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Domestic abuse services for men, women, and children. [Audio]

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Series 2 Episode 2

Domestic abuse support services for men, women and children: A Conversation with Sarah Martin Denham



[00:00:00] **Lesley:** Hello and welcome to the Portal Podcast, linking research and practice for social work. I'm your host and my name is Dr Lesley Deacon.

[00:00:13] **Sarah:** And I'm your other host and I'm Dr Sarah Lonbay. So we hope you enjoy today's episode.

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Introduction to Episode Series 2 Episode 2

[00:00:28] **Sarah:** Hello, welcome to the Portal Podcast, linking research and practice for social work. I'm Sarah Lonbay, I'm here as usual with Lesley Deacon.

[00:00:37] **Lesley:** Hello.

[00:00:38] **Sarah:** And we're joined today by our colleague Dr Sarah Martin Denham, who's an Associate Professor at the University of Sunderland. Hi Sarah.

[00:00:45] **Sarah D:** Hello.

[00:00:46] **Sarah:** How are you today?

[00:00:47] **Sarah D:** I'm fine, thank you. Enjoying this.

[00:00:52] **Lesley:** You're so excited for this aren't you?

[00:00:56] **Sarah:** Well, we'll get into it. I think we're really interested to hear about the research that you've done around domestic abuse, and we've got a

few questions we'd like to ask you about that. So we'll just start off generally, can you tell us broadly about the project and how it came about, please?

Emotionality in research

[00:01:15] **Sarah D:** Okay, so I had led some research on school exclusion, so trying to understand the risk and protective factors for school exclusion, which was qualitative, working with children, parents and professionals from education and health. And I'd done that commission from a Local Authority. And following that commission I was re-approached to do an evaluation of the transformation program in social care. So I was approached to do that, also largely qualitative research. It had four different themes within it, one of which was domestic abuse support services for men, women and children. So that was a project that I did, it actually ended up being during Covid, a lot of the research that was undertaken. So yeah, that was the commission, it was to evaluate the effectiveness of the transformation program in a local area.

[00:02:10] **Lesley:** We were just chatting on the way in, weren't we? Because I think it's interesting because you shared your diary with us, which we're not gonna put in the show notes but it was just interesting about the fact that you and I were chatting because your background's education and about how emotional some of these stories were that you were hearing from the participants, whereas I was looking at it as a social worker who's kind of been used to some of these stories, because I used to see them all the time. And that was quite challenging for you, wasn't it?

[00:02:42] **Sarah D:** Yeah, so I had it with the exclusion, school exclusions research, the conversations with children and parents were really difficult. I think some of it's difficult because of what you're hearing, but it's also the duty of care that you are carrying during every word, you are aware of every word you're saying and the implications of how something might come across. So I was quite affected by the research on school exclusion, particularly with the children and young people who are sharing an insight into their world that was probably one of the most traumatic periods of their lives. And because this is social work research, my background is education, I didn't know what I was going to hear until I was in that space with the men and the women. As much as I'd read around the area of domestic violence and abuse, I didn't know what I would be stepping into in a way that I did with my previous research. And I haven't got a social work background, so I had not been exposed to the kind

of... as a teacher, yes, but not to the same extent of what I was exploring with the Walking on Eggshells publication.

[00:03:58] **Lesley:** Yeah. So do you want to tell us, because I was particularly interested in sort of the, within that obviously it was with Females, so we're going to discuss some of the terminology as well, because there was an issue with that. So how many women were there, Sarah?

[00:04:17] **Sarah D:** There were seven women, and there were five men. Yeah. There weren't any women at the time through the gatekeeper who were accessing domestic violence abuse support services for those that had carried it out. So they were all men in the group at the time. So yeah, five men and seven women.

[00:04:41] **Lesley:** That wasn't obviously necessarily your intention, it was just to find people accessing the program, was it? But was it predominantly men?

Stigma and labels

[00:04:48] **Sarah D:** Well, we'd aimed for ten men at the time, but it was quite challenging 'recruiting', which is a horrible word. So getting men to take part in conversation, I think partly because of the stigma around the term 'perpetrator', which is the thing that I had a few fallouts with people in the social work, social care sector about. Because I found that term quite problematic. And then the women, seven women, I think also we'd maybe aimed to have more, but it was just who was able, it was Covid as well, so people were thrown into a very different life experience at the time. It couldn't be face-to-face, so it was relying on phone or Teams. So yeah, that was the intention was to have more than we did, but we still got a good sample, because we used IPA, which is interpretive phenomenological analysis, which is really hard to say it. I just did that! Because that's a really good method for small groups methodology.

[00:05:46] **Sarah:** I think that leads us quite nicely onto talking a little bit about the language. So you just mentioned that you found the term 'perpetrator' quite problematic, can you tell us a little bit about why that was?

[00:05:58] **Sarah D:** I probably didn't at the start because in my head I was like, they have perpetrated violence against women, and often in front of children, but they've gone through a quite intensive therapeutic program to change and

address and modify and think about and reflect on behaviours. So I was thinking, well, if you've gone through this process, why should you still have such... it's the negative association with the word 'perpetrator', it's the tone of that term and how helpful it is actually for the men who have gone through this process, reflected, and hopefully made long-term change, we don't know that it's long-term change. I just felt it was a bit of a *criminalised* term. That should we then, because you've done this thing at this time in your life, or for periods of time of your life, should you carry that label perpetrator all the way through? Or should there be a point where you go, look, you did this thing, you know, you've done the therapy, you've made your changes, you've rebuilt relationships, for those that have. I suppose it's the same with people who've been through the criminal justice system, isn't it? How long do you call them a criminal?

