



# Gendered Discourses of Responsibility and Domestic Abuse Victim-Blame in the English Children's Social Care System

Jessica Wild<sup>1</sup>

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## Abstract

**Purpose** This paper foregrounds the experiences of mothers involved with England's children's social care system when experiencing domestic abuse. It reports on data from a survivor-led study on domestic violence and/or abuse (DVA), involving women victim-survivors and domestic abuse practitioners. It aimed to understand how dominant discourses governing child protection work with families in which there is a perpetrator of DVA, might be revised to shift a tendency to hold mothers (solely) responsible for the protection of children as well as for their partners' abuse.

**Methods** The study advances a discourse analysis of interview and focus group data, substantiating how children's social care practices produce the routine responsabilisation of the non-abusing parent, usually the mother, with limited focus on the abusing parent, usually the father.

**Results** The paper exposes the gendered discourses of mother-victim-blame and responsibility patterning children's social care responses to domestic abuse, which together intensify adult and child victim-survivor material harm and hamper child protection work. Also in evidence are the enduring traumatic consequences of the court-ordered removal of children.

**Conclusion** The paper has implications for policy and practice, asserting that shifting responsibility away from mothers requires the ongoing interrogation of normative understandings of gender relations and gender-role stereotypes as they manifest in families. Fathers' accountability should be constructed on a structural as well as individual level, which in the case of DVA and the family, incorporates efforts to enable perpetrators of DVA to cultivate an individual sense of responsibility and accountability, as standard practice.

**Keywords** Domestic violence and or abuse (DVA) · Child protection · Social work · Gender relations · Discourse analysis

## Introduction

This paper engages with the debates regarding men's violence against women in the context of families with children, when they come to the attention of children's social care in England. The discourses which pattern child protection work in circumstances of domestic violence and/or abuse (DVA) oftentimes produce and sustain the disproportionate responsabilisation of women for the protection of children and for their partner's abuse (Featherstone & Peckover, 2007; Humphreys & Absler, 2011; Lapierre,

2010), often irrespective of any abuse they have, or continue to, experience themselves (Ferguson et al., 2020). Against this backdrop, this paper considers the contrasting roles and responsibilities assigned to mothers and fathers when involved with children's social care, via a discourse analysis of data produced with women with experience of DVA and children's social services. This data is integrated with analysis of data from practitioners working with women, children, and whole families in which there is a perpetrator of DVA. The practitioners' contributions are brought into relation with those of the mothers to elucidate the everyday operationalization of the gendered discourses which tend to pattern social care responses to DVA. As analysis reveals, the extent and nature of men's engagement by children's social care, in contrast to that of women, is varied, fragmented, and typically limited. Often, interventions conducted with men are located at the intersection of policy and procedure

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✉ Jessica Wild  
jessica.wild@newcastle.ac.uk

<sup>1</sup> School of Geography, Politics, and Sociology, Newcastle University, NE1 7RU Tyne and Wear, United Kingdom

narratives on the one hand, and the socio-cultural narratives that construct domestic abuse as a gendered social problem on the other. The latter scaffolds a social tendency to hold women and survivors primarily responsible for addressing gender-based violence more broadly.

Using a gendered lens, this paper explores the comparative lack of accountability attributed to fathers who perpetrate DVA in child protection settings, and the parallel, routine responsabilisation of mothers within this same frame. It argues that accountability should be constructed on a structural as well as individual level, which in the case of DVA and the family, incorporates interventions to dismantle a mother-victim-blame discourse and instead enable perpetrators of DVA to cultivate an individual sense of responsibility for their behavior (Devaney, 2014). Beginning with a discussion of background and context, this paper moves onto discussion of the main discursive patterns which emerged during analysis. This includes an elaboration of the discourses used to structure the role of mothers, before moving on to fathers. Here, practices to involve fathers are addressed in the context of under resourcing in social care. The long-term consequences of child removal are discussed in the third part of this paper. It closes with implications for policy and practice to enable better outcomes for adult and child victim-survivors, and to hold perpetrators of DVA to account.

### Domestic Abuse and Children's Social Work

The risk of harm posed to children exposed to domestic abuse is recognized in statute in England and Wales via the Adoption and Children Act 2002 (s.120), which came into force in 2005, expanding the definition of 'significant harm' set out in the Children Act 1989 (s.31). Reflecting an established link between child abuse and domestic abuse (Brandon & Lewis, 1996), this aided the mainstreaming of DVA into child protection work. Data indicate DVA remains the most prevalent factor for referral to, and assessment by children's social services (DfE, 2021). But as social work in England has progressively become more alert to the issue of DVA as a child protection issue, so questions have emerged regarding the nature of its response (Featherstone & Fraser, 2012; Stanley et al., 2011). This is in part owing to a notable deemphasis of the relationship between adult victim-survivor safety and that of children's, and a sustained lack of focus upon men and fathers who perpetrate DVA. Hester (2011) emphasizes the challenges of balancing the needs of children with those of adult victim-survivors and perpetrators across the three 'planets' of DVA, which continue to be patterned by contrasting practice paradigms and discourses as the forthcoming sections elaborate.

