows he had abusive behaviours, Lindsay also had abusive behaviours that were never addressed with her.

"Don't look down your nose at people. Some social workers aren't even parents, and don't understand what it's like. Stop picking up on tiny little

things and ignoring the fact that we are good parents. Don't question our skills as parents, ask us." **"**

3.3 Analysis of Mark and Lindsay's story

I have reflected on numerous occasions why the session with Mark and Lindsay unfolded in the way that it did. My initial reactions were that this was due to either my inadequate skills as a researcher, or the fact that they had been subject to statutory service surveillance for so long that my presence was one step of surveillance too far. It is entirely plausible that the reason is multifaceted, however, further reflection has made me question their involvement in the research in the first place. Did they want to take part in the research at all? If not, why did they agree to my going to their house? A simple explanation is that they perceived a vertical power relationship with the NSPCC, and with a child protection review imminent, they were keen to please the NSPCC in whatever way possible. It was, after all, an NSPCC practitioner that introduced them to the research and so, no matter how my research was conducted, there may well have been a feeling of risk for Mark and Lindsay if they declined. This analysis will examine this inability to say no, and how it has an impact beyond issues of initial consent. I will show that the gatekeeping organization provides a frame for the way in which the research relationship develops.

Gatekeeping

In the literature the concept of gatekeeping is concerned with how participants are recruited (Holloway and Wheeler, 2002; Peil, 1993). Definitions refer to working with people or organizations that are needed to make physical contact with potential participants and how the researcher should engage with these 'gatekeepers' to gain as much access as possible.

This 'access to populations' dictates whether the researcher is able to meet with potential participants and the level of freedom that the researcher is granted by any gatekeeping individuals or organizations. This can help or hinder research, depending upon the gatekeeper(s) personal thoughts on the validity of the research and its value, as well as their approach to the welfare of the people in their charge. This level of access is based on the rapport that the researcher strikes with the gatekeeper(s) (Reeves 2010). This is not a one-off event, but an ongoing process (Duke, 2002).

Initially, I viewed the gatekeeping organization (the NSPCC) and individuals within it in this light; I worked hard on spending time based at the NSPCC building attending team meetings, engaging in conversations on issues current for them, and trying to build up a rapport and level of trust within the teams. This, in sociological terms, would be trying to move from 'outsider' to 'insider' status (Bartunek and Louis 1996). I believed this was important to allow the practitioners to be willing to introduce me to families, thus allowing me to start my research. Essentially, this approach proved successful in that I was introduced to a number of families, although I still had to work hard with practitioners for this to happen. I was also regularly meeting with the team

managers to ensure their commitment to the research was maintained. However, whilst the relationship between myself and the NSPCC is of importance for the viability of research, of equal importance is the relationship between the NSPCC and the participants. Emmel et al., (2007) discuss the role of gatekeepers beyond that of a willingness to introduce the researcher to potential participants. They discuss the impact that the relationship between the gatekeeper and the potential participants has on the relationship that can be formed with the research and potential participants. Rather than considering strategies of access as trust-building activities by researchers to facilitate access to vulnerable and marginalized groups, they consider how relationships of trust are built between gatekeeper and participant and the ways this trust flows out to some extent into the relationship between researcher and participant.

Emmel et al., (ibid.) identify a continuum of three categories of gatekeeper: formal gatekeepers, comprehensive gatekeepers and informal gatekeepers. The category of gatekeeper is involved in the research dictates the foundation of the relationship between researcher and participant. Research relationships formed through formal gatekeepers for example, may have greater difficulty in building trust than research relationships formed through informal gatekeepers.

Table 1 below illustrates these three categories:

Table 1 : Categories of gatekeeper, Emmel et al., (2007)

Formal Gatekeepers	• Statutory services
	• No long-term relationships with community
	• Characterised by professionalism above all else
	• Interactions determined by goals of services not goals of community
	• Vertical power-based relationships
	• Their role is to control, supervise and rehabilitate their clients.
Comprehensive Gatekeepers	• Characterised by innovative services being delivered to bridge the gap between community needs and service provision
	• Tend to have long-standing relationships with groups or members of the community
	• Can themselves identify with the community
Informal Gatekeepers	• Have limited links with services, and work to solve problems within the community
	• Live and work in the community
	• Inward facing and suspicious of services
	• The role is based on befriending, supporting, protecting and even parenting those they see as vulnerable and frequently misunderstood by service providers

The NSPCC is a voluntary sector organization but works in a very similar manner to statutory services. This means that it could sit in either the 'formal' or 'comprehensive' category. I believe that how the families perceived the NSPCC impacted on the varying degrees of success that I had in engaging them in the research, the concept of their participation and ownership of the research.

Table 2 below illustrates those features of the NSPCC that would position them in the two categories:

Table 2: Gatekeeper relationships in this research

Formal	• Practitioners sit on statutory child protection panels
	• Most NSPCC practitioners are trained social workers
	• Throughout the build-up to the data collection phase of the research, practitioners and managers alike were concerned with the research not undermining their role as service providers and their concerns centred around families sharing information with me as researcher that would not then be shared with them.
	• Families are generally introduced to the NSPCC through statutory services.
Comprehensive	• Voluntary sector organization; Registered Charity
	• They are a therapeutic service which aims to work with families to help them deal with specific problems e.g. domestic violence
	• Service users on programme voluntarily.

As table two shows, the NSPCC's position is ambiguous and open to interpretation by the families. Do they view the NSPCC as part of the 'institution' (generally social services) that holds a powerful position over them (it has the power to remove their children) and is therefore treated with scepticism, or do they see a supportive therapeutic organization that can support them to improve their condition? It is also worth considering whether different members of a family unit may perceive organizations differently. For example, Mark may, due to the punitive interactions he has experienced with services, view them as formal. Lindsay may have perceived her interaction to be of a more therapeutic nature and therefore hold it in a different regard.

Organizations are positioned within this continuum by the levels of trust and credibility the potential respondents can place in the gatekeeper, i.e. those with whom participants have higher levels of trust will inhabit the informal and comprehensive categories. The basis on which this trust is built is the perceived risk that the gatekeeper poses, i.e. if a participant feels that he or she is at risk by engaging with the gatekeeper, levels of trust will be low. As stated by Story et al., (2010 p.119), "Trust is developed in situations where we trust that individuals or institutions will commit actions that will be favourable to our needs and interests". Participants granted access to me because they were introduced by a gatekeeper with whom they had a relationship based on trust and faith.

In Mark and Lindsay's case, the NSPCC was due that afternoon to attend a meeting that had the power to completely withdraw statutory intervention in

their lives *or* progress through proceedings to remove their children from their care. It is clear that Mark and Lindsay perceived high levels of risk, both in opting in to take part in my research (fearful of saying something unfavourable that would be passed onto the child protection meeting), or opting out (and being judged as unco-operative by the NSPCC). This begs the question: if they firstly, perceived a high level of risk, and secondly, held low trust in the welfare services, then why did they agree to take part in my research?

Emmel's theory states that research access to families relies on trust and credibility, thus implying that *only* if a family or individual has trust in the gatekeeper (person or organization) and considers them credible, does the researcher gain access. However, this model does not account for a power dynamic: in my view Lindsay's decision to allow me access to her home and then struggle with the data collection process was demonstrative of a perceived power that the NSPCC held over her; she felt she had no other option but to consent to taking part. To what extent was her consent to me visiting her home, let alone taking part in the research, truly voluntary, and how much pressure did Lindsay feel from the knowledge that she was due to attend a child protection review that afternoon with the NSPCC?

Evaluations of risk are made and acted upon in decisions about building a trustful relationship (Emmel et al. 2007), and Lindsay's unsure view of me (demonstrated by her distress), and to what extent she could trust me, may have been further compromised by the formal processes that I had to go through with her and Mark to obtain our first meeting. Gaining signed consent and going through the participant information sheet is a process that

has been noted by others to mirror those of statutory organizations. Ethical procedures can echo those followed by statutory organizations that control and supervise. The experience of filling out forms can have an association with processes that can lead to punitive outcomes. Research can mimic access to service provision that is perceived to be risky (Emmel et al. 2007).

The difficulty of truly voluntary consent to take part in research is a known phenomenon (Reeves, 2010). However there are a number of questions that flow from this. If Lindsay did feel pressured into taking part in my research, does this mean that the research should not have been done? Is the context of a powerful institution providing pressure that cannot be removed a barrier to such research? If this is the case, how does research ever capture this experience? Should these families be marginalized and excluded from research in case they feel undue pressure? Or is the benefit of hearing their experiences, albeit under some pressure, better than their exclusion and marginalization from service research and evaluation?

It appears from the above discussion that the gatekeeper plays a role beyond merely providing physical access, and is a cornerstone of the nature of the relationship I was able to form with the participants, in this case Mark and Lindsay. Issues of trust, risk, credibility and therefore, consent, are important in that they influence the way in which participants are recruited, i.e. the characteristics, and nature of the relationship the participants have with the gatekeeping organization. It raises a question of how we recruit participants if a 'formal' gatekeeping organization commissions the research, whilst also holding power over the potential participants. While I made all attempts to reassure Mark and Lindsay that their participation in the research

was *not* linked to their service provision from the NSPCC, I believe that there still remained a certain transference of beliefs around risk that prove difficult to negotiate.

Power

The aim of social work has been defined as:

> "The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work."

> (http://ifsw.org/, accessed 1 Sept 2009)

To what extent does Mark and Lindsay's experience reflect the core aim of social work to empower, liberate and enhance well-being? I will address this question in two stages: firstly, how Mark and Lindsay experienced their relationship with welfare services; and secondly, the surveillance they describe and how it impacted on their behaviour. Whilst this is not a comprehensive Foucauldian analysis, I will use Foucault's notions of relational power as an analytical framework to understand Mark and Lindsay's experience. I will argue that social work is increasingly distanced from its empowering role and is using its authoritarian status in order to be seen to provide increased safety for children. This is, in part, due to the

immense time pressures and administrative, managerial culture that social workers are currently working under, but also, is in part, due to a lack of informed supervision.

Power and resistance to power

Michael Foucault is a philosopher whose studies centre on the analysis of power. His ideas around relational power and the fluidity of power offer meaning and clarity to Mark and Lindsay's story. Foucauldian theory views power not as an entity or an object, and resists defining power in a metaphysical way, insisting that "something called Power...which is assumed to exist universally in a concentrated or diffuse form does not exist. Power exists only when it is put into action." (Gallagher 2008). This idea of analysing the application of power between individuals seems to fit with my experience with Mark and Lindsay. Rather than a linear relationship, whereby NSPCC and statutory services had institutional power over Mark and Lindsay, it allows me to examine the impacts of the vertical relationship and how this manifested. This is similar to the Foucauldian concept that "Power is relations; power is not a thing.", and that it is useful to look, not at who has power, and how they might share this power with others, but rather at the ways in which power is exercised though networks of relations (Gallagher 2008).

The power dynamic between Mark and Lindsay and 'services' is based on the fact that the 'state' has invested social workers with the authority to make judgements on Mark and Lindsay and their parenting abilities. Social workers

have, within their remit, the ability to drive various therapeutic and legal courses of action, from working with Mark and Lindsay to achieve more family harmony and development through to initiating care proceedings. Whilst imbalanced, this is not unidirectional. Mark and Lindsay have the ability to comply, to resist, to engage, not to engage, etc. Mark and Lindsay's story suggests that the more they, as a couple, were willing to comply with the wishes of the social worker, the less coercive and authoritarian the approach. Power here is clearly a relationship; it is not 'held' by services over Mark and Lindsay, but each party is exercising power through their acts.

This was demonstrated in a conversation I had with Mark and Lindsay; the social worker who was working with them at the time, stated explicitly that they (welfare services) would use their power based on their professional capacity and legislation (the Children's Act of 1989) to remove Mark and Lindsay's children from their care if they did not comply by ending their relationship. The discussion shows Mark and Lindsay's resistance to this, stating that they had not neglected their children. What is apparent here is that the power in the relationship is being negotiated, and that even though the risk to Mark and Lindsay is high (the threatened removal of their children) they still feel they have the ability to challenge what is happening to them. They demonstrated this when they said:

K: so you had a social worker that came into your house on day one and said…

L: We want Mark out of the house or we are gonna remove the kids…

M: remove the kids…

L: but I stood me ground, I knew there was no way, no way they were gonna take the kids there and then, come and prove I'm neglecting my kids, I'll stand in any court you like and argue, no way have I neglected any of them kids, so they gave me another chance, and it would have been all right if we'd kept that first social worker but they pass it on and you start all over again with a new social worker, I think we went through five you know.

M: and we would say to them you must have read the file, but they would say, no you have to tell us again.

…

L: and the kids are hearing this, and they know everything anyway before they've walked through the door, they are supposed to be protecting the kids but you're not because they are hearing it again and again.

There are numerous observations to be made here. It is apparent that there was a negotiation of power happening; Lindsay stating that she stood her ground and in the same breath stating "they gave me another chance", thereby acknowledging her subordinate position.

If we look at this exercise in power (i.e. the insistence on the removal of Mark from the family in order to retain care of the children), Mark and Lindsay stated it was because of the domestic violence that was taking place between them. It appears that the social worker resorted to coercion in order to fulfil her obligation in the role of safeguarding. Indeed, from my own professional experience I have observed this stance from social workers on a number of occasions: the removal of violent fathers as the only form of

safeguarding work. Whilst this may be effective in the short term, there is consensus amongst researchers that separation has limitations as a means of ensuring children's safety (Stanley et al. 2011). So why (assuming that Mark and Lindsay's portrayal of the situation is accurate), did the social worker feel they had to resort to straight use of authoritarian power? Research has shown that it is families' *engagement* with services that is key to achieving change (Stanley et al. 2011).

Rogowski (2011), for example, suggests that it is the organizationally driven (i.e. statutory organizational) goals that have become paramount in service relationships. Rogowski states: "the completion of initial and core assessments within specific timescales, for example, often means social workers are so busy at "getting (the current) the job done" and further to say that that they are in danger of losing sight of what and who they are, including their professional uniqueness and style of intervention. It is not hard to see that in many cases filling in forms and inputting data into their computers becomes the be all and end all (Rogowski 2011).

In Mark and Lindsay's case too it is this administratively driven approach that requires service providers on an individual and organizational level appear to resort to 'pulling rank'. This is done in order to meet legislative obligations to protect their children from harm without investing the time and therapeutic approach needed to empower and liberate families to enhance their welfare. This argument is further supported when research on social workers' job satisfaction is examined. Researchers argue that there is a profound dissatisfaction (that) now exists among social workers about what their jobs now entail, with a growing gap arising between their daily tasks and duties,

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and the values which brought them into the job in the first place (Rogowski 2011 p. 159).

This difficulty is also conceptualised by Smale et al., (2000) who have devised and developed a framework for understanding different models of assessment. They distinguish between procedural, questioning and exchange models, each of which are premised on different understandings of the relationship between practitioner and service user. The first two models locate authority for judgement and decision making with the professionals as expert, and the exchange model provides greater potential for power sharing and dialogue between social workers and service users.

Whilst explanation and analysis helps us understand the problems, what we must not forget is the end result: a family feeling disempowered and shackled and even experiencing increased problems due to their hatred of a system which they experience as faceless, disjointed and intrusive (Cameron 2011). In this way we must "change completely the way government interacts with them; the way the state intervenes in their lives…the endless state schemes and interventions…dealing with individuals almost as if their families were invisible or irrelevant." (Cameron 2011 p.4).

What this section demonstrates is that power here has served to meet the needs of the services and achieve their goals when working under pressure, but in doing so this not only goes against the core principles of social work but fails to meet the needs of families better served through engagement rather than power differentials.

3.4 Participatory research and power

Modern-day social work has two basic stages of practice: assessment and intervention. Through the assessment process, practitioners visit the family home, observe, ask questions and make an assessment as to whether the family has reached a threshold for intervention. The second stage will sometimes be carried out through direct work from the social worker, but increasingly a social worker will refer the family onto other specialist agencies to work with family members around their problems. For example, a social worker may complete an assessment, the result of which identifies domestic violence as being present in a relationship and refers individual family members onto specialist domestic violence services such as perpetrator programmes or victim support services. Good assessment relies on the social worker engaging with the family members and collecting accurate information about the needs of the family; this is a major part of modern-day social work practice. However, the challenge with assessment is its close proximity to intrusion and perceived unnecessary surveillance. When I listened to Mark and Lindsay, I heard the theme of 'invasion' clearly and persistently. This was overt invasion, with anecdotes of practitioners examining their home (looking under furniture and in bedrooms), but also covert invasion, which I now examine.

In my interaction with Mark and Lindsay, I disclosed limited information about myself until a good way into the interaction. They knew I was a student, and that I had been introduced through the NSPCC, but knew little of my professional background. However, such had been their interactions with 'services' they assumed I was somehow knowledgeable about the intricacies

of their lives and relationships. They assumed that I was privy to detail about their children and the service processes they were going through. They assumed a large, shared frame of reference extending to people who they referred to by their first names, assuming I would know who they were, using terms associated with social services such as child protection, conference, plan, review, core group, CPN (community psychiatric nurse) etc. As Mark said:

M: you know like you'll mention Lindsay's CPN or my drugs worker and they'll be like that getting their numbers and writing them down and you know they're off ringing them, but I've told them what's been said and everything so they know that you are not lying but they still do it.

On another occasion Lindsay talked about the birth of her twins. She assumed I knew that she believed the hospital staff had made an error and swapped her twin boys and confused their identities:

L: you know when the twins were swapped and erm…

K: swapped?

L: don't you know about that?

K: no

L: when we were in the Women's…

Similarly, just as we started the research Lindsay felt she couldn't talk about certain parts of her life because "her kids have got to read this":

L: I was a good girl in school…a very good girl…I'm not doing that on tape…no way…my kids have gotta read this…

I can only assume this is based on the fact that, in current social work practice children are increasingly included in child protection proceedings and their participation in understanding and making decisions (within age appropriate remits) is seen as paramount. This can often involve children reading, or being read, papers and reports prepared for meetings. Whilst I made it clear to Mark and Lindsay that my research process is completely confidential, I believe that they saw the research process simply as another act of surveillance and of the details of their lives coming into the public domain.

Although I was introduced to them through the NSPCC, their assumptions about my knowledge were quite substantial. This assumption about knowledge raises two points: the first links back to the beginning of this chapter and the formative and important role of the gatekeeping organization, but the second is about how assessment is assumed by families to produce knowledge that is possessed by a network of professionals who are all connected and operating within a 'big brother state'. This is a theme that many commentators on the 'real' role of social work have developed. Parton (2005), for example suggests, focusing on the extent to which surveillance used in social work to gather information about the level of a family's functioning (often phone calls, meetings and conferences from multidisciplinary professionals) having a panoptican effect; that is service users become aware of the surveillance to which they are subject and moderate their behaviours because they do not know when they are

being watched. The idea of 'governmentality' is equally applicable here: "those who exercise such power attempt to make those whom they are governing so effective at regulating their own conduct that they will ultimately have no need of any external supervising power" (Gallagher 2008 p. 399). Foucault's ideas are very relevant for applied social science as he problematizes social work professions as instruments of governmentality, an agent that reproduces dominant state discourses (Gilbert and Powell 2009). Whilst surveillance in child protection may be necessary, to what extent are social workers and service users blind to their role in reproducing the status quo?

I have confidence that Mark and Lindsay were aware of the surveillance they were subject to. As the below transcript demonstrates, they assumed I was part of it, in their references to their social worker by her first name, talking about the "meeting" they had that afternoon and assuming I knew what this was:

K: I can't believe I've upset your Mrs…

M: it's coz we've got a meeting today and coz its gone on so long, we seen John yesterday and he said he can't see us being with them much longer and it's just like that, you know what I mean, but the only thing they can say is that they want us to move out of this house, you know, but overcrowding is not a child protection issue you know, and we want off…

L: and it's the mental one that's hard

M: and because we know what they are like you don't want to sit in the room and start shouting at them you've gotta put it nicer than that

K: so is it a child protection meeting this afternoon

L: No no, nothing like that it's just like a review

M: You know a core group

L: it's all voluntary now if you get what I'm saying, last little bit now

The impact of the ongoing surveillance was also evident in the following exchange:

M: and we'd wanna move on…

L: yeah we'd wanna move on but they wouldn't let us, they just wanted to go over it and over it, that's why today's been hard.

M: they'll come out and you'll tell them about something that's happened, something at school or something like that and they're off, they're ringing up the teacher behind your back like getting their story, you know they don't listen to you as well.

Here their apparently voluntary disclosure appears to backfire and feeds further into negative assumptions.

This apparent high level of surveillance was further endorsed in a focus group I held with the NSPCC practitioners when discussing the treatment of service users and the levels of surveillance and coercion to which they were

subjected. For some of the families I engaged with, 'telling their story' in the past had not been a process they entered into voluntarily, it was a forced disclosure in order to gain access to services (including drug treatment services).

Practitioner 1 –You know there is a belief in this big brother state so that can be quite hard to break down. They assume that if they once saw someone in an office there's a record that we have access to.

KH – really?

Practitioner 2 – I think it is awful, you know for the men we work with, for everyone who works with [sic] *once you have social services in your lives*

Practitioner 3 – that's what it's like…

Practitioner 2 – it's so awful. Because you know they (social workers) scrutinize everything you do. People sit round every month and talk about what you've been doing or not doing.

Practitioner 4– it's very intrusive

Practitioner 1 – whereas I don't really scrutinize everything. I think some people get scrutinized and some don't…but you do, you go to the bathroom, I've caught somebody before now, we had two young women, we had a flat we rented as a leaving care team and I knew they'd had someone staying overnight. The toilet seat was up – I didn't tell them how I knew, but I knew.

KH – that's super-observant (!)

Practitioner 1 – but that's what we say you need to look at what you've seen, so I tend to not just believe what I'm told. In terms of thresholds false optimism again and again is criticized…

In other words, by developing human beings' ability to govern themselves, governmental power actually ends up equipping those humans to become independent agents, no longer beholden to externally imposed systems of rules (Gallagher 2008). Service users modify their behaviours (due to the panoptican) and therefore are in less need of ongoing welfare service provision. However, governmentality and panoptican surveillance are far from validated social work interventions.

Participatory research (PR)

This chapter has so far examined the formative influence of gatekeeping organizations on perceived surveillance. By way of concluding the chapter, I want to link these issues to the research process itself.

Through involving oppressed and marginalized people in knowledge-building, participatory researchers seek to create more holistic understandings and better maps for change than is possible through traditional methods whether positivist or radical (Healy and Darlington 2009). Based on the premise that people, especially those who have experienced historic oppression, hold deep knowledge about their lives and experiences, and should help shape the questions and frame the interpretations (Torre and Fine, cited in (Cahill 2007a). These people may be referred to as what

Antonia Gramsci calls "organic Intellectuals" whose critical perspectives are developed from everyday experience (cited in Cahill 2007a).

The key difference between participatory and conventional methodologies lies in the location of power in the research process (Cornwall and Jewkes 1995). In participatory methodologies, power is shared and equalized as far as possible. Participatory research is seen as a way of achieving a more 'relevant', morally aware and non-hierarchical research practice (Bagnoli and Clark 2010). If PR is to truly address the plight of the powerless and bring about social justice, we need to acknowledge that effective actions for change are the by-products of knowledge, experience and practice. An extended epistemology in which experiential, practical and prepositional knowledge are equally valued, is therefore fundamental. However, accessing that knowledge requires that the researcher empathically understands the community from within, using their language and symbol systems (Chiu 2003). Research cannot be conducted successfully if the power differentials between participants are too large (Riet 2008).

The admirable aims of participation and ownership are thus constrained by the researcher's approach to the interaction and also the vast differences in the relative power, capacity and knowledge of the researcher and the participants (Riet 2008). PR is a mode of research which draws on a Freirean approach in order to tackle this. It is directly concerned with the relations of power which permeate relations between the researcher and those whom it involves and concerns. It recognizes and aims to confront inequalities in access to resources and those produced by the intersection of differences in class, caste, race, age and gender. Affirming that individual

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knowledge is valuable, these approaches regard people as agents rather than objects, capable of analysing their own situations and designing their own solutions (Cornwall and Jewkes 1995).

I assert that, particularly for Mark and Lindsay, but also for the other families that I met, they saw their interaction with the research project as another tool and technique of surveillance; another forced disclosure due to the powerful gatekeeper through whom we had been introduced, and another confirmation of their observed status in their panoptican world.

Whilst the roots and ideals of participatory research have huge potential to be empowering and liberating, when undertaken in collaboration with an institution which asserts its moral position over the families' positions, it must be questioned whether PR can succeed. This is particularly true within the world of time- and resource-limited research. Even well- meaning researchers that pride themselves on being community allies and trusted friends frequently fail to realize the extent of the power exerted by their position (Story et al. 2010).

Gallagher (2008) argues that Foucault's view on power offers a far more meaningful guide for participation, directing researchers towards the need to look in detail at precisely how all of those involved in participatory initiatives are exercising power. What are the strategies and tactics of participation? Is power being exercised through techniques of voting, ranking exercises, conversations or debates? It is the task of Foucauldian analysis to distinguish between the myriad forms of power operating in a given instance of participation.

I was concerned in my own research that the families who shared their lives

with me (for whatever reason) during my data collection process were not

simply watched again, but rewarded for their openness.

4   Chapter four: Maria's story

4.1 Introduction

Of all of those who shared their stories with me, Maria was the most open,
frank and reflective. Her story describes an abusive relationship lasting for
several years with high levels of domestic violence. She experienced multiple
forms of abuse, and it was only when her husband caused fifteen injuries to
her four-year-old son that she decided to leave the relationship.

Maria's story is one of the most heart-wrenching I have listened to. The
abuse she suffered included physical assault leading to hospitalization, rape,
psychological control, and emotional abuse, including isolation from her
family and friends. She is in some ways a stereotype of what most would
perceive to be a victim of domestic violence. This chapter will examine how
the welfare services designed to protect women like Maria and her children
performed in light of this abuse, particularly focusing on the interaction
between Maria and the statutory child protection services. In particular, it
examines Maria's dual status as a victim of domestic violence and a
perpetrator of child abuse owing to the fact that she failed to protect her
children from harm by remaining in a violent relationship. The examination
considers the harm that Maria's children were exposed to which triggered a
service response. Maria's story demonstrates the difficulties arising from this
duality that results in mixed and confusing messages from services.

I met Maria on four occasions at her home. During the first two sessions she
told me her story and described her relationship, her interaction with services
and of several deeply traumatic events. I wrote up her story as accurately as

I could using audio files from the sessions. During the latter two sessions Maria and I revisited what she had talked about and how I had captured it. She clarified, corrected and offered further explanation to much of the writing. Maria endorsed the final draft as 'her story'.

4.2 Maria's story

❝ Maria has two children, Laura who is six, and Greg, eight. When Maria stops and thinks about what she has been through, she is amazed that she got through some of the things that she did. She doesn't tell many people about what happened, and most people just see her as a normal person until she tells them everything that has happened. Generally, people are surprised and amazed that she has been so strong.

The relationship

Sean clung onto Maria from day one and was violent from the first week in the relationship. Maria fell pregnant and left him several times, including when she was six months pregnant when she had to hide at her aunty's house in Wales to get away from him. Maria's two pregnancies were hard, and Maria had to do everything herself. In the relationship Maria was the one that looked after the children. She got up in the night with them, took the children to school etc. After a long period of no contact Sean turned up at the hospital when Maria was in labour. Maria's mum got Sean thrown out of the hospital, as it was the last thing that Maria needed.

On another occasion he somehow found out where Maria was living and turned up at the back entry. Maria was in the bedroom, changing the baby on the bed and could hear a car in the back entry beeping its horn all the time. When Maria looked out of the window, Sean was waving at her. It was a scary thing for Maria. Sean knew if he turned up at the front door, it wouldn't have been answered, and Maria's mum and dad wouldn't have let him anywhere near her. Once Sean found out where Maria was living, he would hang around when he knew Maria's mum and dad were at work, and Maria ended up back with him. Maria doesn't understand why she went back with him.

Maria and Sean got a house together, as they had the baby, it was easier. They moved into a house on the same road as Maria's mum and dad. They split up several times. They were together on and off for six years – together for three years, and married for three years. The only thing that kept Maria away from him in the end was that he caused fifteen injuries to Greg (preschool age). The injuries were caused in one incident and resulted in Greg being hospitalised.

It wasn't a normal relationship. Maria was petrified of Sean. She wasn't allowed to do anything. Maria couldn't watch her favourite teenage boy band Boyzone on the TV because Sean thought that Maria was thinking about other memories that she might attach to the songs. There was lots of paranoia in the relationship, Maria thinks that Sean may have had mental problems, and was seen by counsellors, but it was never really talked about with Maria. As Sean was so paranoid with Maria, she found herself also

being paranoid. Sean was quite a flirty person and it made Maria stick to his side when they were out.

Maria regularly blamed herself – "I shouldn't have said that, it was me saying that that caused the argument". The reason Maria fell pregnant with Greg was that Sean had thrown her pills away. Maria therefore didn't want to have sex, and so in a way it was a rape that conceived Greg. Sean then wanted another child straight away. He liked it when Maria was pregnant as he felt more secure that she wouldn't leave him. Maria had to get contraception in secret. She told a health worker her situation, that Sean was throwing her pills away, and they injected her with the pill there and then, so she was safe and he didn't know.