[00:07:07] **Sarah:** Yeah, it is a problem, it is something that comes up in the social work literature, actually. Things, not specifically about perpetrator, but about labels generally, that they get applied to people, there's a professional construction of that person and what they've done that then will follow them because it's in their record. So I think it's right to reflect on that. Did you come to any constructive conclusion about other options or what might work better?

[00:07:33] **Sarah D:** Kind of said 'engaged in' domestic violence and abuse. But I did speak to people in the social care field who'd published, and some of them got quite cross that I was challenging the use of the term, and that I shouldn't because they've done bad things and that label was the right label. But I do stand by, actually, that if that label might prevent access to services, that was my concern. Even now, I went online this morning and looked at similar programs and it'll say, "have you perpetrated or are you a perpetrator of domestic violence and abuse? Come and do this therapeutic program." and it's like, well...

[00:08:15] **Lesley:** They've then got to identify themselves like that. I completely agree with you, Sarah, as a practitioner, my experience of working with men in these situations was that word was a complete barrier to them accessing the services. And the most important thing is for them to access that therapeutic support because it's about trying, for them to try and understand actually that behaviour *is* problematic and you need to *change* that behaviour because it's not safe for your family, it's not safe for your partner, for the children and for yourself. But it was a barrier because they didn't like that, especially they didn't also like words like 'violence', so 'domestic violence',

because I was constantly being presented by, "well, I haven't hit them, I haven't touched them", and there's new, obviously coercive and controlling behaviour is now becoming more common, but only in certain areas. And I do sympathise, as a practitioner as well, with the idea that you need something just to sort of attach it to, so you know what process you've got to follow. But then the danger with that is that you start treating them as 'A Perpetrator', and what that then means. So I don't think I've got a point with that, more just like an expression really.

[00:09:35] **Sarah D:** It was the same with 'victim' and 'survivor'. So I know you're meant to say 'survivor', but the women that I spoke to were describing themselves as 'victims'. They are a victim of it, even when they are down the path of receiving support. They're not describing themselves, maybe it was at the point that I was with them, they were not identifying as 'survivors' yet. They were still in the midst of struggling with the cost, the fact they've got a paralegal fees, they've got all the costs associated with re-homing, so they're still at that point of feeling victims of what's happened to them. And I think it's trying to represent who they feel they are at that time. I think maybe down the line, hopefully for them all now, they would be describing themselves as 'survivors'. I mean, sadly, in this transformation program evaluation, one of my participants actually died, which was something that I didn't expect ever to happen in in a research project. And a few days before I'd had a conversation with them as part of the research and then subsequently found out they were seriously ill and weren't going to survive. And it's things like that... a lot of what had happened to that person were because of the things that had happened to them in their lives. And it's just tragic, isn't it? And it's things like, when you're doing this type of research, things that you think you're going to be dealing with at the point you do your ethics application, you're thinking through for this around keeping them safe, particularly where they may still live with somebody who has done terrible things at that time to them, is how you can't prepare for everything that that's going to hit you. So then it was like, well, I might have the last recording of this person's voice. I actually stopped the interview part way through because a mental health crisis team were ringing and could tell that person wasn't well. But it's that whole, afterwards in your head you're thinking, have I done the right thing? I mean they were immediately supported by services, but that's really difficult, and I think as social workers you have that a lot more than people in education. Obviously teachers, we deal with families and children all the time, but not on that kind of...

[00:12:04] **Sarah:** You are not the frontline service to respond to some of those...

[00:12:06] **Sarah D:** So you probably, if you'd have done this piece of research, you'd be probably more, I don't even know what the word is.

[00:12:14] **Lesley:** I'm a little bit desensitised to some of it, I do feel like that, because I had to become like that as a practitioner, because otherwise I would've been in tears every single day. There were some days I was in tears, definitely. But yeah, as practitioners you do have to because it's every day. But I think it's a completely separate thing, but it really does emphasise to me about the differences around when we're talking about things like safeguarding, that as teachers your primary role is around the education of those children, not around the safeguarding. Of course you're concerned and of course you need to work with it, but you don't see those elements that practitioners see every day, like all the time. And it just emphasises to me the sort of understanding we need of our partners, you know, that actually they're not seeing that. And I think reading your diary, that really showed that you dealt with this emotionally, something that a practitioner would have to become desensitised to, to some extent. Not to the point where you're not going to care about what happens, because of course you do, but you have to deal with it. But it's quite a lot, and I was just wondering what that raised for me Sarah as well is around the ethics of the safety for you in dealing with that. Was that in the ethics application that you did?

Safe practice in research and practice

[00:13:41] **Sarah D:** It was strange because it was Covid, so originally I bought a separate phone, obviously at the time if it hadn't been Covid I'd have gone and met with them and had a coffee with them and I couldn't do that, so it was on the phone, and I was like, actually I can't use my phone for this because of who I'm speaking to, so the University provided a phone for research, which was great because it's a completely separate number, turned off location settings, it's things like that you don't think of really. Because in my head as well, I suppose, I'm thinking, I'm interviewing these five men who we know are on this program, you know, they've done these things, and I'm doing it from my home, which felt a bit odd because, this is going to sound really strange, I know they're not *in* your home, but you're having a conversation with my children or were around because it's Covid, so I'm in a separate room. And you don't know, and I know some of them had a criminal history because of what they'd