### Mothers and the Children's Social Care System

Women and victim-survivors are routinely responsabilized for DVA no more so than when their families come to the attention of children's social care (Featherstone & Fraser, 2012; Humphreys & Absler, 2011; Olszowy et al., 2020). With this, is a persistent focus on mothering (Featherstone & Peckover, 2007; Hester, 2011), preserving a construction of women as primarily responsible for child safeguarding and welfare (Lapierre, 2009), which is bolstered by gendered discourses of parenthood (Sinnott & Artz, 2016). This construction perpetuates a practice pattern in which focus on the victim-survivor is regarded "the only solution" (CQC et al., 2017, p. 5), with far too little intervention directed at the abusing parent and reinforcing a culture of mother-blame (Strega et al., 2008). The individual needs and interests of mother victim-survivors are underacknowledged in the children's social care response to domestic abuse, as mothers instead come to be viewed as 'non-compliant' or 'unprotective' (Humphreys & Absler, 2011), especially when remaining in or returning to a relationship with a perpetrator of DVA. Obscuring the realities of coercive control and the gendered dynamics of DVA (Lapierre, 2008), this judgement of mothers can lead to the removal of children and represents a substantive consequence of responding to an intersectional, gendered social problem as one solely of child welfare.

Separation continues to be promoted as the primary mechanism for children's protection (Ferguson et al., 2020; Holt, 2017), despite being out of sync with longstanding and compelling evidence that risk substantially increases upon leaving (Hester & Radford, 1996; Humphreys & Thiara, 2003). Moreover, children represent a significant risk factor for continued abuse post-separation (Katz et al., 2020; Morrison, 2015), including in the perpetrator's absence (Thiara & Humphreys, 2017). The insistence on separation is unduly simplistic (Ferguson et al., 2020) and does not account for the structural factors which may prohibit or complicate leaving. It also limits recognition of the safety strategies women routinely employ while still in the relationship (Douglas & Walsh, 2010; Mandel, 2010; Wendt et al., 2015). Crucially, separation remains an expectation reinforced by the threat of, or actual court-ordered removal of children (Witt & Diaz, 2019). This produces a relationship between mothers and services which is often fractured and distrustful (Robbins & Cook, 2018), impeding effective child protection work and elevating the risk to both adult and child victim-survivors. The trauma of child-removal as a consequence of a being unable to protect against a perpetrator of DVA represents a significant yet unacknowledged "collateral consequence" of DVA (Broadhurst & Mason, 2017), often with little support for the mothers affected.

## Fathers Who Use Violence and the Children's Social Care System

Men in families are comparatively absent in children's social work (Brown et al., 2009; Nygren et al., 2019), despite growing recognition there is a need for a more father-inclusive practice (Zanoni et al., 2013), including within the context of whole family interventions (Stanley & Humphreys, 2017). How children's social care work with violent fathers is a contested area of practice, typically characterized by a binarized assessment of men as either 'risk' or 'resource' in children's lives (Featherstone, 2013; Philip et al., 2019), in contrast to a 'both-and' approach (Rivett, 2010) which better accommodates and recognizes the dual identity of fathers who perpetrate DVA. 'Both-and' also offers avenues to engage abusing parents in behavior change interventions, risk management procedures, and to increase their personal accountability (Alderson et al., 2013; Maxwell et al., 2012; Strega et al., 2008).

The parenting capability of fathers who are abusive is also frequently underdeveloped, further substantiating the value of placing greater emphasis on work with men in families (Heward-Belle et al., 2019). The notion that violent men should address their fathering in the context of DVA has, however, been even "slower to emerge" in child protection practice (Smith & Humphreys, 2019, p. 156). Moreover, perpetrators of DVA may establish new intimate relationships, and or retain access to their children in some capacity post-separation (Maxwell et al., 2012; Westmarland & Kelly, 2015), often without reforming their behavior or belief systems (Hester & Westmarland, 2006). Child contact can therefore expand the modes and possibilities for the DVA to continue (Coy et al., 2015; Feresin et al., 2019; Kelly et al., 2014; Macdonald, 2016; Thiara & Gill, 2012), including the coercive control of children (Katz et al., 2020).

But studies conducted with social care practitioners evidence a range of challenges linked to work with fathers who use DVA (Donovan & Griffiths, 2015; Stanley et al., 2012), which are complex and multi-scalar, occurring at systemic, organizational, and individual levels (Olszowy et al., 2020). One of the most substantial barriers resides with the fact that social workers, particularly women, can view this area of practice as highly uncertain and fear-inducing, owing to concerns over risk of violence and the need to balance the interests of *all* family members (Bateson et al., 2017; Ewart-Boyle et al., 2015; Featherstone, 2017; Humphreys et al., 2020; Maxwell et al., 2012; Olszowy et al., 2020). Practitioners also attest to the challenges of working in a system in which policy and practice paradigms continue to emphasize the role of the mother as 'primary protector' (Mirick, 2014; Olszowy et al., 2020), shaping how families are supported, as the forthcoming analysis suggests.