Sean controlled a lot of Maria's life. When she could get up, when she could open the blinds, open the window or put the bin out. At the time it was normal. Another example was say if he wanted Maria to go across the road and borrow money off her mum, he would open the blinds, watch her walk across the road and as soon as she got in the house, ring her and say what are you doing? How long are you going to be? Sean was very paranoid. Maria worried about his sort of thing being passed on at birth to the children.

Maria moved away. She now feels stupid as she left a lovely house in the same street as her mum and her sisters and her friends. Maria knew though, that she needed to move away. She moved to Town X while Sean was in prison on remand for assaulting Greg. Sean was sentenced to twelve months, but was let out of prison after six months for good behaviour. He is now not allowed to live in a house with children.

Town X was a tough time for Maria. She lost lots of weight and was crying a lot. She is not sure how she got through that time. She was very isolated. She had no one to speak to, social services were against her. Then when the children were taken off the plan, it went from lots of services, knocking on the door all the time, asking loads of questions to nothing at all.

When Maria was actually in the relationship, friends and family would look down their nose at Maria, thinking she was stupid for getting beaten up and then keep going back with him. However, when Maria goes to parties and people relax a bit, she can hear that lots of them are going through the same thing, maybe not as bad as her relationship, but similar themes. They are no different to her.

Maria's description of Sean

Sean was a generally violent person. Maria didn't know about Sean's criminal past when she got with him. Sean ran away from home when he was fourteen, and he lived on the streets and in different people's houses for a while. Sean's dad was very violent to his mum. Sean's dad was very controlling of his mum. She wasn't allowed to do anything herself, he controlled what she could do, when she could drink etc. Maria could see that her relationship with Sean was going the same way. Feeling this on top of Sean attacking Greg caused her to leave the relationship once and for all.

When one of the workers found that Sean was possibly living with other children, he told Maria he needed to act upon it and involve Children's

services because Sean is not allowed to live with children because of what he did to Greg. This panicked Maria as she was still scared of him and she was worried it would all kick off again for her. Maria feels selfish that she didn't want to get involved or have anything to do with it, but she has managed to move on with her life after years of hell.

Maria's family

Maria's family knew what was going on, but she did lie to them on a few occasions. On one occasion Maria's sister went to the hospital with Maria after she had been assaulted by Sean. Maria told her sister that Sean's ex had jumped her with a gang. Her sister didn't believe it for a minute. Sean came to the hospital so Maria couldn't say anything. Maria's sister still gets upset about that day now. When Sean came to the hospital he was drunk and just lay on the hospital seats and went to sleep. Maria is still terrified of him. Maria didn't love him, but doesn't know what the emotions she felt for him were. She feared being on her own and people not wanting her because she had children to someone else.

Maria's younger brother was affected by Maria and Sean's relationship. He used to have nightmares. Maria was living at her mum's house when she first started seeing Sean, and Maria's younger brother could hear through the wall at night when Sean was attacking Maria. He would wake up at night shouting for his mum to go and help Maria.

The relationship has affected the whole family in one way or another. At first Maria's family did a lot of checking up on Maria to make sure she wasn't in touch with Sean, but also phoning social services and Maria's mum looking after the children for a while.

Social services

Even though Maria wasn't doing anything wrong, they were always against Maria. The only thing was that she did keep getting back with Sean, but she was not the violent one. Sean and his mum would ring social services and tell them lots of lies about Maria. How she was gay for example. This went on for a long time, with lots of accusations, and Maria was fed up and played the mind games too. She felt silly, but had had enough. She would tell services stuff about Sean's family.

Greg was once voluntarily removed to Maria's mum's house for a couple of weeks. This was because Maria's mum rang social services because Maria had got back with Sean after he had just beaten her up. This wasn't through the courts and legal as they probably didn't have the grounds, Maria volunteered that Greg could stay with her mum, mainly to please the social worker. Maria's relationship with her mum was difficult, as it was Maria's mum that had rung social services on her. If she wanted to see Greg she would have to go to her mum's house for the day. This was very uncomfortable for Maria, on top of the fact that this caused more problems with her and Sean. Maria had to go to Agency A (group counselling for

female victims of domestic violence) and Sean did a domestic violence course.

Maria and Sean would argue over social services. Maria would blame Sean for her child being removed, and they would argue about whether they agreed about what social services had said.

Maria felt social services were against her just as much as they were against Sean. Due to the number of times the police were called to domestic violence, social service called round to give Maria a warning that if they didn't sort the relationship out they would get involved. At times it felt like social services were trying to force Maria into a breakdown. They would visit several times a week, just fishing for information.

During the child protection process for a time Sean was in prison, and so Sean's mum would represent him. Sean's mum was terrible through the case, and would lie all the time about Maria, and tell the social worker that "they are both as bad as each other".

Health visitors, midwives and people from school would turn up at the meetings and it would make Maria really angry. They had never met the children, didn't know them, so what would they be able to say? They started seeing Maria and the kids after the child protection meeting, and they couldn't find anything wrong with Maria's house or anything else, but at the meetings would still say that Greg couldn't be returned home. Maria felt everyone was just against her, she couldn't understand why they had to be kept on the child protection register. There was only ever domestic violence discussed in the meetings as a problem; Maria doesn't understand the link

between this and checking up on the house, immunizations and similar things. The children were on the register for domestic violence. Greg was taken into hospital with asthma and Maria and Sean were not allowed to see him on their own, or just talk to him. Maria found this really hard, on top of having to deal with Sean. If Maria wanted to see Greg she would have to be closely observed. Maria found this really difficult to cope with. This was reported by social services as Maria not caring.

Other services

Maria went to the court system to get the children's name changed, and as part of that process, Greg was seen by an organisation that helps kids in the court process. They gave Maria a telephone number for NSPCC for Greg to go and see someone there, which Maria rang as she didn't want Greg feeling upset. It was scary for Maria to make the initial phone call to the NSPCC. She is aware that at the end of the day, they are social workers, but she wanted the help for Greg. It did worry her a bit when the worker first started talking to her, he spoke like a social worker. Although Maria knew that her kids are loved and that that means no one can take them away from her, she was still nervous. What if Greg said something that happened a long time ago and was misunderstood. It got easier over time as the practitioner and Greg shared with Maria what they were doing and she realized the practitioner wasn't trying to get things out of Greg, he was just listening.

Maria hasn't had the same service that Greg has had access to, to talk about her experience. A worker is referring Maria to Agency A, a service for women

suffering from domestic violence. Maria did attend there in the past, but it was while she was still in her relationship.

When Maria attended Agency A she talked about the effect of the violence on the children and on her. Maria didn't feel it helped because she was still in the relationship. All of the information would make sense while she was there, but when she got home and would talk to Sean he would twist what had been said and make his point of view seem the most reasonable one. This was hard, as she spent more time with Seam so he had more time to convince her.

The police came out lots of times to Maria when she rung them. They would look down their nose at Maria, and in some ways tell her that she was worse than him because she kept letting him back. They would take a statement, put him in the back of the car, arrest him and take him away. He would then be released the next day. There were occasions when the police were called because Sean had broken an injunction or came to Maria's house causing trouble, smashing up a car or something. The police would come and on the radio there would be no record of the warrant/injunction, so they would just let him go, and then later on would say, yes there was a warrant. This made it difficult for Maria to keep him away.

Maria's life now

Maria still has nightmares that bring back lots of horrible memories about when she was pregnant last time and things that Sean did to her while she was pregnant. Maria feels she would like to talk to someone about this.

One example of this is Maria was in the shower the other day and the water went really hot, and Maria remembered when she was pregnant with Greg she burnt herself in the shower very badly. She needed to go to the hospital, as layers of skin had come off her leg. Maria was in agony. Sean made Maria walk to his mum's house so that he could get washed and changed. Maria was sitting in Sean's mums house, screaming in agony and all that was said was "couldn't Maria keep the noise down".

Maria is not sure what services may have helped her at the time she was in the relationship. The course that Sean did on domestic violence he said at the time helped him, and that he had changed, but within a couple of weeks of services not being in their lives the violence started again. This meant social services got involved again.

Maria lost all of her friends while she was in the relationship. Maria used to walk down the street with her head low and avoid looking at people. She is back in touch with most of them now, but not close friendships like it used to be. If Maria had a friend in a similar situation she would make a real effort to visit them a lot, make time for them and make sure they always had mates to talk to. **,,**

4.3 Analysis of Maria's story

As can be seen from Maria's story, domestic violence is a very real, very personal crime. What Maria's story provides is a description of domestic violence beyond the theoretical; the human suffering caused by domestic violence that is the subject of this research, which should never be forgotten.

Maria's story highlights the difficult interface between Maria's position as a victim of domestic violence and her role as protector of her children, their mother. In this case it is apparent that the services involved with Maria felt that the children's safety should be considered paramount over Maria's own needs as a victim of domestic violence. This chapter aims to explore this practice and the 'risk management' that social workers carry out in modern-day practice. It also examines the multifaceted picture of the further victimization of Maria by removing her children to the care of her mother. This in turn caused more problems in her marriage, leading to further violence against her, particularly as the children were placed in the care of a family member (a commonplace practice), with whom Maria had a difficult relationship. This made contact with her children even more stressful.

I do not question or doubt the need to safeguard children living in families experiencing domestic violence. Children are protected under legislation with good reason – they are not capable of safeguarding themselves. However, in Maria's case (and those of other families I have met during this research), her vulnerabilities and need for protection were not met. The services she encountered amounted to further victimization of her at an already difficult time in her life. Whilst it could be argued that Maria is an adult and capable of

making her own decisions and safeguarding herself, research has consistently shown that if services offer better therapeutic support to victims of domestic violence, they are better able to protect themselves and their children (Humphries, 2006; Forrester, 2012; Gorin, 2004). Would Greg have ended up with fifteen injuries if services had better supported Maria? I argue more emphasis needs to be placed on addressing the issues in Maria's relationship (and those that are similar) instead of mandatory surveillance. Forcing her into a group intervention setting which she viewed as equally punitive to her abusive partner, who was forced to attend a domestic violence course, also appears to offer little value.

The risks to children and the service response

In 2002 an amendment was made to the definition of harm in the Children's Act (originally 1989), which now includes "impairment suffered from seeing or hearing the ill treatment of another" (Adoption and Children's Act 2002). This is widely exercised in social work practice, particularly by statutory service providers (children's social services) as grounds to protect children living in homes where domestic violence is present. Beyond the legislative, there is a substantial body of evidence for the harm that experiencing domestic violence can inflict on children's health and development (Stanley et al. 2012). Research shows that most children are aware of the abuse of a parent, with up to 86% either in the same or adjoining rooms during an incident of domestic violence (Brandon et al. 2009). Children may often continue to witness post-separation violence during child contact visits.

Research also indicates that 30% to 66% of children suffer direct abuse when living with domestic violence and highlights the extent to which children's experiences of violence cannot be compartmentalised into single 'abuse categories' (Humphries 2006). Maria describes leaving and returning to her relationship on several occasions, and Greg did indeed suffer physical abuse. It is likely that Greg will additionally have suffered emotional abuse from living in the same house as partners with an abusive relationship and may well have witnessed (by sight or sound or both) the abuse toward his mother. Other impacts on Greg may have been around the upheaval of moving house, leaving friends and their community; pets, toys, books, clothes and precious possessions, as Humphries suggests, experiencing a "disrupting sense of self" (Humphries 2006 p.16). Maria explicitly refers to her sense of disruption of place when she says:

"I moved to 'Town X'. I feel stupid now coz I had a lovely house in the same road as me mum and dad and me sister and all me mates and that but I had to, I knew at the time I had to get away."

Whilst it wasn't possible to interview Greg as part of this research, it is possible to speculate that Greg may have experienced similar feelings. In the longer term, research additionally suggests Greg may experience elevated rates of externalizing behaviour as well as a higher likelihood of depression and anxiety. There is consensus amongst researchers that a mother's ability to maintain her parenting abilities under such adverse conditions and whether she is perceived by the children to be positively supportive are particularly important moderators of the abuse impact. However, levels of

social support from within the extended family or community are also significant (Humphries 2006).

Attachment Theory provides another dimension of understanding issues that Greg may be facing. Young children's sense of safety and well-being is organized around the availability and responsiveness of the attachment figure, whom they approach for protection and reassurance when frightened or in need. Greg's traumatic experiences may damage his trust in the reliability of Maria (the attachment figure) as a protector. The overpowering sensory stimulation associated with traumatic exposure may take the forms of pain and/or frightening visual, auditory, olfactory and tactile sensations and is associated with a collapse of coping mechanisms when the attachment figure is absent, unable to help or is the perpetrator of trauma (Lieberman et al. 2011). A threat to the mother has been identified as a traumatic stressor in young children, suggesting that in infancy danger to the mother is equated to danger to the self (Lieberman et al. 2011). Importantly, what is believed to determine whether the conflicted past of the parent will be repeated with a child is centred around the mother's ability to access, process and resolve painful past experiences. This will influence her current functioning, perceptions of the child and quality of the parent-child relationship (Lieberman et al. 2011).

The above literature suggests the reliance that Greg placed on Maria to help him to develop, if disrupted, has serious long-term consequences. Maria's availability for Greg to form this all-important attachment may well have been hampered by her chaotic relationship with Sean. Whilst unseen and unknowable, these detrimental impacts on children cause services to

respond to domestic violence as a child protection issue. It is the short- and long-terms risks to children's health and well-being that justifies the services intervening in a family's private sphere and dictating where children should reside. In Maria's story, we see that social workers felt that the short-term risks and long-term damage to Greg would be reduced by placing him in the care of Maria's family.

However, it must not be forgotten that for Greg, these poor outcomes are not inevitable. His individual resilience factors may mitigate the extent of harm to him. There are numerous aspects of Greg's story that give us cause for optimism. Yates and Masten (2003), identify factors of resilience for children who have experienced domestic violence and there are several present in Greg's story (albeit told by Maria). These include Greg having been encouraged to express feelings through a service provided by the NSPCC, close grandparents, there being fewer than four children in the family, sufficient financial and material resources, and a lack of addiction problems.

Practice responses to risk

The above literature highlights the potential impacts on Greg from his exposure to the domestic violence which caused social services to act. Children like Greg have become increasingly visible to professionals concerned with their welfare and protection. Through a process of reference and inclusion in influential documents (e.g. *Messages from Research*, Department of Health, 2011) over the past ten years, domestic violence has increasingly come to be seen as a significant child protection concern (Rivett

and Kelly 2006). Child protection is a part of safeguarding and promoting welfare and it refers to the activity undertaken (usually by statutory social services) to protect specific children who are suffering, or are likely to suffer, significant harm. Families identified to have a child protection issue will be allocated to a specific social worker, and subject to a 'Family Plan' which lays out specific concerns regarding a child's welfare and what action needs to be taken to remove or reduce the risk of harm. These actions may include (but are not limited to): temporary care of the children being removed from parent(s); permanent care of children being removed from parent(s); attendance at therapeutic interventions for parents (e.g. substance detox, alcohol programme, domestic violence programme) and further protection of children from harmful adults. These actions are monitored, reviewed and discussed by a group of professionals and the family concerned via child protection review meetings chaired by an independent reviewing officer. Family Plans assign risk to the child into categories of physical, emotional, sexual and neglect. Whilst many welcome the recognition of domestic violence as a child protection issue, recognizing as it does the potential for harm to children, this is not without challenge. This is the process to which Maria and her family were subjected.

The domestic violence in Maria and Sean's relationship came to the attention of social services (it is unclear from Maria's story how), and after a period of assessment. A social worker decided that Greg and Laura were at risk of significant harm, and so, the family had identified goals that they needed to demonstrate they were working towards in order to prevent further (more punitive) action from being taken. Maria described this as:

"You know, so they said you've gotta do this this and this otherwise we'll take them [the children] off you"

Macdonald and Macdonald (2010) suggest it is natural for social work (and social workers) to focus on protecting children from severe adverse risks. As can be seen in Maria's story, it was appropriate that the result of the social worker's assessment was that Greg and Laura were at significant risk, evidenced by Greg being hospitalized as the result of the fifteen 'non-accidental' injuries caused by Sean. A review of serious case reviews suggests a strong link between domestic violence and child protection. Brandon (2008) analysed all 161 Serious Case Reviews undertaken by local authorities between 2003 and 2005. She summarized that over 50% featured domestic violence and parental mental health or substance misuse, and often the three problems co-existed. Domestic violence was present in over two-thirds of cases (N=47) and 34% featured all three issues.

The assessment procedures involved in the child protection process have shown in research to alienate parents. Harris (2012) identifies four issues as particularly intrusive: assessment that was investigative, assessment that was coercive and threatening, assessment that was stigmatising and shame-inducing, and assessment that was ineffective. This can be seen in abundance in Maria's story. She describes social workers and other professionals as *"poking their noses in"* or *"they came round all the time just fishing for information so much sometimes I thought they were trying to cause me to have a breakdown they were just always against me."*

Maria did not recognize the link between domestic violence and child protection. In one particularly relevant discussion Maria told me:

 "I never got it, I never knew why they wanted to know everything about us like the kids' injections, like what me house was like, like what was in me fridge, what has that got to do with domestic violence? Just because me and him were having problems, why does that make me a bad mother who can't get the kids what they need?"

Child protection is 'child-centred' and places the child's safety and well-being at the heart of any intervention. However, what this fails to recognize is the needs of other members of the family that may not be met through these processes and interventions. It is, in fact, the child protection processes in Maria's story that further alienated her from the services and made her feel questioned as a mother and not supported as the victim of domestic violence that are at the heart of the risk to her children.

This dichotomy of the 'child-centred role' of social service departments and that of the 'woman-centred role' of other agencies in modern-day practice puts Maria in a dual status as a victim of domestic violence and perpetrator of child abuse. Magen et al., (2000), have written about this duality, stating the battered woman became caught in between the batterer and the child welfare worker; a situation which could lead to the battered woman being doubly victimized, once by the batterer and a second time by the child welfare worker (Rivett and Kelly 2006). This doubly victimized status can be seen in Maria's story in her descriptions of the social worker as "against me" and her victim status in her abusive relationship with Sean.

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Three planets

Hester (2011) has developed a 'Three Planet Model' that allows an understanding of this contradiction. She found a tendency in social services for primacy to be given to one member of the family. Her model uses Bourdieu's (1986) notion of 'habitus' which refers to the lifestyle, values, dispositions and expectation of particular social groups that are acquired through the activities and experiences of everyday life. She suggests that the 'three planets' are: domestic violence services, child protection services and child contact services, all of which have developed with their own structures, orientations and approaches. They have their own separate histories, culture, law and populations (sets of professionals) and it is these that lead to the contradictory service provision. The first planet, domestic violence services, has been set up to meet the needs of female victims of violence and perpetrator programmes for male aggressors. These services are delivered by refuges and a variety of largely voluntary organizations. The second planet, in contrast, is the child protection services which are deeply rooted in statutory service provision and concerned with the welfare of the child. It is on this planet that women (mothers) often experience what they constitute to be punitive practice with an emphasis on their 'failure to protect'. Finally the third 'planet' is the child contact services that are largely removed from the other two services in that they focus on future family arrangements and how these will be managed, as opposed to an intervention to deal with risk and is largely based and focused on family law.

Using Hester's analysis, Maria is subject to both formal and informal pressures from the separate 'planets', resulting in impossible choices about

how they might or should be acting in order to ensure safety for themselves and their children. Moreover, Greg's welfare and interests are by no means achieved.

Hester reminds us that there is consensus in research and policy outlining the crucial importance of multi-agency work in safeguarding and protecting children, including work on domestic violence. Key policy documents *Every Child Matters* (Laming, 2009) and the *Munroe Review* (2011) both support this approach to service provision, advocating that a co-ordinated and cohesive response to domestic violence is more effective at creating safety for both adult victims and children. Whilst there are huge efforts towards multi-agency working (e.g. multi-agency risk assessment conferences, independent domestic violence advocates and local safeguarding children boards), these tend to be situated within, rather than across, the planets.

Hester describes, as does Maria, the 'black hole' that mothers and children may fall through. In Maria's case the black hole was created by the 'child protection planet' being the main form of intervention and the 'domestic violence planet' not matching this with supportive services. Maria describes a relentless stream of contact from child protection services and yet describes very little identification and support of her needs as a victim of violence. Whilst she did attend a group therapy session for female victims of domestic violence, she viewed this as forced on her by a child protection plan and not meeting her needs.

These conflicting priorities are echoed by NSPCC practitioners. For example 'Rebecca', a social worker for the NSPCC, explained to me that she has

spent time both as a statutory social worker working on child protection cases and is now a domestic violence practitioner for the NSPCC. She described her approach to families like Maria's, whilst in child protection services as being heavily driven by the pressure of caseloads. She often found herself resorting to a 'quick fix' approach based on immediate risk reduction (i.e. the risk to children). She (and other practitioners) confirmed it was commonplace to use a dichotomous 'relationship separation' or 'removal of children' as the basis for intervention. She described a desire to do much more therapeutic intervention, getting to know the families and being able to work through some of the problems with them, but having a caseload of thirty-plus cases did not allow for this. Getting reports written and being able to prove risk reduction to enable one case to be closed and the next one opened were the priorities. Stanley et al., (2011) describe this phenomenon similarly, referring to it as the 'stop-start' social work model, adding that high case loads are forcing social workers to be unable to get past assessment, case closure and reassessment, with the results that, increasingly, very little intervention actually takes place. They describe this 'revolving door model' as ineffective and, in the long-term, more costly. Stanley goes further to explain that social workers should avoid establishing separation as the goal of intervention. Interventions that adopt separation as their objective could result in inappropriate pressure on mothers to protect children from abusive men and a withdrawal of support services when abusive men appear to move out of the family (Stanley et al. 2012).

Below is an extract from an interview with 'Rebecca', the NSPCC practitioner with local authority experience:

(R = Rebecca, K = Researcher)

R: … yeah it's different work to what I have done before – prior to working for NSPCC I was working for X council where I did child protection work for the local authority as a social worker, so obviously that was completely different and it involved a range of child protection duties really. I spent a lot of time in court and attending statutory review and case conferences and that sort of thing so yeah and NSPCC it gives me an opportunity to spend more time with the children which is the main reason why I came to work for them in the first place. I was spending more time at a desk in the local authority writing reports and it wasn't really what I wanted and it hadn't been the reason I got into the job so the NSPCC it gives me the opportunity to do that therapeutic work that I am so interested in with children and young people.

K: more of the face-to-face stuff?

R: yeah

K: so that was sort of child protection reports and conferences and that sort of stuff?

R: it was, yeah, that takes up the vast majority of the time in that kind of work really so I just felt as though I was moving further away from spending the time with children and young people and having to spend more time attending meetings and writing reports which obviously is important, you've got to do it, but I wanted to sort of enhance my skills really with working with

children and young people and I wasn't getting that opportunity as a local

authority social worker so…

K: I saw something about that in the paper was it last week? Baby P case?

And there was a social worker in the Guardian saying I'm not surprised

because there is so much paperwork to do.

R: and it's so true

K: Is it?

R: Yeah and that article was a very good reflection on what the job is really

like which is saying things like she would sometimes work until ten and

eleven o'clock at night and getting home and not seeing our family that's

absolutely true and that's how I was beginning to feel really so some of it I

think is you don't want to sort of get burn-out in that sort of job… you are

always trying to catch up with yourself you feel that you are not doing

anything well.

K: chasing your own tail…

R: That's how I felt and I felt frustrated a lot with the systems and how things

were and you couldn't break out of that really. Within NSPCC there's still

some of the similar issues in terms of the paperwork and electronic recording

system and things which does take up lots of your time

K: Is that CRIS [NSPCC computer system]?

R: Yeah and that's becoming something more and more we are having to do

there has been a really big change since I've been in the agency in terms of

demand for that really that's really increased my workload but at the same

time I still feel as though NSPCC has a better balance between seeing young

people and children and spending time with the families and then obviously

having to do that stuff, but we haven't got the same commitments really have

we in terms of child protection side of things which is very crisis orientated,

so I suppose sometimes it's easy for us to say because we have not got the

same constraints on us really.

Rebecca recognizes the difference between the 'child protection planet' and

the 'domestic violence planet' and sees her two roles with the local authority

and NSPCC as falling within different planets. She offered me an insight into

the world of a local authority social worker (the child protection world), and

how she was heavily tied up in the administrative and procedural

requirements of child protection work. She supports the notion that social

workers are not able to spend the time required with families, or get to know

them and build up trustful relationships. Howe (2010) collated evidence that

growing proceduralism in child protection work has increased managers' and

practitioners' anxiety, diverting attention away from the worker-parent

relationship to form-filling and target meeting.

Rebecca went further, describing how her current role within in the NSPCC

allowed her more time to work with families and help them deal with

domestic violence beyond short-sighted and separation-focused intervention.

Rebecca stated, and colleagues agreed, that it is the pressure "to separate"

that forces families say and do anything to "keep the kids", even if that

involves mistruths. This makes the 'domestic violence planet' therapeutic

intervention more difficult, as work can only begin if couples are being honest

about their relationship status. It becomes evident very quickly how families get caught in a place where they have to lie to the 'child protection planet' to keep their children, but this makes the 'domestic violence planet' less able to be supportive and effective. Consequently, Maria felt she only experienced punitive welfare services without support being provided for her as a victim of violence.

The dilemma facing mothers to 'separate from an abusive partner or remove the children' threat that Maria and other families I have met have described, provides further evidence of the lack of understanding in the 'child protection planet' of the issues of separation that are better understood on the 'domestic violence planet'. Lutenbacher et al., (2003 p. 61) summarize these issues well, as including a fear of the perpetrator, ignored requests for help, increased stress and anxiety upon disclosing the abuse, inadequate financial resources, and low self-esteem.

The effects of being a parent *and* a victim of violence also needs to be explored. Rhodes et al., (2010) state that victims' decisions about whether or not to call the police, participate in prosecution, seek a divorce or obtain an order for protection are coupled with decisions about what is best for their children. The delicate balance of considering their children's exposure to the violence against exposure to the court system puts their children in greater danger, and this is a very painful reality in our current systems. Victims express feelings that their children's experiences of witnessing the violence, being traumatized by court processes, or being placed in foster care, may be too overwhelming to overcome. Some victims decide to avoid calling the police altogether in order to protect their children from further trauma caused

by involvement with the criminal system. On the other hand, victims also indicate they were prompted to take action, which often meant calling the police, when they perceived that the violence was potentially impacting their children (Rhodes et al. 2010).

Lapierre (2010) offers the suggestion that services need to adapt and change to allow both the 'domestic violence planet' and the 'safeguarding planet' to work together to enhance well-being for families. He states that practitioners intervening in these families need to acknowledge women's efforts to protect their children under adverse circumstances. Stanley et al., (2012) similarly report interventions that enable parents to engage with children's experiences of domestic violence appear valuable. Rather than taking separation as the end-point of intervention, social work needs to take account of the dynamics of separation and contact in parents' relationships and consider how they interact with violence and abuse to impact on children and young people. These include acknowledging the roles of secrecy and shame, the importance of listening to and validating different family members' accounts and developing motivation for change by enabling parents to engage with the child's perspective (Stanley et al. 2012). They go further, adding: "professionals who appear ineffective in the face of domestic violence could reinforce children's and victims' own senses of powerlessness" (Stanley et al. 2012 p.197).

Any hope for Maria?

It would be incorrect to assume that it is only the performance of services (from whatever 'planet'), that dictates the outcome for families affected by domestic violence. Maria herself began her story by telling me that she is amazed at what she has managed to get through. The skills she has shown to have survived an abusive relationship and now be a loving and protective parent to her two children should not be forgotten. Research regarding resilience suggests that people can overcome adversity and be strengthened by the challenges they face. In addition to looking at an individual's ability to rebound, the construct of resilience can be applied to family systems by examining the ways in which families face difficulties and grow stronger as collective units (Allison et al., 2003; Lietz, 2006, 2007; Patterson, 2002; Thomas et al., 2005; Walsh, 2002). Perhaps now she and her family will be able to face challenges together.

It is a shame Maria never felt that the services were able to recognize what she had achieved, as this building of her confidence may prevent Maria entering another abusive relationship through feelings of failure, as so many women do. The words of one participant in a study by Lietz and Strength (2010) help to summarize these findings: "I think the answer is identifying strengths and believing in me before I believed in myself. That's what can help the family; celebrating their little successes, because the little things add up to big things." Future research is needed to balance research focused on risk with studies that examine positive outcomes, and to explore the experiences of families in greater depth.

It could be argued that professionals on the 'child protection planet' (due to time and other constraints), do not adequately acknowledge the feelings and emotions that surround domestic violence (particularly the victims). Social work interventions that address domestic violence entail penetrating the private sphere of the family and exposing behaviour that is usually either denied or hidden from public scrutiny. This is a common dynamic in child protection work where the threat of children being removed acts as an added impetus to secrecy. The potential for feelings of shame and guilt needs to be sensitively acknowledged and worked with, and practitioners should be sufficiently confident and skilled to be able to do this whilst maintaining a focus on the impact of domestic violence on the child (Stanley et al. 2012). Coupled with this, a lack of time to build up a relationship with families and public awareness of the harm domestic violence can inflict on children, can increase parents' reluctance to acknowledge that their children are exposed to domestic violence (Stanley et al. 2012).