done, and you don't know what you're going to hear. And you're really overthinking like how you were gonna show care and empathy for them whilst at the same time, obviously I'd read into the fact that they could become coercive with me during the conversation, so how you keep your mind thinking about what you need to ask, what you need to find out whilst watching for, listening for things like you probably do really easily as part of your training. But yeah, it was challenging, I think during any kind of research like this with a really hard-to-reach group of people who's underrepresented in research because of the nature of it, was really, really hard, but important. But you are right about the diary, I kept a little diary because I'd noticed that if I did two or three conversations in a day or interviews with these people, the night before I wouldn't sleep well, and the night after. And it was the same with the research on school exclusions, you feel like you're carrying, you carry them. And there was one lady I spoke to, who was actually on maternity leave at the time, and she was telling me that she had no food in the cupboards, she had nowhere for the baby to sleep, and she was hungry. And it was just that evening, I'm happy for any of this to be published, by the way, the diary bits, but then you finish work and you've had that conversation, you go into your house and you've got full cupboards, you've got your fire on, your children are happy and you think, I want to send them money, and you can't send the money, but you're thinking, how can I... so then obviously at the end of the call with that particular person, I'd asked if I could seek support, if I could have permission to go and find some support for that person to get them food in the cupboards, which I of course did. But social workers deal with that all the time, and I'm like, how do you do it? It's like, how do you close your brain at the end of the day? I'm sure you can't fully, but I couldn't have sustained hearing these conversations, and I only did twelve, let's be honest. And I remember them now, and when I replay them, I'm back in the room. So as social workers, I think you're incredible. To have that as your everyday life.

[00:16:59] **Lesley:** But I think one of the challenges that practitioners face when they're doing research is to switch off the social worker, because the social worker would be analysing and questioning, and I think what's important about your research and why this kind of research is important, is they do need to share their voice, and they need that to be not judged or questioned, they need to be accepted. Because for me it's about, with research being authentic, I'm really interested in preventative work, in early intervention work. In order to do that does mean that you've got to have these kind of conversations like you had with these men, because it's so important to understand, well how could the services help them and how maybe can this be prevented? Because

obviously with those, you are hoping that they then don't go on to have those challenges in another family environment. Because I think one of the men you were saying they'd come because in their *previous* relationship they'd been abusive within that, and that's so important that you find a way to see the person first, in order to then listen to them, to then try and have the services that help them, because that then helps the children and it helps the the other family members.

[00:18:19] **Sarah D:** Yeah, it's the only way, isn't it? I mean, some of them had been mandated, like they'd been told by Cafcass [Children and Family Court Advisory and Support Service] you have to go and do this. So they were driven by access to children. But actually when they started the program, I think often, like you said earlier, unless it was a physical violence they didn't necessarily see it as domestic abuse. They were like, "well, I didn't hit them". And then the women as well saying, "well, he never hit me". And it's that same kind of thinking, but actually through the course, through the programme, they were able to reflect and think. I mean, some of them did see parts of it, like sexual abuse as not relevant and quite uncomfortable, because, "well, I didn't do that one, so I don't need to know about that". But I think as a whole really appreciated the difference, and actually the biggest strategy they'd talk about would be time out. Like imagine with like young children having a time out, but taking themselves off for recognising in themselves, hang on, this could escalate, I need to remove myself from the situation, which is really positive. I think what we need to be careful is if over time it doesn't become, well I'm gonna take myself on a time out, when actually they're not, they just decided they need to go off and have some time to themselves for a few hours. I'm thinking, "oh, I could..." yeah, yeah...

[00:19:40] **Lesley:** But I think it was positive though, wasn't it? That they, in the research, they talked about how they'd started to identify strategies and started to understand that it was around this sort of coercive and controlling behaviour, which not everybody knows about this, research knows about it, practitioners know about it, but people in the community don't. So there is something that needs to be done to try and educate, I think they mentioned about this should be in schools, didn't they?

Support and education

[00:20:09] **Sarah D:** Yeah, they wanted it in the curriculum in secondary, particularly. And it is, domestic abuse is in the curriculum, I think it's getting

reviewed, but also, for me, the whole fact they're in a group, I was surprised that they really liked being in group therapy around this, and meeting other people in similar situations. But definitely the early intervention, the sooner we can get this available, I think what they also wanted, as soon as they were told, "you're gonna have to do this program", they wanted it instantly, and it's not instant. So I suppose it's around how we get that funding. And some of the men said, "everybody should be getting this, every person should be getting it". And actually them recommending it to friends and spotting, like doing their shopping one talked about spotting a couple and identifying, recognising, thinking "I know what's happening there, they need to go on the programme", which we've got to get a way to get more people aware of it being there. I mean, one of the men was really keen to be like the poster boy. He was like, "get me on billboards and wherever, I'll tell everybody how great this has been". So, I mean, that's a really positive impact for somebody to go through something and say they want to do that, is positive.

[00:21:31] **Sarah:** Yeah, really positive. So we've sort of moved on to talk about some of the findings.

[00:21:37] **Lesley:** Sorry, yeah I leapt in.

[00:21:38] **Sarah:** No, it's fine, it's good, it's interesting. I was just wondering with what you're saying, because one of your objectives was about identifying processes that support participants to access services, because you were saying about there, saying lots of people should do this, but what did you find out in terms of things that might support people into these services?

[00:22:00] **Sarah D:** So what the women said was, I think women know more that there are domestic abuse services, they don't necessarily know how to get into them, but once they're in them, they're great. It was more with the men. I think for the men, or obviously it could be women also in their situation, it's how do we know that this program even exists? Like, do people generally know that there's, they'll know there's support for women.