## Methods and methodology

This paper reports on learning from a larger study on the gender politics of domestic abuse prevention and intervention. The study analyzed data from a sample consisting of three distinct participant groups: (PG1) women victim-survivors of DVA (n=24); (PG2) women DVA practitioners (n=18); and (PG3) men in DVA practitioner and activist roles (n=14). Of the 24 victim-survivors who participated in the study, 19 were mothers; 12 had experienced involuntary separation from their child(ren) following a judicial decision at an English family court. In at least three of those cases, full 'child contact'<sup>1</sup> was awarded to the woman's abusive ex-partner and father of their child(ren). Focus here is on the experiences of mothers; extended analysis of practitioner experiences is discussed elsewhere (Author, forthcoming).

Both methodological and data triangulation were employed. Triangulation denotes the combined use of multiple qualitative methods, data sources, and perspectives as a strategy for increasing study rigor, breadth, and complexity (Denzin, 2012). The integration of data from the three groups enabled their perspectives to be brought into relation with one another (Hesse-Biber, 2012) and facilitated the identification of discursive complementarities and or tensions, between and across them. PG1 were positioned as 'leaders' within this triangulated structure, and the researcher 'navigator' (Martin, 2014) or 'enabler' (Kitchin, 2001). PG2 and PG3 occupied non-leadership roles owing to their comparatively advantaged positionality as practitioners. This arrangement aimed to facilitate both the scrutiny and disruption of epistemological hierarchies which tend to silence marginalised voices in research (Hague & Mullender, 2006; Lunn & Munford, 2007).

The study was conducted using a (post-structural) feminist theoretical framework, in conjunction with a feminist participatory informed approach (Aldridge, 2015; Frisby et al., 2009). Epistemologically located within the reflexive 'turn to language', the study engaged with paradigms that sought to challenge the dominance of positivist rationality as the primary mode of knowing and knowledge production. Knowledge claims are understood as partial and situated, imbued with the power to open or foreclose (new) ways of understanding the world, and in which possibilities for radical (social) change are located (Braidotti, 2002). This theoretical footing aligns with the broader motives of inclusive, participatory feminist research to challenge the inequalities salient to research by centering the voices of the people

<sup>1</sup> The term 'child contact' no longer appears in UK legislation and has been replaced with 'child arrangements' but is used here because it remains the most commonly understood phrase (CAFCASS & Women's Aid, 2017).

most affected by the issues under consideration (Nnawulezi et al., 2018).

## Participants and Recruitment

PG1 comprised of DVA victim-survivors who all identified as women. They were recruited via gatekeeper organizations, the study website, and via the author's participation in two community-based projects including a breakfast club for women involved with the criminal justice system, and a domestic abuse recovery craft group. Women and men practitioners in PG2 and PG3 respectively, were recruited via the project website, and through direct communication with services, including via the author's own professional networks, after having worked in the women's and domestic abuse sector. The three participant groups were located across nine towns and cities in England, with a broad age range of 22 to 74 years. Within this, the mothers ( $n=19$ ) in PG1 were aged 26 to 51 years. Owing to this age range, the women experienced different central governments when engaged with children's social care, with corresponding shifts in policy and practice regarding women, families and DVA. But as forthcoming analysis suggests, despite political change, the gendered, responsabilising and individualizing discourses which shape mothers' experiences of the children's social care system, have endured.

A limitation of this study was the degree of diversity across the combined sample, with the majority identifying as White British, cisgender, and heterosexual. Four women and three men of Asian and Black African heritages participated; one gay man, two lesbian women and one person who identified as gender-fluid took part. Several survivors had co-occurring and complex needs, including mental health challenges, experiences of poverty, homelessness, involvement in commercialized sex practices, and substance use.

## Data Production and Ethics

Data were produced using both unstructured narrative interviews and focus groups. Interviews were held with participants ( $n=39$ ) from all three participant groups. They were invited to share their stories according to what they wished to share only, and there were no predefined questions. This approach is grounded in the theoretical understanding that the research encounter is a dialogical process, co-constructed by participant and researcher (England, 1994), with the interview led by the participant (Hesse-Biber, 2007). Experience in this context is understood as discourse (Gavey, 2011), allowing for an examination of how participants narrate their lives (Hollway & Jefferson, 2000; Riessman, 1993) and to surface the discourses they use to make sense of complex experiences of abuse (Ely, 1997).