It was this element of secrecy that was perceived by other practitioners when I conducted my interviews. They talked in terms of lies and dishonesty about the status of relationships. 'Collusion' is a term often used in the domestic violence field by professionals to describe interactions between individuals in a relationship that features domestic violence: "Parents who are otherwise in conflict may unite to present a defensive front to children's social services that shields the family from the threat of exposure." (Stanley et al. 2012).

4.4 Participatory methodology and Maria's story

The research I carried out with Maria did not embrace high levels of participatory practice. It is not immediately apparent what action, or more importantly, control, Maria took of this research. The participatory ideals of power sharing were difficult to actualize with a woman who has low self-esteem and who found revisiting her own story an emotionally difficult endeavour. The difficult time in her life Maria described in her story was made further difficult by a 'state' she perceived to be intrusive and unsupportive. Re-engaging with this authority was not something Maria was prepared to do emotionally. Maria stated she wanted to put the "past behind her" and, aside from telling me her story and sharing her perspective, she did not desire any further involvement with the research process.

The participatory methodology's philosophy and values were realized in a smaller way in my choice of an unstructured and lack of deterministic approach to data collection. Allowing Maria the space to tell her story in her own way, on her own terms allowed me to understand a complex situation. Using *Maria's* frame of reference and experience as the central pivot (as opposed to our current understanding of service user experience), generated an alternative understanding. Had I, as the researcher, looked through a child protection or domestic violence lens for example, only half of the story would have been told and valuable insights missed. It was a holistic perspective that allowed me to see the relationships between the 'three planets'.

My hope for Maria is that, whilst telling her story was obviously painful, she nevertheless found the research an opportunity to feel cared for, make sense of her experiences, and affirm her identity (Carter et al. 2008). Perhaps broader positive ramifications in society may be felt if research treats marginalized groups as equal and competent partners and not a sub-group of people (Rempfer and Knott 2001).

Summary

This chapter aimed to demonstrate the difficulties that can be encountered by families caused by the duality of a mother's role as a victim of domestic violence and a parent. It sought to examine how the conduct of professionals from different corners of the welfare service provision can place families in difficult situations, leading to a failure to ask for help, feelings of confusion at the help that is offered and, at times, a perceived need to lie to services from different practice areas.

Whilst it must not be forgotten that children like Greg, who are exposed to domestic violence, are at risk of both short- and long-term harms, welfare services must blend the provision of child protective services and therapeutic relationship services more successfully if cycles of family difficulties are to be ended. Failure to do so runs the risk of people like Maria being victimized in relationships and further victimized by a service provision that blames her for failing to protect her children.

5   Chapter five: Alison and Dave's story

5.1   Introduction

Alison and Dave were introduced to me through the NSPCC, who provided a service to Dave as a perpetrator of domestic violence and to Alison as a victim of domestic violence. The NSPCC practitioners who had worked with them both were also involved with the child protection process that ultimately decided to remove their children from their care.

This chapter is in three sections. The first is Alison and Dave's story, the second is an analysis of their story utilizing Johan Galtung's notion of structural violence, and the third section examines how using a participatory methodology has impacted upon both the story and the analysis.

5.2   Alison and Dave's story

The first meeting I had with Alison and Dave lasted over two hours. With very little hesitation, like a 'popped cork' they provided a litany of statutory services (children and family team social workers) abusing them as individuals and as a family on every level. From controlling their relationship, to forcing them against their will into rape allegations, abortions and cognitive behavioural therapy (CBT) to stop them loving each other, they articulately described a tirade of ritual humiliation and human rights violations spanning five years. I found the tale shocking and heartbreaking, ending as it did with their two daughters, Melisa and Jessica, being removed and placed into care

from where they were adopted and now have only limited contact with Alison and Dave through a 'mailbox service'.

After the initial meeting, I went on to meet with the family on a number of occasions (seven) in various configurations, meeting them again together, then Alison separately and also with Alison's dad, who told me his story. I was never permitted to see Dave separately, something which I would have very much liked to do. I felt I got to know them and their story well, with each encounter bringing out more plots, characters and themes, but each framed by the feeling of total injustice at the ultimate sanction that was placed on them – the removal of their children. They come across as a family still reeling and grieving from the loss of their children, with no funeral, or pre-trodden societal path to deal with their emotions.

The following story was constructed with them through discussions and conversations which were audio recorded, and the main discussion points typed up. These points were then jointly edited and revised for clarity and coherence. Alison and Dave feel that this is the first time that anyone has "got them" and managed to write down their side of the story.

Alison and Dave's key points have been grouped together for ease of reading.

Alison and Dave's family unit

66 Alison and Dave have three children together, but two of their daughters, Melisa and Jessica, no longer live with them and have been adopted. Their third daughter, Hannah, is five months old and lives with them. Alison and Dave believe they have been failed by the system and that social services are guilty of gross misconduct.

Alison and Dave's relationship

They have known each other since school and started dating when Alison was fifteen. They moved in together years later and then their first daughter Melisa was born. Melisa's birth was traumatic and Melisa was very poorly when she was first born. Alison and Dave love each other and are glad they are still together despite everything that they have gone through. Alison and Dave supported each other through some tough times.

Alison and Dave had a period in their relationship after Jessica was born when they had problems. They were fighting a lot and worried about their parenting ability. Alison spoke to their health visitor and asked if there was any support for domestic violence or parenting. Alison and Dave weren't communicating with each other, and as a result there were six incidents of domestic violence.

Alison and Dave have had to battle with social services because they wanted to stay together. Alison was sent for Cognitive Behavioural Therapy so that she would stop having feelings for Dave. Alison and Dave have always

wanted to be together, but were forced to get divorced, as they were told by social services to "prove" that they didn't want to be together in order to keep care the girls. Alison and Dave are planning on getting married again soon.

Alison and Dave were forced to separate against their will several times, and on one occasion when they got back together, they had sex that was a bit rough and Alison had not long given birth to Jessica and it made Alison sore. The social worker frog marched Alison down to the police station and forced her to make a statement accusing Dave of rape. Alison was clear all of the way along that she had consented to the sex and she had not been raped. The social worker threatened to remove her children if Alison withdrew her statement, and that it was because of the violence that Alison didn't realize she had been raped. It wasn't until court that someone listened to Alison and threw the case out of court. Alison was upset that both of the girls were in the room when she was being interviewed by the police.

Whilst social services were involved with Alison and Dave, Alison again fell pregnant. The social worker told her she needed to have a termination, and that if she didn't the child would be removed any way. The social worker made the appointment for Alison at the abortion clinic and drove her to the hospital. Alison did not want to have a termination. Alison had a miscarriage before the termination took place. Alison feels that her human rights have been violated by being forced into a termination that she didn't want.

Social services have wanted to control their relationship, and were looking to catch them out. They would write in reports that they had knocked on the front door and if no one answered, they would write "suspect Mr Smith is at

the property". When the case was in court, and Alison and Dave would go outside for a cigarette, they ended up having to take their barristers with them because the social workers would be looking down on them out of the window to see if they went for a cigarette together. Apart from NSPCC, other services just wanted Alison and Dave to separate. This was not what they wanted. Dave was Alison's first boyfriend, they have been together since Alison was fifteen, they are married and have children together and none of these feelings were taken into account. Alison stood up in court and argued with a judge, who ordered Alison and Dave to separate. Alison argued her case and was told off by her barrister for doing so.

The adoption

The adoption was a very difficult time for Alison and Dave. They eventually felt under so much pressure that they signed the girls over, but have ever since regretted doing so. The adoption is a 'closed adoption'. The reason for this is a social worker carried out an assessment of the attachment between the girls and Alison and Dave and said because of the negative attachment it would be better for the girls to not have contact any more. Alison and Dave have a 'mailbox service' with the girls. The letters go via social services and are scanned. This means they can send a letter and the girls can send them letters twice a year. Alison and Dave spent a long time thinking about their letters and buy special paper to do it. They were disappointed with their letter, which was typed and impersonal. They are still waiting for their next

letter. Alison gets excited every time the postman comes, and disappointed every time there is no letter.

Alison and Dave have fought the adoption through every system they know, including the High Court. They did this themselves by buying books and reading about family law and using the internet. At High Court they were unsuccessful because the adoption had gone too far and it would cause more upset to the girls.

Why them?

Alison and Dave don't understand why their children have been removed just because of the domestic violence, when there was never any suggestion of harm to the children. Alison and Dave are just "a normal family"; they don't drink a lot or use drugs. Alison and Dave feel that they have been treated unfairly because they spoke out for themselves and challenged decisions being made about them. There are other families who are much worse, but the social workers won't go near them just because of a family name.

They have been open with everyone, even when they went in to have Hannah, they told the midwife everything, but sometimes feel bad that they hold everyone else up at the clinic.

Social services and Alison and Dave's case

Alison and Dave have had five social workers throughout their case. Alison feels that her relationship with social services has been just as abusive as the problems with Dave. At times social workers were out of their depth. One had to stand up in court and talk about the case without knowing anything about it. Alison and Dave felt sorry for her.

The initial contact with social services, following Alison asking her midwife/health visitor for help with domestic violence and parenting, was a social worker coming to the house and then ringing Dave on the phone while he was at work telling him to come home, pack a bag and then leave straight away and not to return. They sought help because Alison didn't want Dave to end up like her mum (abusive and frightening). Over the next few weeks and months Dave was told several times by the social worker that he could return home, but would then be contacted by the team manager and told that he had broken the agreement by returning home. Alison and Dave wanted support with their relationship, not simply for Dave to be removed.

At various times Dave was banned from any contact with Alison or with Melisa and Jessica. Even when Melisa was taken into hospital, and could have been seriously ill and there were nurses there to supervise, he wasn't allowed. Alison has also been banned from seeing her family and has had to stay indoors at times because her aunty and dad live in the same street, and she would have to "dodge them". If social services had found out she had seen them they would not have been happy. Alison also had to stay in the

house after 3.30pm after picking Melisa up from school in case the family centre came to visit.

Jessica and Melisa were sent for a medical early on with social services because Dave had once smacked Melisa on the legs. The medical proved that both of the girls were physically well and the smack hadn't left any marks. The paperwork for this went missing before it got to their social worker.

The children were eventually removed when Alison and Dave played social services at their game. Social services were not going to be happy unless Alison and Dave were separated, but they wanted to be together. They told social services what they wanted to hear and kept seeing each other privately.

"Jamie", one of the social workers, used to call Alison every Friday afternoon and repeatedly told her that she knew what she needed to do, she just needed to sign the kids over to him and that was the best thing. Alison and Dave were also aware that there was a grant to the local authority for every child they remove. Despite all of the things that happened in Alison's childhood, social services asked Brenda (Alison's mum) to take care of Melisa and Jessica.

Dave was often left out of dealings with social services. When he was not in the family home he did not receive invitations to meetings.

The only service that Alison and Dave felt actually supported them, which was what they had originally asked for, was NSPCC programmes. Social

services didn't put them in touch; it was Alison's dad that found out about the service. This was the only service that never turned its back on them like social services did, but, it was not recognized by the courts or social services. The 'Freedom Programme' was the only other domestic violence service that Alison and Dave used, but that was a very simple message – that Alison needed to leave Dave, whereas Alison and Dave wanted help to work on their relationship.

Alison and Dave feel that social services are very powerful, particularly in a court situation, and going into court they feel that the local authority were always going to win the case.

Alison's life

Alison's mum and dad split up when she was seven. There was domestic violence in their relationship, but it was Alison's mum being violent to Alison's dad. Alison has been around social services since she was five years old. Brenda (her biological mum) beat Alison and her siblings all the time when she was growing up. Bruises, broken bones and going into hospital were common. Alison was also sexually abused in her childhood. She left the home with her mum to go and live with her dad. She still feels bad that she left her younger sister. When she went to the police station to make a statement about what had happened, Brenda and the man that abused her were in the room. Social services said she was lying and dropped the case. This was partly because Alison wasn't comfortable with the words she needed to use to describe the abuse.

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Alison was self-harming and had bad mental health growing up. After telling people about the abuse, Brenda's behaviour towards Alison got worse. Alison ended up taking 50 paracetamol and being admitted to a children's hospital and then to a child and adolescent mental health unit. Alison did have support from her aunty and her nan and grandad. They would always listen to her and give her support. Social services were involved, but they were never on the child protection register. Alison wishes she had been adopted. She can't understand why they let happen to her everything that went on, but her girls have been removed despite the fact that they were well looked after and happy. Alison's childhood was used against her in the case with Melisa and Jessica, but social services shot themselves in the foot because it proved that Alison had been failed by social services as a child. It was the same council that dealt with Alison as a child, which dealt with Alison as a mum. Alison has tried to bring a case against the council for falling to protect her as a child, but has just been told that the law has changed now.

Alison has wanted to go into the police for a long time, and has got through to secure a place on the training course twice. Unfortunately, both times she has been due to start she has fallen pregnant and had to cancel. Alison wanted to go into the police to be able to help people, like she wishes someone had for her. Alison currently works in mental health services. Her boss thinks she does a great job, but lacks confidence in her abilities. Some of the people Alison works with know what has happened with Melisa and Jessica; some don't and think that they are still at home.

Alison's family have been affected by Jessica and Melisa being removed. Alison's Dad used to work at the local council and was helping Alison and Dave. He lost his job whilst the case was happening.

Alison hates social services.

Dave's life

Dave was born in a prison and adopted when he was a baby. He found out he was adopted when he was ten. His adopted parents are his mum and dad. He is not interested in getting in touch with his biological family. If they want to find him, they will. He has had brief contact with a biological sister who lives down south, until she went off the rails. Both Dave's biological brother and sister were adopted in the south, whereas he was adopted in Liverpool. Dave has a small family, and what family he does have live in the south or in Ireland.

Dave struggled when his mum died and had counselling as he kept breaking down all the time.

Dave is a clever person, and helped Alison through her school exams as he is a year older than her. He would like to be an accountant. In the past he started a college book keeping course, but found it difficult because of working full time and being a dad. Dave works with scaffolding, but finds that his boss and work colleagues have not been very understanding with everything that has happened at home. They are friends of the family and want to know everything that is going on, and criticize everything that Dave

has done. His boss was not supportive of Dave as a dad. They were not supportive if Dave needed to pick the kids up from nursery or something similar. A lot of the men Dave works with are "old school", with women staying at home to look after the children.

Dave had a time when he went a bit off the rails with drink and cannabis. It started when he was having problems with his dad, where the police were called when his mum thought he was attacking his dad with a knife, but it was his dad attacking him with the knife, he was trying to keep it away from himself.

Dave feels it is all his fault that the girls have been removed. It's because of his behaviour and his actions that all of this has happened to them. Alison finds it easier to talk about what has happened – Dave has blocked a lot of it out.

Fighting the case

Alison and Dave are committed to fighting their case. They don't want to move house in case the girls want to come and find them as they know how to get home.

They have tried every channel they can think of to change the decision to remove the girls. They have been to the High Court, they told their story to the Echo (but a block was put on the story by social services legal team on the day it was going to be printed), they wrote to the Home Secretary to ask for help, they have submitted a complaint to Agency X and social services,

which they are still waiting a response to (14 months on) and they sought the support of their local Liberal Democrat MP. Alison is standing to be a councillor for the second time this year.

Hannah

Hannah was born after Melisa and Jessica were removed. Alison and Dave were very nervous about what would happen. The social services team is a completely different set of people to the team that dealt with Melisa and Jessica. There is only one person from the original team still there. The original team have been 'redistributed' around the authority. This new team have been great and listened to Alison and Dave. Although Hannah is on the child protection register at the moment, she is coming off in May. She is only on there because she was a few weeks old at the first review and the social worker needs to cover their backs in case anything should happen. Alison and Dave are planning a party for when social services are no longer involved.

Dave has been able to be much more involved with Hannah than with Melisa and Jessica. Dave does all of Hannah's baths. ””

5.3 Analysis of structural violence: Alison and Dave's story

The majority of this analysis is devoted to Alison's role in the story. Dave's role is considered in more detail in chapter seven: 'Unengaged men'.

Alison's story presents two very different personas: The first is Alison as a woman who has suffered interpersonal violence, physical battery, rape and emotional abuse in her marriage. She was abused as a child and failed by a welfare system which apparently did little or nothing to protect her from being physically, sexually and emotionally abused by her caregivers. Alison has poor mental health and has made numerous attempts on her own life. On so many levels Alison is a victim: a vulnerable, marginalized and oppressed woman who has suffered a multitude of personal and direct assaults, both somatic and mental.

The second persona is a mother who failed to protect her children from emotional and physical harm and whose children were subsequently removed from her care and placed into the care of the local authority, ultimately to permanently reside with a new family.

Yet, when responding to this research about difficulties in her life, it is not these assaults that Alison talks about. Not the bruises inflicted on her by a man who is supposed to love her, not the man who raped her when she was a child, not the fractures caused by her mother; instead she talks at length and in great detail about the social workers that she claims have abused her human rights. She talks about the control they exerted over her relationship with her husband, she talks of lies and games that were played in local authority chaired meetings which ultimately went to court and removed her children. She talks of a social worker forcing her to make an appointment at an abortion clinic against her will and she talks of being banned from seeing her wider family. This chapter will set out to examine why it is the actions of welfare and social services that Alison considers the most abusive influence

in her life. I will use Johan Galtung's concepts of violence: personal, structural and cultural to do this. This model has been selected as it addresses the key issue in Alison and Dave's story: that of structural injustice and how its presence can be confirmed or otherwise.

Galtung's typology

Johan Galtung (1969 p.168) defines violence as follows: "Violence is present when human beings are being influenced so that their actual somatic and mental realisations are below their potential realisations." Violence is defined as the cause of the difference between the potential and the actual, i.e. when the potential is higher than the actual, then, by definition, avoidable violence is present. When the actual is unavoidable, then violence is not present.

Galtung's typology recognizes many different aspects of violence and this allows us to understand the concept of violence beyond the direct physical assault. He draws distinctions that include personal and structural violence, with or without objects, physical and psychological, manifest and latent, intended and not intended. For the purposes of this analysis I will draw primarily on his distinction between personal and structural violence. Structural violence is concerned with indirect violence, i.e. where there is no specific and identifiable single actor. This indirect violence is built into the structure of society and shows itself as unequal power and, consequently, as unequal life chances. It centres on ranked dimensions of social structure, where rank is based on power. The more power a group has, the higher they rank in society. For example when a husband beats his wife there is a clear

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case of personal violence, but when one million husbands keep one million wives in ignorance there is structural violence. As Galtung states: "In a static society personal violence will be registered, whereas structural violence may be seen as about as natural as the air around us. Personal violence may be more easily noticed, even though the tranquil waters of structural violence may contain much more violence." (Galtung, p.173). Cultural violence may ensue which makes direct and structural violence "look or feel right" or at least, not wrong, is legitimized, and thus made acceptable to society (Galtung 1969).

Galtung's idea of structural violence helps us to understand Alison and Dave's experience of "gross misconduct" in which they used the words "forced", "threatened", "control", "violated", "pressure" and "abusive" when describing interactions with social services. Alison and Dave talked about social workers "spying on them", "lying in official meetings" and "paperwork suspiciously going missing". This is the indirect violence (by a state organization) that prevented (and continues to prevent) Alison and Dave from reaching their potential. It caused harm to them psychologically and continues to do so every day that Alison and Dave experience the pain caused by not being able to see two of their children. As Alison said:

"In some ways if the girls had died, you could visit a grave and get you know closure or whatever, whereas with now anything could happen to them; they are still alive and out there, they could be in danger, they could turn to alcohol, drug abuse or something…that goes through my mind every day. Until I see the girls, and can see that they are ok and doing well, there's no chance."

Alison laments the ongoing and continuing impact of the decision of the state on their lives. The decision to remove their children continues to have a detrimental impact on their mental well-being and therefore reduces their ability to reach their full potential – *"there's no chance"* she despairingly concludes.

The question of whether this is 'structural violence' according to Galtung's typology, hinges on whether social services' actions were avoidable. Galtung purports that, for violence to be present, the actions must have been unavoidable. This is doubtful in Alison and Dave's case. For example did welfare have any other options available to them other than to force the couple to separate against their will, to force Alison into making a rape allegation against Dave and to remove their children?

If the answer is yes, and there were other options available to welfare services (such as family therapy), then structural violence is present and Alison and Dave's complaint has some legitimacy. Alison and Dave's potential as parents has been limited, as the removal of their children was avoidable. Accordingly, welfare services must change and adapt their practices to ensure that their actions enable individuals to reach their full potential and that enforcement actions are only taken if they are '*unavoidable'*. If, however, the answer to the above questions is no, there were no other options available to welfare services, and, in order to protect Alison and Dave's children from harm, the unavoidable course of action was to remove the children, then structural violence is not present and welfare services should continue their current practices.

However, this may not be a 'one or the other' situation. Some actions may have been avoidable, others not. It would be reasonable to argue in Alison and Dave's case that forcing Alison into an abortion against her will is violence, however removing Alison and Dave's children from their care *if* all other avenues of protection had failed, may not constitute violence.

Practitioners should carefully examine individual service actions as to their 'avoidability', particularly concerning enforcement measures such as proceedings to remove the care of children from their parents. Critical examination of how avoidable service actions are will reduce structural violence and allow attention to be given to the direct and personal violence that exists within families such as Alison and Dave's. The definition of 'avoidability' then becomes crucial. It is imperative that practitioners attempt all other avenues of intervention before enforcement measures are taken, all within the parameters of keeping children safe from harm. In Alison and Dave's case this includes an analysis of what avenues were explored to ensure that their children were protected from harm (including the domestic violence between Alison and Dave) before removal became unavoidable. Removal of children from the care of their parents, under Galtung's typology becomes 'violent' if other (perhaps earlier) interventions would have avoided the need for such action.

As Alison says:

"It was us asking them for help…we went to them for help in the first place, it was us who went looking for programmes what could help us with the problems, they never tried to work with us about the violence, they just

wanted to take the kids away, we wanted to change. Look at us now, yeah, we've had our problems but there is no violence in our house no more, we worked through that with the programmes and that."

This analysis has been based solely on Alison and Dave's recollection of events and their 'construction of reality'. It is possible that Alison and Dave focus on the structural violence in their lives because they are able to position themselves as victims in that narrative. It may be too difficult and painful to consider their roles as 'agents' in the story. Discussion of the personal violence in their story may have been largely omitted because it implies that they had a choice in the story. Condemnation of the state for structural violence means that Alison and Dave are victims within a system they were powerless to change or influence. "Social services" as they term it are impersonal and therefore, unmoveable. If, however, they raise their role as victims and perpetrators of domestic violence, they may be forced to acknowledge that they did have choices. Alison could have left her violent relationship and retained care of her children. Dave could have addressed his violent and abusive behaviour and not been forced to leave his family home. In essence, they have constructed a truth and memory that is tolerable to them and allows them to cope with their life. This idea is supported in the work of Holloway and Jefferson (2008), whose research shows that if memories of events are too anxiety-provoking they will either be forgotten or recalled in a modified, more acceptable fashion. Defences will affect the meanings that are available in a particular context and how they are conveyed to the listener.

This is not to say that we should not believe Alison and Dave's version of events, it is an acknowledgement of the absence of a universal historical truth and the presence of multiple truths. As Lundy and McGovern (2006 p.82) suggest, a key focus of participatory research is to challenge e long-established contention that the 'proper end' of social research is the production of objective knowledge. Instead there is a complex and nuanced relationship between method, memory, culture and testimony. They argue that postmodern participatory social research should be understood as a construction of memories that allows a "multiplicity of voices and the circulation of multiple truths". The aim of participatory research is to allow the participants as far as possible to "say what they wanted to say" and there is a limited sense in which external tests of validity are important. We are not writing a definitive history here but seeking to show, through the words of those most directly affected, how the phenomenon impacted on them.

However, within a domestic violence and child protection context, the absence of a universal truth is problematic. It is more complicated than knowing whether domestic violence took place or not. It is concerned with the question at what point service are actions justifiable and unavoidable? In Alison and Dave's story it is the discrepancy between their collective view on the appropriateness of the harms their children were being exposed to and the views of the practitioners working with the family. Whilst there may be differing constructions of reality, there is only one point at which a child is removed.

Dave alluded to this discrepancy when he said:

"They (social services) kept going on about how the girls were at risk. We couldn't get through to them they had never ever been hurt. What kind of monsters do they think we are? When me and her were having problems, we would always make sure they were upstairs and that, you know, there are loads of kids who get hit and stuff and they still live at home, so why did our girls get took off us? We don't get it. They were never hurt or nothing."

We must also not forget the perspective lacking here; that of Alison and Dave's children who witnessed domestic violence between their parents and who have been removed from a life with their parents to a life with a new family. Research tells us (e.g. (Morrison 2009, Blewett 2009, Humphries 2006), that this is an almost universally difficult transition. The consideration of structural violence in Alison and Dave's life must balance the risks to Alison and Dave, with the risks to their children, Melisa and Jessica. Whilst avoiding actions that may constitute violence towards Alison and Dave, the judgement of 'avoidability' must acknowledge the potential for harm to other individuals - in this case their two children. This will make the threshold for what is avoidable much lower. In reference to the Galtungian framework that I have used to understand Alison and Dave's story, this means that Alison and Dave are far less likely to meet the criteria for 'structural violence' because the possibility of harm to Melisa and Jessica makes potentially violent activity far less avoidable.

Alternative theories and wider literature

There is debate in wider domestic violence literature about whether domestic violence is a manifestation or actualization of structural violence or simply acts of direct personal violence. Danis (2003), identifies four categories of domestic violence theories that demonstrate this well: the first is 'Social Exchange Theory', where human interaction is driven by pursuing rewards and avoiding punishments; the second is 'Social Learning Theory', where people 'learn' to be violent by being immediately rewarded or punished after they commit violent behaviour through reinforcement and by watching the expression of others (known as 'modelling'). These first two categories clearly view domestic violence as a result of personal intention and action. In terms of the Galtungian analysis of Alison and Dave's story, these theories would frame domestic violence as personal and direct acts of violence and not as structural violence. Alternatively, 'Feminist Theory' suggests that domestic violence emanates from a patriarchal society that assigns men the responsibility for controlling and managing female partners, lending itself far more to a structural view of the root of violence. Feminist theory suggests that Dave was schooled and socialized to be dominant in his relationship with Alison and that domestic violence was a symptom of the patriarchy in society. The fourth and final category Danis suggests is the 'Ecological Framework Theory', which states that no single theory can be used in explaining domestic violence and there is a need to use three levels of intervention: 'Micro' (e.g. perpetrator programmes), 'Meso' (e.g. the police and courts), and 'Macro' (e.g. a co-ordinated community response). This category would suggest that there are both structural and direct/personal

explanations for the roots of (domestic) violence. Applying these categories to Alison and Dave's story would provide a different focus of efforts to reduce domestic violence.

Pells (2012) explores the importance of our understanding both structural and personal explanations for violence. She asserts that currently welfare services 'focus in' on the personal violence present in child protection cases and that this approach can detach children from the broader socio-economic and political structures which shape their life chances, by concentrating on the *symptoms* of risk rather than the underlying *conditions*, i.e. by focusing on the *direct* we forget about the *structural*. Child protection aims to prevent, respond and resolve the abuse, neglect, exploitation and violence experienced by children. She argues that "while acknowledging that the root causes of child protection failures include chronic poverty, insecurity, power imbalances and harmful traditional attitudes and behaviour, in practice [the] focus has been predominantly on responding to interpersonal violence, abuse and neglect experienced by children."

Evidence from Pells' study challenges this reactive and individualistic approach by demonstrating that risk is driven by poverty and structural inequalities, repeatedly putting at disadvantage the same groups of children, who fare less well across a series of indicators in education, health and well-being. To protect children therefore, child protection needs to look beyond violence at the interpersonal level, to violence at the macro/societal level.

However, there is a danger that child protection will be tasked with everything and consequently achieve nothing. An alternative and more

feasible approach would be to place children at the centre of development debates and policies, integrating child protection concerns around sources of risk and protection. This would enable a shift from *reaction* to *prevention* and the injection of a political-economic perspective to understand how broader structural inequalities put children at risk.

Only by understanding if violence is present and if so, in what form, can we move towards peace in welfare services: that is the realisation of people's full potential. If we can analyse and create a better understanding of the roots of violence, both direct and structural, then the goal of welfare services "through empowerment and liberation to enhance welfare" (BASW 2012) will be reached. It is plausible that if social services had approached Alison and Dave's case with a view to addressing some of the *structural* causes of domestic violence, a different outcome would have ensued.

5.4 Participatory research: structural violence and socially constructed realities

In the previous section I considered the importance of the social construction of reality in any analysis of structural violence. Absence of a universal truth, replaced by the existence of multiple truths impacts on our analysis and epistemology. This section considers how this social construction of reality impacts on research with marginalized groups.