[00:22:26] **Sarah:** Do they have to be referred into it, the men? Is that how it works?

[00:22:29] **Sarah D:** They can self-refer in, they can be recommended, like a social worker could say, we recommended this program, or mandated, to say,

you need to do this or it's not even going to go to court, you're not going to get anywhere.

[00:22:40] **Lesley:** I had that as a practitioner, that it was a part of a child protection plan, we would say, actually you need to attend this program. But the problem is with mandated or need, it can change why they're doing it. Most of them talked about that.

[00:22:55] **Sarah:** And how much they actually decide to engage with it and take it on board, rather than tick the box of maybe showing up.

[00:23:02] **Sarah D:** What would've been interesting would've been at the time two had completed, I think three were underway of doing the program, they were like midpoint-ish, and it's had a positive effect and that's shown in the research that it has been positive. It would be interesting to do something further along the line to have followed them and said, you know, how are things?

[00:23:24] **Lesley:** It would be interesting to go back, if you could, some more sleepless nights for you Sarah, but...

[00:23:30] **Sarah D:** Well, I'd now rope you two into it! But yeah, I think that would be good, like does it sustain the impact, what we don't know is if the impact is sustained.

[00:23:41] **Sarah:** So have they not evaluated that, the service themselves?

[00:23:43] **Sarah D:** I don't think anybody has at the moment. I know on the service, I went on one service and had a look through who's the same program, and they've got an Excel sheet you can click on, you can see all the feedback, you can see about 35 people who've accessed their feedback. But I don't think anybody at the moment's looking at the long term, down the line.

[00:24:04] **Lesley:** Like what's happening later. Because I was saying that to the social workers I was teaching the other day, the practitioners, about how in order to know that we've succeeded, we don't ever want to see people again. You don't want customers coming back, kind of thing. So the idea is obviously, hopefully, that they don't come back and that they're still enacting those sort of strategies and that they're successful in that. That's what you would want to see. Because I think was one person in it, they hadn't kind of accepted it all?

[00:24:34] **Sarah D:** Yeah, there was some denial there, saying there's two sides to every story. And I think it's the whole thing that if it's not physical and that's just a change of mindset needed everywhere isn't it, you know?

[00:24:50] **Sarah:** Yeah. That's come up actually in a few of the conversations we've had about domestic abuse, hasn't it? That it's harder for people to wrap their heads around or understand it or recognise it, and sometimes from both sides people might just think, oh, that's part of the relationship and not realise that it's actually abusive behaviour.

[00:25:08] **Sarah D:** I mean it's the impact for the children, isn't it? And it's like you imagine where there's that toxic trio in a family and you think like if there's domestic abuse and there's substance misuse and there's mental health of parents is in decline, for children growing up in that environment, I mean there were some examples in the publication where children have had to ring 999, that was a 15 year old had to ring the 999, and another family where they had to get up and leave just before Christmas Eve, I think it was. And it's really hard. But it's how you identify, isn't it? It's education, it's health, it's it's social care, everybody, the preventative is where we need to get to.

[00:25:54] **Lesley:** It is. Which is where the challenges are, because that requires resources and it requires an understanding that actually early intervention and investment in that, and especially around the right professionals to do things, because obviously there are services, but then they're not necessarily the specialists, it's more the universal element that's there first. But actually, I like the idea that actually this needs a cultural shift around an understanding of these relationships. I think the education side is where it does need to start, but we're talking about a generation before we can see any of that coming through in relationships, aren't we?

[00:26:32] **Sarah D:** I think the other thing as well in schools is who's teaching the young people, the children, young people in schools about domestic abuse? Like who's doing that? No disrespect to teachers and teaching assistants, but have they got the experience to be teaching that? So training around preparing schools, really it should be social work coming in, not that you haven't got enough on! But doing training in schools, in local areas.

[00:27:00] **Lesley:** No, but I think it's important.

[00:27:02] **Sarah:** People who really understand the issues in depth. Yeah, that makes sense.

[00:27:07] **Lesley:** Yeah, because it's the researchers with that level of knowledge and then it's the practitioners with this is what it looks like, this is how we see it. And I think that's the challenge is that everybody's being expected to take on more and more responsibility, but actually if you don't have the knowledge and experience and skill set to deal with that, it can be dangerous, because it's that you're not then putting the right messages across and things like that. The same as it's not up to then the social workers to be doing the teaching. It's acknowledging the expertise of the professionals really, isn't it?

[00:27:41] **Sarah:** And also approaching it in the right way to keep the children safe in those conversations too, because you don't know what they might have experienced, or even if they don't have any personal experience, how they might react to learning about that kind of content. So that all needs to be quite carefully...

[00:27:56] **Sarah D:** Very carefully managed.

Social work involvement

[00:27:59] **Sarah:** Just talking about social workers, because you mentioned some of the key services that your participants accessed alongside the one that you were looking at specifically, and I was just wondering if they had much, if anything, to say about social work and social work involvement in their lives?

[00:28:15] **Sarah D:** They're a bit scared of social workers and it's stigma.

[00:28:19] **Sarah:** On both the, the victim/survivors and the perpetrators?

[00:28:22] **Sarah D:** Yeah, I think particularly the women were worried that if they went to social workers and said, this is what's happening in our household, that I think there's a quote from a parent, like they're gonna come raging in and take my children away. This perception that they're going to be seen as weak, or "why didn't you just tell them to leave?" or "why haven't you left?" And the implications of keeping their children with them. And also knowing that, and you can see it when you read the publication, that the women are left to pick up all the pieces, in their minds. So they might have to

move home, they've got children leaving their bedrooms, their belongings, they've got maybe moving to a new area, new schools, all the legal expenses, all of that fall to the women. So I think their worry is that the social workers will react by removing children. That's their default. Yep. Where actually there were positive experiences of social workers. Turnover of social workers, obviously you've got like teaching, there's lots of movement in the profession, but yeah, that was their main concern and often a barrier.

