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*Social Workers' Conceptualisations of
Domestic Violence and Abuse Against People
with Learning Disabilities*

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In

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Abstract

Domestic violence and abuse (DVA) is a critical social, cultural and legal problem in the UK and worldwide. It is known that disabled people, both men and women, are twice as likely to experience DVA as their non-disabled peers. Since disabled people, including people with learning disabilities, may require care and support, it is likely that social work professionals working with adults will encounter people with learning disabilities who are victims of DVA. However, there is a paucity of empirical research studies in this area, leaving social workers with little to draw upon to inform their practice. Therefore, this thesis aims to explore how social workers practising with adults with learning disabilities understand and respond to DVA in their work. A qualitative research project was undertaken with 15 social workers practising with adults with learning disabilities. Semi-structured interviews, alongside vignette interviews, were utilised to gather data which was analysed using thematic analysis. The findings of the study indicate that social workers view victims with learning disabilities as vulnerable due to their individual life experiences, including how perpetrators responded to their disability. Yet the social workers in the sample did not routinely identify structural issues of oppression and how these impacted each victim's position within abusive relationships. Furthermore, the study suggests that social workers are often the professionals tasked with managing risk in cases of DVA where both the victim and perpetrator have a learning disability. The social workers questioned did not feel confident in this role. The conclusion of this study presents recommendations for social workers to improve their interventions with this service user group, suggesting that social workers should be given more support to manage these cases, including specialist training in the area of DVA to enable them to explore how issues of marginalisation impact the experiences of abuse. Finally, the study recommends that policy development should focus on developing pathways and guidance for working with vulnerable perpetrators, to assist social workers, and other professionals, to more effectively work with perpetrators who have a learning disability.

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GLOSSARY OF ACRONYMS

ADASS- Association of Directors of Social Services
BME- Black and Minority Ethnic
CIC- Community Interest Company
CJS- Criminal Justice System
CLDT- Community Learning Disabilities Team
CSE- Child Sexual Exploitation
DASH- Domestic Abuse, Stalking and Honour based violence
DCA- Department of Community Affairs
DHSC- Department of Health and Social Care
DoH- Department of Health
DPA- Data Protection Act
DVA- Domestic Violence and Abuse
DVPN- Domestic Violence Protection Notice
DVPO- Domestic Violence Protection Orders
FGM- Female Genital Mutilation
HCPC-Health and Care Professions Council
HMSO- Her Majesty's Stationary Office
IDD- Intellectual and Developmental Disability
IPA- Intimate Partner Abuse
IFSW- International Federation of Social Workers
LD- Learning Disability
LGA- Local Government Association
LGBTQ- Lesbian, Gay, Bisexual, Trans and Queer/Questioning
MARAC-Multi Agency Risk Assessment Conference
MCA- Mental Capacity Act
MOJ- Ministry of Justice
ONS- Office of National Statistics
SCIE- Social Care Institute for Excellence
SOTSEC-ID- Sex Offender Treatment Services Collaborative - Intellectual Disability
SW- Social Worker
WHO- World Health Organisation

Chapter 1

Introduction to the Thesis

1.1 Introduction- Context of Domestic Violence and Abuse (DVA) & Learning Disabilities (LD)

Domestic violence and abuse (DVA) is a global social, cultural and legal issue. Tackling this phenomenon has been the focus of activists, the charity sector, criminal justice professionals, health and social care professionals and policymakers nationally and worldwide. In the UK, an estimated 2.4 million adults between the ages of 16-74¹ experienced DVA in the year 2018-2019. This amounts to 5.7% of the population (ONS, 2019A). The lifetime prevalence figures for DVA indicated that 30% of women and 17% of men had experienced DVA at some point in their lives (Osborne et al., 2012). As the definition of DVA in the UK includes both intimate partner and family violence, the statistics reflect abuse occurring within both of these types of relationships. However, DVA within intimate partner relationships was reported to the police twice as often as DVA within families (ONS, 2019A).

Although DVA can and does happen to both men and women, women are disproportionately impacted by DVA with 1.6 million female and 786,000 male victims recorded in the most recent UK statistics (ONS, 2019B). Furthermore, the victims in 74% (270) of all DVA related homicides in 2018-19 were female, with 260 of the homicides involving a male perpetrator (ONS, 2019B), demonstrating the most severe consequence of DVA inordinately impacts women, and is the consequence of male violence. From the data gathered as part of the crime survey of England and Wales, it can be discerned that disabled people are twice as likely than their non-disabled peers to experience DVA. The statistics record that 13.8% of disabled women, compared to 6.4% of women in the general public, and 7.1% of disabled men, compared to 3.3% in the general public, reported experiencing DVA in one year (ONS, 2019B). These numbers demonstrate that disabled people of both sexes are 50% more likely to experience abuse than their peers. Here the statisticians are using the definition of disability set out in the Equality Act 2010, which is defined as long term impairment or illness that impacts day to day life (ONS, 2019B). Whilst this definition would include people with learning disabilities (LD), no specific statistics are gathered about this group's experience of DVA. However, it is well established in the research literature that people with LD are at an increased risk of experiencing sexual abuse than the general public (Fenwick, 1994; Peckham, 2007; Wighan et al., 2011), and have a lowered expectation

¹ The upper age limit is not to suggest that people over the age of 75 do not experience Domestic violence and abuse, the upper age limit reflects how statistics are gathered in the crime survey, and is a significant short coming of the data.

of their perpetrators being criminally sanctioned (Quarmby, 2008; Chapman, 2020). It is, therefore, essential to consider the impact of DVA on people with LD, as indications are that they may experience DVA at especially high rates.

The financial costs of DVA are high and are estimated to be over 66 million pounds per year in England and Wales (Oliver et al., 2019). These costs include time lost in employment, the costs of policing and criminal justice responses, medical treatment and the costs to social care. Whilst a large portion of the costs to social care relate to child protection investigations and procedures (Oliver et al., 2019), DVA also impacts adult social care. Of the 143 390 safeguarding adults enquiries conducted in England in 2018-2019, 7990 were due to DVA (NHS Digital, 2019), which is an increase from the previous year where 6365 cases were reported (NHS Digital, 2018). It is, therefore, clearly an issue that social workers in this field can expect to encounter in their practice.

This thesis aims to critically analyse how social workers practising with adults conceptualise domestic violence and abuse perpetrated against people with learning disabilities and how these conceptualisations shape their practice in managing such cases.

1.2 Law, policy, and practice guidance

This section will explore the current laws, government policy and practice guidance in place for managing both DVA and safeguarding adults, as both of these areas of practice are relevant to this thesis. It should be noted that overarching legislation such as the Human Rights Act 1998, particularly article 3 the prohibition on torture, degrading and inhuman treatment, would also apply to this topic. However, due to word constraints, this section will explore those laws, policy and guidance which directly address DVA as well as those addressing adult safeguarding.

1.2.1 DVA law and policy

At the time of writing this PhD, the current working definition for DVA in use in England and Wales is provided by the Home Office and is as follows:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members

regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- *Psychological*
- *physical*
- *sexual*
- *financial*
- *emotional*

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

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group (Home Office, 2013).

It is worth noting that at the time of submission, the Domestic Abuse Bill 2020 is working its way through parliament. If it is passed, it will provide a statutory definition for domestic abuse. The removal of the term "violence" from the definition has been met with some scepticism, and concerns that the government's commitment and understanding of the severity of the issue are diluted by only maintaining the term abuse (Aldridge, 2020). However, the proposed definition does not differ significantly from the one provided above and would not change the meaning of the phenomenon being discussed in this thesis.

From a criminal justice perspective, DVA is dealt with through both the criminal and civil courts. Whilst there is no single offence of DVA, a combination of offences such as harassment, assault and grievous bodily harm are used by the criminal justice system (CJS) to investigate and prosecute interpersonal crimes by associated persons. In recent years, acts of abuse that are specific to an intimate partner or

family relationship have been made a crime. Control and coercion within intimate partner or family relationships are now unlawful under section 76 of the Serious Crime Act 2015. Furthermore, sections 24 to 33 of the Crime and Security Act 2010 introduced the Domestic Violence Protection Notices (DVPNs) and Domestic Violence Protection Orders (DVPOs). The DVPNs allow police to restrict a perpetrator's access to a victim and their home for up to 48 hours, and the magistrate's court can extend this for a minimum of 14 days up to 28 days through a DVPO. The purpose of such orders is to allow victims time away from their abuser to make decisions about their relationship. These orders extend the powers of police to take action against a perpetrator, even where the victim does not wish to pursue a complaint. Furthermore, the Domestic Violence Disclosure Scheme (DVDS), previously known as Clare's Law, gives the police the power to disclose to a victim, or potential victim, their partner/ex-partner's history of abuse or violent offending. DVDS have been included in police guidance since 2014 (Home Office, 2016). Although this scheme is currently set out in policy, the provision to bring this power for disclosures into law is included in the Domestic Abuse Bill 2020.

In addition to criminal sanctions, victims can take steps to restrict perpetrators access to themselves, their children, and their homes. Victims can apply for injunctions under the Family Law Act 1996 through the civil courts to have an abuser's contact with themselves restricted (non-molestation orders) or to have perpetrators excluded from a shared property (occupation orders) (HM Court and Tribunal Service, 2017). There is a cross over between the civil and criminal aspects of law as the breach of a non-molestation order can be a criminal offence (HM Court and Tribunal Service, 2017). Unlike the DVPN and DVPO, such orders are reliant on the victim to make an application.

In England, the national policy for managing DVA is set out in the strategy document "Ending Violence against Women and Girls Strategy 2016–2020" (HM Government, 2016). Although the Home Office definition of DVA specifies that the victim can be of any gender, this policy recognises that DVA is disproportionately experienced by women and therefore seeks to address DVA as part of its wider strategy to eradicate gender inequality. Actions for social work are addressed within this document, however, the actions and outcomes relating to the profession (such as the establishment of an evidence-based What Works project) apply to social care with children and not adults. Disabled women also feature within the strategy, as it identifies that accessible service provision is a challenge for this group of vulnerable women. Within the document, it specifies that local authorities need to be aware of their duties under the Equality Act 2010 to vulnerable groups, but it falls short of suggesting what changes to services should look like for this group of women.