This research aimed to address the power imbalances in conventional research by allowing as much voice, control and primacy as possible to 'organic intellectuals': those best placed to talk about and create an

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understanding of the phenomena being studied because they have experienced it first-hand. However in this research I do not unilaterally accept Alison and Dave's version of events. I bring to the research relationship my own knowledge and experience of working in welfare services, and at times during my interviews with Alison and Dave it was my belief that they edited their narratives and memories to make them more palatable *to them*. For example, I find it hard to accept without question, that Alison's rape allegation was able to get to court without her consent and endorsement that she believed she was raped. My experience tells me there are many processes to negotiate before such a case reaches a court room. I find it equally difficult to accept that Alison was "sent" for cognitive behavioural therapy (CBT) to stop her loving Dave.

The following discussion examines this in a research context. How do we use participatory research with a 'gap between truths', i.e. when I, as a co-researcher with Alison and Dave, do not have commonality of 'truth'? If I do not unilaterally accept their version of events, is it right within this methodology to unpick their story, particularly in areas where our 'truths' differ, without involving them? Although I recognize that PR is a continuum, in order to maximize the participation in the research Alison and Dave should work with me to analyse their story. I felt it would have been inappropriate to discuss with them that their experiences may have been their responsibility and not simply the result of unfair actions of the system. It is my belief that Alison and Dave would find any truth other than systematic failure too painful to contemplate, which includes the direct and personal domestic violence in their relationship. I felt that it is not the place of research, but the place of

therapy to address these possibilities. The topics they discussed are of the most personal and sensitive nature. Any deconstruction of these would require a skilled and complete associated package of support to enable any emotional fall-out to be properly dealt with in order to avoid harm. If (as I did) I decided to explore some of these issues, I was reliant on Alison and Dave's lack of initiative and knowledge to access and read this thesis. I am relying on them not visiting the British Library and checking out this very document and reading my interpretation of their story that I never shared with them. I question the moral and ethical implications of this. Yet participatory research methodology claims to be the methodology of choice for marginalized, vulnerable and oppressed individuals and groups. It is my assertion that this is easier when if the topic of enquiry is relatively benign. Attempting to analyse and critically examine one's own story if it is concerned with deeply traumatic experiences requires skill and, in my opinion, therapeutic capabilities.

In this section I have discussed the difficulties of operating a participatory methodology with vulnerable people on a sensitive topic when a 'gap between truths' exists. I will now move on to explore another difficulty with using a participatory methodology in the same context, i.e. with vulnerable people on a sensitive topic. This is the assertion that participatory research can be empowering and that awaking a critical consciousness can be a cathartic and beneficial experience for participants.

Despite dozens of pages of transcript from lengthy discussions, detailed accounts of the wrong actions of social services and the articulate description of how their experience is unlawful, there was little to no discussion of Alison and Dave's role in events that had taken place. The difficult relationship that Alison and Dave had was never discussed, other than in the context of an illustration of professional incompetence of local authority workers.

The selective narratives discussed above are fairly common in research in this area. People will present their preferred identities for the research performance, perhaps 'editing' narratives to present ourselves in the best and worst light. However, the ramifications of this within a PR setting are somewhat more problematic.

PR is about enabling people to actualize and challenge structural violence. This perhaps even legitimized their quest rather than challenged their culpability.

Alison is stuck. Stuck in an emotional hanger, desperately looking for a route to heal the pain she feels after her daughters were removed from her. She has found the research process a comfortable one, as demonstrated by her eagerness to meet with me on numerous occasions, and just "be listened to". When I talked to Alison, both one-to-one and within a group session with other service users, she clearly stated that she wanted to be involved with the training of new social workers to make them realize how their professional actions have far-reaching ramifications that extend well beyond

the child protection process. She wanted to talk to student social workers about respect, justice and integrity and share some of the ways that they had been treated to stop it happening again in the future.

Through my affiliation with a university I know the social work course leader. I talked to her about a forum to do this, and she informed me that there was a slot on the social work course for service user involvement that I could access.

Within the PR framework, this is agreeable – a co-researcher clearly defining an area of oppression they wish to challenge and the existence of a straightforward path to enable it. The ethical concerns however, are complex. The legitimization of Alison's stance as a 'wronged parent', by accepting Alison's version of events (without dissection or balanced critique) and allowing them an airing, not only in the research, but then also within a formal academic environment, has the potential to further entrench Alison's feelings of being 'wronged'. Currently Alison is able to cope with the removal of her girls by focusing on the structure rather than her own agency. By externalizing the blame for the events that took place and repeating her stories of structural violence, Alison can ignore any concept of self-blame or doubt. However, if this blame remains external it becomes more difficult for Alison to move on. Alison has a long history of episodes of poor mental health. I question the ethics of allowing someone with vulnerabilities to stand in front of a group of trainee social workers to tell her story. There may be negative repercussions of a badly worded question or untactful enquiry. An unplanned and unsupported 'conscientizacao'. Does the PR process assume responsibility for Alison through this and any after-effects?

Perhaps equally as pertinent is the discussion of where the PR ideals around power sharing come into play. The siting of power to control access to this 'action path' is of pivotal importance. The question of whether it should be with Alison, as the organic intellectual capable of safeguarding herself and being far more informed than I about her needs and abilities, or with me, a reasonably experienced professional who sees a vulnerable woman needing guidance and further support to deal with her pain in a far more safe and appropriate channel, requires an answer. Would any attempt to block her path to the university be further oppression and silencing a marginalized individual's voice, or an appropriate and ethical response?

I have lost sleep over this dilemma and have had numerous conversations and sought opinions. In the end I opted for a middle-ground response. One of my supervisors edits a journal with a specific section dedicated to articles from service users. There is a process in place to help and guide service users to articulate their experiences. This felt 'safer' for my supervisors and for me; a safer arena for Alison to air her views, allowing for some balance and generalizing of Alison's experiences to take place. This moves Alison's points from a personal axe to grind to recommendations for practice that can be understood and adopted. But this is not what Alison wanted. She wanted to tell her story in her own way.

Is this about oppression or vulnerability?

On reflection, the tension I encountered in carrying out the PR process with Alison (and Dave) is based on whether Alison is oppressed or vulnerable;

these terms are often used interchangeably, yet have very different meanings.

As is normal with academic writing, I began this chapter by researching and reading definitions of oppression and vulnerability, and the semantics have transformed into a core issue. If Alison is the victim of oppression, forced into a marginalized position, my role as a PR researcher is to support her path of resilience and resistance and to move from "margin to centre" (Bell Hooks, 1984). If Alison is vulnerable, she deserves my support but also safeguarding and protecting her mental and emotional welfare was paramount. So does this mean that the PR process is only valid with people whose oppression has not yet affected their ability to safeguard themselves, or are all marginalized and oppressed people vulnerable by definition? Or should the long-term benefits of anti-oppressive movements be considered paramount over the risks to short-term well-being?

The term 'oppression' has been defined as an "unfair, unjust, cruel governance or use of authority" (OED 2nd Ed.). Alison and Dave personified this definition – the unfair and unjust cruel use of governance and authority of statutory workers. Their 'non-privileged' status as service users served the needs of the 'privileged' practitioners; privileged with their legitimized authoritarian power (Deutsch 2006); this being the state-awarded authority to stop Alison and Dave being parents to their children.

Dong and Temple (2011) talk of the "hostility and mockery" by the unprivileged in response to disrespectful and demeaning treatment by the

privileged. Was it this reaction to oppression that Alison and Dave are describing when they said:

"We played them at their own game"?

The term 'vulnerable individual' can be understood as including children, by virtue of their age, and some categories of adult. The Department of Health's paper '*No Secrets*' defines an adult vulnerable to abuse in institutional settings *as*:

*"*A person who is 18 years of age or over, and who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation"(Department of Health and Home Office 2000) p. 9)

However, from the point of view of the social researcher, vulnerable adults can also include victims of domestic violence, homeless people, drug addicts and prostitutes as well as those who may be vulnerable due to their sexual orientation. People who have undergone traumatic or adverse emotional events are also vulnerable, especially with regard to research relating to that event (May-Chahal n.d.).

By pure definition Alison is both oppressed and vulnerable. It is possible that this is not a 'one or the other' situation and here we can use Hulko's concept of 'intersectionality': the nature of vulnerability and oppression are fluid and

dependent on cultural context. Individuals can inhabit both oppressed and privileged statuses at the same time (Hulko, 2009).

Operating PR with vulnerable and oppressed people

My question through the PR process with Alison and Dave centred around their vulnerability and the potential for causing them further harm. But which is the greater harm…short-term discomfort or long-term silencing?

Through involving oppressed (or 'marginalized') people in knowledge-building, participatory researchers seek to create a more holistic understanding and better maps for change than is possible through traditional science or, indeed, unreflective forms of activism (Healy and Darlington 2009). The premise that people, especially those who have experienced historic oppression, hold deep knowledge about their lives and experiences, should help shape the questions and frame the interpretations of research (Torre and Fine cited in Cahill 2007a). Gramsci referred to them as "organic intellectuals", whose critical perspectives are developed from everyday experience (Gramsci 1971). The key difference between participatory and conventional methodologies lies in the location of power in the research process (Cornwall and Jewkes 1995). Participatory research is seen as a way of achieving a more 'relevant', morally aware and non-hierarchical research practice (Bagnoli and Clark 2010). If PR is to truly address the plights of the powerless and bring about social justice, we need to acknowledge that effective actions for change are the products of knowledge, experience and practice. An extended epistemology in which

experiential, practical and prepositional knowledge are equally valued is therefore fundamental. However, accessing that knowledge requires that the researcher empathically understands the community from within, using their language and symbol systems (Chiu 2003). The admirable aims of participation and ownership are thus constrained by the researcher's approach to the interaction and also by the vast differences in the relative power, capacity and knowledge of the researcher and the participants (Riet 2008). PR is a mode of research which draws on a Freirean approach in order to tackle this; it is directly concerned with the relations of power which permeate relations between the researcher and those whom it involves and concerns. It recognizses and aims to confront inequalities in access to resources and those produced by the intersection of differences in class, caste, race, age and gender. Affirming that peoples' own knowledge is valuable, these approaches regard people as agents rather than objects, capable of analysing their own situations and designing their own solutions (Cornwall and Jewkes 1995).

My dilemma with Alison calls this ideology into question. Should PR techniques and ideals ever be moderated or questioned, or is this exactly the 'privileged' taking-back control that advocates of PR talk of as 'oppression'? Cooke and Kothari argue that participation has become an act of faith in development, something we believe in and rarely question. This act of faith is based on three main tenets: that participation is intrinsically a 'good thing' (especially for the participants); that a focus on 'getting the techniques right' is the principal way of ensuring success of such approaches; and that considerations of power and politics on the whole should be avoided as

divisive and obstructive (Cooke and Kothari 2001: 36). Whilst I agree that allowing Alison and Dave control of the production and editing of 'their story' and that, as far as possible, their perspective, knowledge and opinion should be granted superior status, ignoring issues of power and politics had the potential to cause harm if unaddressed. The student social workers that Alison wanted to talk in front of represent a powerful institution (both the university and the profession they are entering). There are significant power dynamics in her relationship with both of these institutions, and whilst allowing her free access to them would have been 'getting the techniques right', the power and politics pose a threat to Alison's emotional well-being. Her potential interaction with them represent the core of the PR framework in which the micro is set against the macro, the margins against centre, the local against the elite and the powerless against the powerful. It is Alison, the oppressed individual recognizing that sites of social power and control are not found solely on the macro and central levels who actualizes her challenge to oppression. This was a shift for Alison, who, initially when I spoke with her about what she thinks needs to change in welfare service provision, responded by saying:

"I want to change the law. It has to start with the government."

It is Alison's shift from wanting to challenge unincorporated unreachable 'law and government' to an empowered individual with a realistic site of resistance, which makes my block to her 'action' all the more unpalatable.

Referring back to the Galtungian analysis earlier in the chapter, did Alison make a move to tackle the structural violence present in her life, and did my

research process inflict further violence (and oppression) through building

her expectations of empowerment, only to revert back to a powerful status?

A research methodology designed to empower and give voice becomes a

further oppressive and violent structure because of the sensitive nature of

the topic of enquiry and vulnerable status of the participants.

Summary

This chapter has examined the story of Alison and Dave. It used Galtung's

notion of structural violence to analyse the perceived abusive nature of

welfare services in Alison and Dave's lives and concluded that it is important

to use the notion of 'avoidability' when assessing welfare service actions to

ensure the realization of individual potential.

This was followed by a critical examination of any analysis within a

participatory paradigm. I explored the existence of a 'gap of truths' and how

the emancipatory nature of PR has the potential to cause harm to vulnerable

people, whilst equally possessing the potential for great benefit with

oppressed people, and the difficulty of the inextricable nature of the two

concepts.

6 Chapter six: The Jones family story

6.1 Introduction

Of all of the families I met during my research, I found the Jones family the most difficult to engage with. Their chaotic story is a directly reflects their chaotic lives. Their story is violent, emotional and contains significant incidents of child abuse. Domestic violence, excessive alcohol use and violence in their immediate community are presented as a normal part of their daily lives. Welfare dependency, unemployment, poor mental health, and difficult interactions with the education system are also prominent features. I felt protective of the children and angry about the things that had been allowed to happen to them. They were different to other families I met, as the problems in their lives seem more complicated, inter-generational and deeply embedded in all aspects of their everyday lives. I felt little compassion for the adults in the Jones family.

This chapter aims to deconstruct a complex family narrative and better understand the web of unhealthy and antisocial behaviour this family told me about using literature around kinship care and family modelling in order to do so. I argue that the current welfare provision model of placing children with family members as a preferred option, although understandable, has substantial flaws.

Below is the Jones family story. It is a story of chaotic life, chaotic relationships and a complicated family structure. Whilst I went to great lengths, as with all of the families that took part in this research, to preserve

their voice, their concepts and their experience, the co- produced finished work was, at best, confusing. In the original version of their story it is difficult to digest the family experience because of its chaotic presentation. I therefore decided to re-edit the story without the family's involvement, after careful consideration. Whilst I feel it is important that this is their story, it also needs to be understandable. So as not to exclude their story, I have included the original version within Appendix One. Below is my edited version, upon which I was able to perform a coherent analysis. Whilst I have made every effort to retain their concepts, constructs and phraseology, I have found it necessary to re-order and group parts of the story to aid understanding.

The members of the Jones family I met were: Dot "the nan", Cheryl "the mum" and brothers Andy and Bret. Bret is now 17 and Andy is 13. I initially met them all together and heard their collective story. We met at Dot's house and I spent two hours listening to their description of family life. I then met them again all together, and we went through the version of their family story I had typed up based on our first interaction. In this second interaction anecdotes were elaborated on, and further detail and clarification was added to the story. Following this, both Dot and Bret consented to meet with me individually so that I could hear more detail of their individual experience separate to the collective. I met each of them twice. The first time I just heard their story, and the second time we went through their typed-up story and edited it where appropriate. Cheryl and I also arranged to meet, but she did not turn up to our appointments. Andy decided he did not want to tell his story separate to the collective.

I was introduced to the family through an NSPCC practitioner who had

worked with both Andy and Bret because of the presence of parental

substance misuse and domestic violence in their lives.

6.2 The Jones family story

" Cheryl has three children: Andy, Bret and Scarlet. Andy lives with his

nan (Dot), and Bret lives with his mum (Cheryl).

Figure 8 The Jones family tree
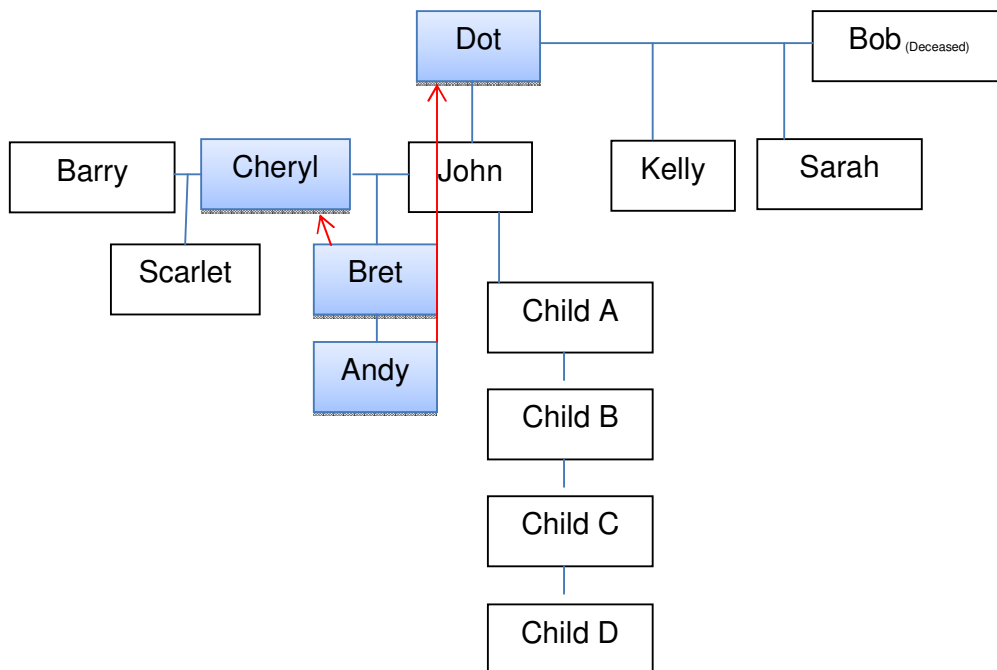
(Highlighted are the family members who took part in the research)

_____ = resides with.

Cheryl's story (mum)

Cheryl is still on antidepressants because going back a number of years Cheryl had a partner (Barry) who battered her son Andy and nearly killed him when he was a baby. Cheryl was taking Bret (her other son) to school at the time of the incident and Andy was asleep on the couch so she had left him there in Barry's care. When she got back, Andy had been battered. Cheryl was pregnant at the time with her youngest child Scarlet. The police came out and Dot (nan) took both of the boys in to avoid them going into care. The boys lived with their nan for quite a few years before they went back to live with Cheryl. Cheryl finished the relationship at the time of this incident as Cheryl was told to choose between her partner and her kids – there was no choice to make for Cheryl, her kids came first. Barry served time in prison for assaulting Andy. He was also violent to Cheryl. He pinned her up against the wall by her throat. When he was arrested Cheryl found out he was on drugs. Cheryl didn't know this until it all came out in court. Barry was sentenced to two years in prison but only served one. The police were supposed to tell Cheryl when he came out, in case she bumped into him or anything but they didn't. He was never prosecuted for assaulting Cheryl. Cheryl didn't want to go through that and it was only the one violent incident anyway. Social workers who used to go round to the house at this time were helpful. Cheryl used to talk to them. Cheryl ended up moving house because the house reminded her of everything that had happened and the social workers helped her with this.

At a school event about four years ago (some seven years after the assault) Cheryl and the children bumped into Barry. Barry was there with his daughter

from a new relationship. As a result of this chance meeting, Scarlet (who is Barry's biological daughter) had contact with Barry for a while – about a year. The contact stopped as Barry moved away. Scarlet still wants to see her dad, and Cheryl has said in time they will work out how contact can happen. Cheryl is always nervous where he is involved.

It was when Scarlet started having contact with her dad that NSPCC got involved. It was through them she had contact. At first it was in a contact centre (run by social workers), but eventually she was seeing him at Barry's mother's house. Eventually Scarlet was staying weekends with Barry. Cheryl is very nervous about this.

Cheryl went through a phase of blaming herself for everything that had happened, but she has been told by "James" at the NSPCC and the social workers at the time that she had done a good job.

Cheryl has since had another partner, Martin, who was also violent. He was "a prick". Cheryl used to go out drinking with Martin's mum at the weekend and Martin would look after the kids. Cheryl came back one day and Scarlet told her that Martin had put the cord from a radio round her neck and didn't stop until she was crying. Andy and Bret, who were also in the house at the time, heard what was happening and came down and started hitting him trying to get him off and then Cheryl came in. Cheryl asked two family members to come to the house and "deal" with Martin for what he had done to Scarlet. The two family members, along with a neighbour, "dealt with" Martin, who left the house and has never been back since.

Martin has recently been released from prison after trying to kill his most recent girlfriend by pouring a kettle of boiling water over her. Martin has been in and out of police stations because he battered his own mum, pulled knives on her and tried to stab her. Cheryl was in a relationship with him for about a year.

Andy's story

Although Andy did go back to live with Cheryl after the incident with Barry, recently Andy has moved back in with Dot. He prefers living with his nan and plans to stay with her until he get his own place.
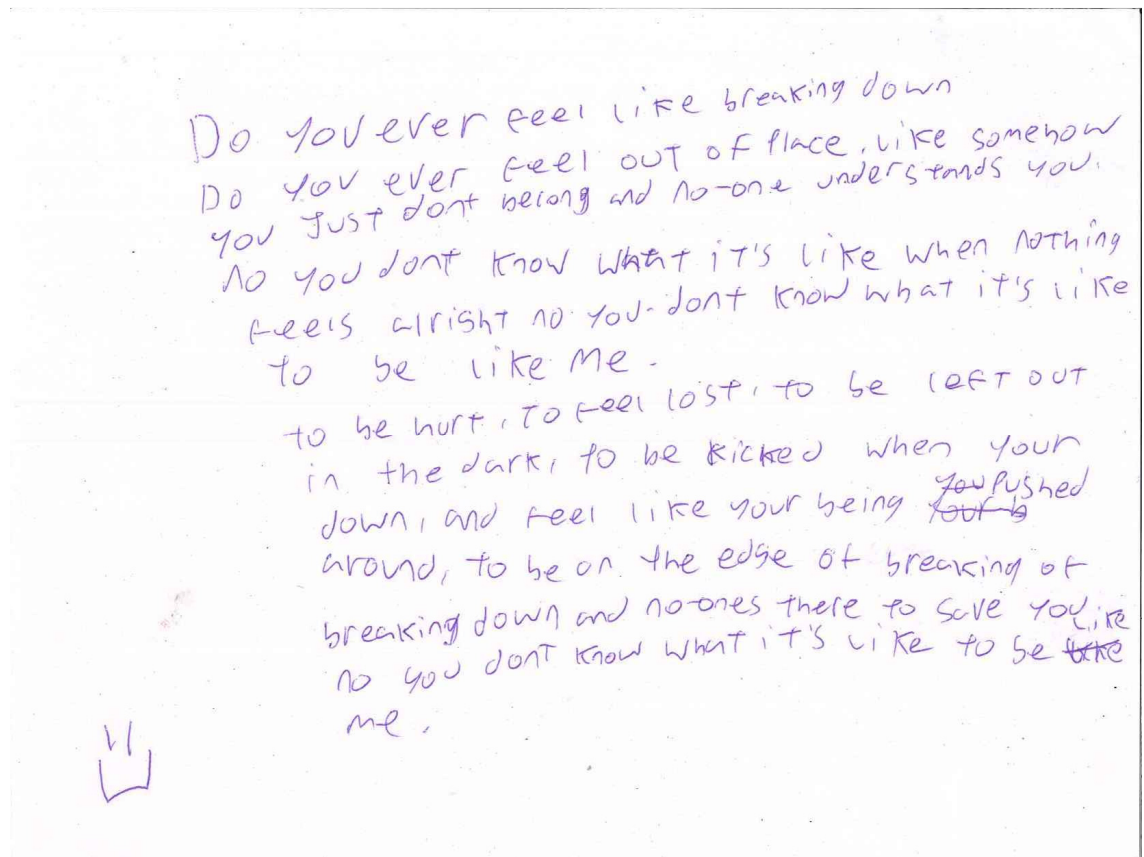
Andy remembers all of the violence, although his nan pointed out he was only fifteen months old and probably is remembering what people have told him, or he overheard. Dot remembers Andy having nightmares afterwards.

Andy feels that the solo sessions with the NSPCC have helped him most to deal with everything his family have been through and he still attends regularly. Andy went through a phase of feeling very angry most of the time and was kicked out of school about a year ago for smashing a kid's head on a table. Andy now realizes this was not the right thing to do and is friends with the lad. Andy has also been for some counselling sessions a few years ago. He doesn't really get angry anymore, or if he does he takes it out on his computer. In school, Andy has solved his anger through music, mainly drums. When Andy was feeling annoyed, he would ask his teacher if he could go to the music room and go on the drums. This would calm his anger.

This was about the only good thing that school did do. Andy was bullied there for two years before he left to go to another school and they didn't do anything. There were mentors there that Andy (and Bret) should have been able to go to if anything was wrong, but the mentors never believed them.

In a different phase of this research, Andy took part in a session I ran with the NSPCC Young People's participation group. Andy contributed a body map and rap about his life.

Figure 9 Andy's body map

Figure 10 Andy's rap

> Do you ever feel like breaking down
> Do you ever feel out of place, like somehow
> you just dont belong and no-one understands you.
> No you dont know what it's like when nothing
> feels alright no you dont know what it's like
> to be like me.
> to be hurt, To feel lost, to be left out
> in the dark, to be kicked when your
> down, and feel like your being ~~your~~ pushed
> around, to be on the edge of breaking of
> breaking down and no-ones there to save you, like
> no you dont know what it's like to be ~~like~~
> me.

Dot's story

Dot fostered the two boys for a while, when Andy was fifteen months and Bret was about three and a half, after the incident with Cheryl's partner (Barry). During the time Dot looked after them Bret was in nursery, which helped. Bret went back to live with his mum first, as they (services) wouldn't let them both go back together, so Andy went a bit later, about six months later. They needed to check that Barry didn't make contact with them. Also, this allowed Cheryl time to get used to having a new-born baby (Scarlet) around.

When Dot first took the boys in and Andy was fifteen months old, Andy had his face covered in bruises where he had been attacked. Dot used to walk round with him in the pram and people would give her funny looks. Dot wanted to grab hold of them and let them know it wasn't her that had done it. Getting on the bus with him with everyone staring was embarrassing.

When the boys were with Dot, Cheryl could come and visit them, but under supervision – Dot had to be there. Dot didn't feel she needed to, but it was all about the legal matters and red tape. Cheryl was OK with this arrangement because she knew where the boys where, she knew she could come and see them and that they were safe. While Dot was looking after them social services paid for a taxi to allow Dot to take Bret to school. Before that he went to nursery. Dot thinks this was because they needed to check on him every day.

Dot was living in a different house so there was plenty of space. Cheryl would come and visit the boys there. It was mainly hard because Dot felt she wasn't getting enough sleep. She would be up early with Andy, then looking after him during the day, getting Bob's (her husband's) tea ready and then of a night-time Dot would go to bed at 6.30 p.m. with Andy, even though her husband had not long come in, so he would go to the pub, because Dot was in bed. That was hard, not having much time with her husband.

Dot feels she got all of the support she needed to look after the boys. Dot never claimed any money for the boys while she had them. She just provided whatever they needed. When they went back to live with Cheryl, there was some money owing (from the state), which gave Cheryl a helping hand.

Looking back to when Dot had both the boys with her, although it was good that social services paid for a taxi so that Dot could get Bret to nursery and school, the taxi would be half an hour late, and then when Dot got to the school, the teachers would say "school starts at nine o'clock you know". Dot really wanted to say something, but she didn't want to go into it all with them, about how social services paid for and ordered the taxi. They just thought Dot got up late or something.

When Dot used to go to meetings with social services they were all right. Andy used to have to go to a nursery down Town Road, and Bret went to his own nursery. Dot presumes this was their way of keeping an eye on them, making sure they were ok. A few meetings that Dot went to, you would sit round in the circle, and they would ask how they were in nursery and school and everything. There was only one meeting that Dot didn't like, because someone from the nursery turned round and said that Andy was always pleased to see Dot when she turns up, he always runs to her, we have only got one qualm – she brought him in one day with a dirty nappy on. Dot said he probably filled his nappy on the way! Dot was not exactly going to just get him up and send him to nursery in a dirty nappy.

Dot has asked Cheryl if she [Dot] can have Bret as well, but Cheryl has said no. Bret has also said no, although he is at Dot's house every day. Dot has said to Bret to come and stay with her and she will make sure he gets some decent clothes and that, but Bret doesn't like the rules. Bret sometimes goes out and is out all night and as he is still only sixteen, Dot doesn't like that. He will stay out with his mates and Dot will "give him loads" and shout at him and Bret says he doesn't like Dot's rules. Sometimes he will stay up all night

on the computer and when Dots gets up, she puts Bret in her bed because she has got to get Andy to school. Dot gets out of the bed and Bret gets in!!!!

Every family likes some sort of privacy, so Dot wouldn't have liked more services to come in than they did already. Dot does like her privacy. Bret and Andy are part of Dot, and it is up to her and the family to take care of them. Services did everything they could do. Social services helped Cheryl when she had Scarlet. She didn't have much and they were able to provide her with a pram and bedding.

Bret's story

Bret thinks that the things that haven't helped his family are mainly around living in the city, and the things that have helped are college and his girlfriend – having someone to talk to who understands him. The things that make Bret not like the city are the gangs and the stupid accent (Bret is sick of hearing 'lad'!).