[00:29:38] **Sarah:** Yeah, I mean that's a huge, that's not a new thing.

[00:29:41] **Lesley:** No, that's just the standard

[00:29:44] **Sarah:** Unfortunately social workers don't have a good reputation, we hear about all the times it's gone wrong, we don't hear about the positive work that they do every day. I'm just wondering, did you get any sense from your participants about where that fear came from? Was it any kind of personal experience that fed into it? Or was it just that wider perception of social work?

[00:30:02] **Sarah D:** It's just a wider perception, and the same with the police actually. And also they don't think the criminal justice system works. There's an example where one of the women says in court there was a text where he had a knife at a throat, he was going to take a knife to her throat, and the judge said, oh, well that doesn't really matter, because they put LOL on the end so they didn't mean it. And it's little examples like that that they've shared that's like so that they don't all have trust that they will be kept safe. But on the flip side, another one had rang 999 Christmas Eve, but then panicked and hung up. The police still turned out and got the partner to leave, but he came back. So there's all of this I think it's recognition. Obviously the impact on the parents is huge, but the children in these households, and it's how you connect it, isn't it? How that gets back to the schools to say there's been this incident with this family. Because all the teachers will see, if they don't have that information, is that child maybe not...

[00:31:09] **Lesley:** Just not quite engaging that day, kind of thing?

[00:31:11] **Sarah D:** Yeah, not quite as they would have been the week before.

[00:31:14] **Sarah:** There's a lot of fear in what you've just described isn't there? It's not just about what's happening to them in their home, but it's the fear for

what will happen to the children, and that lack of trust in services and what's going to happen if they engage with services.

[00:31:29] **Sarah D:** Yeah, and if you imagine if you've got children in three schools, three different schools, you've got an infant, a junior and a secondary age, and you have to move area. It's a huge disruption. Not only the children leaving a father, because the children love both parents, regardless, often, of what's happened. And it's a huge upheaval. And the mother, at that same point thinking, and also they're often financially dependent on the person to pay the bills and do these things, and think, well if I go, I've got no income. And that's a huge, huge pressure. And then obviously going through the, how do you tell people, and how will social work react? But there tends to be a point with all of them where they just go "enough is enough, I can no longer..." well, you'll know that from your work. "I can no longer carry on". And then they just have to go.

[00:32:24] **Lesley:** That was in one of our other podcasts, I think it was Angie, we were discussing about the issue of how it's always then that it's almost focused on the victim, for want of a better word, that *they* are the ones that are having to move rather than keeping the, again for want of a better word, perpetrator out of the way, and keeping them away. And yeah, as practitioners, there is a focus on then the mother to keep the children safe. And I was talking to a room full of practitioners the other day and doing interviews with new students, and it's all about that image of the child snatcher, you know, almost like the *Chitty Chitty Bang Bang* child snatcher who comes along and takes children. And that is how people perceive it. And what I was emphasising to the practitioners is the reality is that ultimately you can, you do have the power, not just you, but the mechanisms of law are behind you to actually allow you to do it, to remove people's children from their care. So therefore it's understandable why there is an impression, because actually you *can*. So it's like working with the reality and working with those people around that *is* where social workers have to start, that that *is* the impression people have of them. And then through hopefully their actions, they then show, actually, I'm here to try and help, I want to try and help you, but I don't think we've got the balance right yet.

[00:33:51] **Sarah:** I think there's some of that same fear in adult safeguarding as well, even when there aren't children involved, that there's a fear that the social worker's coming in to intervene in a way that people aren't going to want. They're not here to help, they're here to mess and do something that I'm

not going to like. And that can be quite a barrier, can't it, to engaging with people?

[00:34:06] **Lesley:** It's tough. We have the expression 'damned if you do and damned if you don't' in social work. Yeah. Seems appropriate. Yeah.

Empowerment

[00:34:16] **Sarah:** I was quite interested in the findings regarding the women and if you can tell us a bit about that, but particularly around your theme about becoming empowered and what did that mean and how did that come about for the women?

[00:34:30] **Sarah D:** I think at the point they make the decision to seek help, enough's enough at that point, and they're at an all-time low. So they're worried about social work coming in, they're worried about their children and the changes in children's behaviours, they're worried about them and their mental health, their finances, and the empowerment seems to come once they, it was Wearside Women in Need, that they go to them, that suddenly the realisation, and I'm sure this is what Wearside Women in Need are doing, that they're kind of telling them and telling them and telling, it's not your fault, it's not your fault. And I think through that, realising actually they can take control of a situation, they can change things. And it felt Like Wearside Women in Need are kind of putting huge arms around them, and not just being there for the time they're having their counselling session or working with them, but being able to contact at any time, and helping with things like housing or preventing escalation of things happening, just being like they talk about 'mother figures', and just having somebody there who's going to catch you when you fall. And the empowerment, I think, came through their realisation, well actually I *can* leave them, or we *can* put them through this programme, or I *can* help my children by doing this, I *can* move out of my house, you know, that empowerment of them thinking, actually I have got some control in my life, which maybe they haven't had? I think that came through really strongly, but took time to get to that. The lady I spoke about who was on maternity leave and had nothing, she wasn't at the empowerment stage, she was at the, "this is horrendous, this is my life", living hand-to-mouth stage. But I think eventually the other women kind of hit that point of actually knowing that things could change for the better.