In addition to National strategy, each local police force co-ordinates a Multi-Agency Risk Assessment Conference (MARAC) to evaluate risk and put in place multi-agency strategies for high-risk victims of DVA (SafeLives, 2014). MARACs should be attended by various stakeholders, including representatives from health and social care (SafeLives, 2014). Although MARACs are not a statutory provision, representatives from statutory agencies sit on the panels and the MARAC process should work alongside other statutory processes, such as safeguarding adults or safeguarding children procedures.

1.2.2 Safeguarding adults: law and policy

The legal framework for safeguarding adults in England is set out in the Care Act 2014 and the corresponding Care and Support Statutory Guidance (DHSC, 2020). The latter is regularly updated online. Section 42 of the Care Act 2014 requires local authorities to make safeguarding enquiries in the following circumstances.

42. Enquiry by local authority

(1) This section applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there) —

(a) has needs for care and support (whether or not the authority is meeting any of those needs),

(b) is experiencing, or is at risk of, abuse or neglect, and

(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

(2) The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom.

The criteria for section 42 (1 a) “adult in need” is set out in the statutory instrument the Care and Support (Eligibility) Regulations 2015. To qualify as an adult in need the individual’s needs must result from a mental impairment or illness, the individual must not be able to meet two or more of the outcomes set out in the criteria (e.g. managing nutrition or being appropriately clothed), and the inability to meet these outcomes is harming the person’s wellbeing.

The objective criteria for an adult in need (resulting from mental impairment or illness) would be met by individuals with learning disabilities (LD). An LD is defined in government policy as follows:

Learning disability includes the presence of: A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with; A reduced ability to cope independently (impaired social functioning); which started before adulthood, with a lasting effect on development (DoH, 2001).

Therefore, the procedures set out in section 42 of the Care Act 2014 would likely apply where an adult with learning disabilities is experiencing DVA.

The Care and Support Statutory Guidance (DHSC, 2020) lists the government's definition of DVA within it and states that local authorities and safeguarding adult boards are required to work alongside the systems for managing DVA, including the MARAC process. More detailed professional guidance has been issued alongside the statutory guidance, by the Local Government Association and the Association of Directors of Adult Social Services (LGA and ADASS, 2015), entitled "Adult Safeguarding and Domestic Abuse: A guide to support practitioners and managers 2015". This document is meant to be a helpful guide for those encountering DVA in their practice. It sits alongside statutory guidance rather than replacing it. The guidance emphasises the importance of working with the government's "Making Safeguarding Personal" agenda, which seeks to prioritise person-centred interventions, where the intervention is focused on the desired outcomes of the victim/service user —promoting, as far as possible, choice and control over social care interventions (LGA and ADASS, 2019).

1.3 Terminology

In this section, I will explore the chosen terms used within this thesis. I will detail the available options and provide a rationale for the language used.

1.3.1 Domestic violence and abuse

There is not a single, universal term to describe abuse which happens in the home environment, between individuals who have an existing relationship. It is therefore important to be clear about the terminology used within this thesis and the reasons for selecting these terms. Within the research

literature, the terms domestic violence and domestic abuse are the most widely used within UK publications (see Hague et al., 2012; Hester, 2011 and Walter-Brice et al., 2012). However, within the international literature, terms such as battered spouse, wife abuse, interpersonal violence, intimate partner violence, spouse abuse and family violence can also be found (see Dobash and Dobash, 1979; Ward et al., 2010; Campbell, 2002; Stith et al., 2000 and Levinson, 1989). The preferred term used by the researcher varies based on the date of the publication, the country of origin and the theoretical perspective of the author. Terms such as battered spouse and wife abuse were used in early publications to describe the brutality of what was happening to women in their own homes (Dobash and Dobash, 1979; Yllo and Bograd, 1990). The term “battering” was chosen, not only to be descriptive but also to be shocking (Hamberger and Potente, 1994). However, as the field has developed, such terms are rarely in use. The scope of DVA, within research and policy, has expanded beyond physical violence. Furthermore, the nature of the perpetrator/victim relationship has also expanded to include non-married partners and other family members. The term intimate partner violence is in current use, primarily in American publications. However, as with the term wife or spousal abuse, using this term would limit the scope of the study, by excluding abuse from other family members. As I am interested in abuse within intimate partner relationships as well as family relationships, this term would not be suitable. This leaves the terms domestic violence and domestic abuse.

Some authors have argued that the term “abuse” is more appropriate than “violence” as it is descriptive of the actual experiences of survivors, many of whom have not experienced physical violence but have been subjected to emotional or financial abuse (Mullender, 1996). Its precise meaning is also likely to be more widely understood by all agencies who may encounter victims (ADASS, 2013). However, others have argued that the term violence is socially constructed and may, in fact, be used by victims of abuse to describe their experience of all forms of harm, including emotional or psychological abuse (Hollomotz, 2013). To ensure the broadest possible interpretation of harm done by a partner or family member, I have, therefore, elected to use the term *domestic violence and abuse (DVA)*. This is the terminology used in UK government policy, specifically in the Home Office (2013) definition. The Home Office (2013) definition of DVA will also be used as the basis for the selection criteria for the sample of this study.

1.3.2 Victim and perpetrator

As with DVA, there are several terms that appear in the research literature to describe those experiencing and causing the abuse. The terms victim and survivor both appear in the research literature to describe those experiencing abuse. Both of these terms have been heavily theorised and

come steeped in meaning. The term victim was first applied by early feminists who sought to “make the personal political” by bringing the issue of violence against women by their husbands to the forefront of political life (Hanisch, 1970, p.76). This necessitated constructing DVA as a criminal act with a victim and perpetrator (Dunn, 2005). The term victim has been adopted into policy and law in this area; for example, it is used through the Domestic Abuse Bill 2020.

However, the term victim quickly became associated with deviance particularly when abused women chose to stay in abusive partnerships, as victims did not display what was considered normative behaviour patterns of removing oneself from harm (Loseke and Cahill, 1984). This led to a wave of feminist exploration of abused women’s agency and identity within such relationships. The term survivor became the means of moving away from narratives of helplessness. Survivor discourse focuses on women’s ability to move on from abuse or to make choices within abusive relationships for self-preservation (Kelly, 1988; Leisenring, 2006). The identity of survivor is one which conveys a sense of collective experience and a way of politically organising around common interests (McLaughlin, 2012). Whilst seemingly a powerful word to highlight the resilience and resourcefulness of those experiencing abuse, the term survivor is not without critique. Gupta (2014) suggests that overemphasising the idea of the agency of the survivor to make choices and self-protect, risks neglecting the structural mechanisms that render people vulnerable and restrict their ability to make protective choices.

I have chosen to use the term victim, firstly for the reason highlighted by Gupta (2014). Whilst recognising individual agency to make decisions and choices is essential, I am conscious of the structural barriers faced by those who experience DVA, such as a lack of available alternative housing or refuge space (Women’s Aid, 2020). These barriers are amplified for disabled victims of DVA, who face a dual disadvantage. Furthermore, the term survivor is an identity that I do not feel I have the authority to place onto someone I do not know. Whilst, I would argue, victim is a descriptive term implying someone who has experienced a criminal act, survivor is a personalised view of oneself and one’s own experiences. Sadly, I also cannot be sure that all of the victims discussed within this study have, in fact, survived their abuse.

As I had chosen to adopt the term victim, I selected the corresponding term perpetrator to describe those who committed the abusive acts. The term is in use within professional guidance (such as the Domestic Abuse and Adult Safeguarding Guide (LGA and ADASS, 2015), although, the new Domestic Abuse Bill 2020 has opted for “people who carry out domestic abuse”. The latter is not yet in use and is overly wordy. I, therefore, decided on perpetrator as this would be widely understood by all

participants. Although most of the perpetrators discussed in the study had not received a criminal sanction, and thus were only alleged perpetrators in the legal sense, I have adopted the term perpetrator for simplicity.

1.3.3 Learning disability

As with terminology relating to DVA, there is no one term which is universally used to describe individuals who have a lasting cognitive impairment, which impacts daily social functioning and has been present since childhood. Within the UK academic context, the terms learning disability, learning difficulty and intellectual and developmental disability are often used (see Williams and Evans, 2013). In international publications, the term mental retardation can also be found (see Papachristou and Anagnostopoulos, 2014 or Singh et al., 2019 for examples in current use). However, the connotations of the word “retardation” have become very negative and in most instances pejorative and is decreasing in academic use. This term is not commonly used in the UK, where it would be considered discriminatory, and therefore I would not consider it to be an appropriate term to use in this research, except for as a search term in the literature review.

As for the term intellectual and developmental disability (IDD), or simply intellectual disability (ID), it is the term that is widely in use in international and UK publications (see Collings et al., 2020). It is the chosen term for many international agencies such as the World Health Organisation. From an academic standpoint, this would perhaps be the preferred term to use; however, within the UK statutory services, the terms learning disability and learning difficulty are more frequently used (Williams and Evans, 2013). As my target research participants, and reading audience, are social work practitioners, it is preferable to use terminology that is in everyday use.

Choosing between the term learning disability and learning difficulty is more difficult. In my own practice, I have always employed the term learning difficulty. This is because my local service user-led group advocated that this was their preferred term. Learning difficulties has been argued to be the term most compatible with the social model of disability (Hollomotz, 2009) — which sees the cause of an individual’s impairment to be society’s failure to adapt to their needs, rather than their medically diagnosed condition (Shakespeare and Watson, 1997). However, this term is not used across all of the UK in this context. There is also the potential for confusion with an educational learning difficulty such as dyslexia or dyspraxia. I have chosen to use the term learning disability throughout this piece of research (with the exception of interviews where the participant has preferred the term learning difficulty) as it is widely used and understood in practice. Furthermore, it is the term used in UK policy

guidance documents such as Valuing People (DoH, 2001) and Valuing People Now (DoH, 2009) and is used in relation to UK legislation such as the Mental Capacity Act 2005 Code of Practice (DCA, 2013).