Bret remembers childhood as a bit rough because of his dad not being there. Bret doesn't really care about his dad anymore and has never really got on with him. Bret doesn't ever feel he has ever really bonded with his dad. They only thing they have got in common is music. This has helped Bret get friends; good friends, not like the ones he used to hang around with. They were into crime and stuff, which at the time Bret thought it was funny. It was mainly just hanging round the streets, walking round and if they were doing something Bret sometimes joined in. He used to rob a bit, but got caught. He

was robbing something stupid, and it wasn't worth it. Bret stopped hanging round with these people when he used to go to town and see people just sitting and talking and having fun and thinking "I want to be like that". He saw people getting into bands and doing gigs and Bret wanted to do it and so changed. It could be said that Bret changed from being a "scally" to being a "mosher". Bret regrets being a scally and now hates them and is glad he isn't one anymore. He has changed the way he dresses. Bret's nan gets him "trackies" for Christmas and he doesn't like them. She has stopped now, and Bret is glad he never had to tell her and because he wouldn't want her to feel bad. Bret gets on well with his nan. When Bret lived with his nan it was ok.

Childhood was a bit rough because he would be locked out of the house quite a bit, which was why he started doing crime and stuff – there was nothing else to do and nowhere else to go so he was sticking round with people in the same position as him. That is what Bret was glad about – it did help Bret a bit. If he hadn't, Bret probably wouldn't be here.

Bret hasn't had any contact with services in a while. Bret only went to NSPCC to get away from his mum and the arguing. It was fun, and there was food there which was great, because Bret's mum didn't usually get stuff in. It was fun – they used to play games and stuff, doing quizzes and he once won chocolate! Bret made friends there, and is still in touch with one of them.

When Bret's mum did get stuff (food) in it mostly went on his sister because she is the smallest, so Bret and Andy didn't get much. Things are a bit better now. Bret now can get money off his friends, and he can give money back.

He watches out for them and they watch out for him, which is great. Bret gets more support off [sic] his mates than his family.

Domestic violence and substance misuse haven't been in Bret's life much.

The NSPCC workers were nice and Bret could talk to them. They didn't force you to answer a question and you didn't have to say anything too personal. You could tell them stuff and they would keep it a secret. So it could just be kept with them or just be kept with you. 🙶

6.3 Analysis of the Jones' story

Summary

The time I spent with the Jones family was a stark reminder of why this area of social research is so important. Every anecdote of abuse I heard added evidence to the case that we, as researchers, as practitioners, and as members of society must continue our efforts to better understand and work towards alleviating the problems presented as part of the Jones' family story. This chapter is dedicated to understanding the complexity and context to the domestic violence and substance misuse that the Jones family shared with me. They reminded me, through their complex narrative, that to research 'domestic violence' and 'substance misuse' is less meaningful without recognizing that they do not necessarily occur in an otherwise perfect and sterile world. These two problems can be intertwined with other areas of difficulty such as financial deprivation, antisocial behaviour, a lack of formal

educational and community violence and, as is described explicitly in the Jones story, physical child abuse. That is not to say that domestic violence and substance misuse do not occur in families not facing other disadvantages.

This chapter aims to embrace the participatory notion of "reversals of learning" (Berardi 2002). It aims to shed my ideas of what learning can be taken from the Jones' family story and instead frame our knowledge development from the areas that they chose to present to me most prominently. The essence of their story is what happens when services fail. What happens if our interventions and welfare state services fail to trigger timely responses and instead operate reactive policies? What can be seen in the Jones' family narrative is the chaos that ensues. A child hospitalized after a serious assault at 15 months of age, another child strangled with the perpetrator punished through community mob justice, a mother suffering with mental health difficulties after numerous partners showed violent behaviour towards her and her children, and children placed by social services with a grandmother without a bed for them to sleep in.

Participatory research claims to be a political methodology. It does not shy away from research areas and tenets of analysis because they are political; in fact, it claims that research by its very nature is political. As McTaggart (1997) states: "The aim of participatory research is to change practices, social structures, and social media which maintain irrationality, injustice, and unsatisfying forms of existence" (McTaggart, p.8). I argue in this chapter that the Jones' story constitutes a representation of irrationality, injustice and a wholly unsatisfactory form of existence; that Scarlet does not have the same

life chances as a child who was not strangled by her mother's partner, whose father has been in and out of her life because he has been to prison. I argue that Andy has faced injustice by being assaulted at 15 months of age, requiring hospitalization. I argue that Bret faced his own injustice, as one of the most helpful things that the services did for him was when he won chocolate in a quiz at the NSPCC – because his mother didn't provide food for the family.

Domestic violence and substance misuse are present in the Jones' family story. In the un-edited version of their narrative there are stories of how family members behave when drunk and how at least one of the incidents of physical child abuse took place when Cheryl was out drinking alcohol. Cheryl told me that she was assaulted by one of her partners. However, domestic violence and substance misuse were not the central themes of the experience they shared with me, but instead just further dysfunctional elements of their lives. I recognize the political element to this analysis; my stance remains that a lack of informed and targeted services will continue to result in the deep-rooted, intergenerational chaos that is displayed within the Jones family.

This analysis focuses on three sections: 1) the modern family structure and the relevance of services 2) intergenerational considerations and 3) kinship placements as appropriate welfare responses. In this chapter I demonstrate that without more effective, targeted early intervention from our social services, the challenges that we see in the Jones family will continue to spiral down our generations and will continue to place children at risk. This chapter turns from the attention from other chapters (that is, the interaction between

family and state) and instead looks within the family itself, as both a mechanism of support and the cause of further problems.
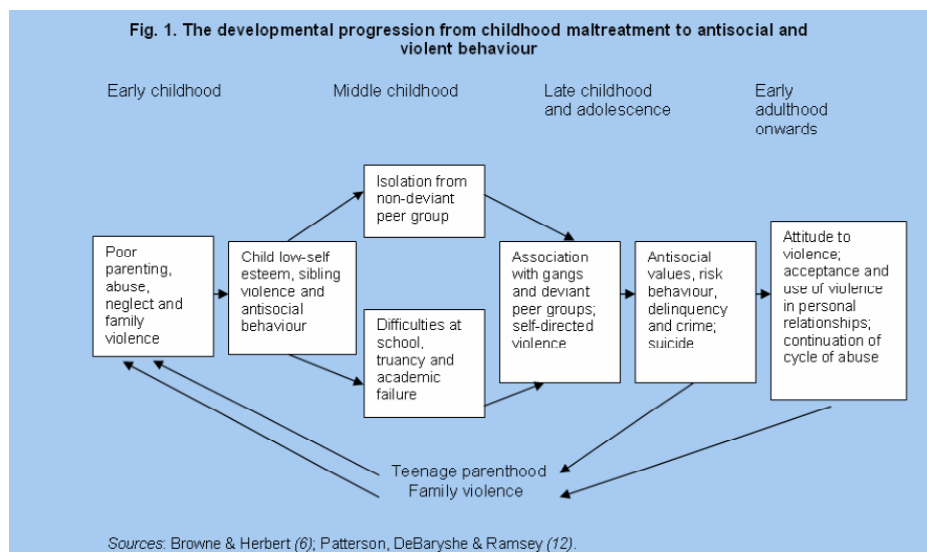
Family structure

It took several attempts for me to understand the Jones family structure. All the adult family members have had numerous partners, and understanding biological and non-biological parenting structures is no easy task.

What is clear in the Jones' story is that there has been a lack of a single parenting unit in the children's lives. Bret and Andy's biological father has been absent for most of their lives, it appears, focusing on new relationships and having more children. His relationship with Bret and Andy has been distant and difficult. Their relationship with Cheryl has not been consistent. The boys were removed from her care at a young age, and have been living somewhere between her care, and that of Dot's ever since. Cheryl appears to live a relatively chaotic life, with frequent changes in partner (see the full family story included within Appendix One), multiple traumas and poverty being predominant features in her life. Dot is presented as a woman whose life contains routine violence (again see full family story in Appendix One). Some of her attitudes, values and beliefs could be considered less than ideal in a parenting context, and yet, despite these misgivings, she has at least appeared to be a stable and persistent influence in Bret and Andy's lives. She has offered them physical accommodation and emotional availability throughout their lives, something that their biological parents have not been capable of achieving.

This section of analysis looks at the 'cycle' of outcomes that I believe is evident in the Jones family. The impact of these multiple traumas and abuses can affect childhood and transition into adulthood. One theory on this cycle is presented by the World Health Organisation (WHO) (Figure. 8). This suggests that the experiences of the Jones' children could put them on a course of action leading to a challenging adulthood.

Figure 11: World Health Organization (WHO) cycle from childhood maltreatment to adult behaviours

Fig. 1. The developmental progression from childhood maltreatment to antisocial and violent behaviour

Sources: Browne & Herbert (6); Patterson, DeBaryshe & Ramsey (12).

World Health Organisation cited in Browne and Herbert (1997)

Whilst this model does appear to offer a reasonable explanation for childhood experiences and adult outcomes, when taken in isolation it would suggest that the relationship is inevitable. This is not the case. The model shows a simple relationship but should not be taken that this is a clear, causal relationship.

It would have been interesting to talk to Cheryl about her childhood experiences in order to better understand whether she herself was part of this intergenerational cycle. It can certainly be seen in other chapters within this thesis (e.g. Alison and Dave in chapter five), that other participants in the research described poor childhoods and risk factors in their formative years that may have contributed to their adult behaviours.

Parenting capacity and attachment theory

In searching for a greater understanding of the 'cycle' discussed above, research has turned to 'attachment theory'. Dutton et al., (2007) suggest that attachment theory offers one way of explaining the relationship between the family experiences of children and their subsequent social and emotional development. Attachment is the core bond, influencing the ways families provide care and protection over the life cycle. The nature and quality of attachment relationships are largely determined by a secure base of emotional availability and responsiveness of the caregiver to the child's needs. The three categories of attachment are detailed in Figure 12.

Figure 12: Attachment styles

Attachment Style	Characteristics
Secure	Problem-solving abilities
	Co-operation
	Empathy in interpersonal relationships
	Ego resiliency
	Cognitive performance
Avoidant	Hostility
	Aggressive behaviour
	Emotional insulation
	Lack of empathy
Anxious/Ambivalent	Dependency
	Anxiety problems
	Easily irritated

In the case of the Jones family it is reasonable to assert that Cheryl had a reduced emotional availability for her children during the time they were placed with Dot. Her subsequent chaotic lifestyle with multiple partners, possible domestic violence, substance misuse and mental ill health all contributed to a reduced attachment with Bret and Andy.

It must be noted that the importance of attachments is not necessarily who it is with, i.e. it doesn't have to be the mother (Cheryl), but simply a stable and consistent figure. It is possible that both Bret and Andy did not have the opportunity to do this with their biological father (John), but did with Dot. The quality of their attachment to Dot is difficult to establish, as the boys appear

to have lived somewhere between the care of Dot and Cheryl for most of their lives. If attachment on its own is used as a basis for intervention, then the boys would have been best placed either with Cheryl *or* with Dot in order that to have a single consistent figure with which to form a secure attachment. Researchers (such as Dutton, 2007) invest great weight in attachment disorders being the root cause of many challenging adult behaviours and the so-called intergenerational cycle of abuse .

There are, however, other theories. Devaney (2008) completed a qualitative study of children registered in the child protection system, reporting that in most situations a large majority had parents who in their own right were known to child welfare organizations and went further to report that often extended family members were also known. He reported that the reasoning for the "intergenerational nature" was a lack of a parenting role model; that parents felt that their children were still getting "better" than they had and therefore were adopting appropriate parenting strategies (Devaney 2008).

Gutierres and Puymbroeck (2006) propose a complex model that links an intergenerational model to both concepts of domestic violence and substance misuse. They suggest that experiencing child abuse (including witnessing domestic violence and substance misuse) has detrimental psychological outcomes. This leads to individuals using substances to cope with their experiences. The use of substances means that individuals come into contact with 'the drugs world' and its various risks (prostitution, criminality, pimps) leading to a high risk of further victimization and domestic violence. To cope with the domestic violence, further substance misuse

ensues, and if children are conceived and brought up within these circumstances they will begin another cycle in their own right.

Further evidence is provided by Leichtling et al., (2006), who suggest that intergenerational transference of substance misuse may even make the problem worse. They studied adolescents entering drug treatments with parents who misuse substances, reporting that these adolescents enter treatment with greater problem severities than their peers in areas such as greater housing instability, poorer physical health status, greater lifetime stressor ratings, poorer family functioning scores, lower quality of life satisfaction and lower psycho-social functioning. In addition, they report a greater likelihood of prior treatment, younger age first use of alcohol, a greater likelihood of having experienced many substance use consequences and greater frequency of alcohol and other drugs use (except marijuana). Finally they also report that the use of family counselling to treat alcohol use by adolescents from non-using parent families had positive, if short-term effects (abstinence or decreased alcohol use). However, for adolescents with a substance-using parent, family counselling had a negative short-term effect (increased or maintained alcohol use) (Straussner and Fewell 2006).

The Jones family presents itself as one with deep-rooted dysfunctionality, with violence and abuse a part of their everyday existence. The theories presented above (intergenerational cycles of dysfunctionality, attachment theory and family modelling), suggest a somewhat bleak outlook for the family. The challenges presented through their story have the potential to repeat in the future as Bret, Andy and Scarlet develop into adulthood and potentially start their own families. The existence of poor attachments, poor

role models and the use of unhealthy coping strategies (such as alcohol and community mob justice) to deal with their disadvantages, suggest the need for intervention to address and resolve the cycle that is beginning.

This analysis now turns to look at what interventions did take place to address these complex issues and what else could or should have been done with and for the Jones family.

Kinship care

The current model of social service organizations in the UK working in the child protection arena is split into two forms of intervention: first is a service provision to support families to overcome their challenges with the children remaining resident within the family home; the second approach is initiating and carrying out 'care proceedings' whereby the children are removed from the care of their main caregiver and placed in the care of either the local authority (short- or long-term foster placements, adoptions or children's homes) or 'kinship care' where a member of the family (usually the extended family) takes over parental responsibility for the child.

The first approach, that of 'supportive service provision' is routinely delivered by a multidisciplinary team (social workers, family support workers, health workers and education workers) to ensure that the child is free from harm and able to thrive. Risk is constantly assessed and reviewed through a formally identified 'core group' and the family is supported to make changes to their lifestyles to allow support to be reduced and eventually withdrawn.

Research on the success of this form of service provision shows mixed results; it is often found that, as opposed to changes to parenting behaviours, often families simply adjust the way they interact and present themselves to services in order that interventions (and their perceived intrusive nature) are withdrawn (Smith,1997).

Whilst this form of service is undoubtedly flawed, the alternative, that of removing children into the care of the local authority, is not a perfect solution either. Aside from the trauma that many children experience by being removed from the care of (even abusive) parents, institutional abuse may occur, and quantitative and qualitative research alike is almost unanimous that the outcomes for 'looked after children' are amongst the poorest in the UK. Policy (the Children's Act of 1989 and the Human Rights Act of 1998) supports the principle that children should stay with their birth family wherever possible (Kroll 2007).

With neither the care of the local authority, nor home-based service provision providing the ultimate solution, often 'kinship placements' are used. This is evident in the Jones story. Bret and Andy were placed in the care of their paternal grandmother to allow Cheryl the time to make the lifestyle adaptations she needed to in order to be able to provide an appropriate home for her children. Supportive services are then delivered to offer support and monitoring for the family. On the surface this appears to offer a satisfactory solution, and indeed in the case of the Jones family, Bret and Andy were safe from physical harm, resided with someone they already knew and had a strong relationship with and were still able to see their mother regularly. However, uncritically accepting kinship placements as a

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solution is not wise. Research provides evidence that "Substance misuse does not develop in isolation – most significant arenas for evolvement are the family. Services regularly place children with grandparents and yet research shows that quite often drug use is not confined to one member of a family" (Kroll 2007 p.87). The implication is that children are not necessarily being protected from the effects of substance misuse (and other problems), even if removed from the main carer. In addition, further concerns are raised about the suitability of extended family to provide sound 'care placements' as the family may have been affected by the substance-misusing parent. Kroll (2007) suggests that substance misuse affects the family dynamic and that, if kinship care families are to be used, specialist support must be offered. This is not currently the case within the UK child welfare system. There is no immediate evidence to suggest that the Jones family received this 'specialist support', and the fact that significant problems continued within the family after the kinship placement (Scarlet's assault, the continuing issues of neglect) suggests that indeed, more should have been done to support the Jones family.

Dot described some of the issues surrounding the stigma of taking care of her grandson that she faced in her local community:

"After Andy came out of the hospital I had him at mine, he looked terrible, his face was like a sack of spuds, battered he was. I used to take him on the bus and people would look at me and I felt like shouting at them 'it wasn't me you know!' It was really embarrassing."

It is unclear from the Jones story exactly on what basis services intervened and which of the family problems was considered most important to address. The Jones' only really talked of service provision around Andy's assault, but from the way I was introduced to the family (the NSPCC providing a service for children experiencing domestic violence and/ or substance misuse), it is clear that there have been other interventions, even though the family chose not to talk about them in any detail (or not at all). Having heard the Jones' story with all of its complexity and chaos, I still find it somewhat difficult to comprehend that there has not been more intervention from welfare services. The next section of this analysis will suggest what other measures or interventions could – arguably should – have been put in place to better support the Jones family.

Clarity

I acknowledge that it is difficult to provide effective support services to a family whose story and presentation is difficult to understand and digest. My own experience with the Jones family made it difficult for me to gain a true understanding of their story because I was presented with a narrative that leaped from one horrific story of child abuse to another. Unlike the other families I met as part of this research, the Jones family talked about their lives as if they were no more than mere incidents which had taken place. There was no context or feel of emotion around the incidents described. Cheryl did not show any upset or any emotion at all when talking of the harm that had come to her children. Dot was matter-of-fact when talking about her

two grandchildren being placed with her at young ages. I recognize that this may well be due to the trusting relationship required to disclose these personal and intimate feelings; and it is precisely this time and attention required that very few workers are able to afford to families in order to develop a deeper understanding of a family situation. Social work staff need to be enormously skilled to gain an accurate picture of what children (and other family members) are going through (Thom, Sales and Pearce, 2007) in what is often a brief assessment process. As has been discussed in other chapters (e.g. chapter three, Maria's story), particularly in domestic violence work, it may be that workers in the Jones family saw Cheryl's separation from the abusive men as 'enough action' to adequately reduce the risk to Andy, Bret and Scarlet, and therefore felt no need to delve any further into a seemingly impenetrable web of complex family dynamics and multiple social, economic and educational disadvantages.

Yet it is the responsibility of our welfare service to spend this time, to ensure that the services have a comprehensive understanding of family difficulties in order to be effectively targeted. As Gorin (2004) acknowledges, the UK government has made huge progress in recognizing the risks posed to children experiencing parental substance misuse and domestic violence, however it must now follow that up with the resources to match.

The challenges facing these families are deeply stigmatized and research has shown that secrecy, denial and avoidance are common, both in terms of discussing and acting upon the three issues (Adams 2010, Forrester et al. 2012, Healy and Darlington 2009, Humphries 2006, Stanley 2010, Stanley et al. 2012, Gorin 2004).

Stable adult role models

The research presented in this literature demonstrates that the formative years of childhood require the existence of a stable adult role model with which to from secure attachments and to provide a good role model. Whilst I accept the subjective nature of what constitutes a 'good role model' in a parenting context, there are clearly certain behaviours that are not acceptable (e.g. chaotic substance misuse). These issues are covered elsewhere in the literature under the 'good enough parenting' debates, however, in terms of this research Vellerman's (2008) argument suggests that good service provision should focus more support in coping in the short term (which later impacts upon adult life). Children need stable adult role models and structured activities. Many children from Vellerman's (parental substance misuse and domestic violence) research did not currently have access to these.

Re-listening to Andy and Bret's accounts of the abuse they encountered, I am reminded that the parenting that these children have experienced is clearly 'not good enough'. Andy described Cheryl's second violent partner assaulting his younger sister and how he intervened:

"We heard what he was doing and me and Brett legged it downstairs and we were hitting him trying to get him off her, she couldn't scream because the cord was so tight round her neck."

Bret said he was frequently "locked out" and described how he liked going to the sessions at the NSPCC because there was always food there and his

mum "didn't always have stuff in" and if she did, Scarlet would be prioritized because of her age:

"Just like being locked out of the house and stuff and I guess that why I started doing the crime and whatever. There was nothing else to do and nowhere to go and sit like even when it was winter and stuff so I was sitting round with people who were in the same situation as me..."

"..Me mum didn't usually get a lot of stuff in at the house and when I went to the NSPCC there would be food there and stuff like games I could play which I had never done before, I made friends there."

One key issue under constant negotiation in child protection is the 'threshold' at which parenting is no longer 'good enough' and that the risk of harm to children becomes too great. This is the point at which care proceedings either into kinship placements or the care of the local authority are initiated. All three Jones children are now adolescents, apparently free from physical abuse and with the availability of adults with which to form attachments (Dot for Andy and Cheryl for Bret), yet I cannot help but feel this is still not 'good enough'. Children who have suffered physical and emotional abuse and neglect appear to have received little support from the services appointed to deal with these issues. This chapter has demonstrated that whilst a resiliency from families and a strength-based approach has a lot to offer, we must not fail to recognize that families can also create self-perpetuating intergenerational cycles of dysfunctionality.

Conclusion

Whilst the majority of this analysis is somewhat critical of the service response, there are other families which never come to the attention of services who may be at equal or even greater risk. As Gorin (2004) reports, only a small proportion of children who experience parental substance misuse, domestic violence or parental mental health problems will ever come into contact with services.

In the case of the Jones family I find the placement of Bret and Andy with Dot difficult at best. Whilst I am aware of the problems with children who are 'looked after' in the UK care system, placement with a grandmother who exists in a world of violence (threats to knife her son's girlfriend and son in laws who believe in the use of physical violence and have done so with Cheryl's partner) gives me cause for concern. It appears to me that, to this day, Bret and Andy (and probably Scarlet) still lack a stable, consistent non-violent role model with whom they can form a secure attachment and develop into adulthood with healthy behaviours. Given the multiple risk factors that they have been exposed to, I believe it would take some very strong resiliency factors to avoid them repeating the cycle of abuse and violence. I therefore strongly question the service response to the Jones family's situation.

Finally, at the beginning of this chapter I stated that the Jones' family story is complex and chaotic and that I felt it necessary to re-edit it without family involvement for clarity and readability. Their initial story is long and contains detail and a great deal of information. What I find interesting is that, despite

this, I still feel this is an incomplete story and crave time with Cheryl, John, Cheryl's other partners and the professionals who have worked with the Jones family. I feel I have still only scratched the surface with this family and that only armed with more information about childhood, lifestyle (e.g. drinking behaviours) and mental health status (to name but a few), would I begin to truly understand the complexities of this family's situation. It reminds me that even well-conducted qualitative research with individuals only provides limited information, and the value of family unit analysis can be clearly seen.

6.4 Participatory research and transformational relationships

One of the things I found most striking about the Jones' account, even when edited, is its lack of purpose and structure. Their narrative veers aimlessly and pointlessly from one complication to another with seemingly no learning, reflection or sense-making in a very similar way to 'chaos narratives', as described by Frank (1997). It is impossible to see where one problem starts and another ends. The challenge for me in conducting participatory research with the Jones family was trying to unpick *with them* what learning we could take from their experience. They appear to be either incapable, or, more likely, unwilling, to reflect on their experiences in any meaningful way beyond a detached recital of incidents.

I have questioned whether it was my approach to the Jones family that was a barrier to us building a relationship that allowed us to explore more complex issues. I stated at the beginning of this thesis that I became a mother whilst

completing this PhD, and it was difficult not to feel angry towards the adult members of the Jones family who seem to lack any sense of responsibility for the harm and neglect of the children. Participatory research does not prescribe methods that may help in building these relationships. PR is more of an attitude or approach than a series of techniques, and methodologies are often characterized as being reflexive, flexible and iterative (Cornwall and Jewkes 1995). Participation can shape research questions and strategies in such a way to make them most relevant to the actual lived experiences of that particular group (Rempfer and Knott 2001), and individual human intentions and thus, actions, are worked out in a dialectical relationship with the frameworks of the social structure, practices, rules and conventions relating to particular contexts, which people reproduce and transform (Riet, 2008). Relaxed rapport is more important than prolonged residence (Berardi 2002) and the precision is in meaning over accuracy in measurement (Riet 2008). The practice was conceived as an ongoing process of dialogue and critical reflection towards the goal of 'conscientizacao' (the awakening of critical consciousness) which starts with a reflection upon the conditions of one's own life (Cahill 2007a).

I do not know how I could have improved the quality of the research relationship I had with the Jones family; I believe that reflecting upon the conditions of their own life would have been a very difficult task for a family facing multiple disadvantages with seemingly no easy route out. I now wonder if a refusal to meaningfully reflect on their condition was more of a self-defence mechanism than unwillingness.

7 Chapter seven - Risky men as risky fathers

7.1 Introduction

This research sets out to better understand the experiences of families who are vulnerable. These vulnerabilities can arise through domestic violence, substance misuse or other phenomena closely associated with them. I adopted a participatory methodology to try and better engage with participants and create an understanding constructed in a way that made sense to them. This chapter will focus on the role of the men in the families that took part in this research – particularly how they are viewed by the services, and how it is automatically assumed that men who pose a risk in one context (e.g. a relationship), therefore pose a risk in all contexts (e.g. parenting). This assumption appears to lead practitioners to disengage with fathers, a strategy which places children at greater risk. I will argue for the need for greater reflexivity in services; the need to understand the feminist arena in which current domestic violence interventions operate and the impacts that this has on professionals' thinking about men.

The chapter is presented in three sections: first is the presentation of the stories of two men who took part in this research using their words and constructs. The second section analyses the role of the men in the services and the third reflects on what the participatory paradigm has to offer the process of change which I believe our welfare services must undertake.

One of the challenges for this research has been engaging the men. In some cases this was because the father was 'absent', for example in 'Maria's

story', where she was no longer in a relationship with Sean and so it was not appropriate to risk her safety by contacting him. Aside from this 'physical absence', I feel the men and fathers' voices are absent in other chapters (e.g. those on Alison and Dave, and Mark and Lindsay). When I re-read these stories, most of the content is about service involvement and there is very little about their feelings of fatherhood, their perpetration of violence, or their masculinity.

In this research I had two types of encounter with men: one with the men who 'stood me up' and the other with the men who did engage in the research process in some way.

Firstly, those who stood me up. There were more than five men, who, when approached by an NSPCC practitioner and asked to take part in the research, initially consented, but then failed to show up at the designated time. Sometimes I would rearrange appointments, only to be stood up again. This also happened with a female participant, but it was far more of an issue with male participants. They were often recruited from the NSPCC's 'No Excuses' domestic violence perpetrator programme. It appears that none of them felt able to verbally withdraw their consent to participate, and instead agreed to take part but then failed to turn up. Whilst there could be numerous reasons for this (discussed in chapter three, Mark and Lindsay's Story), I believe that this observation has a synergy with the lack of engagement of men in welfare services reported in research such as that by Berlyn et al., (2008).

The second level of engagement was with the men who did talk to me on their own. Three men participated in the production of this thesis; one who used the interview was part of the pilot study (MRes), 'Paul', who originally consented to take part in the research and then after one meeting withdrew his consent, and 'Jim' who met with me twice and told me his story, which was collated and documented as the other family stories have been and is presented in this chapter.

These men would have been easy for me to ignore. It would have been easy for me to state that I had 'heard their voices' in earlier chapters when I spoke to couples and to claim that I had done everything possible with the other men who 'stood me up'. However this would merely perpetrate the vilification and exclusion of men in a female-dominated and feminist sector.

This chapter is dedicated to understanding the experience of the men who did not engage in the research, and who did not feel able to communicate with me that they did not want to take part. I use two forms of input into this analysis: firstly the stories of those men who did share some of their experiences with me, secondly the silence of those who did not. I will attempt to understand why these men did not engage, and how we might address this in the future.

During this chapter I argue for the need for greater reflexivity in services; the need to understand the feminist arena in which current domestic violence interventions operate and the impacts this has on professional's thinking about men.

7.2 Paul

I met with Paul one afternoon for about an hour. He had been introduced to the research through an NSPCC practitioner who knew him through the services NSPCC provide for men who perpetrate domestic violence. The visit was simply a 'consenting visit'. I had agreed to go to his house, explain the research to Paul and then allow him some time to decide whether he wanted to take part. As with other families, Paul told me a lot about his experience just during this consenting visit. I went to his house, knowing he was a single man who had perpetrated violence towards women. I was on my own, heavily pregnant, in an area of the city I didn't know. Although I had safety systems in place, I was nervous at best.

Paul was not what I expected. Paul was charming, chatty, friendly and a "good solid northerner". He is a single dad to four children. His kitchen resembled my own – washing drying on the radiator, baby bottles draining on the draining board, children's scribbled pictures stuck to the fridge, in short, a warm, family home; not what I expected at all. Paul told me about his family, that one of his children has autism. His daughter's birthday is the same as my son's. On reflection I am not sure what I expected, probably a man who made me uncomfortable, was manipulative or controlling or possibly even intimidating.