[00:36:38] **Sarah:** Yeah. I mean it's understandable, isn't it? When they were likely to have felt very powerless and had a lot of control taken from them by the situations they were in, that that would've been a big impact to start to realise that there was control that they could have over other things.

[00:36:53] **Sarah D:** Yeah, and it had been over time, hadn't it? It's not like suddenly something had happened, there'd been incidents over time, so they'd kind of got used to it. I don't mean used to it, that sounds probably really offensive, sorry, I don't mean they got used to it. They became *accepting* of it, that what I meant say.

[00:37:08] **Lesley:** Yeah, accepting of it, yeah.

[00:37:10] **Sarah D:** And then suddenly they're like, there's an example where it was Christmas Eve and they'd brought loads of people back to the house and there was drugs and there was alcohol and children were upset, and just going, "do you know what, no".

[00:37:23] **Sarah:** The same thing came out in some research that I did about domestic abuse where they talked about they'd lived with it for years and it just got to the point one day, and they had been in touch with services, one of the women and been told, oh, you should leave, and had resisted that, and then just got to the point where she was like, one day I just have had enough.

[00:37:42] **Sarah D:** The final straw.

[00:37:43] **Sarah:** Yeah, which is why it's so important for it to be their decision, because those women know when it's the right time for them, it can't be something that's pushed because, as we've said, it's them that has to leave everything if they're removing themselves from the situation.

[00:37:57] **Lesley:** Yeah, because they've got to acknowledge what they're experiencing *as* abusive and *as* problematic as well, because I talked to a practitioner recently who's reflecting on the fact that they felt that because someone had said no, there's no domestic abuse in this relationship, and then later it turned out there *was*, this practitioner felt that they'd been lied to, but was then reflecting on, it's not about that, it was actually about the fact that this woman didn't see it as that. And that's where practitioners have to be quite careful, it's not this simple thing.

[00:38:29] **Sarah D:** Yeah, that was quite common, so some of them would even say to me during the conversation, "well, you know, mine wasn't that bad really, he didn't hit me, so I'm not sure I should have gone really at the time because it wasn't as bad as what you see on the telly". So this perception, I suppose, through media, isn't it?

[00:38:46] **Lesley:** The same as the perception of what social workers do as well isn't it?

[00:38:50] **Sarah D:** Not being beaten to the ground means it's actually the man wasn't so bad, really?

[00:38:56] **Sarah:** And that normalising of some of that controlling and coercive behaviour as well. I think it was, again, that conversation with Angie, I think, when she was talking about you can put trackers, track people on their phones and things like that, or always going to pick them up somewhere, and that could be someone being kind or it could be actually quite controlling, and sometimes people don't see the distinction or don't recognise it for what it is.

[00:39:24] **Sarah D:** Yeah, absolutely, yeah.

[00:39:28] **Lesley:** I was interested in how, because there is that issue of supporting men to access support, and I was interested because they were seeing it as an impact on their masculinity, that it was like, if you access it, you are weak. And I just wonder if you tell us a bit more how they talked about that.

[00:39:49] **Sarah D:** Yeah, there was one who, I think he'd shared it with his employer that he was going to go, and he said "oh, you're going to the naughty lads class". And I think he'd had an expectation that in the group there would be, everyone would have tattoos and like, I think he said like teardrops on their face.

[00:40:07] **Lesley:** Oh, like prisoners.

[00:40:10] **Sarah D:** Like an expectation from them about who these people would be like, who'd done these things.

[00:40:16] **Lesley:** So not seeing themselves as that.

[00:40:17] **Sarah D:** Not identifying as part of that at all. But actually, what was surprising, because I thought at the time I thought, oh, a finding might be they actually they don't want group work, they'd rather have like one-to-one, but they seemed to thrive with sharing experiences about their families and the situations and where they were in the court process as well, for many of them. But yeah, I think you wouldn't imagine, I don't think, that group therapy for this group of men *would* work, I suppose? That's probably an assumption, but for this group it did, it was really effective.

[00:40:56] **Lesley:** Were they part of the same group?

[00:40:59] **Sarah D:** No, they were in different groups, they'd all been in groups, but not the same.

[00:41:04] **Sarah:** Were they all heterosexual relationships?

[00:41:09] **Sarah D:** Yes. Yeah, they were, the ones that took part in this study, yeah. I think one had remained with a partner and most of them had got new partners, and were no longer living with the women, fortunately, as part of this as well, were no longer living with the person because that ethically, I had scripts, I had to create scripts from the World Health Organization guidance to make sure that... the real worry, I suppose I'm backtracking a bit here, was keeping them safe because what if, because it's on the phone, someone's sat next to them.

[00:41:46] **Sarah:** Yeah, you don't know who might be there controlling what they're saying or listening.

[00:41:50] **Sarah D:** When acting as a gatekeeper talking about what would be the time when you would be alone? But then having codes, which would mean you'd do different things. Yeah, really, really complicated to do research in this area, isn't it? To keep them safe, because what you absolutely really don't want is to cause any harm.

[00:42:08] **Lesley:** Well, no, you don't want to cause harm, do you? But it's really important research though, so we do need to find a way to manage these kinds of things.