1.4 Rationale for the research

My personal rationale for this thesis began on a Friday afternoon when I was the social worker on duty in a community learning disabilities team (CLDT). I received a referral for a woman with learning disabilities in her early 40s, who I will call Athena². She was completely unknown to the CLDT. Athena had presented herself at her GP's office asking for help as she had left her husband who, she alleged, had been physically and emotionally abusive towards her for years. She had walked out of her home with nothing but her medication and the clothes on her back. As the duty social worker, it was my responsibility to find her somewhere to go. I tried inhouse respite units, but they were full. Then I rang the housing department to access emergency accommodation for her, but the housing officer advised me that the only sources they had available to them were hostels. He felt she was far too vulnerable for this type of accommodation, and he had nothing else available. My next step was to contact the local DVA organisation and ask for help to find her a refuge bed. However, this also proved to be a problem because she needed personal care, and, as I discovered on that day, refuges are not registered or funded to provide such care. This is something which I now know is a significant barrier for disabled women trying to access support (Hague et al., 2012; McCarthy, 2000). I suggested to the DVA agency that I could contract a domiciliary care agency to come to the refuge to provide the personal care, but I was advised this would not be permitted as refuge locations are confidential and cannot be disclosed to any outside agencies.

What was I to do? I was fast running out of options for Athena, and it was nearing 5 pm. I had never met this woman. There were no care plans or previous assessments for reference. The only thing I knew from the referral was that she needed some assistance with personal care and food preparation. By this point in my career, I had been working in the team for several years. I had good relationships with several providers, and I knew the agencies who might be willing to help out on short notice with little to no information. I rang a service manager of a local learning disabilities charity and explained the situation. By this point, it was nearly the end of the day, and I wasn't quite sure what I would do if this option didn't materialise. Thankfully, for everyone involved the manager rang me back and stated

² The Greek Goddess of wisdom. I certainly feel as though this case was pivotal in professional development.

that they had a room available in a supported living house, where there were staff on duty day and night, and they would be prepared to house her over the weekend. I swiftly drove to pick up Athena, who had been at one of the council's offices across town, and together we headed over to the accommodation. It was by now, about 6 pm. We were greeted by the service manager, who had stayed on late to help support Athena. However, my work was not yet done. Athena needed food, toiletries and a change of clothing for the weekend. She had no money and nor did she have access to her benefits or bank account. Whilst Athena settled in, I headed to a local ASDA with her shopping list where I purchased her food, toiletries and some simple clothing items. I dropped them off to her, checked one last time how she was and headed home for the night. It was 10 pm by the time I walked through my front door.

The next Monday morning, when I was writing my case notes to hand over to the locality team, who were picking up the case, I began to reflect. Had I done the right thing? She was safe, but she wasn't at a specialist refuge. Would others have done the same? What if I hadn't been on such good terms with the provider who, with very little information, no paperwork and no contract, agreed to help this woman? Where would she have gone? It was this encounter that led me on a journey of inquiry and research.

1.5 Structure of the thesis

The thesis is composed of a total of eight chapters. This includes the current introduction chapter, which sets out the rationale for the research project. The subsequent chapters are set out as follows.

Chapter 2- Literature review

This chapter explores the literature relating to social work with adults with learning disabilities who experience DVA. The chapter will begin by presenting a narrative review. This review will examine the broader literature on the development of social work, social work practice with DVA, and theories of risk. The narrative review is presented to enable the reader to understand the practice context in which this research takes place. The chapter will then present a systematic review of the literature on the topic of social work with people with learning disabilities who experience DVA, and will then detail the resulting research questions.

Chapter 3- Methodology

This chapter sets out the foundations of the study, including the ontological and epistemological position of the research. The chapter sets out how the data were gathered, including the ethics process, the sampling criteria and the research methods employed. The methods of data gathering, and the subsequent analysis process are described and critically analysed within this chapter.

Chapter 4- Findings – At risk: conceptualising vulnerability as experiential

This chapter is the first of three findings chapters which are organised according to the themes derived from my analysis of the data. This chapter explores the subthemes, which give rise to the overarching theme of *At Risk: Conceptualising Vulnerability as Experiential*. This theme explores participants' understanding of the factors which made victims more susceptible to harm and abuse. These factors also allowed practitioners to justify their interventions with the victim. Participants' conceptualised vulnerability as stemming from the personal connections and relationships which rendered individuals more likely to experience harm from DVA.

Chapter 5- Findings- Posing a risk: agency and intent

This chapter is the second of three findings chapters, and it addresses the overarching theme of *Posing a Risk: Agency and Intent*. This chapter will discuss how practitioners conceptualised the individuals perpetrating the abuse. It reveals that social workers framed their understanding of risk in terms of the perpetrator's intent in their actions, as well as the perpetrator's understanding and awareness of their behaviour. The chapter reveals that social workers were often directly involved in working with perpetrators who were also adults in need.

Chapter 6- Findings- Managing risk: professional judgement

This chapter is the final of the three findings chapters. It explores the ways social workers made decisions within cases of DVA. The role of mental capacity to make decisions features prominently within the chapter, as does the role of developing a relationship with the victim of abuse. Furthermore, the chapter explores the role defensive practice plays in social workers' decisions.

Chapter 7- Discussion

This chapter brings together the three themes. These themes are analysed drawing on the existing research literature, legal theory papers and Beck's (1992) theory of Risk Society. The chapter returns to the research questions posed in chapter two to explore how the data helps to answer these queries.

Chapter 8- Conclusion

The final chapter of the thesis applies the learning from the findings and discussion chapter to the profession of social work. Recommendations are made for those currently in practice, social work educators and policymakers. Within the chapter, I reflect on the limitations of the study, as well as the personal learning and development that has taken place during the research process.

Chapter 2

Literature Review

2.1 Introduction

This chapter explores the existing literature available on the topic of social work with people with learning disabilities (LD) who experience domestic violence and abuse (DVA). The chapter is divided into two distinct sections: a narrative literature review and a systematic literature review. The chapter begins with a narrative review of the broader literature surrounding the development of the social work profession, social workers' engagement with DVA, and theories of risk. The narrative review aims to provide the reader with an understanding of the knowledge base surrounding the topic of this thesis. This is important as it will enable the reader to better contextualise the findings and discussion chapters which discuss the data in the context of wider debates in social work practice, risk management and safeguarding adults.

The second portion of the chapter will then progress to a systematic review of the literature. This portion of the chapter aims to provide a detailed account of the search strategies, the findings and the analysis of the key literature on the specific topic of social work with adults with learning disabilities who experience DVA. This section aims to identify gaps in the existing research on this topic, which warrant further empirical research. Critical analysis tools will be used to evaluate the quality of the available evidence, and key themes will be drawn from the findings through a process of reading and analysing the literature. Although systematic reviews would normally involve two researchers (Aveyard, 2019), due to time pressures, it was not possible to involve my supervisors in cross checking all materials. However, the systematic steps were followed consistently throughout the process. Whilst a second researcher may have strengthened the review nevertheless, this chapter offers a robust examination and analysis of the available evidence.

2.2 Narrative review

2.2.1 The profession of social work

The profession of social work has a long and rich history, with its roots tracing back to the Industrial Revolution and the advent of modernity. Modernity refers to the process of societal change that began in the 18th century. Which saw a restructuring of society around the growth and development of

industry, focusing on the use of logic, reason and objectivity to control the natural and social worlds (Lupton, 2013). Pre-modern societies were comprised of small, largely homogenous, communities that were governed by strict adherence to religious beliefs and maintenance of the social order (Lupton, 2013). However, the ideological shifts that occurred in 18th century Europe saw a societal permutation away from an unquestioning belief in rigid religious dogma towards the use of the scientific method to explain the natural world (Howe, 1994). The focus on logic, reason and the development of empiricism led to a period of significant technological advancements which was termed the industrial revolution (Howe, 1994). The feudal system ended, giving rise to capitalism and an ideological focus on growth, production, consumption and betterment (Howe, 1994).

This shift in ideology altered not only the industrial and labour forces, but also the belief in personal responsibility and the capacity for change. In feudal society, charitable relief of poverty could be given by the church (Seed, 1973); however, the idea of ameliorating an individual's social situation was not contemplated. Social status was God-given and thus fated (Seed 1973). The process of modernity through industrialisation served to shift public attitudes about individual control (Sheldon and MacDonald, 2009). The advances in science and technology had demonstrated how people could use natural resources to change their environment. As a result, beliefs shifted about individual responsibility (Howe, 1994). No longer were people conceptualised as poor due to fate, rather the prevailing view became that poverty was a result of flawed character, such as a poor work ethic. It became an individual's responsibility to change their life situation (Seed, 1973). While the constant of poverty remained, the social constructions about why deprivation occurred, and more importantly, how to change it, altered (Sheldon and MacDonald, 2009). It was during this time period that organisations and social movements were created to encourage individual betterment, and it is these projects that have helped to shape modern-day social work. Organisations such as the Charitable Organisation Society (COS), with their focus on helping those in poverty who were assessed as the deserving poor (Burnham, 2011), and the settlement project which sought to model learning, skills and knowledge through community development (Hugman, 2009) were both examples of the precursors to present-day social work. Both organisations sought to improve the people they supported (Seed, 1973; Lymbery, 2005; Sheldon and MacDonald, 2009).

Like the Industrial Revolution before it, the Second World War dramatically changed perceptions of need and responsibility (Sheldon and MacDonald, 2009). Immediately following the war there was a relative public consensus that a welfare state was needed to address deprivation. The elected Labour government implemented a welfare system that was meant to provide the basics of life from the cradle to the grave. This included a public health service, welfare benefits and public housing. At the

start of this process of welfarism it was surmised that social work would no longer be needed as a profession as all essential needs would be met by the state (Sheldon and MacDonald, 2009). However, what shortly became clear was that there were families which, despite the resources available, were not thriving (Sheldon and MacDonald, 2009). This defined a new role for social workers, which was to work in the community with “troubled families” (Sheldon and MacDonald, 2009).