Paul consented to take part in the research and was keen to tell his story. He had often thought about writing a book of his experiences, but couldn't because he would need permission from a third party (his ex-partner). He wanted to have a think about whether his children could take part in the

research, as he felt they had already been through a lot and had had to talk to a lot of strangers.

About a week later, I was working from the NSPCC office and got a call from Paul. He explained to me that he had been "on a downer" ever since we met because talking about the past had got him thinking about everything and he felt he needed to put it behind him and "get on". He had been trying to get hold of me all week and sounded a bit panicked. I talked this through with him and offered him access to support, either through the NSPCC or a third-party counselling service. Paul said he didn't need anything; it was just that he wanted to get on with his life. I felt terrible that I had caused him such distress.

Below are the field notes that I made straight after I met with Paul (as I did with all the families). Paul has consented to me including his story, so far as he told it to me in the research.

Paul's story

❝ Paul explained to me that he had been involved with social services in 2007 and subsequently separated from "his ex-" in 2008. He explained that "she" was a heavy drug user; she used (and possibly still does use) "speed" and cocaine and lots of "uppers and downers". His children are still on a 'child in need plan' and services and their instructive nature are still a feature in his life.

His ex-partner painted a picture of him to social services as a villain and an abusive man and Paul felt he had an uphill struggle to get them to listen to "his side of the story". They didn't want to believe anything he said and it took time for them to see the truth; that his ex-partner was a drug addict and it was Paul who took responsibility for the children. He explained that when he walked into meetings with social services, he felt the "pure hatred" of the professionals towards him. He said he understood that social workers can't just believe what you tell them because they have to find the truth and he knows that can be difficult.

Paul found the NSPCC to be a good service, although he was shocked by some of the old-fashioned views that other men on the programme had. One man gave his partner a beating because she put gravy on his mashed potato. He said it was a great group, as they supported each other, but would pull each other up if they were out of line as well.

Paul is still having problems with his ex- and her parents. They [her parents] have applied for custody of the children, and so the children stay with them for their tea one night per week and sometimes stay overnight. That morning, Paul had had a text from his ex-partner's new boyfriend threatening to "do him over". In the past, before children, Paul would have had his own way of dealing with it but he can't do that anymore because of the children so he is just going to have to "take a beating lying down". He knows that one day soon the kids are going to come home to find daddy with a black eye and cut lip.

Even when Paul is not physically with his children he is thinking of them.

There was a period when he moved out and lived with his mum and his "ex-" was responsible for them. He would always worry because she could never get up in the morning because of her drug problem, so he would be worried about whether the children had had their breakfast and were ok.

Paul was physically violent to his partner, but only ever to restrain her from going out to get "a hit". 🙯

My expectations

I had two further interactions with Paul in the research. The first I expected, the second I didn't.

The first interaction followed completion of all of the sessions with individual families. I wrote to them all thanking them for their input and stating that I was organizing a session at the NSPCC building for any participating families that wished to attend. The session was to look at what action could be taken as a result of the research. Paul responded to this by phone stating that he wanted to take part in the session. He had recently started a psychology course, realized the importance of research to capture people's experiences and felt that a group session would suit him. On the day of the session he didn't turn up. I wasn't surprised. Many men throughout the course of the research had failed to turn up at appointments we had made; I had come to expect it.

The second interaction occurred when I arrived at the NSPCC building the week after the group session to find a message that Paul had been in, in

person, into the building to offer his apologies for missing the session. He had got his dates confused. Paul lives some seven miles from the building, a not inconsiderable distance to come and apologize in person. This was *not* what I expected.

It was this surprise that has led to the creation of this chapter. Why was I not surprised when the men did not engage? Why did I expect Paul to make me uncomfortable, be manipulative or controlling or possibly even intimidating? It led me to question the view I held of perpetrators of domestic violence. My expectations were to assume he behaved in his private sphere (i.e. in an intimate relationship) the same way he would in a public sphere, yet I had not made the same assumption about the women in this research. Also, because he is a perpetrator of domestic violence, I assigned labels and assumptions of a dangerous, risky, manipulative, chaotic, masculine identity (as opposed to fatherly or homely) and in short imagined him unreliable and difficult to engage with. It was the weight of these labels and Paul's rejection of these that led me to question my own views and opinions based on the label 'domestic violence perpetrator'. Why should it surprise me that Paul made the effort to come to the NSPCC centre and apologize for missing the session because he was physically aggressive in his intimate relationship? I will go on to explore this question later in this chapter.

7.3 Jim

Jim did engage with my research. He took part in two sessions with me which were audio recorded, typed-up and co-edited to produce the story below.

I was introduced to Jim through his daughter. She was also a participant in the research, and as Jim had been an important part of her story, she introduced me to him and I heard his experience over two sessions.

Jim's story is not unlike other stories in this thesis, a collection of anecdotes about social services invading the lives of individuals within his family, a feeling of mistrust and a hatred of the professionals he has met, together with a tendency not to mention the incidents that caused service intervention in the first place. I analyse these points in other chapters in this thesis. In this chapter I want to focus on another thread in Jim's story: that he was not included as an important member of the family by services. As a result he felt minimized and excluded by the services, which he explained was because of his gender. This is Jim's story, using his words and constructs.

Jim's story

      When Jim separated from his wife, he went to see a solicitor to ask for a divorce and apply for full custody of "the girls" (his three daughters). The solicitor told Jim "men don't do that"; men don't go for custody of three girls – they should be with their mother. Straight away Jim hit a "gender thing". This was 1994. The whole legal process centred around the girls living with their mother, even the courts and the judges thought that they

should be brought up by the mother. It was only that Jim had a very modern thinking Court Welfare Officer (as they were then known) who thought perhaps he could do it. The officer asked Jim what he did for his girls, and Jim explained he did everything for them. He worked shifts, going out to work, coming home, his wife would then go out and he would feed them, wash them – just like a mum would do.

Somewhere along the line social workers became involved. The girls' mum was very clever so she got them on her side and Jim was painted as "the baddie". The girls stayed with Jim for seven months before they were moved out, when Jim went back to court and the court said that it was in the best interest to go with their mum and financially Jim would be better-off. Jim was given all the wrong information, which led to the wrong decision, but it was the only option at the time. So the girls went back to live with their mum in July and within two days social services placed them back with Jim because their mum had 'battered' the middle child, Natasha, because she didn't want to accept her mum's new boyfriend. Even after this the girls went back to live with their mum eventually.

Jim didn't know what was happening for a period of about five years as he lost contact with all the family, including his daughters. The mum had changed her name and all sorts of things. Although there was a court direction involved, meaning lots of rules, she breached every one going and no one ever followed this up.

Jim felt one of his daughters was left in a dangerous situation (there had been numerous disclosures, investigations and allegations of both physical

and sexual abuse). Jim felt services had left his daughter in that situation where there was no investigation, no interviewing of the child, and if he tried to raise this it was just seen as him causing trouble, or he and his wife bouncing things off each other. Jim feels he acted in the most professional way he could by pointing out that his child had made a disclosure; Jim was providing information and asking them to investigate. If it is proven to be unfounded then fine. Jim tried to follow everything the courts had told him to, as best he could. It was sometimes hard emotionally, which led him to veer away a bit (periods of time with no contact with his family), but Jim felt this was always in the best interests of the children.

Jim found many workers whose attitudes were that a man couldn't bring up three girls. This included judges, educational welfare officers and social workers. Even Jim's solicitor and barrister would ask him if he was sure the girls wouldn't be better off with their mum. One or two recognized Jim had a job, a place to live and that the girls actually wanted to live with him, but these were workers who were very modern in their thinking. Some even blatantly said that a man *could not* bring up girls; others would say, for example, that the girls would need someone to talk to about their periods and things like that. Jim already had Natasha and Jennifer living with him in puberty and they had no problems talking to him about these things. They would ask about dressing and go shopping together, they would ask him fashion questions and Natasha taught him how to plait her hair. It was a learning curve for all of the family, but a good one. Jim was questioned so many times about whether it was better for the girls to be with their mum that he started to question it himself and thought maybe he should go along with

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them. It is only down to Jim's stubbornness that he fought for what the girls wanted, which was to stay with him. It also cost a fortune financially and Jim has very bitter memories of that time. He could talk for a long time about incidents where social services had failed and times where the mum had manipulated female social workers into her way of thinking; stating that she was the victim, although she was the perpetrator. The girls witnessed Jim being beaten by his wife on numerous occasions. Jim was brought up not to hit back. She became very aggressive. She would get wound up with the girls during the day, and Jim would come home at night and she would take her anger out on him. The girls witnessed some very serious assaults on their father. "

7.4 Analysis

A woman's world

'Abusive men': why should men who physically assault, emotionally abuse and control their partners lose their right to see their children and be a dad? Are abusive and violent male partners also abusive and violent fathers? This chapter is dedicated to unpicking their dual status as partners and as parents.

It is my assertion that a carte-blanche risk avoidance approach by social workers has led to an unfair and unjust over-simplification of practices. Whenever a 'case' with domestic violence is allocated to a social worker the families who took part in this research suggest (e.g. Brandon2009) that there is a rigid thinking from social workers about men removing themselves

completely from the family as the only 'safe' option. Social workers know that domestic violence is closely linked to child abuse; serious case reviews show that domestic violence (along with parental mental health and substance misuse) is disproportionality present in cases where children have died or are seriously injured (Brandon et al. 2009). In fact, as already noted, it constitutes abuse if a child hears or sees domestic violence (The Children's Act, 1989). However, quite separate to the risk to children, is the societal norm that I argue pervades services to assign the gender-based stereotyping. In cases where domestic violence is present the female is seen as a helpless, vulnerable victim and the male as a dangerous controlling threatening individual, safety from whom comes only with distance. I am arguing that such polarizing is both ethically unacceptable and intellectually unconvincing.

On a popular level this can be seen in reality TV programmes following the police when called out to a 'domestic'. Automatically they will remove the male from the property with a view to pressing charges and talk to the female about how "it doesn't have to be like this". There are assumptions made about guilt, blame and causality almost before statements have been taken and facts ascertained. Further indication of the existence of this social bias exists in the social care services, as women have therapeutic and supportive *treatment* programmes to develop their self-esteem whilst males are subjected to *interventions* that challenge them about their 'abusive behaviours'. The majority of perpetrator programmes that run in the UK (e.g. RESPECT, No Excuses) are based on cognitive behavioural therapy (CBT),

informed by social learning theory and, importantly, an outdated feminist understanding of domestic violence.

A media communication regarding a local NSPCC perpetrators programme for example states: *"The course is intense and harsh and we force them to look at their behaviour and the effects it has on their partners and children. At the same time, we work with their partners and support them."*

(The Daily Post, November 2007, NSPCC Scheme for Abusive Men).

The stories of the families who participated in this research, coupled with wider indications, demonstrate that current welfare services assume that services should be structured in such a way that assumes men need to have violent behaviour challenged and women are supported to develop self-esteem. This assumption of traditional gendered status roles within relationships is closely linked to traditional feminist views of patriarchal society (e.g. Dobash and Dobash, 1977; Walker, 1979; Yilo and Bograd, 1988).

Again, Paul talked of "*the pure hatred*" he felt towards him from the professionals involved with his family. Lindsay similarly described misplaced assumptions about the nature of her relationship with Mark:

"He was the one that got put on a course for his behaviours an all that but it was me. I was the one causing all the trouble kicking off coz I was off me head you know but coz he's a bloke he was just thrown in the back of a police car and in them big meetings with social services it was like right...you are abusive to Lindsay you've gotta change or that's it you know…it's not fair

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I needed a course just as much as him but I didn't get one coz I'm not a man.

It's not on really is it."

Feminist assumptions of the roots of domestic violence (underpinned by a particular view of patriarchal society has been, and continues to be, adopted by professionals and wider society without question. Is it understood by those implementing social policy that they are signing up to this discourse that males are the powerful, dominant force and that acts of violence should be viewed through this lens? That even if women have been physically violent, they do so only in self-defence and a fight against the dominant male ruling class? It pivots on the modernist view that men hold power advantages over women in patriarchal societies and that all domestic violence is either male physical abuse to maintain that power advantage or female defensive violence, used for self-protection (Dutton and Nicholls 2005b).

This particular approach therefore supports the notion that domestic violence is primarily a culturally supported male enterprise and that female violence is always defensive and reactive. Early researchers and pioneers of domestic violence research Dobash and Dobash in (1979, p. 22) for example state: "Men who assault their wives are actually living up to cultural prescriptions that are cherished in Western society – aggressiveness, male dominance and female subordination – and they are using physical force as a means to enforce the dominance."

There have since been many other post-feminist explanations for domestic violence. Bell and Naugle (2008) categorize these explanations, which include social learning theory, the family/situational model, borderline

personality organization and assultivness [sic]. Importantly, none of these theories are gender specific (i.e. none assume that gender is the predeterminate factor for violent behaviour). However, these theories and explanations of violence have been overlooked by the services. Yet what would be the response to the suggestion that perhaps power in society is no longer exclusively held by the dominant male class (as it evidently once was)? I want to raise this idea, that violence within intimate relationships is no longer male dominated, but the result of a couple's inability to verbally resolve their differences, who then resort to mutual physical violence due to frustration and lowered inhibitions through alcohol or substances. I am not suggesting this is a thought-through conspiracy, maintaining women as victims in order to fund social care jobs. Instead that we need to revalidate our stance towards domestic violence and its moralistically indignant approach, and ensure it fits with modern-day societal dynamics.

A nervous and cautious body of literature is emerging which presents evidence that research from the post-feminist stance found alternative explanations for physical assault in intimate relationships than solely patriarchy. For example, Bograd (2007) has carried out research *not* into 'domestic violence incidents' but instead looking at assaults irrespective of gender. The results of this research provide evidence that abusive behaviours are gender neutral (Bograd 2007). In addition to patriarchy, proposed causes include: psychological causes, psychopathy, attachment, anger (Kessler et al. 2001), arousal, alcohol abuse (Hingson et al. 2005), stress and family of origin sources for male intimate violence (Straus and

Horaling 1990), and anxious attachment and angry temperament predicted violence in both sexes (Dutton and Nicholls 2005a).

Paul describes being in a relationship he acknowledges he was violent in, but only in the context of a partner with reliance on substances whose habitual behaviour he attempted to control. He was frustrated at her inability to look beyond her addiction and meet the needs of their children. When the services became involved, the term "domestic violence" was used by professionals, and Paul was labelled automatically an "abusive and dangerous man" whose contact with his family should be minimized, if not extinguished. He describes the hate he felt when attending a child protection conference and the uphill battle he had to prove to services that his (ex) partner was not capable of looking after their children (and in the end his view was upheld and he now has sole custody of his four children). I believe this assumption is most likely due to well-intentioned but nevertheless outmoded and illegitimate model of domestic violence perpetration and the service environment that has developed around this. A domestic violence claim was made, and Paul was automatically labelled a 'dominant male' from whom his ex-partner required protection. Paul was required to attend the 'No Excuses' programme and his partner assumed initial custody of the children. Paul presents his story as having to battle against unwarranted categorizations.

Similarly in Jim's story Jim describes how *"I was painted as the baddie,"* and he also talks of how *"the girls* [who] *witnessed some very serious assaults on me."* Again, Jim's experiences represent a taken-for-granted, gender-based

'role' that Jim played in his relationship, as opposed to his description of himself as a victim of domestic violence at the hands of his wife.

Domestic violence perpetration and child abuse

Any incident of domestic violence reported to the police, where children are known to be in the family, will trigger a referral to Children's Services. Depending on the nature of the incident, an assessment will be carried out by an assessing social worker. If further assessment is required (as is often the case), the male will routinely be asked to leave the house until all the necessary assessments have been carried out. This situation can be recognized in all the family stories within this research. This is usually achieved on a voluntary basis. However if, as in Alison and Dave's story, a couple choose to continue to reside in the same house where domestic violence has occurred, social workers will often perceive this to be too great a risk to the children and so instigate temporary care proceedings. Mark and Lindsay's story similarly describes a situation where professionals advised them that Mark needed to leave the property or their children would be removed from their care.

As I stated earlier, domestic violence is automatically treated as a child protection concern. Indeed evidence suggests that domestic violence is a prominent feature in serious case reviews (Brandon et al. 2009). However, this often assumes that it is *the male* who poses a risk to the children and it is therefore *the male* who is usually asked to leave the family home. While males may statistically engage in domestic violence more often, it is the

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domestic violence that is the risk to the children, *not necessarily the male*. It is easy to see why the two have become conflated, but the difference is crucial. I assert that this simplification has developed based on feminist ideology within a predominantly female environment in which blaming males for domestic violence requires little in the way of either justification or rationale.

I am not denying that men who are physically aggressive, have controlling behaviours and poor emotional intelligence could be a risk to children. My point is that this is assumed and not demonstrated. In child protection, risk assessments are based on many factors, including the number and severity of incidents. However, assessment is based predominantly on 'mum's ability to protect' i.e. whether the female in the family is capable of protecting her children in the case of further domestic violence. This entire sentiment assumes that it is the *male* that poses the risk, and not that *the domestic violence itself* is the risk from which the child should be protected. Also it assumes that the risks are higher depending on the seriousness of the violence as opposed to, for example, inclusion of an assessment on where the children are at the time of the incident and a holistic assessment of parenting (including fathers') attachments and parenting abilities. Yet it is not until care proceedings have been initiated that a service (such as probation) would consider the man as a parent and identify his risk to them in that capacity.

In a country where all our legal proceedings are judged on the basis of 'innocent until proven guilty', this seems unjust. 'He' is judged a danger to his children until an assessment has been undertaken. Whilst the need to

protect children from harm *must* remain paramount in services, I believe that

we must move our attention from 'risky men' to 'risky relationships', without

the assertion of predetermined blame. The job of the services then becomes

looking at how children can have all of their physical, emotional and

developmental needs met from their parents (either biological or relational)

with the risks of further domestic violence incidents minimized, as it is these

incidents, and not necessarily simply the presence of the man, that put

children at risk of emotional and physical harm. Research has already

provided support for this view, with separation and post-separation contact

usually centering around child care (for example, contact drop-off and

collection of children between parents) is seen as the most risky time for

children (Morrison, 2009). This, in my opinion, is where our attention and

resources should be focused, along with non-judgemental *treatment*

programmes for both men and women based on self-esteem, positive

relationship building, handling stress within relationships and positive

resolution skills, as opposed to out-dated feminist assumption-based

programmes that focus on stereotypical attributes which, unsurprisingly, men

struggle to engage with.

Service approach to men

Services need to move towards a non-blame, non-judgemental treatment of

both genders who engage in intimate partner violence. Currently females

engage better than men in services (Maxwell et al. 2012). Both the literature

and the experiences shared in this research suggest that men's needs are

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not being met through current welfare service provision. This section will explore the current barriers to male engagement in services and how these may be overcome.

Theories of feminist practices promote 'egalitarian social relations' as the fundamental goal of practice (Seymour 2012), seeking to deconstruct the notion of hierarchies. The noted historical patriarchal society, particularly within family structures, has commonly led to a focus on empowering females as mothers and partners. This has often manifested in women grouping together for mutual help and support; the positive benefits of this can be seen elsewhere in domestic violence services, not least in women accommodation (often referred to as 'refuges' or 'shelters'). These services therefore often still have a core belief in patriarchy and male domination that guide their policy and practice, but often at the expense and exclusion of men.

There is considerable disagreement about how men can engage with feminist practice (Seymour, 2012), and the relevance of feminist thinking to analyse men's use of violence is well documented (Connell, 1996, 2000; Flood, 2004, 2005). Kaufman (2001) for example, argues that, because violence against women originated in systematic gender inequalities, addressing this requires attention to the "cultural and social permission for acts of violence". Page et al., (2006) supports this notion, adding that there is a lack of understanding of fathers' roles and a feminized culture within children's services, created because service users and the workforce are predominately female. This research invites us to interrogate our practices

and assumptions about the ability of men to parent and assumptions about violence within relationships that may be outdated.

The challenge to the services is to see beyond the 'risky man' image and understand what men have to offer. Effective risk assessments must be undertaken to ensure children's safety and welfare, balanced with the man's capacity and willingness to parent (Maxwell et al. 2012). This can only happen if professionals move beyond their current rigid thinking (assumptions about causality and patterns of violence) discussed above, and avoid assigning the gender-based identities constructed by professionals, sometimes in collaboration with family members (like Paul and Jim), where fathers may be labelled as dangerous sometimes without the professional having had any direct contact with the man (Ferguson and Hogan 2004). This change in thinking towards risky relationships over risky fathers, together with the need to carry out effective risk assessments on *both* parents also addresses the body of social care literature that reports the need to move service focus from 'mothering' to 'parenting' (Maxwell et al. 2012).

These recommendations obviously have implications for social work education and training, and removing some of the barriers to engaging men. Suggestions from research include "increasing interest in fathers, fathering and fatherhood" (Featherstone, 2009). Other research by Gilligan et al., (2012) provides a host of actions required to achieve this, including ensuring men are present at family hearings, engaging with men in natal care and engaging with fathers as a priority within a predominantly female workforce.

A societal shift about our views on the importance of fathering in general and how men feel about the status as a father is also required. Research suggests that explanations for men's poor engagement with services centres around their fears about fatherhood. This includes the fear they cannot be good fathers to their children, anxiety that involvement in the child welfare system will only exacerbate their problems with the criminal justice system, the fear that relationships with current partners not genetically related to the child would be affected, a fear of losing custody of their children, and for fathers in difficult circumstances, a perception that the system is not there to help them (Maxwell et al. 2012). Other research has shown that men lack confidence in their fathering role and do not view themselves as competent in child care and there is a tendency for men to be reticent about seeking or accepting help (Berlyn et al. 2008).

Theory is perhaps more advanced than either societal attitudes or professional practice. Healy (2001) found widespread recognition *in theory* of the importance of working with fathers as part of a holistic approach to support individual children and families, with several examples of workers actively seeking out men and welcoming their contribution. Healy states that there can be an "uncomfortable fit" between theory and practice. Therefore we must tackle organizational culture, and not simply the theory of working and engaging with men and fathers. Professionals and researchers alike can too often look at social-structural contexts and avoid institutional and interpersonal levels of practice such as the many influences shaping human actions, including institutional pressures and individual irrationalities. It is clear that implementing feminist and other anti-oppressive models of practice

is complex and challenging. In short, while 'in theory' workers may understand the need to engage fathers in services, they may not see clearly through the feminist lens with which they interpret the world of domestic violence. Better professional education may be necessary to break the culture of unengaged men in services. Professional education needs to develop its capacity to produce critically-conscious, reflexive practitioners, particularly in relation to understandings of gender and gender-based relations (Seymour, 2012).

In conclusion, this over-simplification of the role of men in relationships is at best naïve and at worst, dangerous. More effective intervention and treatment must be implemented if a more humanistic, complex and community mental health model is to succeed (Dutton and Nicholls 2005b). Identities that have been created around domestic violence perpetrators (the 'child abuser', the 'dangerous, risky man') provide an explanation for their low engagement with domestic violence services and perhaps offers an explanation as to why I experienced low engagement rates. The desire to distance themselves from activities centred on these identities which they may have had to accept in a service context in order, for example, to remain in contact with their children, but research may be deemed an unnecessary engagement with their 'perpetrator's' identity.

7.5 Participatory research and engaging with men

Reflexivity: researcher and participants

Most qualitative (including PR) researchers acknowledge that, consciously or not, they are powerful shapers of the form and content of what participants recount, that all interviews are interactional, and that data are constructed in situ, as a by-product of talk between interviewer and interviewee. Most qualitative researchers view themselves and their research participants as active participants in the research process and research outcomes as the result of collaboration between researchers and participants (Underwood et al. 2010). The PR practitioner systematically reflects on who he or she is in the enquiry and is sensitive to their own personal biography and how it shapes the study. This introspection and acknowledgement of biases, values and interests typifies strong qualitative research as opposed to the historical view that researchers have been something of a 'contaminant' – something to be neutralised, minimized, standardized and controlled (Denzin and Lincoln 2000). In PR in particular the personal self becomes inseparable from the research self. It represents honesty and openness to research, and acknowledges that all inquiry is laden with values (Creswell 2003). The work of Denzin and Lincoln (2000) explores further the 'selves' in research and suggests we not only "bring the self to the field...[we also] create the self in the field." They identify three elements to this notion of 'self':

- Research-based selves

- Brought selves (historically, socially and personally created selves)

- Situationally created selves

We must question all our 'selves' in relation to our research choices, the ways we interpret what we find, how we conduct and design our research

processes, the relationships we form with participants and our interpretation of the social world in question (Lumsden 2009). However, this personal and epistemological reflexivity (Ledwith and Springett 2010) should be complemented by a holistic assessment of the external context in which the research takes place; that is, the result of the cultural, social, historical, linguistic, political and other forces that shape the context of the inquiry (Jacobs 2008). The ultimate goal in a PR context is critical praxis; that is, combining theory with practice, with action. Only through this interweaving of inner and outer critique with action can we reach transformation (Ledwith and Springett 2010).

Elements of 'self' often included in personal reflexivity are: gender, age, religion, sexuality, social class, ethnicity and emotional state. Whilst these elements undoubtedly have an effect on research, it is perhaps more difficult to understand the impact of aspects such as values, beliefs, norms, social position, feelings and sexual status (e.g. young female researchers working with men) (Lumsden 2009). The level of personal reflection may prove to be a barrier for some researchers.

Reflexivity has much to bring to the emergent PR paradigm in continuing to decrease the power differentials between researcher and participants. We need to continue to share reflexive accounts (Cahill 2007a) and strive towards balancing recognition of our role within research without silencing participants with our own experiences (Bhopal 2010).

This chapter has focused predominantly on the men who did not participate in this research. It has examined their non-engagement with services, why

this happens and what we may do about it. I have proposed a reversal of thinking. I have proposed that we stop 'blaming' or looking to the men themselves for explanations as to their lesser engagement, and instead look to the structures and people with whom we have asked them to engage. I believe this is the strength of using participatory research in such a context. If services can embrace some of the ideals of the PR paradigm I believe we can achieve radical social change.

Similarly within the context of this research, I have questioned whether it was the research design that caused the other men who did not take part in this research to 'stand me up'. After all, I am a woman who at the time of the research, was heavily pregnant, and as with all other participants in this research, I was introduced to the men through an establishment (the NSPCC) which may well have displayed the assumption-based behaviours discussed in this chapter.

I assert that, only by being reflective and reflexive of their 'selves' through the supervision process (in line with the PR objectives), will practitioners begin to realistically engage men in our welfare services and thereby create meaningful change.

8 Chapter eight: Conclusion

This chapter will synthesise and draw out into three sections the key learning that has been created in the process of completing this research.

Firstly it will examine the importance of the context in which this research took place, and how the collaboration with a service organization and other factors must be acknowledged as key influences on the knowledge and learning created. This section also discusses the context of researching traumatic and difficult topics and how families may choose to represent them selectively does not detract from its validity, but must be acknowledged.

Secondly this synthesis will discuss how using a participatory lens impacted on the research, and how at times extra attention must be paid to ensure ethical and safe research.

Finally, this synthesis will draw out some of the key 'subject' lessons gained from family stories. These include the difficulties around the duality of parenting and domestic violence and substance misuse, how we need to find better solutions for children who have experienced disadvantage and chaos and how the role of men in our society still needs further understanding and acknowledgement in order to address some of the root causes of family dysfunction.

8.1 Context

In qualitative (and participatory) research, we acknowledge the importance of the context in which the research takes place. The biases and

preconceptions of both research and participant are therefore not cleansed, but rather, embraced. This section will draw together the theme of 'context' throughout the thesis. It will pull together reflexivity on the significant impacts of the knowledge that was created through this research and explore how the environment in which the research was carried out influenced the findings.

Creating understanding in context: the insider/outsider position of the researcher.

This research aimed to better understand the experiences of families who had experienced domestic violence and substance misuse. I believe its unique offering was to push methodological boundaries to their limits in order to create different ways to understand the perspective of people whose voices are often marginalized and distorted by restrictive methods of data collection and analysis prevalent in current social research.

My aspirations within this research were about creating a space that families felt able and comfortable to talk in; to feel sufficiently respected and valued that they would share the most intimate parts of their 'self' and work with me to transfer their story into a written document that they felt accurately reflected their experiences. This 'comfortable space' relied on my achieving a degree of respect and equality of status that I believe was difficult within the context of this research. The idea of 'becoming an insider' and tuning into the experiences and meaning systems of the families was something that I attempted in an arena that was far from neutral. Whilst this is true of the vast majority of social research, I believe this research was at the extreme end of

a continuum; the complex, power-laden relationship between the participating families and those agencies that I may have been seen to represent were significant. Rose (1985) suggests: "There is no neutrality. There is only greater or less awareness of one's biases. And if you do not appreciate the force of what you're leaving out, you are not fully in command of what you're doing." (p. 77). My awareness in this research was of the association between the research and the NSPCC. My situational identity had significant perception of relative power (Angrosino 2005) through the research being introduced, sanctioned and funded through the NSPCC. Similar to other postmodern researchers I understand the importance of the context as part of the interpretation of narrative within my research (Angrosino, 2005). This contextual influence was discussed in chapter three when unpicking my relationship with Mark and Lindsay. I outlined the importance of the relationship between the families and the NSPCC and how this would impact on the research relationship I would be able to form with the families. I suggested that if families viewed the NSPCC as 'risky', I was likely to be categorized in the same way and trust may have been more difficult to establish. This was especially evident with Lindsay and her fear of "saying no" to taking part in the research, but it was also evident with other families. The fact that all the families, without exception, described the NSPCC as a "good service", when compared to the other service organizations (being almost universally "bad"), suggests either that recruitment of participants was distorted, or that families deemed my association with NSPCC made it too risky to provide anything other than positive feedback. As discussed in chapter three, the nature of the NSPCC's

relationship with service users may also have impacted this assessment of risk. Their largely therapeutic remit, as opposed to statutory case management may have given families the opportunity to establish and develop a more trusting and positive relationship, however, they are still involved in child protection reviews and feed into those formal case management processes. It therefore seems unlikely that the NSPCC would have been the only agency to have fared favourably in the eyes of 'my' families. Universal positive evaluation of the NSPCC services therefore demonstrates and reminds us that the research context has a significant influence on the research processes and therefore outcomes.