Focus groups are increasingly used in combination with interviews as part of methodological triangulation (Caillaud & Flick, 2017; Hesse-Biber, 2012), to achieve an enriched understanding of the research questions from multiple perspectives (Denzin, 2012; Flick, 2007). Focus groups are well suited to elucidate the discourses in circulation among defined or pre-established groups (Caillaud & Flick, 2017; Frey & Fontana, 1993). Three were conducted; one with survivors ( $n=7$ ) from a domestic abuse recovery craft group, and two with practitioners ( $n=4$  and  $n=5$ ) from two national domestic abuse organisations. A reflexive, psychologically informed approach (Liljestrom, 2010) was employed, utilising 'minimal' and 'elaborate' questions (Puchta & Potter, 2004), to structure the focus groups.

The study entailed various ethical and risk considerations owing to the topics addressed, and were particularly pronounced in the case of PG1 given the associated safety risks, risks of disclosure and those connected with (re)traumatization due to taking part in the study. To respond to these and to ensure the safety and wellbeing of participants, measures were put in place including strict privacy, anonymization, and confidentiality procedures, and the provision of accessible information regarding the study. Informed and dynamic consent procedures were used as well as signposting, debriefing, and onward referral for support, if required by any participant. The approach to data production also meant that participants retained control over the information they shared on their own terms. The study underwent extensive risk assessment and received full ethical approval prior to commencing.

## Data Transcription, Coding, and Analysis

The interviews and focus groups were transcribed using an abridged version of the Jefferson (1984) transcription convention<sup>2</sup>. Transcription included recording instances of speech disfluency, pauses, non-lexical vocabularies such as 'mm', and any variations owing to regional accent. The author avoided "cleaning" the transcripts (Elliott, 2005) in order to more faithfully portray the narrative accounts in the participants' own words. Challenging the social tendency to impose order on everyday talk and text (Potter, 1996), this transcription practice aims to increase the participants' visibility in the texts (Riessman, 1993).

Data were coded and analyzed using discourse analysis (Gill, 1996; Potter, 1996; Potter & Wetherell, 1987), thus engaging with an epistemological framework in which talk and text are understood as social practices and productive of social realities (Wood & Kroger, 2000). Unlike content or thematic analysis which typically seeks to produce unitary

<sup>2</sup> Appears in data extracts as: underline=emphasis by speaker; (.)=short pause; (...)=long pause.

summaries of data and its overarching themes, discourse analysis examines the granular detail of accounts (Antaki et al., 2003). Discursive patterns were first identified within, and across, the three sets of data. This revealed both an absence of, and an over reliance on a clear set of (gendered) discourses in the texts. The second stage of analysis entailed identifying the function the discourse fulfilled, and to what effect, as set out in the forthcoming sections.

## Analysis

### Mothers

Data strongly point to the ways in which mothers are tasked with managing the abuse perpetrated by their partners; a responsibility fomented and sustained at the level of state, and at the societal level via dominant gender role expectations. At the same time, women are encouraged to engage with opportunities to perform ‘good’ mothering and to comply with measures installed by children’s social care. Anita’s (PG1 and PG2) account reflects this:

Why is it the women? Women get so much sh\*t, you know? I attended all those child-in-need meetings, rightly so because it was my responsibility. Where was her dad in all of this? You know? Erm (...) all the focus, social care, children’s workers, you name it, it’s mum mum mum, gets all the f\*cking sh\*t! It’s like ‘[I] made choices’; well, I don’t really know how many choices I really had in all of that!

After being involved with children’s social care while experiencing domestic abuse, Anita began supporting other women with similar experiences in a practitioner role. Her use of rhetorical questioning here conveys the extent of the responsabilisation and accompanying surveillance inculcated by a network of children’s social care and allied providers; the mother’s compliance and behavior change their central preoccupation – not that of the abusing parent. While accepting her personal obligations, Anita refutes her culpability by drawing upon a discourse of false choice and a socially embedded discourse of gendered blame. Practitioner Debbie (PG2) echoes this sentiment:

But [...] as a society (..) we put it all on the woman don’t we, to deal with [the domestic abuse]? We just ask the woman to make the changes, ‘well you’ll have to leave him’ (.) but then, he, even if she manages to leave him (.) he goes on to the next one (.) So I just don’t know how far we need to roll that back,

and... Well, patriarchy (..) We need to roll that off! (..) Gender.