Social work also evolved during this period to help and support those in need to navigate the social welfare systems (Hopkins, 2002). As Webb (2006) has argued, the development of the Welfare state marked a shift in the focus of those doing social work. Whereas social work³ during the Industrial Revolution focused on bettering the individual, helping to address personal deficits and flaws, the universalism of the welfare state focused on need and ensuring all citizens had the necessary provisions required to thrive. Furthermore, the concept of need had also expanded. Before this period, need had only been defined in terms of poverty. The persistence of need in the face of a comprehensive welfare system began to challenge this perception (Webb, 2006). At this time, social workers were still focused on poverty but were starting to expand the examination of need beyond only a lack of money or material resources (Hopkins, 2002).

The social and civil rights movements of the 1960s and 1970s saw the role of social workers being challenged yet again, by radical and civil rights activists. As Ferguson and Woodward (2009) have argued, radical social work was a movement that sought to challenge what it saw as the systems and structures of society that created oppression and need. The ideas behind radical social work were rooted in socialist and Marxist ideals that social work should address inequality on a social level, rather “than simply helping clients adjust to an unequal and oppressive society (Ferguson and Woodward, 2009, p3)”. The movement started at a time when the gaps between the rich and the poor had widened significantly, with high unemployment and high inflation creating deeper poverty not seen since the creation of the welfare state (Ferguson and Woodward, 2009). This was also a time when the union movements were gaining momentum with many ideals of radical social work linking to those of the trade union movements (Ferguson and Lavalette, 2013). However, as Hopkins (2002) has highlighted the radical social work movement drew criticism from some service user groups from BME, LGBT and disability backgrounds, who felt that structural oppressions (other than those relating to class) were being overlooked by the movement. However, Ferguson and Lavalette (2013) have argued

³ I am using the term social work here, even though the settlement or Charity Organisation Society workers, the hospital almoners etc would not have called themselves social workers. However, they were doing roles that eventually developed into the modern day profession. Rather than listing all of the different roles and organisations involved, I am grouping them all under the title of social work, to provide clarity and brevity to the paragraph.

that a radical focus examines all areas of structural oppression and recognises the interconnected nature of disadvantage, therefore radical social work is concerned with inequality resulting from capitalism as well as patriarchy, imperialism, white supremacy, heterosexism and ableism. The lasting impact of radical social work can be seen in the profession's commitment (at both national and international levels) to anti-oppressive and anti-discriminatory practice.

Whilst radical social work saw the solution to growing inequality as a dismantling of restrictive oppressive structures, aiming to rebuild society on the basis of collectivism and universalism (Ferguson and Lavalette, 2013), government policy took a dramatically different approach. The Conservative government under Thatcher sought to move away from the collective approach of the state being a universal provider towards policies which encouraged a return to classical liberal principles (termed neoliberalism) of individual responsibility, encouraging citizens to take accountability for managing their own welfare (Clarke, 1996; Parton, 1996). National debt and inflation were reduced by cuts to public sector spending, with increased privatisation of public assets (Clarke, 1996). Viewing government social welfare services as overly bureaucratic, inefficient and financially wasteful, public services were increasingly shifted to the private sector, with the local authority acting as commissioner, rather than provider (Leece, 2012). As Parton (1996) argues, such policies had far reaching consequences for social work, as neoliberalism brought economic strategy into social care (Parton, 1996). The focus on universal welfarism adopted by previous governments had changed to neoliberal thinking about individual (rather than collective) responsibility, and the concept of risk and risk management became increasingly the focus of policy and practice (Parton, 1996; Kemshall, 2002; Webb, 2006). Risk calculations had long been a feature in financial industries such as banking and insurance to predict asset gain, but during the Thatcher government the language and thinking of risk began to permeate social care (Parton, 1996). As the goal of policy at this time was to reduce the availability of services, the concept of risk was thought to be a useful determinant for thresholds for intervention (Webb, 2006). Need alone was not enough to warrant state intervention, there also had to be an element of risk of harm to oneself or others. Thus, social work saw a shift in who practitioners worked with; it was no longer who was in the most need, but rather who was most at risk (Webb, 2006). Theories of risk will be discussed later in this chapter.

The shift towards individual rights and freedoms can also be seen in the advocacy and self-empowerment associated with the disability rights movement of the 1980s and 1990s (see Morris, 1997). This movement lobbied for services which were individualised (not catch all) and for control over who provided the support (Morris, 1997). Initiatives such as direct payments, where service users are provided with budgets which are used to employ their own workers (Leece, 2012), were

implemented to provide greater social control to those using services. These changes were first implemented in policy, before entering into law in 1996 through the Community Care (Direct Payments) Act 1996⁴. Such policies centred service provision around the expertise and autonomy of the individual, who could make choices and manage the risks associated with their care (Leece, 2012).

During the tenure of the New Labour government from the late 1990s through to 2010, the focus on individual choice and control became, in adult care, the driving force of service delivery (Beresford, 2008; Lymbery, 2005; Leece, 2012). Called the personalisation agenda, the idea of greater individual control dominated policy with the White Paper *Our Health, Our Care, Our Say: A New Direction for Community services* (DoH, 2006) and the policy *Putting People First: A Shared Vision and Commitment to the Transformation of Adult Social Care* (HM Government, 2007). However, as Lymbery (2012) argues, rather than solely being a policy of empowerment (as it was portrayed by the Labour government) personalisation became a means of government devolving responsibility for managing risk on to citizens by encouraging service users to take responsibility for facilitating and managing their own care (Kemshall, 2010). As Rose (2000) has argued the process of promoting individual responsibility for risk management is complex as it seeks to balance demands of rights groups for autonomy over their lives with their vulnerability to harm. Such policies may be seen to compromise and roll back the provisions of the welfare state but ultimately safeguarding processes remain in place for those who are not able to manage risk and to safeguard themselves.

The focus on personalisation has remained in place through various changes in government from Labour, to the Coalition, through to the present Conservative government. It applies to all areas of practice, including the adult safeguarding process (see LGA and ADASS, 2015). The financial crash in the late noughties provided an increased impetus to reduce citizens' reliance on government (Lavalette, 2017). Financial decisions, which sought to reduce national debt through cuts to government spending, saw significantly reduced budgets for social care (Lavalette, 2017). Government strategy focused on citizens seeking support from their community through initiatives such as the "Big Society". However, as Bunyan (2013) has argued, the positive language of community development work was used as a means to justify cuts in services. Further privatisation of services took place under the Coalition government; this repeated the neoliberal politics of earlier Conservative governments, which focused on privatising services and reducing state welfare provision (Parton, 2011). In the case of childcare many of the preventative services which were implemented by the previous government were reduced, and the rhetoric of 'safeguarding children' was replaced by a return in language to

⁴ The powers first set out in this act are now contained in the Care Act 2014

‘child protection’ (Parton, 2011), indicating a policy shift in working with those at the highest risk of abuse or neglect, rather than those children experiencing social or educational disadvantage.

Whilst the current government’s tenure has been occupied by several major political crises, first Brexit and now COVID, the continued pressures of reducing services, combined with an increase in need, continue to dominate frontline practice (Turner, 2020).

2.2.2 Social work and DVA

DVA is a social issue that permeates all areas of social work practice (Mullender, 1997; Heffernan et al., 2014). However, the majority of the existing research literature examining DVA in social work practice focuses specifically on child protection (see Stanley et al., 2011; Humphreys, 1999). Whilst more than 60% of statutory social workers are employed within children and families teams (DoH, 2014), DVA is a significant concern for practice with adults as well (Robbins et al., 2016). The dominance of the child protection focus within the research literature may be a direct result of the development of specialisms within the profession. Statutory practice is currently separated into two key areas: social work with children and families, and social work with adults. Depending on the local authority, each overarching area may then be further sub-divided (e.g. disabled children’s teams, adult mental health teams). However, such delineations of services have not always existed. Following the Seebohm Report of 1968 (Seebohm Committee, 1968) and the subsequent Local Authority Social Services Act 1970, all “social services” (e.g. housing, child welfare, mental health care, social care) were brought into the local authority’s control in order to standardise and regulate the delivery of services (Bamford, 2015). Generic teams—established by geographical areas— were created and social work caseloads included both adults and children (Trevithic, 2011; Bamford, 2015). However, this approach was not universally popular, and by the late 1970s, many practitioners as well as social work’s professional body, the British Association of Social Workers (BASW), were calling for specialisms within the profession, particularly in the areas of child protection and mental health (Bamford, 2015).

Child protection was increasingly seen as a complex area of practice due to the profession’s perceived failure to effectively protect and safeguard children from abuse by family members within their own home (Clapton et al., 2012). These concerns arose following the deaths of Maria Colwell in 1973, Jasmine Beckford in 1984, Tyra Henry in 1984 and Kimberley Carlisle in 1985, as all of these children were killed by family members despite being known to social services before their deaths (Butler and Drakeford, 2011; Bamford, 2015). These child deaths resulted in increased public and media scrutiny

of the profession, leading to a clear shift in the focus of social work (Butler and Drakeford, 2005; Parton, 2014). During this period, the notion of what was most harmful to children was being reconceptualised by social workers. This was shaped by media coverage and the findings of the public enquiries into child deaths (Drakeford and Butler, 2010). Whilst child welfare had traditionally been focused on alleviating poverty, poor health and poor education amongst children through access to universal services, these social work scandals cause the profession to focus on the risk of abuse from within the home (Parton, 1985). Shifts in practice and policy therefore moved away from identifying and meeting need to assessing and reducing risk (Houston and Griffiths, 2000). This shift in social work practice replicated broader societal trends for being increasingly focused on risk (see Beck, 1992)

By the mid-1980s increases in specialist teams were being reported within social services (Challis and Ferlie, 1987), with full separation of children and adult services in most local authorities by the 1990s (Parton, 2009). Whilst this shift in social work practice was occurring, a simultaneous burgeoning of feminist campaigning aimed at shifting public service responses to DVA was also developing. The first feminist UK research studies examining social work responses to DVA were being published in the mid-1980s (See Maynard, 1985; Dobash et al., 1985), and were scathing of social workers responses towards victims of DVA (more on this to follow in section 2.2.2.1). Featherstone and Trinder (1997) argue that the status of child protection was then utilised by radical feminist campaigners and researchers who sought to compel statutory services to meet the needs of victims “by hitching DVA to the seemingly unstoppable child protection juggernaut” (p 150). Thus, research—particularly feminist research—became the vehicle to challenge services which were seen to be complicit in ignoring the needs of women experiencing DVA (Maynard, 1985). Goode and Ben-Yehuda (1994) propose that this exploitation of the child protection moral panic did not produce the social change and victim supportive culture that feminist activists had hoped. Numerous studies exploring victims’ perceptions of social work (Humphreys and Thiara, 2002; Stanley et al., 2012), as well as social workers’ interventions in child protection cases involving DVA (Humphreys, 1999; Scourfield and Welsh, 2003) found that the child protection process did not often consider the effects that DVA had on the victim, and their ability to engage with the child protection process.