This context provides the backdrop for all findings within this research. It sits paradoxically alongside my efforts to be acutely tuned into the experiences and meaning systems of families (to 'indwell' or be an insider), (Maykut and Morehouse 1994), but at the same time to be aware of how both my own and the families' preconceptions that come from the research taking place in a service environment may be influencing the understanding we created.

Creating understanding in context: the impact of trauma on research

Trauma and memory

This research is concerned with some of the most intimate, private and sensitive aspects of life. One's ability to parent, the details of relationships with loved ones and times of trouble and vulnerability through addiction are all areas not commonly shared with near-strangers. All of us have aspects of

our past that we configure into palatable memories. We decide (sometimes subconsciously) to shape our past in ways that we find acceptable (Holloway and Jefferson 2008). In chapter five I analysed the impact that this has had on this research. Looking at Alison and Dave's story I drew out the difficulty in assessing whether they had been victims of structural violence because of the traumatic nature of the subject, meaning that memories may have been formed in order to cope with them and may not be wholly representative of their experiences. This potential is true of all of the stories within this research, as people perform either the self they want to be or to project. This does not detract from their value or usefulness in understanding families' experiences, but needs to be acknowledged as a context-specific performance when using the research in other contexts and for other purposes (e.g. policy making).

Service user credibility

One of the strengths that attracted me to PR was the idea of giving credibility to voices which are difficult to hear. PR allows views of the world that would otherwise be edited out, distorted or never heard in the first place in order to help generate a new understanding. However, this thesis has focused not on the children who may potentially be harmed by domestic violence or substance misuse, but the parents, who, in all the families in this research, were either themselves perpetrating, or victims of, violence, (and) or misusing substances. It is the parents which most services (and certainly the NSPCC) focus on, aiming to protect children from harm by addressing the

behaviours that are the root cause of that harm; this research has aimed to hear *their* voices. My concern with this is how far can we (and practitioners) trust the version of reality that parents construct, particularly given my above points about preferred versions of reality? In a research context, more than practice, we have reason to simply bear witness and not critique or question the parents' version of reality *with* them. However, if we want to increase the extent to which parents' views are listened to in a service context, this becomes more problematic. In reality children's safety may be at risk. All the parents that took part in this research wanted to retain care of their children, and some admitted "playing games" (Alison and Dave) or "telling them what they needed to hear" (Mark and Lindsay) in order to do so. If we work to increase parents' voices and credibility within the services context, this must be matched with methods that increase the reliability of parental accounts. This may be achieved by changing the 'comply or remove' attitude held by many professionals. It requires the profession to be better resourced and more holistically managed to allow social workers the time and skill to work with families in a non-threatening manner to hear and understand their difficulties and make agreed plans to improve outcomes for all. The safety of children should, of course, remain paramount at all times, and if removing children into local authority care is the safest option, then this should be pursued. However, I argue that by continuing to accept poor worker-client relationships based on mistrust, limited open dialogue and inappropriate overuse of professional power, we are increasing the risk to the very children we are trying to better protect from our failure to understand the situations they are living in. Moreover we are also missing opportunities for developing

better, more informed solutions to the complex social challenges of our society today.

8.2 Using PR in sensitive social research

The methodology of this research was qualitative, using participatory principles. Both of these are based on a 'constructed truth', i.e. they accept a lack of an objective, universal truth and instead acknowledge the different situational and individual influences (both personal and social) that impact upon the way we view the world around us. More importantly, this research has highlighted the gap between 'truths'; my truth as the researcher (with my practice background), the families' truths (from their experiences of service provision) and those held by the professionals (with their professional experiences). At times this gap consumed me.

This research was initiated and funded by the NSPCC – who were involved at all stages of my research (scoping, recruitment, feedback etc.). Services, as they are currently configured, search for 'one truth', an 'absolute' truth that at its extreme is admissible in a court of law as reason to remove children from their parents, or to take away the liberty of parent(s) found guilty of child abuse through incarceration. In my own experience, and in the experiences of the families in this research, this results in reports often laden with deliberately opaque phrases such as 'collusion', 'non-engaged clients', 'secretive', 'deceptive', 'hard to reach', and 'non-compliant' by services, implying that families cannot be trusted to engage with the services and will not comply to make changes that are deemed necessary by the services to

provide a safe environment within which their children can reside. In Alison and Dave's story, for example, Alison alluded to: *"Suspect Mr Smith is at the property"* when practitioners did not believe that she had ended their relationship and was secretly seeing Dave against the instructions of the practitioner.

Maria too talked of practitioners coming to her house and being relentless in their search for information and her feelings of not being believed when she did speak out:

"You know, they'd just be round here all the time, like a few times a week, just fishing for stuff. I sometimes thought they were trying to force me to have one of them breakdowns, you know, just fall apart, they thought I was lying all the time, I just wasn't. They just wouldn't stop fishing and snooping and even when I told them stuff they never believed me anyway so what's the point?"

Practitioners' 'truths' and families' 'truths' do not always align because practitioners are searching for explanations of family dysfunction from the outside, whereas families are experiencing it from the inside. Practitioners ask questions and visit families until they feel comfortable they have an understanding of the families' functioning that fits within their frame of reference or sense of reality. If they fail to arrive at this 'common truth,' the perspective of *the practitioner* is given higher status. For clarity – many of the families that took part in this research disagreed with the view of social workers about their ability to parent. Had social workers agreed that they were 'good enough' parents, there would have been no need for further

service intervention, or had parents agreed they were 'not good enough', there would have been little issue with social worker intervention. It is this *clash* of truths that my research has focused on. For example, in Alison and Dave's story, Dave stated:

"They (social services) kept going on about how the girls were at risk. We couldn't get through to them they had never ever been hurt. What kind of monsters do they think we are? When me and her were having problems, we would always make sure they were upstairs and that, you know. There are loads of kids who get hit and stuff and they still live at home, so why did our girls get took off us? We don't get it. They were never hurt or nothing."

In all cases it was, in the end, the view of *the professional* that was taken as the ultimate truth. When followed to its conclusion, *the professional* has the right to control and decide how the family behave and dictates its constitution.

How do you work with both of these approaches in one research project? How do you balance research that acknowledges and embraces multiple truths with a service approach that, in order to take decisive action (in some cases to protect the safety and well-being of children), relies on an absolute, objective truth? This is made more difficult as the aim of this research was always to inform current practices with my research findings.

PR has something to offer by providing services with an alternative reality that they can use to *inform* the reality on which they make decisions. From this perspective, the tensions within this research are resolved. It does not need to balance a 'gap between truths'; it merely gives voice to service-user

reality and encourages the professionals to listen. The professionals still have the ultimate say, but integrating an alternative reality into their construction may provide a basis for more effective practice in the future. A dialogue is needed to move forward. However, it remains necessary to present research findings as 'one truth' and one no more or less real than those of the participants and services. In this sense PR can become a modus operandi for service improvements through the presentation of alternative realities. This requires service-users' voices to be presented as credible.

Researchers working in the participatory paradigm acknowledge that there is a spectrum, or continuum, of participatory practice. Early researchers in the field developed a 'ladder of participation' (Reason and Bradbury 2006) and 'Four Modes of Participation' (Cornwall and Jewkes, (1995) (See Figure 13).

Figure 13 Cornwall and Jewkes' four modes of participation
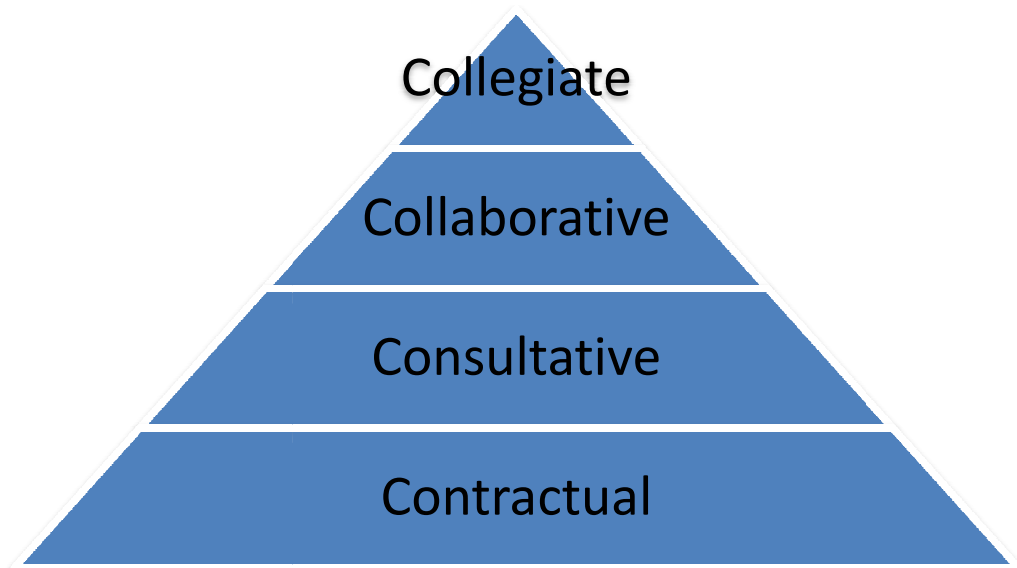
These models acknowledge that not all participation will attain the same standards. Cornwall and Jewkes claim the differentiating factors are the issues of power relationships in research practices that are positioned across this spectrum. The goal of a 'collegiate' participation can only be attained if the researcher works in true partnership with participants and is prepared to relinquish control of the research process.

In this research, I argue that in addition to power sharing, it was issues of morality and vulnerability that reduced the degree of participation we were able to achieve. This impacted on the entire project across several dimensions, as detailed below. In this research there were several occasions on which I had to take decisive steps that were in direct contradiction with the participatory paradigm, but essential for safe and ethical research. I argue that there are several factors which influence the level of participation that extend beyond power sharing.

Anonymity with joint ownership

One of the cornerstones of ethical research from any discipline is the anonymity of the research participants in any writing or publication. In areas such as child protection and domestic violence (where anonymity is of primary importance), the ability to protect a participant's identity would appear to be imperative and was managed throughout. However, during my time with Alison and Dave, I stressed the collaborative nature of our time

together, and spent time explaining that I wanted them to feel a sense of ownership of the story that we were producing together. I reassured them (as I had done when seeking initial informed consent), that their names would be removed from any retelling of their story, and, although there was a risk of inadvertent disclosure, I would take as many steps as possible to protect their identity. Alison and Dave jointly expressed their reluctance for this to happen. They explained to me that this was their story and they didn't want someone else's name on it.

Within the participatory philosophy this feeling of ownership is desirable, but the resultant potential for ethical difficulties created a challenge. Purposefully revealing their identity breaches the UK's ethical code. In their particular case I believe disclosure presented a large risk to Alison and Dave due to the complex nature of their story and how it may be perceived by a 'lay' public audience. The discussion I had with them both to go against their wishes and remain within the standard ethical framework and remain anonymous was difficult. Despite my explanations as to why anonymity was important, this was confirmatory evidence to Alison and Dave that the research was indeed, not jointly owned. Whilst following protocol provided me with a solution, it left them feeling disempowered.

Realistic expectations from research

A second major challenge in using PR philosophy is managing expectations amongst participants. PR philosophy emphasizes transformative potential (Ledwith and Springett 2010). This research raises questions about the

ethics of sharing this ethos without a thorough caveat. The reality for the families that took part in this research is that there are limitations to potential action that are unlikely to be negotiable or subject to challenge. This is not to say that seemingly fixed structures (such as social services), should *not* be challenged; but rather that action or change is unlikely to affect their *individual* circumstances or situations. The chance of Alison and Dave taking part in any research that results in the decision to remove their children being overturned is negligible. Yet this is the 'action' they desired. It requires a skilled and careful researcher to think and act diligently to avoid building unrealistic expectations. When gaining initial consent with the families and explaining the concept of participatory research it is crucial to establish that remit for transformation is limited to change for the future and not reversing the past.

The right to withdraw

Mark and Lindsay's chapter highlighted how they felt unable to withdraw from the research. The analysis drew out the issues surrounding powerful agencies (such as NSPCC), introducing the families to this type of research for the first time. A family's perception of being unable to withdraw from research through a fear of repercussions raises ethical questions about how we go about initiating any research, including participatory research. Referring to the Cornwall and Jewkes model, moving from contractual to even, consultative relations proved difficult due to the high power imbalances, not just between the participants and researcher, but also within

the gatekeeping organization. However, there appears to be no obvious or simple solution to initiating research that would negate this problem. Whilst no research takes place in neutral, unfettered areas, social research of this nature, concerned as it is with some of our most vulnerable families at their most vulnerable times, requires more forethought than most. Whilst by the very nature of the research, the NSPCC has shown itself to be more progressive by sponsoring this research and being interested enough in service development to fund a third party to provide them with greater insight into families' experiences, the fact remains that they are a powerful agency with regard to their service-user families. Presenting research to families associated with the NSPCC (or any other given gatekeeping agency) requires the researcher's sensitivity to this and to taking significant time and care to work through the power issues present. Whilst it may not be possible to avoid the initiation of research in this way, processes to reflect the importance of separating research from service provision are, in my opinion, essential.

The difference between research and an academic thesis

The primary aim of this research has been to explore selected families' experiences of domestic violence or substance misuse using a participatory methodology, and in doing so, inform current practice. However, the secondary process was that of writing a PhD thesis and other academic and documented outputs (e.g. papers, faculty presentations, conferences). I have struggled to balance the ethics of these two concurrent processes. The

participatory methodology suggests that all stages of the research project are shared with all participants (Cahill 2007b). In terms of gathering data to improve services, this was completed with the families in a workshop (see chapter seven), when we jointly analysed the problems and discussed what could be done about them. Feedback mechanisms to professionals were similarly jointly discussed and agreed. However, apart from their stories, the task of writing up this thesis and other documents and reports has been completed *without* input from the families. I did not complete the analysis required for a PhD with the families, but on my own, and for two reasons: firstly, given the level of analysis required for a PhD, completing this with participants would have been difficult within the timescale required. Secondly, deconstructing families' stories as I have in this thesis, was only possible due to my 'outsider' status. The ability I have to be able to stand back from the detail of the story and examine it in broader contexts derives from the fact that I am not personally involved. Had I invited the families to take part in this process I believe there would have been areas of their experience I would not have felt comfortable to interrogate as I have in this thesis. I believe it would have caused upset and anxiety to challenge families' views and face the possibility of alternative explanations for their situations and conduct. For example, in Maria's story, facing up to the possibility that her son may not have been injured had she left her relationship earlier. Similarly, in Alison and Dave's story, the possibility that their children were removed into local authority care because they neglected them (not because of a failure in the system) may have been equally unpalatable. Interrogating these possibilities crosses the boundary between

research into a task to be carried out by a qualified therapist trained to offer appropriate support to families afterwards. Social research in this arena is well documented and includes the need to ensure clear research/therapy boundaries (e.g. Gorin, 2008). I believe participatory research extends this possibility.

And so the two processes, whilst simultaneous, were also separate. In fact, there was a three-way discussion between myself, the academic supervisor and chair of the ethics committee as to whether the deconstruction of the families' stories would cause distress if read by the families themselves, and whether a 'confidentiality embargo' should be included on the thesis to avoid causing distress. It is somewhat ironic that that this discussion even took place. In a research context that aims to be more inclusive than other, more traditional methodologies, I found myself considering making my research outputs available *exclusively*.

8.3 Key subject findings

This research aimed to better understand experiences of families so that services may be improved. This section summarises the key 'take away' messages.

The duality of service user and parent

In all the family stories within this research a universal difficulty presented itself: that of living with phenomena such as domestic violence and

substance misuse whilst balancing the need to be a parent. An in-depth analysis of this is presented in chapter four: Maria's story, but it is evident in all the stories within this thesis. Maria's story demonstrates the particular difficulties she had in balancing the need to be open and honest with the services aiming to support her as a victim of domestic violence within her relationship, whilst feeling the need to be more guarded around statutory children's services, which she perceived viewed her as a perpetrator of child abuse because of her choice to stay in her relationship. This balancing of both supporting and recognizing adults as having difficulties and vulnerabilities that the services can support them through (including addiction and domestic violence perpetration and victimization), whilst also safeguarding children from harm, was also evident in Alison and Dave's story. They held back information and continued their relationship in secret from the statutory services through fear that their children would be (as indeed they were), removed, preventing them from being open and honest with services that may have been able to help them through their relationship difficulties. Whilst controversial, it could be argued (as Alison did), that she was a victim of domestic abuse and the service response was simply to remove her two daughters from her care. Service configuration currently appears to only be able to adequately address either/or; the dichotomy that is if adult-centred issues are given priority, children's needs remain unmet, whereas if children's safeguarding and welfare is given primary status adults feel the need to minimize their own needs in order to meet child protection requirements. This leads to greater risk for children, as the adult behaviours that placed them at risk in the first place become less visible to the services.

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It is this conflicting situation that Hester's (2011) model discusses in chapter four, and which has much to offer in deconstructing how and why this complex situation arises in many families (as supported by this research). Hester's model recognizes that, whilst we have made great strides in developing multi-agency working in social care, services from different sectors and backgrounds still aim to achieve competing and conflicting objectives. The most straightforward example is the conflict between the domestic violence services which advocate the protection and rights of victims of domestic violence (including the right to stay in a relationship and work through any problems), with the children's services safeguarding them from harm and viewing mothers as perpetrating this harm (by omission) if they choose to remain in a violent relationship. This forces parents (particularly mothers), to deceive child welfare services as to the level of difficulty or violence in their relationships in order to defend their parental status. This in turn leads ultimately to children being placed at greater risk as problems become less visible. Within this research Maria's story, Alison and Dave's story, and Mark and Lindsay's stories alike all speak of having to deceive the child welfare services about the state of their relationships in order to, as they perceived it, retain care of their children. Whilst Hester's model provides the philosophical level explanation for this (using Bourdieu's notion of 'habitus'), my own research went further to illustrate how child welfare services' reaction to this is to push harder for information with families in order to assess the level of risk presented within each family (both for parents and children). All families within this research at some stage described feeling defensive of the intrusive nature of such services, which in

turn prompts families to further withdraw, starting a cascade of withdrawal and counter-intrusion, with the end result being that children are placed at greater risk. Whilst professionals pushing families for information in order to make a thorough assessment is understandable, it is counterproductive unless those same professionals demonstrate a greater appreciation of what may result from disclosure in one service context if known in another. For example, what would be the reaction of child welfare services if a family was open and honest with a domestic violence service about incidents of domestic violence within a relationship (an essential step if therapeutic services are to be effective)? Whilst I recognize that this is not a one-time, fix-all solution (e.g. children may be removed temporarily to allow therapeutic services time to take effect before the children are returned to the family setting), as all families in this research demonstrated, parents are unlikely to take any steps which would knowingly lead to their children being removed, *even if* this may be desirable in the long term.

This detailed deconstruction of why families may lie to services also links in with earlier discussion in this chapter about the credibility of parental accounts within services. It provides further complexity for understanding the multiple realities at play within family services that make thorough and progressive service provision for families difficult.

The services therefore need to push further ahead, viewing any given situation from the perspective of *each individual family member* and then taking a *holistic* view of the needs of the family as opposed to coming from a service viewpoint with service-specific objectives. Families need to be given the opportunity to overcome and recover from their difficulties by having a

clear and cohesive path presented to them by a multidisciplinary team of professionals with a supportive and consistent approach. It is only if this approach fails I believe we would need to resort to more punitive and long-term resolutions.

Protecting children from harm, disadvantage and chaos

In all the stories in this thesis children have been exposed to risk. In Maria's story her son was physically injured; in Alison and Dave's story their daughters had witnessed domestic abuse; in Mark and Lindsay's story their children had not had their needs met due to their parents chaotic substance misuse; within the Jones' story Andy was physically injured and in Paul's story his children witnessed domestic violence and were neglected through parental substance misuse. Whilst in this thesis I have paid attention to service reforms relating to adult needs, I do not want the potential harm to children to be forgotten. Growing up exposed to multiple risks and disadvantages should never be deemed acceptable or ignored. My assertion in this research, discussed at length in chapter six: the Jones' family story, is that if 'we' (service professionals) intervene we must do so properly, with short- and long-term resolutions that allow children to reach their potential. I believe the Jones' story and analysis thereof, and others in this thesis demonstrates the inadequacy of kinship care placements without proper structures in place for support. The Jones' family story demonstrates the need for children who have experienced multiple disadvantages, trauma and child abuse to receive professional support in order for them to process their

experiences. Failure to provide this support increases the chances difficult

transition into adulthood, and the beginning of cycles of dysfunction. Whilst

kinship care placements may provide physical safety from harm under the

Children's Act (1989), children are entitled to a life in which they achieve their

full potential. Whilst I recognize the somewhat aspirational nature of this

claim, structurally embedded inadequate service responses should be

challenged. That is, if kinship care placements continue to be used as a

safeguarding response, they must be accompanied by a service provision

that ensures the continuing development of children who have already

experienced disadvantage. Children removed from the care of their parents

are likely to need support in order to process past traumatic experiences and

come to terms with altered parenting arrangements (Gorin 2004). This was

certainly not evident in the Jones' family story, nor with any other story within

this research.

Men in services

Within all stories in this research, the role of fathering and the perception of

men in services is shown to be problematic. Mark and Lindsay described

their services as assuming Mark was responsible for the violence in their

relationship when they both agreed it was far more mutual. Alison and Dave

described Dave being "demonised" and excluded from meetings and

processes concerning his own children and Paul and Jim both describe

unfair assumptions made about their behaviour based on their gender. This

research questions the assumptions that appear to be being made in welfare

services and suggests the need for service design and cultures to be questioned in relation to male fathers. My analysis suggests that initial responses to domestic violence in the 1970s must be re-examined and interrogated to ensure they remain relevant to the twenty-first century society. It was apparent that there is an oversimplification of gender roles within the family and that this stereotyping of men as dominant aggressors and feared by workers does little other than alienate men from engaging with the very services that may otherwise be able to provide relationship rehabilitation. These assumptions are also made cross-contextually. It appears to be assumed that violent partners are so with very little supporting evidence. Whilst the risks to children living with domestic violence are clear and acute, the risk is the *domestic violence* and not *necessarily the man* or his role in the family setting.

Such an embedded culture means that change may be slow and difficult, but as service providers, we have a responsibility to families, including male fathers, to ensure that our approach to families is fair, just and informed. Blanket approaches based on outdated assumptions must be challenged even if this is difficult. Routinized practices have presented a long-standing problem in social care services, and remain one of the main drivers for the need to provide good quality supervision of frontline staff. Managers must question and critically reflect on individual decisions and practices in order for a change process to occur. Our biases, values and assumptions in social work should always be interrogated if we are to provide transformative service provision. Working this solution through requires skilled managers

capable of using sound clinical supervisory models to deconstruct frontline practices.

Dehumanisation: the difficulty of forming transformational relationships in social work

In some ways the values, goals and aspirations of social work (in its broadest sense) and participatory research are very similar: 'to achieve transformation and change through engagement and dialogue' (Smith 2008). One barrier to this transformation that I have identified through my research is the gap between professional and personal responses to the stories families share with their practitioners.

Rational – professional response

Practitioners I have met, both in this research and previously, when asked how they cope with the horror of what they hear, say things such as *"you get used to it"* (Rebecca), or *"you sort of detach in a way otherwise you couldn't keep doing it"* (Gail). When practitioners hear stories about children being harmed, in order to be able to undertake their professional responsibilities, many disconnect themselves emotionally from the parents. They see the parents only as the perpetrators of child abuse or neglect, and not as multi-dimensional, sentient and complicated beings. It is this view of parents that acts as a barrier to transformational engagement.

The rational-professional response to all of these stories is society's legal responsibility to protect children from harm, and rightly so. However, the result of the emotional reaction to the situation, that of disconnecting with parents, leads to longer-term increased risk for children. If we do not take time to listen to individuals such as Maria, and work with her through her relationship difficulties, other service users will not feel able to be open and honest about the difficulties they may be facing. As Maria said:

"I'm not proud of it, but yeah I played the game too, they were all ganging up on me so I did what I had to do."

Or in Alison's case:

"We played them at their own game and we lost, our cost was loads higher coz at the end of the day we lost our kids."

In all these stories the participants' reaction to professional practice was often to lie, hide parts of truth or 'play games'. This is not true engagement and it is certainly incapable of achieving any kind of transformation.

We must look beyond labelling these people solely as perpetrators of child abuse and neglect, get past the prevalent view of their 'otherness' and seek realistic, trust-based engagement with them. *If* practitioners can build better relationships with parents, much in the way that participatory research aims to, they stand to gain a more profound understanding of the situation. The parents win, the children win and society most certainly benefits as a result.

The parents that allowed me into their most personal and private spheres shared with me difficult times as well as all the injustices they had felt at the

hands of welfare services. At times I empathized with their frustrations at poor professional practice. Alison and Dave described having their children removed on the back of an unfair and unjust process. Maria experienced further victimization from the very services that were supposedly set up to protect her at the most vulnerable time in her life. Paul shared his experiences of being ignored and silenced purely because of his gender, resulting in his children being placed with a woman arguably incapable of looking after them.

These stories emphasise the very real need to develop our services and ensure that the voices of these parents are no longer silenced or ignored, but given greater airing and consideration when practitioners are developing plans for change with individual families. All the stories here raise the question: why this is not already happening? Why did all the families, almost without exception, describe having told their story on numerous occasions and yet never felt they were heard?

Emotional – personal response

It is my belief that the families who took part in this research felt 'unheard' because of the emotional/ personal response many of their stories provoke in practitioners. Before undertaking this research I was a practitioner working with children affected by domestic violence, substance misuse and child protection concerns. Their stories are difficult to hear and even more difficult to forget. They have the potential to provoke emotional responses in professionals. Much research (Maxwell et al. 2012, Gilligan et al. 2012,

Dutton and Nicholls 2005a, Meth 2009) has particularly focused on professionals' responses to 'risky men' and how professionals tend to avoid fathers rather than engage with them through fears for their own safety. These fears, and the desire for distance, arise from the emotional-personal response.

What these two responses (professional and personal) show are two different realities: one the reality of parents scared of and scarred by a system and structure they consider to be extremely powerful and one which they perceive grants them little credibility. The second reality is one of children abused and neglected by the same parents and in need of society's support and protection.

There is a conflict in these two realities. The dichotomy resides in the need to protect vulnerable children, not just because of legislation but also through our emotional-personal response. If the two realities are different, today's social work practitioners give primacy to the children, given their responsibility and duty to protect them from harm. However, our empathy with the children and need to protect them, coupled with hearing what are sometimes horrific stories, leads to a dehumanisation of the parents. Due to some of the things that have happened to children that are shocking, upsetting and appalling, we reduce the extent to which we see these parents as human beings. When I listened to the Jones' family, as a mother myself, as a researcher, as a professional, as a human being even, I was shocked and appalled by what I heard. Whilst I did my upmost to treat the family with the respect I had afforded all of the other families, I have to admit to finding it difficult in this case. Had I met with Greg in Maria's story (her son who

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suffered fifteen non-accidental injuries at the hand of his father, Maria's partner), would I have been so empathetic and sympathetic to Maria's dual victimization from both her partner and services? In Alison and Dave's story, would hearing Melisa and Jessica's version of family life, living in a house with domestic violence have drowned out my empathy with Alison and Dave's grievances with the services?

I do not underestimate the size of the task we face: we need to overcome decades of a less than pristine reputation of social welfare provision, and negotiate the black cloud which hangs over its statutory authority to build relationships with more open communication and trust. In addition, the emotional impact of stories of child abuse should not and cannot be forgotten, but adding context in order to understand why parents are failing their children is key to any transformation.

8.4 Recommendations

Service reform; changing the dynamics of modern-day welfare services

The core recommendations that come from this research centre around the need for us to revise our services with the needs of *all* family members in mind, and provide reinvigorated and effective social welfare provision from professionals who are properly trained and supported to deliver effective services. This research has shown that whilst structural change is undoubtedly required, for example in the service response of kinship care, it is also the interpersonal skills and attitudes of frontline workers that significantly impact on the success of service interventions. All the family

stories presented in this research, at some point, describe the interpersonal nature of services. They name workers that they engaged well with, or workers that they found more difficult. Whilst continuous structural improvement must occur, this can only be effected by workers able to form positive client-worker relationships based on mutual trust and respect. For example, whilst at a service level we may revisit risk assessment process for violent men as fathers, it is currently the attitude of the social worker towards the father that determines the level of engagement and therefore the level of success that any given family will receive and potentially benefit from.