The prosodic features of Debbie’s speech have the effect of foregrounding fragments of a pervasive victim-blaming discourse that gains legitimacy when situated within a framework of unequal gender relations and patriarchy. The discourse is mobilized to account for the disproportionate charge placed on women to mitigate the harm posed by the perpetrator of DVA by leaving the relationship first and foremost, while the abusing parent in turn is free to establish new relationships. Debbie also alludes to the often-limited degree of support provided to women to practically enable separation, irrespective of whether this is an outcome she seeks or that will enhance safety. The nature and extent of victim-survivor agency in this context is dependent on the social context in which she is situated and the socio-material resources available to her. As Anita and Debbie both indicate, this is inextricably bound up with the construction of mothers as primary caregiver. Together, these converge to produce the preservation of gendered hierarchies, both within the family and beyond it. Offering another perspective on the same set of discourses is practitioner Gemma (PG2):

I think it’s a patriarchal society. And I think we’re conditioned; we grow up with very clear ideas of what a woman’s place is. I think it’s also...I do think it’s biological, you know, women are nurturers. The whole nature of having a baby and giving birth tends to be that you want to fix things. You want to look after people, you want to have that caring side. Therefore, when you’re suffering abuse, you tend to blame yourself and think well, what did I do wrong?

Socially and culturally constructed gender scripts, and the enduring gender binary are both discernible in this account, which together scaffold the roles ascribed to women and men within the family. Gemma imports a discourse which correlates the dominant gender order with the perpetration of DVA in so far as an experience of abuse disrupts a woman’s ability to comply with the expectations of the ‘good’ mother; the blame adhering to her as she becomes a ‘failed’ mother. Motherhood and care work are located here as the product of both “biology” and patriarchal “conditioning”; two discourses brought into relation with one another to account for a socially embedded narrative of mother-victim-blame. A crucial component of women’s work to meet the requirements of this socially assigned role is the routine resistance and safety decision-making practices undertaken by mothers in highly constrained environments (Author, forthcoming). These practices are often unacknowledged by

practitioners, shoring up an individualising ‘failure to protect’ discourse and absolving the perpetrator of responsibility; a point discussed further in the next section.

## Fathers

Cohering with the accounts offered by all the mothers involved in this study, practitioners working both in dedicated domestic abuse services, as well as those working within children’s social care services, discuss how fathers who use violence are often not seen as ‘legitimate’ clients of children and family services. This in turn functions to sustain their comparative invisibilisation within service settings (Heward-Belle et al., 2019) and upholds a disproportionate focus on mothers:

The expectation, [...] particularly when we get child protection [involved] [...] If you look at the child protection plan (..) 99% of what the tasks are, are for the mother to do (.) and the father, he can get off by just saying, ‘well, I’m not living there at the minute’. Oh well, then...But he’s still a father to children with responsibilities and I just think, we just seem to almost hand them a ‘get out of jail free card’, don’t we?

The discourse deployed here by practitioner Debbie (PG2) is situated within the frame of an equality-focused feminist politics, while an entrenched cultural narrative in which women continue to carry the burden of childcare and child protection responsibilities is explicitly derided. The injustice of these gender norms is warranted through reference to numeral formulations (“99% of what the tasks are...”). This has the persuasive effect of validating the argument (Potter et al., 1991), and provides a counter-discourse to the “get out of jail free card” handed to men. But data produced with other practitioners indicates that in a climate of under resourcing and high caseloads, the task of engaging men as fathers in order to hold them to account is made more complex:

[A]s a local authority there was this, ‘go and do this training’, [...] and it’s kind of like a tokenistic rather than a realistic (.) thing, you know. [...] I did a report to the board and it was like, ‘oh so we’re thinking about how we’re engaging men’ [...] (...) But really (.) it didn’t follow through to mum, because actually when we’ve got a busy workload (.) and mum answers the door, we need to sit down and have a conversation with mum (..) [...]. And we probably aren’t tenacious, and probing and you know, inquisitive enough to get the dad involved as much as we could.

Children’s and families’ practitioner Stuart (PG3) provides an account which illustrates how organizational and practice culture change are jeopardized when implemented in an environment in which practitioners are over-stretched, under-resourced, and time poor. In this extract the task of “engaging men” is established as the unattained “tokenistic” ideal in contrast to that of the practice norm of engaging “mum”. The engagement of the mother is instead construed as a more “realistic” and achievable avenue for intervention, given extant constraints and in the continued absence of the father. The reflection upon current practice paradigms here orientates this account towards an acknowledgement of the current system’s inadequacies, while also functioning to pre-empt possible counterarguments to the claims made (Edwards & Potter, 1993). Together, these accounts substantiate the material consequence of not holding fathers to account, as well as the challenges of doing so. In carrying the responsibility for the domestic abuse, mothers must simultaneously bear the blame and consequences of being unable to manage the behaviors of their partners, the most significant of which is the court-ordered removal of children, elaborated in the next section.

## Court-Ordered Removal of Children

Several of the women involved in this study discussed the complex trauma of having experienced the involuntary removal of their children, during or after experiencing DVA. In this, the haunting (Gordon, 2008) experienced by these mothers is clearly discernible:

I will have a word with [children’s] social services and explain that, if [my son] comes to find me, I don’t want to have no contact with the father (.) And that’s gotta be put in the plan; I don’t want no contact with the father (...) (...)

Author: Does it make you anxious that he’s going to be 18 soon?