In addition to the increased public profile of child protection work, the differing roles and responsibilities of social workers within each area (children and adults) relating to DVA may further explain the overt child protection focus within the literature. In law the Adoption and Children Act 2002 amended the definition of harm within the Children Act 1989 to include a child witnessing the ill-treatment or harm of another person (section 120). This created a statutory role for social work in the protection of children who live with DVA, even if the child is not the intended target of the abuse

(Hester, 2011). Subsequent policy documents such as Every Child Matters (HM Government, 2004) and Working together to safeguard children (HM Government, 2018) have served to firmly establish the link between child protection and DVA (Hester, 2011). As one in seven children under the age of 18 lives in a household with DVA (Radford et al., 2011), and sixty percent of all serious case reviews highlight DVA as a factor in the death or serious injury of a child (Brandon et al., 2012), DVA will likely be present in a significant proportion of the caseloads of social workers practising in children and families teams.

Whilst legislation and policy guidance have clearly defined the association between child protection and DVA, the role of the social worker with an adult experiencing DVA, is not as established. An adult at risk— and in need of safeguarding by the local authority— must meet the following criteria set out by the Care Act 2014 section 42 (1):

(a) has needs for care and support (whether or not the authority is meeting any of those needs),

(b) is experiencing, or is at risk of, abuse or neglect, and

(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

This indicates that adults experiencing DVA must have additional support needs for statutory social work interventions to take place. Although recent statistical analysis indicates that 30% of women and 16.3% of men will experience DVA in their life time (ONS, 2014), many of these individuals would not meet the threshold of the Care Act 2014. Therefore, experiencing DVA is not, in itself, an eligibility factor for social work intervention with adults.

However, a lack of a legal duty to all adults does not correlate to a lack of need amongst those adults who are eligible for support from social services. There is a growing body of research examining DVA experienced by disabled women (see Nosek et al., 1997; Magowen, 2003; Thiara et al., 2011), as well as a body of research exploring the prevalence of sexual violence against adults with learning disabilities (see McCarthy and Thompson, 1996; Horner-Johnson and Drum, 2006). The most recent Office for National Statistics figures (ONS 2019B) indicated that women and men with disabilities are twice as likely to experience DVA as their non-disabled peers. Furthermore, an incidence study examining safeguarding adults referrals to two local authorities found that adults with learning disabilities were at a higher risk than other service users of experiencing sexual abuse within their

family home (Mansell et al., 2009). Therefore, when including abuse from family members in the definition of DVA, such findings indicate that DVA may be more prevalent for disabled adults (including adults with learning disabilities) than the general population. Although most adults experiencing DVA will not be eligible for support from social services, for those individuals who are in receipt of care and support from the local authority, DVA may be a relevant and pressing concern (Thiara et al., 2011).

2.2.2.1 Social work, DVA, child protection

As a profession social work has come under scrutiny for how it has historically engaged with DVA, placing responsibility on to the victim to make changes to placate a perpetrator and also to protect herself (the literature primarily relates to women) and her children (Dobash and Dobash, 1979; Maynard, 1985; Mullender, 1996; Mullender, 1997; Humphreys, 1999; Danis, 2003). This criticism can be understood through an examination of the changing social construction of harm from DVA. Feminist researchers conducting research in the 1970s and 1980s identified that statutory service workers such as social workers (Dobash et al., 1985; Maynard, 1985), were resistant to taking action to protect victims of DVA. This reluctance to intervene centred on conceptualisations of family life as sacrosanct, and therefore outside of the realm of public sector interference (Dobash and Dobash, 1979). This was evidenced in contemporary studies of social workers' responses to DVA. For example Maynard's (1985) study examining the case recordings of social workers in a Northern English local authority, found that in the 34 cases where DVA was identified, in only two instances were women encouraged to leave abusive partners by the social workers. Furthermore, the study found that the majority of social workers perceived family separation as the greatest harm to the child and actively encouraged family cohesion to ensure the child's well-being (Maynard, 1985). Such perceptions were not unique to social work. Edwards' (1989) study of police attitudes towards DVA found reluctance among officers to intervene in what they perceived to be family disputes. Police in this study felt that the family required social support, rather than criminal sanctions. At this point the physical and emotional harm experienced by the victims was seen as unique and separate to any harm experienced by the child (Stanley, 1997), and therefore was not the primary concern of social workers.

However, from the 1990s onward a stark contrast begins to appear within policy guidance (Social Services Inspectorate, 1995), practice and the literature on DVA (Mullender, 1997). No longer were practitioners encouraged to protect the nuclear family; instead practice shifted to protecting the child from the harms associated with the violence, even if this meant removing the child from one or both of its parents (Humphreys, 1999). At this point in social work practice, there is a clear reconceptualization of what is a risk to a child's wellbeing (Mullender, 1997), as the harm experienced

by the victims of abuse begins to be seen as interconnected to the harm experienced by the child (Stanley, 1997). Such changes are associated with an increased body of research evidence demonstrating a correlation between the perpetration of child abuse and the perpetration of DVA (Farmer and Owen, 1995; Stanley, 1997) as well as research highlighting the emotional impact on children of witnessing DVA (Mullender and Morley, 1994; Edleson, 1999; Wolfe et al., 2003). As discussed in section 2.2.2, the increased attention to the welfare and protection of children can also be seen in the context of the specialisation of child protection by social workers (Parton, 2009).

As the social work profession became more focused on the issue of DVA and harm to children, the focus of research moved from the profession ignoring the issue, to an evaluation of the type of action taken by social workers (Stanley et al., 2011). It is estimated by Women's Aid (2006) that 750,000 children in the UK witness DVA each year. Therefore, as legislation and policy extended local authorities' responsibilities towards children witnessing DVA, referrals to social services of emotional abuse to children increased (Stanley et al., 2011; Hester, 2011). However, whilst responsibility for addressing DVA in child protection increased, the resources, training and awareness of practitioners did not keep pace (Stanley et al., 2011; Peckover, 2014). As Rivett and Kelly (2006) argue, the sheer number of children potentially eligible for social work intervention on the grounds of witnessing DVA meant that without significant structural changes to agencies, social services were not going to be able to safely and effectively meet the demand created by policy changes. In Stanley et al.'s (2011) study, most child protection referrals involving DVA received by social services were not allocated for assessment, and those most likely to receive an assessment were cases where social workers were already involved. This study highlighted a lack of systematic assessment of risk within cases to determine those children at most risk (Stanley et al., 2011) thus indicating that legislative and policy shifts alone were not able to address practice deficits in protecting children.

For Rivett and Kelly (2006), the correlation between DVA and child protection has been problematic as it suggests that all cases of children witnessing DVA are most effectively tackled through social work intervention. Whilst long term exposure to DVA has been linked to adverse effects on children's wellbeing (Edleson, 1999; Wolfe et al., 2003), the extent of the impact is debated (Kitzmann et al., 2003; Stanley, 2011). The impact on the child cannot be assumed to be universal (Rivet and Kelly, 2006) as it will be dependent on the individual's situation and needs to be carefully evaluated to determine the best intervention for the victim and child. In linking all DVA to child protection intervention, the risk is that victims (and perpetrators) become reluctant to seek help, fearing child removal (Rivett and Kelly, 2006; Hester, 2011), thus potentially dissuading those most in need from seeking initial support. Arguments for greater investment in preventative as well as support services,

such as refuges, as a means of effectively meeting the needs of children experiencing DVA are contained within the literature (Rivet and Kelly, 2006).

2.2.2.2 Social work, victims, and gender roles

A significant discussion within the literature relates to the relationship between social workers and the victim of abuse. As Payne (2005) argues, social work is a profession which is dominated by women—with an estimated 77% of the workforce being female (General Social Care Council, 2012)—and is focused on women. The majority of direct work in practice will involve interventions with women in their capacity as parents, carers and service users (Payne, 2005). Furthermore, within policy, practice and research on DVA, gender and gender roles have featured significantly. Research studies (Walby and Allen, 2004) have demonstrated that DVA disproportionately affects women and is often perpetrated by men (Hester, 2013). DVA has often presented in practice through work with mothers, in cases of child protection and child in need. Therefore, it is relevant to consider the impact that gender and gender roles have on social workers' relationships and interventions with victims of DVA.

Radical feminist campaigners and academics approaching the topic of DVA as a gendered issue have theorised that male violence towards female partners is a manifestation of the patriarchal structure of society (Dobash and Dobash, 1979; Acker, 1989; Walby, 1990; Featherstone and Trinder, 1997). Second-wave feminists argue that patriarchy exists as a means of controlling women's reproductive labour and that DVA is a mechanism of men's control over women's bodies (Dworkin, 1971). The theory of patriarchy challenged earlier social theory that had explained gender inequality as a manifestation of natural difference or social necessity (Acker, 1989). Patriarchy became a means of explaining that power was arranged within society to uphold male dominance and promote female repression in all facets of social life (e.g. law, politics, family) including within family relationships (Dobash and Dobash, 1979; Hunnicutt, 2009). Early research exploring social work responses to DVA highlighted the perceived maintenance of patriarchal privilege within practice. In Maynard's 1985 study, social workers encouraged victims to behave in ways which did not anger or incite perpetrators thus placing responsibility for the abuse onto the victims, and negating the actions of the perpetrators. Such responses were argued to reinforce the view of the female partner as subservient, whilst also legitimating violence and male dominance within the home (Maynard, 1985; Dobash et al., 1985). Social work was criticised for being a profession upholding a "working patriarchy" (Maynard 1985, p 140).