[00:42:15] **Sarah D:** It's like the self-care bit. So I know with a lot of the women, and the men actually, this was weird, like weird for me at the start, is I got to

know them through text first before we went anywhere near the conversation, I had permission to text them. So I'm sat texting the women, which is fine, they're sharing photos of children's artwork and all sorts, and the men. And that felt a bit like, I can feel it like in my body, you feel a bit like, "oh, I've got texts from, you know..." And you're texting these in your house on an evening, just fire a text over and you go, "yeah, do you wanna chat tomorrow? Shall we set up a time?" And it's perfectly friendly and lovely, but to try and build, not a relationship, but some kind of knowing each other a little bit before you ring up and say, "we've gotta talk about this really difficult thing now". So trying to build that, and then also afterwards texting all of them, "are you okay? Do you need any support services?" And that aftercare for all of them, regardless of histories, to make sure that they're all safe and well and not affected by being part of this, because I think it is a hard thing to talk about, and I know during the conversation with the men, me trying to broach the subject of domestic abuse on the phone, and answer really difficult questions, you're kind of saying it and you're like, you've kind of got your hands over your head thinking, "oh I can't believe I'm actually asking you this". But it's the only way we're gonna learn, isn't it? About how to do things better?

[00:43:46] **Lesley:** Absolutely.

[00:43:47] **Sarah D:** Is by asking those difficult questions. Sorry, I got completely sidetracked.

[00:43:50] **Sarah:** That's alright, it's all good to hear about. And I think you're right, and I think there can be a bit of paternalism around this kind of research in terms of engaging with people, and I think if people want to come and speak to you about their experiences and share that, then I think it's important to give them that opportunity, as long as it's done carefully, as you've talked about.

Recommendations for practice

[00:44:14] **Sarah:** So I think just a few wrapping-up questions then, just last little bits. What recommendations did you make to the local authority off the basis of the research?

[00:44:28] **Sarah D:** I think the key one was combining, so at the moment you've got services for men over here, you've got services for women and you've got services for children. And I felt that if you could get to a point

where, say a woman or someone who'd experienced abuse, could be a man, could be, you know, someone who's nonbinary, experiences something, they can go to a service, and that service *automatically* is part of the process, supports and finds and signposts, whether it's part of that service or separate to the other organisations for the other people. For the siblings as well, like what happens to children and siblings in that kind of situation? Because you might have blended families, where actually there's a family over there that no one's actually involved with, but those children come on a weekend. So I suppose it was around looking at the service structure and continuing to fund both. The big programme we said we need because they're doing fantastic work, training for social workers around all the issues raised in the report, and I don't know how we address the stigma. You're right, they do have that legal power to do that, but also around publicising and making sure that people are aware of these services and they exist, and also recognising if you're in a situation where it's abusive. So they were the key recommendations that were made, that we need to keep funding this work and also the preventative work around spotting the signs that it's happening in families and asking those difficult questions in a way that's not demonising them or suggesting they're weak, in a supportive way. I'm sure social workers do that.

[00:46:18] **Sarah:** A strength-based approach rather than coming in and saying there's something wrong with you and this isn't right.

[00:46:25] **Sarah D:** How can I help? Is everything okay? That type of thing.

[00:46:29] **Sarah:** What about specifically for social workers? Do you have any recommendations or key messages? I know it's not your practice area, but anything you think would be useful for social workers to hear.

[00:46:41] **Sarah D:** I think it's hard for social workers. I think you're like teachers, different but both similar issues in both professions of burnout and leaving and moving on, retention, recruitment, all of those things. I think it's finding the time, which I'm sure you're all doing, accessing training. Is there time, once you're a qualified social worker, opportunities to access training.

[00:47:07] **Sarah:** It's mandatory actually, isn't it?

[00:47:09] **Lesley:** It is, the CPD is.

[00:47:11] **Sarah:** You have to engage in mandatory CPD each year register

[00:47:14] **Sarah D:** And just, I suppose, thinking about how you come across to a family, but I suppose it's quite hard if you're the ninth social worker or the tenth social worker and you're going in again, and you're another face, and it's asking the right questions in a way that's comforting and supportive. Which you will be doing. I don't really feel like I'm in a position to give social workers any tips.

[00:47:36] **Sarah:** These are all important messages, but you're right, that is, well, we would hope all social workers are doing those things.

[00:47:40] **Lesley:** Well, hopefully, yeah that's the idea.

[00:47:42] **Sarah:** A lot of the issues, the problem is a lot of them are structural issues that individual social workers don't have the power to address. We're talking about the fact that multiple social workers are coming in, that's not a social worker's fault, that's an issue with retention and resourcing.

[00:47:59] **Lesley:** Like I said, I've been working with practitioners, so I'm doing some of the CPD, continuing professional development, I realise I shouldn't use acronyms, but I've been doing a lot more of that because there's a bigger push towards that, and I am trying to raise some of these issues, because I think what does happen is that social workers can get lost in *doing the job*, and having the opportunity to step out and think, am I actually seeing that person or am I seeing a perpetrator or am I seeing a victim? You know, rather than the *person* that is in front of me. I just did a session on that the other day with them, because actually, unintentionally, they can lose sight a little bit of, you know, they need to remind *themselves* to reconnect with their values about why did I come into this? What am I doing? Because similar like you were saying with the resources issue, it just means they're under fire the whole time, and time came up on our previous podcast series, wasn't it? About having the time to reflect is really difficult for everybody.

[00:49:02] **Sarah D:** And I think it's the word perpetrator, and it's all over the internet, even now I'm looking at this morning looking at therapeutic support services and it's "have you perpetrated? Are you a perpetrator of anything?" If you're a social worker going in, and you use that language, I think people are just gonna go, like there was one of the women I asked about it, so in the interviews with the women, I asked them about that word, because I thought is it just me that this is really not sitting with, and she was like, no, if you use that word he won't go.