Yeah, and he’s going to want to know everything, and I’ve got to explain it all to him.

Author: Do you know what you’ll say?

I’ve wrote a letter (.) for his file. But (.) it just never leaves you, does it. [...] But I’ve had to rebuild the best I can do (..) So I am like a survivor, in a way (...)

Fifteen years after her child was removed from her care and adopted, Jacqueline (PG1) lives with the anticipation that her son may one day try to find her when he turns 18. But it is a futurity complicated by the anxiety that his father may also seek her out, coupled with the belief that she will need to provide an explanation if she ever sees her son again. In this extract, children’s social care is constructed as a key

constituent in the work to keep her safe, but also, in permitting Jacqueline to articulate her side of the story via the limited formal channels available to her. Her account has the effect of foregrounding the significant power of institutional storytelling in the lives of care experienced women and their children in circumstances of DVA. It is also strongly orientated towards a discourse of survivorship, allowing for the emergence of a personal narrative and subject-position which counters the construction of those who experience DVA as always-already ‘helpless’ or ‘passive’.

This extract illustrates the way in which some women’s futures are emphatically, and ongoingly shaped by past experiences of DVA, long after it has occurred or ended (Morriss, 2018). Substantiating this point and cohering with the account prior, victim-survivor Melanie (PG1) describes exiting the family court:

That day, all I’d got was my solicitor, and I literally...I walked out of that court (.) completely alone, and my mum was totally worried, until I walked through her door, that I was gonna throw myself under a bus. ‘Cause I just phoned her in a total state, she said ‘shall I come to town and meet you’, and I’m like no (.) I’ll just catch tram. And I sat on tram all the way from town to me mum’s [...], and I was just streaming. [...] (...) So you pay for it, and you go on (.) suffering for it, a lot longer than when it, it finishes, in many ways, by many professionals (.) and it should not be allowed.

The extensive and prolonged disruption to Melanie’s present as well as her recovery is in evidence, as she describes “pay[ing]” for her perceived culpability which in this instance is instantiated by the court-ordered removal of her son. Melanie’s experience also captures the extent to which decisions made or interventions initiated by actors from within the children’s social care system and allied agencies, are often experienced as punitive and disempowering by victim-survivor parents, leading to resentment and a reluctance to engage. The interaction between two starkly different discourses here – that of the banal (“I’ll just catch tram”) and that of extraordinary visceral pain (“I was just streaming”), converge to produce Melanie’s subjectivity as the bereft mother, alone and wrought with grief. The sheer depth of her traumatic loss is typified via the extreme case formulation of possible suicide (Pomerantz, 1986). Dawn (PG1) offers an account which engages with a comparable discourse:

I got a proper house last year, from a housing association, which is in a lot nicer area. I did that for my little boy, who’s 7, and then several weeks later social care took him into care (.) because they said I couldn’t keep

him safe (.). Because of all the bad relationships that I’ve had. That’s what they blamed it on. And it’s like I said to social care (.) [...] we’ve not got a rewind button on life (.) I can’t go back there (..) I can’t change anything, so (...) They keep going on about having like all these different therapies but sometimes they don’t do no good.

Attending to the temporality of this account is crucial to understanding its primary proposition: “we’ve not got a rewind button on life” and past events cannot be changed. We see how the genealogical lines mapped out in this extract knit together to communicate the impact of Dawn’s partner’s abuse (Tamboukou, 2016). Together they chart the ways in which a history of abuse has disrupted Dawn’s housing security and future aspirations. Her use of temporal signifiers of only past and present further corroborate how Dawn is prevented from making any claims for her future or that of her son’s. Victim-survivor Jean (PG1) also offers a narrative in which her life trajectory is radically suspended following the removal of her son into adoption; “that was before I got on the alcohol. Was when I lost my son and that. That year. That year was... Yeah, that was the year that, I become an alcoholic basically. 14 year ago”. This account, as well as those of the other mothers discussed, demonstrate how women affected by court-ordered removal and separation procedures often encounter heightened levels of social exclusion or material insecurity, and are frequently less well-resourced to cope with the consequences of this traumatic loss independently of assistance.

As such, the women who have experienced child removal evidence an urgent need for ongoing and specialist trauma-informed support, especially therapeutic intervention, as Jacqueline (PG1) describes:

Social services are very quick to put your child into adoption, but they offer no (.) support for the mother afterwards, whose gone through an experience like this. So, there’s no support. They’re just, ‘that’s it’, they leave (...) And I had to go and find counselling on me own (.) So I found it through a charity in the end. And they had about a 9-month waiting list for it. [...] Women are losing their kids through abuse. They should have offered support to me, at the time there was none. I kind of just dealt with it on me own. And I still do sometimes.