However, the extent to which the theory of patriarchy can explain the complexity of DVA in practice has been questioned. By proposing a hierarchy based on gender alone, it is alleged that patriarchal theorists fail to account for the impact of other structural oppressions (e.g. racism (Mama, 1989), disability (Mays, 2006) and class (Sokoloff and Dupont, 2005) on victims of abuse (Gelles, 1993; Hunnicutt, 2009). The concept was further criticised for its limitation in contributing to the explanation of violence by women towards men (and men towards men) (Hunnicutt, 2009). Moreover, patriarchy also fails to fully explore why only some men abuse (Hunnicutt, 2009). Featherstone and Trinder (1997) assert that due to the influence of radical feminist researchers, patriarchal theory became the dominant discourse amongst academics, and that this position went largely unchallenged in DVA research within the UK. As a result, Featherstone and Trinder (1997) argue that there is an under-representation of men, notably perpetrators, from research. Furthermore, the radical feminist view of patriarchy did not robustly examine the emerging concepts of masculinities and the hierarchy of power relationships within gender (Featherstone and Trinder, 1997). Theorist Connell (2005) proposed that to understand male dominance over women, there needed to be an examination of power relationships both within and between genders. Connell asserted that there were multiple “masculinities” and “femininities” and that a hierarchy exists within these multiple gender roles, and it is this hierarchy that re-enforces a patriarchal structure within society (Connell and Messerschmidt, 2005). At the top of this hierarchy is what Connell terms hegemonic masculinity, “which embodie[s] the currently most honoured way of being a man, it require[s] all other men to position themselves in relation to it, and it ideologically legitimate[s] the global subordination of women to men” (Connell and Messerschmidt, 2005, p832). Hegemonic masculinity does not just dominate over femininity, but also over other masculinities, creating a hierarchy within the gender. Connell (2005) identifies the other concepts of masculinities as complicit and subordinate. Men with learning disabilities would fall within the subordinate masculinity, as they do not adhere to the traditional roles and power status of males in society, and therefore, are themselves oppressed by patriarchal order. The theory of masculinities is helpful in exploring why not all men are violent, and why many men are disadvantaged by the structural power dynamics in society.

Within the literature on social work and DVA, a fairly consistent picture emerges. In cases of DVA involving children, practitioners place expectations on the victims of abuse to ensure the welfare of the child (see Humphreys, 1999; Humphreys and Thiara, 2002; Humphreys and Absler, 2011; Stanley et al., 2011). Whilst policy guidance encourages practitioners to work in a way that promotes the safety of the non-abusive parent in order to best protect the child (Local Government Association, 2005), the evidence from research suggests that interventions are not always so supportive of the victim (Stanley et al., 2011). Instead, practitioners were found to encourage victims to leave the

relationship often without considering barriers that might exist to the survivor being able to leave (Humphreys, 1999; Humphreys and Thiara, 2002; Scourfield and Welsh, 2003). At times extreme pressure was applied to victims in the form of ultimatums to leave or risk their child being removed (Humphreys and Thiara, 2002). Whilst in child protection cases the social worker's duty is to the child, and not the adult— making child focused interventions perhaps understandable—the potential for such approaches to place already disempowered women at further disadvantage has been criticised within the literature (See Humphreys, 1999; Humphreys and Thiara, 2002; Hester, 2011).

An intervention focussed solely on work with the female victim may suggest that social workers conceptualise women/mothers within traditional gender roles. This includes seeing them as responsible for the child's care and wellbeing, where good enough mothering is judged by the steps taken to end the harm posed to the child, even if the mother's own behaviour poses no risk (Lapierre, 2008). The danger of such an approach is that responses become punitive towards victims and risk adding to a feeling of powerlessness, in turn exacerbating the effects of abuse, rather than alleviating them (Featherstone and Peckover, 2007). Apart from gender roles, there is an argument that social workers' conceptualisations of the perpetrator within violent relationships has contributed to the overt focus on the mother. Studies exploring social work responses to abusive fathers have found a reticence from practitioners to become involved in confronting abusive men (Featherstone and Peckover, 2007). Whilst fear of harm plays a significant part in decisions not to engage abusive men (Stanley et al., 2011), Featherstone and Peckover (2007) have argued that the conceptualisation of the perpetrator as criminal has equally contributed to social workers overt focus on mothers. Whilst the abuse perpetrated under the umbrella of DVA is often criminal, in seeing the perpetrator solely as an offender—and therefore the concern of the police (Featherstone and Peckover, 2007) - social work has been criticised for excluding men from the interventions, ignoring their role as fathers generally, and this is increasingly so when the father is also the perpetrator of DVA (Featherstone and Peckover, 2007; Stanley et al., 2011). This exclusion then leaves the mother as the only focus for social work intervention. Whilst arguments within the literature are made for a more joined up process of meeting both the child and the mother's needs within practice, calls are also made for practitioners to re-examine their view of the perpetrator, in order to increase abusive men's social responsibility for their actions, including their responsibility as a parent (Featherstone and Peckover, 2007).

2.2.2.3 Social work, DVA and disability

Although it is known that disabled people are at a significantly higher risk of experiencing DVA (ONS, 2019B), there remains a relative paucity of research exploring professional responses to this

phenomenon. However, there is a small but growing body of research exploring the experiences of disabled adults (mainly women) who have experienced DVA (see Thiara et al., 2011; Hague et al., 2011; Walter-Brice et al., 2012; Douglas and Harpur, 2016; McCarthy et al., 2017). Nixon (2009) has argued that the marginalisation of disabled adults within society results in their maltreatment often being overlooked. Researchers such as Hague et al. (2011) have argued that disabled adults are often conceptualised as asexual; this can be attributed to the dominance of the medical model of disability within society. The medical model involves a focus on the individual's impairment as a deficit that must be treated or addressed (Hague et al., 2011). In focusing purely on deficits, rather than strengths, the holistic view of the individual is lost. This has resulted in the sexuality and relationships of disabled, and learning disabled, adults being ignored, leading to the possibility of DVA within these relationships being overlooked (Nosek et al., 1997; Hague et al., 2011; Walter-Brice et al., 2012).

Within the existing studies, victims reported experiencing numerous forms of abuse, which also included abuse relating specifically to their disability (Plummer and Findley, 2012). Withholding care or aides, weaponizing threats of service intervention, and using abusive disablist language was commonly reported in the data (Nosek et al., 1997; Hassouneh-Phillips and Curry, 2002; Hague et al., 2011; Radford et al., 2006). The literature reflects that disabled women are at increased risk of experiencing DVA due to social isolation, as well as dependency on abusers who may also have a role in providing care (Plummer and Findley, 2012). In seeking help, victims may fear a relinquishing of their independence, as alternatives to an abusive carer may well be residential care settings (Radford et al., 2006; Hague et al., 2011).

Despite calls for the issue of DVA to be viewed as an adult social work issue (Robbins et al., 2016), the literature on social work responses to disabled victims is sparse. What research suggests is that social workers view DVA as an important issue, but that they are likely to underestimate the prevalence of the abuse occurring in practice (Heffernan et al., 2014). There are, however, explorations of the application of the MARAC process in cases of social work with adults (see Robbins et al., 2014; McLaughlin et al., 2018). McLaughlin et al.'s (2018) study found that the MARAC processes were not working in a joined up way with safeguarding adults' procedures, with MARAC meetings often giving no more than 10 minutes to a case, leading the authors to question whether the meeting prioritised bureaucratic processes over having meaningful discussions about risk which would benefit victims (McLaughlin et al., 2018).

2.2.3 DVA and LD (not covered in the systematic review)⁵

Specifically examining what is known about victims with LD, existing studies indicate that people with LD experience DVA at high rates. In Ward et al.'s (2010) study of people with LD's experience of intimate partner relationships, 60% of participants reported having experienced DVA. Furthermore, research indicates that experience of abuse may be of patterns that repeat throughout the life course, with victims reporting experiencing multiple abusive relationships (Pestka and Wendt, 2014). As with non-disabled women, the evidence for mothering during and after DVA for women with learning disabilities presented the same, if not amplified risks, of child protection involvement (McCarthy, 2019). Research in this area is still at a relatively early stage with very few studies exploring the experiences of victims with LD of DVA (Bowen and Swift, 2019).

2.2.4 Theories of risk

The profession of social work has become increasingly focused on the assessment, measurement, and management of risk (Webb, 2006; Kemshall, 2010). This is in large part due to a societal preoccupation with risk as, in a time of global uncertainty, citizens search for means of predicting and controlling life's events (Beck, 1992). The concept of risk as we use it today, focuses on the likelihood of experiencing harm or hazards. However, understanding of the natures of risk and harm have shifted significantly over time (Lupton, 2013).