[00:49:30] **Lesley:** Yeah, they won't.

[00:49:32] **Sarah:** I think there's a lot of problematic and contested language that's used in social work, and it does get talked about, but there never seems to be...

[00:49:41] **Lesley:** Because you need an answer, don't you? Because you need a, I think I remember your session on questioning, like 'vulnerable' is a questionable term as well, isn't it? And then you've got the realities of practice, which is, okay, I just need to know what process I need to follow. So it's almost like you need a tag, for want of a better word. But the tag becomes a label, which then becomes something that you then treat the person. That's the problem. It's the labelling, isn't it? But you need something to say, okay, yes, I know what that is. I can do all of these processes now. And it's tough, we haven't come up with an answer.

[00:50:18] **Sarah D:** People who have engaged in domestic abuse. You've engaged in it, you've done it.

[00:50:22] **Lesley:** Yeah, because I would say it's 'experienced' about the victims.

[00:50:26] **Sarah:** Engaged is a more active word, isn't it?

[00:50:32] **Sarah D:** Difficult.

[00:50:33] **Lesley:** Very difficult.

[00:50:34] **Sarah D:** I do empathise, honestly, I don't know how you listen to this in your role and recover. And it's not even about you, is it? It's about them.

[00:50:46] **Sarah:** No, but I think it's important to acknowledge that we've had a lot of conversations in and outside of the podcast about emotions in research because we do, as researchers, we put all our attention into thinking about the people that we are gonna be engaging with as part of our research projects. And the ethics is geared up to that as well. But we don't think as much about ourselves and how we are reacting and responding and what we might need to manage that. And it is a conversation that needs to be had and it's right to raise it. And, you know, we need to support each other, don't we?

[00:51:17] **Lesley:** I think as it came up in conversation, you know we had Wallsend Children's Community come in, one of our colleagues, Emma Aggar, who I was supporting on a research project, she hadn't experienced, she was looking at emergency response grants, and then the issue of indirect domestic abuse occurred as one of the reasons why these people were needing to access it. So it was a complete surprise. And then when I was supporting her, I'm so used to that, I had to remind myself that actually for her this was actually quite a shock. This was a new experience of dealing with that. And I think there is a desensitised element of practitioners, because you have to be. Same in the medical profession as well, they have to become desensitised, to a *certain extent*, but it does mean sometimes I think we need to remind ourselves a little bit more.

[00:52:10] **Sarah D:** So do social workers have somebody, do you have counsellors?

[00:52:17] **Lesley:** No, they have supervision, but it does tend to be case supervision. There's an element, it's very much dependent on the managers as to how much of that would be about the sort of emotional aspects of cases and how that's impacting on the social workers. I think one of our colleagues is looking at, no not one because one of them's you Sarah! A few of our colleagues, trauma-informed practice, and trying to support practitioners more around that. Because actually there's a lot of elements that just are not really recognised that we do need emotional support as well. And that burnout issue is there. It's difficult, I was talking to a colleague the other day was saying that actually they can't get experienced practitioners to come to their local authority. What they get is newly qualified, who then leave. You know, they come, they do that period of time, then they go, because the pressure of it, and dealing with that every day. And for me it was actually the responsibility, that's what I struggled with. Feeling responsible for getting it right, feeling like it's on me.

[00:53:23] **Sarah:** Because the consequences are so huge if you don't, but actually I think it falls to the social worker but it should be multi-agency.

[00:53:30] **Lesley:** It should, but it is the social worker.

[00:53:32] **Sarah:** It's the social worker that gets looked to.

[00:53:33] **Lesley:** Well, because they're the lead.

[00:53:34] **Sarah D:** You get named as well publicly.

[00:53:35] **Lesley:** You do.

[00:53:36] **Sarah:** And that's awful, isn't it? Anyway, we're going off a little bit, sorry.

[00:53:42] **Lesley:** It's become a therapy session.

[00:53:44] **Sarah D:** I sympathise with you all, you should have all the counselling and all the support.

[00:53:50] **Sarah:** Well, it would be great if it was better funded social care generally. More money that's gonna be our primary, yeah.

[00:53:57] **Lesley:** Ultimately, that's what it comes down to. It is, isn't it? It's about the fact that it's under-resourced in the same way that teaching's under-resourced, nursing, social care. Everything is under-resourced at the minute, and then the pressure on everybody to keep performing at this level is really tough.

[00:54:14] **Sarah:** It is tough now. Well Sarah, thank you. Is there anything else that you would like to say about the research or anything else that you want in the podcast?

[00:54:23] **Sarah D:** No, it's been lovely. Thank you for having me.

[00:54:25] **Sarah:** Thank you so much for coming in and giving up your time, because I know how busy you are, it's appreciated. So that's it then for today and we will sign off. Goodbye everybody.

[00:54:34] **Lesley:** Goodbye.

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[00:54:35] **Sarah:** You have been listening to the Portal Podcast, linking research and practice for social work with me, Dr Sarah Lonbay.

[00:54:43] **Lesley:** And Dr Lesley Deacon. And this was funded by the University of Sunderland, edited by Paperghosts, and our theme music is called, *Together We're Stronger* by All Music Seven.

[00:54:53] **Sarah:** And don't forget that you can find a full transcript of today's podcast and links and extra information in our show notes. So anything you want to follow up from what you've heard today, check out there and you should find some useful extra resources.

[00:55:06] **Sarah:** See you all next time.

[00:55:07] **Lesley:** Bye.