Evident here is a familiar discourse of survivorship, as Jacqueline cogently captures her sense of abjection. We see how despite the years elapsed, the residual traumatic impact of her son’s removal at age three, continues to pattern daily life. Jacqueline goes on to import a discourse of death,

describing hers and other mothers' experience as; "[mothers] grieving for their child, and their child's not dead!". But in these circumstances, mothers who experience child removal are not afforded the typical cultural and social rituals of grief and bereavement (Broadhurst & Mason, 2020; Morriss, 2018), and instead are left to "[deal] with it on [their] own". Jacqueline reinforces this sentiment by simultaneously orientating her account towards a discourse of self-sufficiency, resisting any notion of implicit weakness. Her experiences of independent help seeking are indicative of many others in this study; characterized by a scarcity of local, accessible options and long periods on waiting lists, during which time the women's mental health often deteriorates, as victim-survivor Abigail (PG1) relays:

If I had therapy, as soon as I actually needed it, right at the beginning then I would be more moved on in my life than where I am now. And that panicked me because I kept feeling like -- you know, I'm 51 --, I kept thinking, my god how long is it going to be for me to get sorted? I'm going to be retirement age by the time I feel like I'm a normal human being again! And you kind of panic, like you feel like time is running out...And I was so...you know, I have suicidal thoughts and there were quite a few times where, I'd gather tablets. The only reason I didn't commit suicide was because of my kids. Because one, I didn't want to give my daughter permission to commit suicide, and two, if my son does come looking for me, I want to be here.

At the time of interview, Abigail had not seen her youngest son for almost six years. He was abducted by his father at the age of five, shortly after unsupervised contact was awarded to him. The interlocking discourses of time in this account function to convey the lasting affective and psychological impact of child removal upon women such as Abigail, and Jacqueline, Anita, and Melanie before her. The hope that her son may try to find her, coupled with the need to live for her daughter, both serve as vital protective factors for Abigail's mental health, as she contends with the unbearable sense that "time is running out".

## Discussion

This study evidences how highly gendered, individualized, victim-blaming discourses can take on a new and specific complexity when regarded in the context of children and mothers living with partners who use violence and abuse. If these families come to the attention of children's social care the responsabilisation of mothers to stop men's abuse

coalesces around child protection policy and practice, consequently holding mothers accountable within a statutory framework which at the same time can function to elide the abuse they are experiencing, and which leaves their needs largely unmet. The construction of women as blame-worthy within this frame is more successful and enduring primarily because it is situated within a social context that continues to hold mothers as solely responsible for the protection of children (Lapierre, 2010). This construction is sustained by dominant gender role stereotypes and expectations which often play out, and are at times preserved within, children's social care settings and child welfare practices (Nygren et al., 2019), as the accounts discussed substantiate. This same framing operates on a macro scale as women and victim-survivors are typically viewed as largely responsible for the prevention and eradication of gender-based violence, with intervention and prevention responses only more recently seeking to target and engage those that harm (Author, forthcoming).

Several of the accounts indicate how victim-survivors are encouraged to participate in courses or programs which target their personal capacities for parenting, self-esteem, confidence and so on, as part of child protection measures. While this is a routinised response in England (Ferguson et al., 2020), it is implemented with limited recognition of the challenges women must negotiate when parenting through DVA. This again signals a "mother-centric" (Sen et al., 2018) (social work) practice which first and foremost seeks to instigate behavior change on the part of the non-abusing parent, rather than the abuser. Not only does it (re)embed the aforementioned social and cultural tendencies to blame women for men's violence against them, but also reflects a stubborn and persistent focus on (working-class) victim-survivor mothers as the rightful target of state intervention in cases of DVA, rather than the abusing parent. Within this frame, women are expected to protect their children from the same person that is abusing them (Featherstone, 2010a), often in the absence of adequate support (Ferguson et al., 2020) which attends to the structural conditions that shape their experiences and abilities to engage meaningfully with children's social care (Morris et al., 2018; Nixon & Humphreys, 2010).

Crucially, when women are not able to comply with child protection measures, particularly in relation to the perpetrator of abuse, there are significant costs for both her and the child(ren). These mothers experience the impact of state intervention in family life in its crudest, most interventionist form, the starkest example being the court-ordered removal of children. Accounts discussed here illustrate the long-term, often indelible impacts of experiencing DVA and subsequent child removal. In this, we see the extent to which perpetrators of DVA have the power to fundamentally disrupt



the future trajectories of adult and child victim-survivors; the removal of children constituting the final act of disruption. Data substantiates how some women find themselves living in what Morriss (2018) has termed a state of “haunted motherhood”, maintaining the hope of reunification with their removed children when they reach adulthood, while also producing an existence characterized by an enduring and painful oscillation between past and present.