In pre-modern times, significant harms and hazards were a reality of life for most people. Plague, violent wars, and starvation would have been a real and present danger for most citizens. However, as discussed earlier in this chapter, pre-modern understanding of the world centred on religion and God's will; thus being sick, dying in a war, or starving in a famine were all thought to be outside the control of human beings (Lupton, 2013). However, with the enlightenment and the advent of modernity, understanding of hazards and harms changed. No longer were people conceptualised as being fated to experience harm due to the will of God or fortune, rather harms and hazards were understood to be measurable and predictable events. Modernity focused on human advancement through objective, scientific processes that would assist societies to conquer the challenges that they faced. As Beck (1992) argues, modernity offered certainty. Modernists held that events in the natural world were knowable, being able to be discovered through a process of empiricism and logical

⁵ This literature was excluded from the systematic review because it did not specifically address social work practice in this area.

deduction. Therefore, harms and hazards, with the right tools, could be calculated and measured (Hacking, 1990). Once correctly measured and understood, human interventions could then change the likelihood of experiencing harm (Lupton, 2013). Mathematics, specifically statistical probabilities, were thought to be a key tool in calculating and measuring risk, which at this point in modernity had come to mean deviations from the norm. It was thought that the application of rationality, and systematic scientific methods, could identify aberrations from the norm and enable them to be brought under control (Hacking, 1990). It is important to note, that at this point in modernity such deviations could be both good and bad; risk was therefore viewed as a neutral concept (Lupton, 2013). Such ideas were fundamental in the establishment of the insurance industry, which sought to calculate and predict the likelihood of events and mitigate against their impact (Beck, 1992). The actuarial practices of insurance have been imported to other areas, including health and social care notably in risk assessment tools used in the management of offending (Kemshall, 2002) and mental health (Dixon, 2015).

However, as multiple theorists have argued, following the Second World War western society has gone through another transition, this time from modernity to a late (or post) modern period (Beck, 1992; Giddens, 2013; Foucault, 1991). This period is marked by significant shifts in culture and a further breakdown of traditional institutions (e.g. changes in expectations of marriage). Technologies enabled greater contact with others worldwide, trade expanded, and the nature of global uncertainties became more apparent. There began to be a rejection of the certainty and objective processes of modernity, as the unforeseen consequences of modernism demonstrated the limits of objective study (Beck, 1992). Within this period of late modernity, the concept of risk extended from measurable, calculable processes, to a term used to describe any uncertainty, whether measurable or not (Douglas, 1992). Furthermore, risk has now largely become associated with negative or harmful events (Douglas, 1992)⁶, moving the term away from the modernists' neutral use of risk.

There are several key theories which can be used to explain and understand risk, particularly in the context of social work practice. Douglas' (1992) cultural theory of risk explores how risk is used to manage danger or otherness in a society (Lupton, 2013). Douglas argues that judgements about harms cannot be seen as independent and objective, since culture will invariably influence how harm is seen and understood (Douglas, 1992). Douglas argues that modernity's focus on objective and measurable risk does not account for why certain activities are viewed as dangerous in one culture, but not

⁶ Except for the financial industry, where risk still can be used in terms of positive financial speculation (Lupton, 2013).

another (Douglas, 1992). However, what modernity has done is to create a belief that risk can be measured and mitigated. Therefore, when tragic events occur, someone must be blamed or held accountable for not appropriately managing the risk. For Douglas, risk has become a tool through which blame can be managed in modern culture (Douglas, 1992). As Douglas has argued, the ascription of blame to an action or phenomenon is proportionate to the cultural significance the danger holds in that particular society. The cultural theory of risk has been applied to examinations of moral panic impacting social work (see Warner, 2013). Examining moral panics through a cultural theory of risk lens helps to explain why certain events gain such traction in the public consciousness. For example, moral panics relating to children (such as the satanic panic of the 1980s) do not reflect an objective measure of the likelihood of harm faced but do reflect the cultural significance that is attached to this harm.

A second major grouping of risk theories are those of governmentality, based on the works of Foucault (1991). The theory of governmentality is concerned with an examination of how governments control their citizens. Governments in the modern period tended to use what Foucault terms disciplinary power, using processes of sanctions, enforced by societal institutions (e.g. police or courts), to control the actions of its citizens. However, in the current era (which Foucault argues is a postmodern period), citizens' faith and trust in traditional institutions is waning, thus power can no longer be as effectively enforced through disciplinary means. Foucault (1991) argues that neoliberal governments use concepts of individual responsibility to regulate citizens' behaviour, and to encourage self-restriction in the use of resources. This approach serves to reduce the role of the state in provisions of welfare (often established in the post-World War 2 consensus), moving provisions increasingly away from meeting collective need. Citizens are encouraged to become rational actors who draw on professional knowledge to make informed decisions about their wellbeing, reducing their own risk of harm (Kemshall, 2010). In relation to social work, this theory explains how the state has moved away from provisions based on needs and universal entitlement, to one of risk management whereby service users are encouraged to make decisions and choices that promote independence, reducing their reliance on the state (Green, 2007).

A third theory of risk is that of risk society. This concept often refers to both the works of Beck (1992) and Giddens (1990), who theorised about the impact that the advances of modernity had on changing society. For the purpose of this thesis, it is the works of Beck that will be examined in closer detail. Beck (1992) theorises that we are currently going through a second modernisation (late modernity) within society. This has occurred because, in the process of advancing society through industry and technology, new and unforeseen hazards have been created. An example of this is the man-made

climate change resulting from the carbon admissions of modern industry. The hazards created by modernity are global and inescapable and as a result all global citizens are forced to confront the impact such hazards may have on them (Beck, 1992). The focus on these hazards is so all encompassing that risk calculation and minimisation has become the primary focus of a late modern society. Beck (1992) argues that this has created a risk society, which is a society continually needing to focus on and evaluate the likelihood that unmitigated harm may befall them. As a result, everyone in society now increasingly understands the world through the lens of risk. We are all in a constant process of reflecting and adapting our ideas and behaviours to adjust to uncertainties, as risk has become the all-encompassing framework through which we understand our modern world (Beck, 1992;2009).

As part of living in a risk society, Beck (1992) argues that we all go through a process of what he calls individualization, which is his term for how an individual negotiates and understands hazards in relation to their identity (Lupton, 2013). In late modern society, Beck argues that the traditional structures have begun to break down even further and the existing ties people have to communities or social roles are lessening. Individuals, therefore, have to reflexively process risk in relation to ever changing roles and identities, creating further uncertainty and anxiety (Beck, 1992). This is a particularly trying process, as individuals have to negotiate new ways of interacting with the world (e.g. through changing gender roles) but the impact of older structural oppressions still exist. However, the structural barriers often become less visible, as the focus for addressing and managing risk in late modernity rests on the individual (Lupton, 2013). Like Foucault (1991), Beck sees the impact of risk management in late modernity falling increasingly on individuals to manage change and the anxiety this causes. Foucault's (1991) view of risk is that it is a completely socially constructed process utilised to control a population, whereas Beck view's risk as the product of actual hazards and harms, but understands that the significance of the harm is individually and culturally interpreted.

Beck's (1992) theory of risk society is argued to be of importance for social work practice, as it helps to contextualise the climate in which the profession operates (Webb, 2006). The profession is increasingly tasked with consistently evaluating risk within our assessments, safeguarding and care planning processes, and this is done at a time of great societal shifts, and uncertainty in the national and global political climate. The theory of risk society will be used in the study to examine participants' understanding of DVA. This theory was selected not only because it fits with my ontological and epistemological position (more on this to follow in the methodology section of the thesis) but also, because it acknowledges the interaction between the individual's experience and the changing expectations of roles, whilst still acknowledging the substantive structural barriers that certain marginalised groups have faced. In a study that examines harms and hazards to an historically

marginalised group, it is important to keep an understanding of the impact of systems and structures within the analysis process.

2.2.5 Summary of the narrative literature review

This section of the literature review has explored the development of the social work role, how social workers have engaged with DVA and theories of risk. The chapter will now move on to the systematic review of the available literature on the topic of the thesis.

2.3 Systematic Review

2.3.1. Inclusion and exclusion criteria

To review the existing literature on the topic, I have set particular inclusion and exclusion criteria to ensure I am comprehensively exploring the relevant literature. As early searches indicated a paucity of research evidence available on the topic, inclusion criteria were expanded to capture a wider array of sources. For example, rather than studies needing to focus on social work practice specifically, criteria were expanded to include studies where participants discussed their experience of social workers, as well as theory papers directed at social workers. The inclusion criteria were set as follows:

1. The literature needed to be published in a peer-reviewed journal or book in English⁷ within the last 20 years. The cut off of 20 years was selected as policy, law, and the regulation of the social work profession have all changed within a 20 year period, as Valuing People (DoH, 2001) was published in 2001. Any studies published before this time would be unlikely to reflect the current context of social work practice.
2. The literature needed to address social work practice in some capacity.
 - a. This could include a sample of social workers or a sample which included social workers amongst other professionals;
 - b. theory or practice papers written specifically to address social workers or social work practice;

⁷ As this is a self-funded PhD, I do not have the resources for a translation service.

- c. studies involving samples of people with LD experiencing DVA who discussed their experience with social workers.
- 3. The literature needed to explore DVA fitting the definition of the Home Office 2013.
 - a. This could include abuse between intimate partners and/or family members;
 - b. FGM (where the victim's age also meets the home office definition), forced marriage and honour-based violence as these are explicitly mentioned in the definition of DVA used in this study.
- 4. The literature had to relate to adults (aged 18 and over) with learning disabilities, and the learning disability needed to fit with the definition set out in UK policy (see chapter 1), rather than an educational learning difficulty.
- 5. The literature could be empirical research, theoretical work, practice analysis or policy analysis.

In addition to the inclusion criteria, two exclusion criteria were identified following initial reviews of the literature:

1. Literature that discussed "women with disabilities" or "people with disabilities" experiencing DVA were excluded unless they explicitly stated that people with learning disabilities were included in the sample. Although people with learning disabilities are also disabled people, many of the studies encountered were specifically exploring physical and sensory disabilities and were not addressing people with LD (see for example Hague et al., 2011).
2. Literature which discussed specific forms of abuse such as sexual abuse, rape or financial abuse were not included unless the authors were explicitly exploring these forms of abuse within intimate partner or family relationships.

Even where research did not meet the inclusion criteria for this systematic review, literature that is relevant more broadly to the thesis topic was included in the narrative portion of the review, as well as being incorporated, when relevant, throughout the findings, discussion and conclusion chapters.