Service reforms

We must take a fresh look at the identity we assign to families. In the field of domestic violence for example, we persist with therapy and support for mothers and children and offer either no support at all or confrontational behaviour change programmes for fathers. It is logically inconsistent to use gender-based structural explanations to absolve females of personal responsibility for child abuse or neglect while blaming males for what they do. We hold men as individuals responsible for their actions and expect them to address their behaviours with pejoratively named programmes such as 'No Excuses'.

In this research, I present no easy solutions. However, specific areas in which we must do further research in order to improve our social welfare provision include: addressing the difficulties of inhabiting dual status as victim or perpetrator of domestic violence *and* a parent (as discussed in

'Maria's story', chapter four); the complexity of assessing structural injustice as opposed to agency responsibility when researching traumatic events (as discussed in 'Alison and Dave's story, chapter five); and the limits of 'kinship care' arrangements (as discussed in 'the Jones' story, chapter six). The study also generated new insight into the experiences of men as fathers and how 'risk' is assumed to be cross-contextual (chapter seven). This particular assumption must be challenged and explored further both in research and practice in order to better meet the needs of all family members.

Client-worker relationships

As stated above, whilst structural reform is necessary, it is individual frontline workers who deliver these services. Families recalled positive and negative service experiences with reference to the quality of their relationship with the worker (e.g. Mark and Lindsay's story, p. 86 'Vicky', p. 87 'Kayla'; Alison and Dave's story, p.155 'Jamie'). It is the individual attitudes and approaches of frontline staff that will determine how successful change is, and how families can engage with the reformed structures. Services must therefore start to pay attention to these individual relationships if structural change is to filter through and achieve transformation. One possible route for this is by reinvigorating our clinical supervision processes. Supervision is designed to allow practitioners a reflective space to understand their position within a service relationship and how best to support a given family (Butterworth and Faugier 1992). It provides dialogue with another professional to make connections between the structural context and the personal experience of

service user families and opportunity to reflect on the worker's accountability to service and responsibility to families.

Contribution to knowledge

This thesis documents research undertaken to understand the experience of families who have lived with domestic violence, substance misuse and subsequent child protection intervention. Its unique application of the participatory methodology with a vulnerable group and reflection upon the usefulness and difficulties of such offers insight not previously available. Particular examples explored in this research are the ethical dilemmas of power sharing with vulnerable people and whether as researchers we have a responsibility to protect the vulnerable or to support the voices of marginalized populations in their plight to be heard. Vulnerable participants in this research showed little ability to reflect on the exposure and vulnerability associated with research and so researchers and practitioners must reflect and work with service users as vulnerable 'defended subjects'.

Also explored within the research is the difficulty of using family accounts to inform service modification and improvement in cases when these accounts and memories may have been modified as a coping strategy to process traumatic events.

Furthermore, the use of a poly-vocal method allowed us to gain richer insight and understanding of the interactions and complexities of a family unit, as opposed to the individual perspective often used as the source data for our current understandings – in particular the presentation of the 'chaos' of a

family unit narrative that can be difficult to understand and digest. This provided insight into the seemingly impenetrable scenarios of multiple disadvantage presented to frontline workers who are subsequently expected to identify and accurately analyse risk. In addition the adoption of poly-vocal method allowed an insight into the joint presentation of fathers and mothers to be explored and for the role of violent men as fathers to be critically examined; an area currently underserved by research. This research demonstrated the limitations of traditional feminist foundations of services and the usefulness of adopting a post-feminist analysis in order to understand the experience of men as fathers and their currently low levels of engagement with welfare services. This research exposed and explored the differential and punitive service approach to men when viewed in conjunction with the service approach to women.

These two unique methodological approaches provided an opportunity for new understanding of family experience and modern-day service dynamics.

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APPENDIX ONE

The Jones' family story

Andy lives with Dot, and Brett lives with Cheryl, but spends lots of time with his girlfriend in town X or at his nan's.

Cheryl's story.

Cheryl has three children, Andy, Brett and Scarlet. Dot is the paternal grandmother, but Scarlet is not Dot's grandaughter.

Cheryl is on antidepressants at the moment. Going back a number of years Cheryl had a partner who battered Andy and nearly killed him when he was a baby. Cheryl was pregnant at the time with Scarlet. The police came out and Dot (nan) took both of the boys in to avoid them going into care. The boys lived with their nan for quite a few years before they went back to live with Cheryl. Cheryl finished the relationship at the time of this incident as Cheryl was told to choose between her partner or her kids – there was no choice to make for Cheryl, her kids came first. Her partner served time for assaulting Andy. He was also violent to Cheryl. He pinned her up against the wall by her throat. When he was arrested Cheryl found out he was on drugs. Cheryl didn't know this until it all came out in court. He never got to see Scarlet – and none of his family were allowed to see Scarlet or come anywhere near Cheryl.

About four years ago Andy and Scarlet were chosen to go to the Lord Mayor's ball because they had 100 per cent school attendance. Cheryl took them and it was here that Scarlet met her dad. She didn't know who he was because she had never met him. He was there with another daughter of his.

Scarlet had contact with her dad for a while – about a year before it stopped. Dot thought this was because he was 'put inside' again for hitting his other daughter. This wasn't the reason though – he had moved away from town y to town X and so Scarlet lost contact. She still writes to him by leaving the letters at his mum's, but she hasn't seen him for about two years. Scarlet still wants to see her dad, and Cheryl has said in time they will work it out. Cheryl is always nervous where he is involved. Andy is "made up" he will never have to see his dad.

Andy remembers all of the violence, although his nan pointed out he was only fifteen months old and probably is remembering what people have told him, or he overheard. Dot remembers Andy having nightmares afterwards.

It was when Scarlet started having contact with her dad that NSPCC got involved. It was through them she had contact. At first it was in a contact centre, but eventually she was seeing his at her nan's (his mum's), and then ended up staying at her dad's at the weekend. Cheryl is very nervous about this. His other daughter lives with his mum (Emily), who is about two years older than Scarlet. His mum got custody of Emily, because of Emily's mum, so her nan took her in. For a time Scarlet and Emily were in the same school and used to see each other.

Dot's story

Andy and Brett are Dot's first two grandchildren, the oldest. Dot swore she would never turn her back on them and she hasn't to this day, and never will.

Dot lives for Brett and Andy. Andy is really happy living with his nan as one of his friends, who he has known all his life, lives just down the road. Dot likes having the boys around, but has to put them in their place sometimes. She has never raised her hand to them, or any of her children. She doesn't believe in hitting children, but can put them in their place when she needs to.

Dot fostered the two boys for a while, when Andy was fifteen months and Brett was about three and a half. Brett was in nursery, which helped. Brett went back to live with his mum first as they (services) wouldn't let them both go back together, so Andy went a bit later, about six months later. They needed to check that their dad didn't make contact with them. Also this allowed Cheryl time to get used to having a newborn baby around.

One of the biggest things that Dot remembers is that Andy learnt to read before he was two. Dot loves [the tv programme] Countdown, and so Andy used to watch it with Dot and his grandad. He was sitting on his grandad's knee, about two years old and started spelling out "Nike" from his grandad's T-shirt.

Cheryl's mum was asked first if she would take the boys in at the time of the incident, but her mum was working in a school at the time and so couldn't. Dot wasn't working and didn't need asking twice if she would take the boys in.

When Dot first took the boys in and Andy was fifteen months, Andy's had his face covered in bruises where he had been attacked. Dot used to walk round with him in the pram and people would give her funny looks. Dot wanted to

grab hold of them and let them know it wasn't her that had done it. Getting on the bus with him with everyone stirring was embarrassing.

When the boys were with Dot, Cheryl could come and visit them, but only under supervision – Dot had to be there. Dot didn't feel she needed to, but it was all about the legal matters and red tape.

Cheryl was ok with this arrangement because she knew where the boys were, she knew she could come and see them and that they were safe. Cheryl walks everywhere and walked from X to go and see them.

While Dot was looking after them social services paid for a taxi to allow Dot to take Brett to school. Before that he went to nursery. Dot thinks this was because they needed to check on him every day.

Dot feels she got all of the support she needed to look after the boys. Dot never claimed any money for the boys while she had them. She just provided whatever they needed. When they went back to live with Cheryl, there was some money owing which gave Cheryl a helping hand.

Social services helped Cheryl when she had Scarlet. She didn't have much and they were able to provide her with a pram and bedding.

Dot is lucky to be able to look after boys because in January last year, Dot had a cancer operation. They have taken it out, but they are still keeping a check on Dot. She can get around now, but after the operation at first Dot was quite tired for a while, but she is ok now.

The boys are Dots life, she would give her life for them and her other grandchildren. The other grandchildren are all doing ok.

Dot was born and bred in Liverpool and is part of a big family; one of nine children. Dot has three brothers and five sisters. The children are all separated now, living all over the place, one in America, one in London, there was a sister in Cumbria, but she died. Dot's childhood was spent in 'X flats'. Her two sisters got married early and left home. Dot is still in touch with her brothers and sisters. Dot's sister that lives in London came down over Christmas, but the sister in America can only come every so often. When Bob died [Dot's husband], her sister in America rang through they talked on the phone. They have all been there for Dot.

Bob died in August 2008. They had been married for 26 years. Dot misses him a lot. They had three children: Barry, Kelly and Sarah. Dot already had Barry when she met Bob. Bob wasn't Barry's biological dad.

Barry is Dot's only son, and she was very, very close to him. Two years ago, he met a girl on the internet from Spain. Dot allowed her to come and stay with her and this was the worst thing she has ever done. At first it was ok, but as time went on, she [the girl] wanted to take over everything. Barry was besotted with her, he loves the bones of her. She would shout at the kids and tell them off if they had been naughty. Dot would tell her not to shout at the kids, if there was any shouting to be done, it should be done by her or Barry. Dot fell out with her a few times over it. They got their own place and Dot hasn't spoken to them since before Christmas. This is because Dot can see right through her, and Dot has threatened to knife her. Dot doesn't like her,

Dot can see right through her and what she is about. Barry has basically picked her over Dot. This hurts Dot.

Barry was living with Dot when Andy came to stay. He moved out to live with another girlfriend and they had a baby boy together.

In Dot's eyes she (the girlfriend) is all talk and mouth and doesn't want to know any of the kids. At the time when they left, Dot was fuming, she was telling everyone what was going on, telling them she was on a mission, she was out to split the family up so she can have Barry to herself, she's very jealous. Barry has got six kids and she is from Spain and is one of two, and big families are just not her thing. She has picked in the family who she wants to be on contact with and the rest can "go hang". She is trying to deny it but now, twelve months later, everyone is starting to see what she like and everything that Dot said twelve months ago is showing that Dot was right – she has proved it. Barry came to Dot's on 23 December with chocolates and flowers for Dot and Dot flew at him. She told him and her where to go, and that if he can't listen to his own mother, and let her rant and raw at the kids, so be it, but not while Dot's around. Nobody will shout at the kids while she is around.

They lived with Dot for twelve months, and Dot felt like she was being invaded in her own home. Dot helped her pack her bags and was glad to see her go. Dot at first used to do their washing for them. She put it all through for them, because the girlfriend was pregnant. Dot feels really bitter over it all. She misses Barry, but not her. Dot is almost more annoyed that Barry has allowed it to happen. That's what hurt Dot more. Plus it all happened

while Dot was going through radiotherapy. At one stage Dot thought she was having a nervous breakdown. Dot was telling everyone what she [the girlfriend] was trying to do and not one of them listened. She is evil. It's only now that people are starting to see it. Dot feels sorry for Barry because of what he has got to go through. He suffers with depression. With Barry's ex-wife, there is a triangle now, with the three of them. The girlfriend and the ex-wife are best of buddies, they are conferring. Cheryl (Barry's ex-wife) was telling the girlfriend that Barry was going to cheat on her. A lot of the things were just trying to put a wedge between them. It's just "shit stirring". Three people in the last twelve months don't want anything to so with her because she is shit stirring. She doesn't worry about her at all, Dot will go through her like a dose of salts, and Dots not scared of her. It's Barry she worries for. Barry and Cheryl, were married for eight years after Barry had Andy and Brett with the other Cheryl, who were together a couple of years. They split up when Cheryl was pregnant with Andy because Barry thinks that Cheryl was cheating on him. Dot doesn't know whether this is true or not. When Barry and Cheryl split up, Dot invited Cheryl to go and live with her and Bob. She had Brett and was pregnant with Andy.

Bob nearly delivered Andy. Dot took Brett out one morning so that Cheryl could have a good ling rest, and as she is coming back down the street, Bob is outside the flat with an ambulance waving for Dot to hurry up. Cheryl had had the baby, Bob had called the ambulance, but Cheryl could feel the baby coming. Bob had said to her "fucking push it back in quick!!!" Cheryl had the baby in the ambulance outside the house because she was too far gone to go to hospital. They can laugh about it now!

Bob never lifted a finger to his or any of the children, although he did used to shout. It has all been Dot that has looked after the children though. The children keep Dot going. It was hard when Dot had the kids when they were young. Brett wasn't too bad but Andy used to go to bed at six o'clock at night, but would be wide awake at three or four in the morning. Dot used to have to bring Andy downstairs and put Teletubbies and Barney on.

Andy used to have nightmares over it for a while. One night when Dot's daughter and boyfriend (Michael) came round to babysit, Andy was in the cot upstairs. Andy woke up crying and Mike went upstairs to check on him and as he walked into the room Andy just went mad, crying and screaming because he saw a man's shadowy figure. Kelly came upstairs and Mike was saying "he just looked at me and started screaming". Andy must have been remembering what had happened. Andy was young enough at the time that he could have forgotten about it, but it keeps getting discussed and brought up in front of him.

Dot tries to help Cheryl when she can, but on the occasions when she needs telling about something, Dot will tell her.

Cheryl's mother isn't really around. About eight years ago, Barry and his wife put in for custody of Andy and Brett, Cheryl's mother intervened then and all of the family said, we'll help Cheryl if she needs it and make sure she's ok through the court and everything. If you ask the boys when they last saw their Nanny X, they never see her. Scarlett does though, but not Andy and Brett.

Cheryl gets very lonely, but it looks like she might be splitting up with her current boyfriend. She seems to have "buggered it up". He has been really good to her, giving her lots of money to get things for the kids over Christmas and everything, but she was trying to tell him what he can do, that he can't go out, when to go out, when not to go out. His mum is Dot's mate, so Dot sees him regularly. He was with his mates in the pub watching the football and she was sending all nasty texts to him. He told Dot he hadn't arranged to meet Cheryl, but she had said he had arranged to meet her but he didn't turn up.

Dot had the boys and Brett went home first and then Andy went a few weeks later. Dot was living in a different house so there was plenty of space. Cheryl would come and visit the boys there. It was mainly hard because Dot felt she wasn't getting enough sleep. She would be up early with Andy, then looking after him during the day, getting Bob's tea ready and then of a night-time Dot would go to bed at six-thirty pm with Andy, even though her husband had not long come in, so he would go to the pub, because Dot was in bed. That was hard, not having much time with her husband.

The reason they asked Andy to come and live with Dot was because, even when they weren't living with Dot, they came regularly and when Bob died Dot was only on benefits and couldn't afford to get in everything that the boys needed. Barry was living with Dot at the time with his girlfriend in one bedroom, [whilst] Dot was in the other and Andy was on the couch. Dot was thinking about trying to get a bigger place. So Dot said to Cheryl that Andy could come and stay permanently, but Dot would have to put in for a bigger house so it would all have to be done legally. Cheryl agreed and Andy was

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made up she agreed. When Barry got his own place, Dot didn't bother putting in for a bigger place because that meant Andy and her both had their own bedrooms, although Andy's is only small. Dot would still like a bigger place. Dot has asked Cheryl if she can have Brett as well, but Cheryl has said no. Brett has also said no, although he is at Dot's house every day. Dot has said to Brett to come and stay with her and she will make sure he gets some decent clothes and that, but Brett doesn't like the rules. Brett sometimes goes out and is out all night and as he is still only sixteen, Dot doesn't like that. He will stay out with his mates and Dot will "give him loads" and shout at him and Brett says he doesn't like Dot's rules. Sometimes he will stay up all night on the computer and when Dot gets up, she puts Brett in her bed because she has got to get Andy to school. Dot gets out of the bed and Brett gets in!!!!

The boys don't have a great relationship with Barry. The boys don't like him. Barry has three kids with his ex-wife and Barry says that his ex-wife Cheryl never did anything wrong. IT was depression that caused the break up so he has the three kids round to his every weekend. Andy and Brett used to go until the new girlfriend came along and now none of them want to know. Dot won't let any of them pull Barry down, she will tell them that that's their father they are talking about and pull them [up] short.

Dot thinks its important for teenagers to have discipline. None of them would ever dream of giving Dot cheek. Brett has tried a few times and Dot has 'shot him down'. Dot had a good talk with Brett last night. He was a bit depressed last night. Brett wasn't sure why, but said that he often felt like that. Dot explained to him that it was teenage adolescence. Going through the

teenage years is really hard. Dot explained to Brett that she knew what he was going through because she has had three kids that has gone through them. The likes of his mum might not because she hasn't gone through it, Brett is her eldest one, but Dot does understand what he is going through and they had a good talk. Brett was saying that he is always shouting and feeling bad afterwards. Dot said that he had shouted at her a few times but she understands where it is coming from. Brett more or less said "why can't everyone see it like that?!" Dot tried to explain to him about the hormones and everything and that he will grow out of it. Dot wanted Brett to know that she is there for him. Dot will never turn her back on them, no matter what anyone says.

Looking back to when Dot had both the boys with her, although it was good that social services paid for a taxi so that Dot could get Brett to nursery and school, the taxi would be like half an hour late, and then when Dot got to the school, the teachers would be "school starts at nine o'clock you know". Dot really wanted to say something, but she didn't want to into it all with them, about how social services paid for the taxi. They just thought Dot got up late or something.

The boys got bullied a lot at school. Andy started staying off school, so they moved him to the Academy. Apart from one time when he hit a kid he has done well. They all said to Andy, "don't let anyone bully you", the whole family told him, and if anyone hits you, hit them back, and hit them back twice as hard (!!) The poor kid that Andy got hold of, got it, Andy smashed his head on the desk. Dot thinks Andy has been happier at the Academy. Dot think the boys got bullied so much maybe because of the shoes and clothes

that Cheryl buys them. Scarlett seems to have everything she wants. Cheryl doesn't have to buy Andy anything, because he is with Dot, but the shoes that Brett has got on, Dot bought for him for Christmas. Brett doesn't have a coat; the coats he wears are Andy's. That's why they get bullied. At their age it's important what they wear; Cheryl is doing it all for Scarlett – she has just bought her a Blackberry phone when it's Brett's birthday first. It's a contract phone as well, with £30 a month to pay. Sometimes Cheryl does jump into things before she thinks. She has moved Scarlett from her school (The Academy) to a school in Town X because one of Barry's other children from his marriage to Barry (Shannon) lives in Town X and Shannon and Scarlett are close, and Scarlett stays there a lot, and stayed over Christmas, so Cheryl moved Scarlett's school. When Scarlett was around Dot's house, Dot would make sure she got to school but she can't do that now. Although Shannon and Scarlett have grown up like sisters, they are no relation. Scarlett knows that. Dot thinks Scarlett might be jealous of Shannon, because Cheryl (Shannon's mother) is a brilliant mother and the kids have got everything they want. They all have their own bedrooms, they have their own computers in the bedroom, beautiful clothes, are kept spotless, day trips at the weekend, so maybe Scarlett is jealous. To Dot, Cheryl likes getting the benefits for the kids, but if the kids are staying in someone else's house for weekend on end, she is happy and wouldn't think to offer any money to help with looking after Scarlett. Dot had to have words with Cheryl over it, because she was looked after Andy, and she was only on £55 per week, and with that Dot had to keep the house and everything. This is why Dot has had to take over looking after Andy legally.

It would be Dot's dream to have Andy and Brett living with her full time, but Brett doesn't like the rules as Dot won't let him off with half of the stuff that Cheryl lets him do. Dot doesn't like him staying out all night. In Dot's eyes he is still Dots little grandson. Dot just wants to look after Brett. Cheryl has had it tough.

Dot remembers the incident with Andy. She remembers going round to tell Barry what had happened. As far as Dot knows, it was the first time he had been violent, but Cheryl doesn't always tell you everything. At the time Shannon was only a baby (with Barry and new wife Cheryl), so they had a baby to think about. It was Dot who went round and told them what had happened. Cheryl's mother came to the flat and had a word with Dot and asked her if she would look after the boys, because she was working and couldn't do it. If Dot had been working she would have just dropped her job. Dot said yes straight away and that was it.

Walking with the pram, people would look at him and turn their head, seeing the marks on his face. Dot felt like balling at them, saying "I didn't do it you know".

Dot has never seen Sean since. Andy might have seen him at the Lord Mayor's ball.

Dot thought he had gone inside again, but Cheryl seems to think not.

He got his comeuppance.

The man who put the radio cord and Scarlett's neck - Martin seemed nice at first, but Dot started to hear little things and then Scarlett told her about the

cord. Dot's daughter, Sarah, has a husband who lived round the corner. He ran round to the house, found Martin on the bed and punched hell out of him and said to him "how do you like it?". He told him to get out the house and if he ever came back, the same thing would happen again. He went and didn't come back.

Cheryl can be very immature. Dot knows Cheryl's mum and dad, she hasn't been in the house talking to them, but they seem ok. Dot has asked Cheryl loads of times why Brett and Andy don't go to the house. They have bought their own house, but Brett and Andy have never seen it, yet Scarlett goes regular. Dot thinks Cheryl thinks Scarlett has got no one else, but Dot has always classed Scarlett as her own. Cheryl somehow thinks it's up to all of Dot's family to make sure they are ok.

When Dot used to go to meetings with social services, the meetings were all right. Andy used to have to go to a nursery down X Road, and Brett went to his own nursery. Dot presumes this was their way of keeping an eye on them, making sure they were ok. A few meetings that Dot went to, you would sit round in the circle, and they would ask how they were in nursery and school and everything. There was only one meeting Dot didn't like, because someone from the nursery turned round and said that Andy was always pleased to see Dot when she turns up, he always runs to her, we have only got one qualm – she brought him in one day with a dirty nappy on. Dot said he probably filled his nappy on the way! Dot was not exactly going to just get him up and send him to nursery in a dirty nappy.

The boys got involved with NSPCC when they saw Scarlett's dad, and there was contact happening so they got involved.

When Andy and Brett go to the NSPCC they really look forward to it and enjoy it. Brett has dwindled a bit since he got a girlfriend, but Andy loves it. Obviously Dot has never been, but the boys like it.

Every family likes some sort of privacy, so Dot wouldn't have liked more services to come in than they did already. Dot does like her privacy. Brett and Andy are part of Dot, and it is up to her and the family to take care of them. Services did everything they could do.

Andy's story

The main thing Andy remembers from living with his nan is being scared of two things. The Incredible Hulk and water. Andy wouldn't have a bath, and would only let his nan wash him on the side of the sink and was really scared of the bath. Cheryl has no idea where this came from because he used to love the bath. Whenever Andy would see a bath he was convinced all of the water would come out and chase him, so he would run and hide behind his nan's chair. Andy is fine with water now, but doesn't know what changed. At the time Andy wasn't talking so couldn't tell anyone why he was scared.

Andy feels that the solo sessions he has had have helped him most. Andy went through a phase of feeling very angry most of the time and was kicked out of school (the Academy) about a year ago for smashing a kid's head on a table. Andy now realizes this was not the right thing to do and is friends with

the lad. The solo sessions were with the NSPCC; he had two women workers there. Andy has also been to Spencer Street for some counselling sessions before he went to the NSPCC.

Cheryl went through a phase of blaming herself for everything that had happened, but she has been told by Jason at NSPCC and the social workers at the time that she had done a good job. Cheryl was taking Brett to school at the time of the incident and Andy was asleep on the couch so she had left him there. When she got back, it was just horrible. It was just the worst day ever and Cheryl will never forget it. Andy can think of a worse day with Martin (a later partner of Cheryl's). Dot came down to Cheryl's house when it happened. She remembers Andy's face being like a bag of potatoes. He (dad) was sentenced to two years but only served one. The police were supposed to tell Cheryl when he came out, in case she bumped into him or anything but they didn't. He was never prosecuted for assaulting Cheryl. Cheryl didn't want to go through that. There was just the one violent incident. Social workers who used to go round to the house were helpful. Cheryl used to talk to them. Cheryl ended up moving house because the house reminded her of everything that had happened. Cheryl stayed with her sister for a while with Scarlet until Cheryl found somewhere to live.

Dot felt that Cheryl would always be waiting for him to knock at the door if she had stayed in the house.

Cheryl had another partner, Martin, who was also violent. He was "a prick". Cheryl used to go out with Martin's mum of a weekend and Martin would look after the kids. Cheryl came back one day and Scarlet told her that Martin had

put the cord from a radio round her neck and didn't stop until she was crying. Andy and Brett heard what was happening and came down and started hitting him trying to get him off and then Cheryl came in. Michael and John then showed up (uncles) because Cheryl had asked them to come to get him out the house because Cheryl didn't want her mum or dad or anyone knowing what had gone on as they had been through enough with what happened. Dot remembers they went upstairs and jumped on him in bed. Ted, the next door neighbour, offered to help get him out of the house. Andy was really scared. Ted is tall and wide and you wouldn't mess with him. They got him out and he never came back. He is not long out of prison for trying to kill his girlfriend by pouring a kettle of boiling water over her. Andy thought she might have been six months pregnant at the time, but Cheryl doesn't think she was. He has been in and out of police stations because he battered his own mum, pulled knives to her and tried to stab her. Cheryl was with him about a year.

Cheryl is with a lovely man now. She has known him for years. She has only been with him a few months. He is Dot's friend's son. Dot is delighted, made up about the relationship – Kevin is a good lad.

Andy liked John the best, he was funny and used to fall down the stairs a lot! Andy still sees John sometimes. John was a lot younger than Cheryl, but they are still good friends now. Andy likes Kevin but doesn't know him that well.

When Cheryl was with her violent partners, Dot didn't know that they were not nice people, but she does have two son in laws that can go down and

sort things out if necessary. After the incident with Martin, Dot's son in laws went to Martin's mums house and Martin's own mother said she hoped they caught up with him because she wanted them to give him a good hiding and sort him out.

Dot said that Andy looks forward to his session with the NSPCC. Andy feels they have helped him with his anger. He doesn't really get angry anymore, or if he does he takes it out on his computer. In school, Andy has solved his anger through music, mainly drums. When Andy was feeling annoyed, he would ask his teacher if he could go to the music room and go on the drums. This would calm his anger. This was about the only good thing that school did do. Andy was bullied there for two years before he left to go to another school and they didn't do anything. A lot of things happened at school. The one thing Andy remembers the most, he was in the yard and a fight started with him and another boy and Brett had to come over and get him out. Brett went to the same school and was bullied there for three years. Brett hated the school. He hated pupils and teachers. There were mentors there that Andy and Brett should have been able to go to if anything was wrong but they never believed them. The mentors changed each year. Brett only did one day of year eleven. The teacher told him to go home and not come back unless he was going to obey the rules, so Brett didn't go back. The rule Brett broke was over his blazer. He had walked to school so it was soaking wet. He took it off to let it dry, and he was told to put it back on or we would get kicked out of school, so he got kicked out. Cheryl doesn't blame Brett at all for not wanting to sit in a wet blazer all day. Andy has moved school and apart from one incident, things have been great.

The bullying that happened to Brett was happening outside of school as well as inside. Brett was jumped in the park and battered the ones who did it in school. Brett told them all to fight him at once; and they did.

Andy and Brett remember a family holiday to Portugal with very happy memories. They loved the sun and the arcades and singing on the karaoke.

Dot thinks Brett had a bad attitude when he was at school, and did what he wanted. It was his life and he did what he wanted. Recently life is much better as he is really happy at college. Brett did GCSEs at Open College and is now studying music at Right Track in town. Brett loves college. Cheryl says it's the only thing that he gets out of bed early for. Cheryl is getting a drum kit for Brett, and has nearly finished paying for them. They are electric and Brett can't wait to see them. Brett is in a heavy metal band and has gigged all over Liverpool; pubs X, Y, Z

Brett thinks that the things that haven't helped his family are mainly around living in the city, and the things that have helped are college and his girlfriend – having someone to talk to who understands him.

The things that make Brett not like the city are the gangs, the stupid accent (Brett is sick of hearing "lad"!).

Brett and Andy skit at their nan! Dot only goes out once a week and the boys have a habit of recording her and if she says something stupid she hears about it for the rest of the year! Once Dot said she would wrap drumsticks round the boys' necks and put them where the sun don't shine!!! Dot was only joking – she would never raise her hand to any of them.