The accounts of mothers who have experienced the removal of children in the context of DVA bring into sharp relief the woeful lack of support provision available for those affected, echoing findings from other UK studies (Bambrough et al., 2019; Broadhurst & Mason, 2017, 2020). The women’s accounts expose the huge traumatic loss and grief associated with child-removal, as well as the extent to which it can function as a catalyst for further difficulties or a worsening of existing support needs such as substance use, mental health challenge or housing insecurities (Broadhurst & Mason, 2020). In the absence of appropriate support to respond to these challenges, data discussed here suggests mothers nonetheless work hard to locate ways of managing independently, but that their longer-term recovery is much harder to obtain and the substantive consequences enduring.

### Practice and Policy Implications

The implications of the analysis discussed here for policy and practice include first and foremost that greater efforts are made to responsabilise parents who perpetrate DVA. Key aspects of the work to shift responsibility to the abusing parent include holding them to account within the context of child protection measures typically applied to mothers or the non-abusing parent (Featherstone, 2017), reasserting and acknowledging that they have an individual duty to uphold their responsibilities, and assessing their behaviors, levels of engagement and compliance against the same standards used to evaluate victim-survivors or the non-abusing parent.

Focus should as a practice standard, be on the perpetrators’ behavior rather than on the victim-survivors’ so that the duty is shifted for ensuring that violence and abuse is contained, curtailed or the risk minimized. Data support the notion that mothers want partners to be included in these proceedings, and it is work that can be done in tandem with dynamic risk management procedures which incorporate improved monitoring and surveillance of the abusing parent, rather than the survivor. As Featherstone (2017) argues, the practical work of locating fathers should be a routine practice expectation, rather than the exception, requiring practitioner persistence, curiosity, and creativity. In some cases, it may be appropriate to promote interventions aimed at equipping men with the skills and understanding necessary

to respond to their parenting responsibilities via the types of parenting programs routinely mandated for mothers.

Other measures include ensuring all child protection meetings commence with a discussion of the abusing parent’s behavior, his levels of engagement, and the steps taken by children’s social care and allied agencies, to monitor or intervene in his activities. This provides the foundational infrastructure to begin building perpetrator accountability, while also signalling that the adult victim-survivor’s lived experience of DVA is witnessed and overtly acknowledged within and by the network of professionals engaged with the family. The monitoring and engagement of perpetrators must be done in a manner that strongly supports and recognizes victim-survivor agency and in a way that identifies the multiple, often less obvious, impacts of the domestic abuse. Crucially, in order that the balance of blame and responsibility may be more adequately redressed, there is a concomitant need to be alert to how gender operates within families, as well as to recognize the role practitioners’ own perceptions of gender (roles), shape understandings of, and responses to, DVA within children’s social care practice. Increasing the visibility of violent fathers and holding them to account within a child protection framework is crucial to reforming policy and embedded gendered practices (Heward-Belle et al., 2019).

Child protection workers are uniquely positioned to engage this cohort of abusing parents in order to hold them to account (Pfitzner et al., 2017), however, it requires ongoing support, learning and development opportunities for child protection practitioners (Cerulli et al., 2015) which are attuned to the dynamics of gender relations, an organizational context that supports and enables father-engagement (Heward-Belle et al., 2019), as well as enhanced service provision in order that abusing parents are appropriately risk managed (Olszowy et al., 2021). This coincides with the need for adequate resourcing so that practitioners have the time, space, and capacity to do this complex work. But as the data suggests, in an environment of strained resources and with practitioners already working at, or over capacity, meaningful engagement of perpetrators of DVA to shift responsibility away from the non-abusing parent to/and the abusing parent, is complicated further.

### Conclusion

The participants’ contributions discussed in this paper starkly emphasize the consequences of an established set of gendered discourses that have come to pattern children’s social care practice with families in which there is a DVA perpetrator. They cultivate a tacit victim-blaming culture via a failure to adequately balance the interests of mother

victim-survivors with those of children, combined with a sustained lack of focus on, or scrutiny of, the abusing parent's – usually the father's – behavior and the long-term traumatic and material impact of his abuse in the lives of adult and child victim-survivors. The data also elaborate with painful clarity the consequences of the court-ordered removal of children in circumstances of DVA. In this, the mothers' experiences exemplify the imperative of viewing DVA not as a discrete support need which is resolved once the relationship has ended, but rather, a continuous and recurrent event which endures and reverberates far into the future. Crucially, this framing incorporates an understanding of child removal as generative of an ongoing need for support for the mothers who experience this loss.

The contributions from both victim-survivors and practitioners strongly corroborate the considerable value vested in dedicating time and resources to work constructively with men and abusing parents, not only to address their use of violence, but also to meet their parenting responsibilities in the context of child protection work. The benefits of interventions which seek to hold abusing parents to account in this context have the potential to extend beyond the confines of one family, relationship, or home, given the likelihood of repeat victimisation, when or if the person causing the harm moves onto another partner. But these reforms require substantial political commitment and investment to develop meaningful, long-term, gender-aware interventions in which people who use violence and abuse in families are engaged, monitored, and held accountable.

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