2.3.2 Search strategy

At the start of the PhD process, I undertook a broad array of reading. This included texts that I had uncovered in my initial scoping for this study, and literature recommended by others (including my supervisors). From these initial readings, I noted keywords and used reference lists to amass additional reading materials. These steps were the initial stages of understanding my topic and, as Bryman (2012) advocates, a good way of familiarising myself with the literature, gaining a sense of the key

terminology used by researchers in this area. As the study progressed, I was able to develop keywords and use electronic databases to develop a more robust set of literature to review. Electronic searches of the literature were completed throughout the PhD process. However, a final search was conducted in October 2020; any literature published after this date is not included.

In addition to database searches, I used the reference lists of key studies to identify research which may have been missed in a database search. I also did manual searches of the last 20 years of publications in the *British Journal of Social Work*, *The Journal of Adult Protection*, *Disability & Society* and *The British Journal of Learning Disabilities*. The search also included grey literature sourced from the databases OpenGrey and Social Care online.

2.3.3 Searching databases using Boolean operators:

Following extensive reading on the topic, the following key terms were identified as the relevant search terms. These terms were searched with relevant Boolean Operators.

Key term 1- “social work*” OR “social work practice” OR “social work practitioner*” OR “social services” OR “social care work*” OR “safeguarding adult*” OR “adult at risk” OR “protection of vulnerable adult*” OR “adult protection”

AND

Key term 2- “domestic violence” OR “domestic abuse” OR “intimate partner violence” OR “partner abuse” OR “intimate partner aggression” OR “spousal violence” OR “partner violence” OR “battered spouse” OR “battered wife” OR “wife abuse”

AND

Key term 3- “learning disabilit*” OR “intellectual disabilit*” OR “learning difficult*” OR “mental retardation” OR “special needs” OR “developmental disabilit*”

These terms were input into the following databases with the resulting outcomes:

Table 1

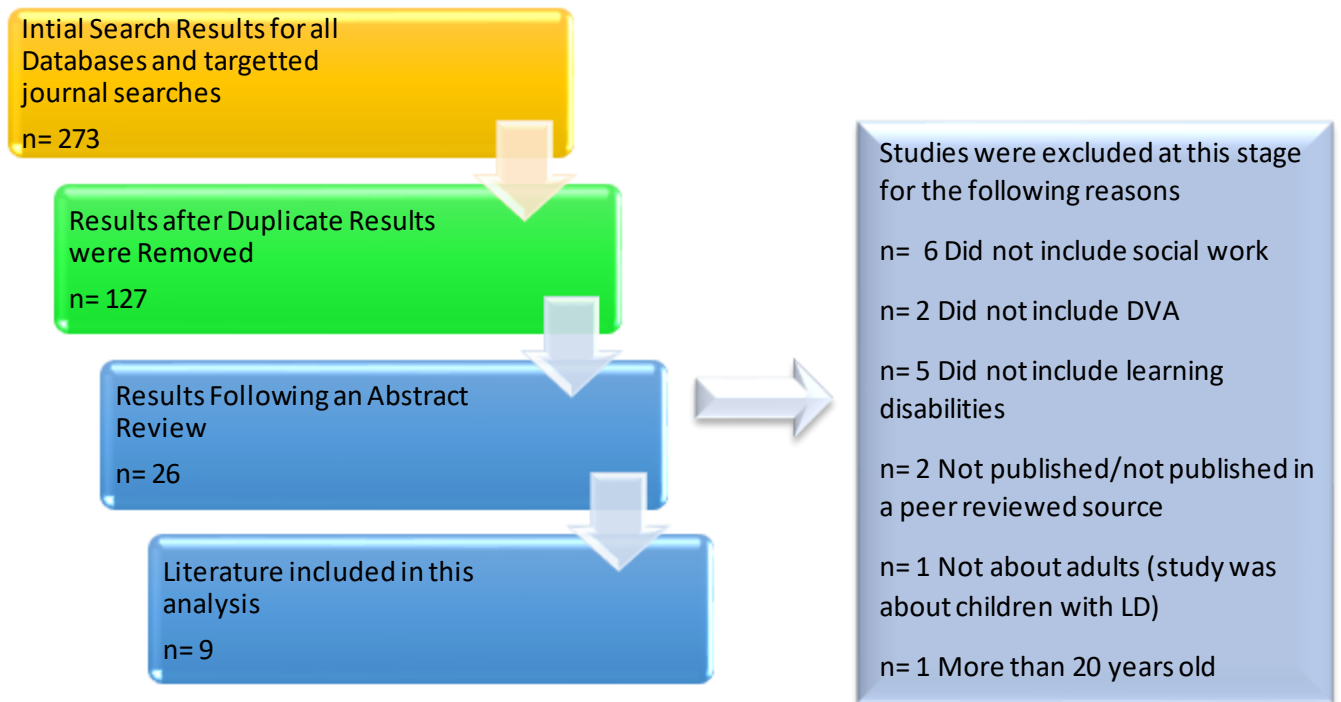
Meta Database	Database	Fields	Results
EBSCO	Abstracts in Social Gerontology, Academic Search Complete, Open Dissertations, British Education Index, Child Development and Adolescent Studies, CINAHL Plus, Criminal Justice Abstracts, Ebook Collection, ERIC, Index to Legal Periodical and Books, International Political Science Abstracts, MEDLINE, APA PsycArticles, APA PsychInfo, SocINDEX	All fields	195
Pro Quest	British Periodicals, International Bibliography of the Social Sciences, LGBT Archives, Periodicals Archive Online, Publicly Available Online Content, Women's Magazine Archive, World Wide Political Science Abstracts	Anywhere except full text	20
Web of Science		All fields	33
SCOPUS		Title, Abstract and Keywords	20
Opengrey- For grey literature		All fields	1
Social Care Online – For grey literature		All fields	0
Manual Journal Scan	British Journal of Social Work, Journal of Adult Protection, Disability & Society, The British Journal of Learning Disabilities		4
Total			273

2.3.4 Narrowing down papers

The 273 results were reviewed, and all duplicate records were removed. This left 127 search results. The next stage involved reviewing titles of papers and abstracts and deselecting any papers which unambiguously did not meet the inclusion criteria. This then left 26 sources for full reading and

appraisal. Following a review of the 26 sources, 9 were deemed to have met the inclusion criteria. The breakdown of reasons for exclusion is evidenced in figure 1.

Figure 1



2.3.5 Details of the remaining papers

The remaining nine papers are detailed in table 2 on the following page. This table includes information about the authors, data collection and analysis. It also includes brief details about the findings of the studies, or the primary arguments presented by the authors in the case of theory papers.

Table 2

Included literature					
Authors, date and location	Article title	Type of literature	Sample	Method(s)	Main findings or arguments
Walter-Brice, Cox, Priest and Thompson, 2012, United Kingdom	What do women with learning disabilities say about their experiences of domestic abuse within the context of their intimate partner relationships?	Qualitative study	Five women with learning disabilities who had experienced intimate partner violence	Semi-structured interviews analysed using Interpretative phenomenological analysis (IPA)	<p>The authors found that women with LD often experienced a range of abuse (physical, emotional, sexual, coercive, controlling and financial) from abusive partners. Some of the abuse centred on their disability.</p> <p>The women in the study reported that professionals, including child protection services, were often unsupportive even when women had been proactive in seeking support. The women felt a sense of injustice at being treated unfairly by services, particularly when children were removed from their care. Finally, the study explored the positive support which helped them cope.</p>
Hickson, Khemka, Golden and Chatzistyli, 2013, United States	Views and Values of Developmental Disabilities and Domestic Violence/Sexual Assault Support Professionals Regarding the Prevention and Handling of Situations of Abuse	Mixed methods	55 professionals (including social workers) working in the LD field 16 professionals (including social workers) working in the DVA field	A survey (t- test) and decision-making vignettes.	<p>The study found that both groups of professionals thought providing information to people with learning disabilities about DVA was important. However, DVA professionals were more likely than LD professionals to think that people with LD were at risk of experiencing DVA. DVA professionals were also more likely to see someone with LD as particularly vulnerable to experiencing intimate partner violence, family violence or violence from a co-worker. Both groups felt people with LD were vulnerable to institutional abuse.</p> <p>Within the study, LD professionals were more likely to identify personal factors, and a low agency as the reason a person with LD may be vulnerable to abuse, whilst DVA professionals associated vulnerability with societal factors such as lack of services.</p>
Clawson, 2013, United Kingdom	Safeguarding people with learning disabilities at risk of forced marriage: Issues for inter-agency practice	Theory paper	N/A	N/A	<p>The author argues that practitioners often aren't aware of the complexities of forced marriage for people with LD. Issues of disability stigma, seeking a carer, and the cultural importance attached to marriage, are factors why families seek marriage for an adult with LD lacking capacity to consent to marriage. The author highlights that mental capacity is central to understanding the difference between forced and arranged marriage. If a person does not have the capacity to consent, the marriage is forced.</p>

Table 2 continued

<p>Douglas and Harpur, 2016 Australia</p>	<p>Intellectual disabilities, domestic violence and legal engagement</p>	<p>Qualitative</p>	<p>6 women with learning disabilities who had interactions with police and child protective services</p>	<p>“Narrative style” interviews of people with learning disabilities analysed using a narrative analysis.</p>	<p>The women in the study had interactions with child protection (CP) services, police, and other criminal justice professionals. The women had a negative experience of CP, viewing the agencies as blaming them for not being able to meet their child’s needs. The women reported that often the police didn’t take their abuse seriously and treated them in a patronising way. Where police did attempt to assist women with protection orders, these were often done for the women (not with them), leaving them unsure of the conditions. The court and legal systems, at times, made women feel belittled. The participants’ view was that judgements were made to suit the swiftness of the courts not necessarily to meet the needs of the women.</p>
<p>Clawson, 2016 United Kingdom</p>	<p>Safeguarding people with learning disabilities from forced marriage: the role of Safeguarding Adult Boards</p>	<p>Mixed methods</p>	<p>58 Local Authority Safeguarding Boards (survey) 2 Chairs of Safeguarding Boards (interviews)</p>	<p>A survey and interviews. Quantitative analysis of descriptive statistics from the survey and qualitative thematic content analysis of interviews and free box answers on the survey</p>	<p>The study found that there was a mixed awareness of boards regarding the issue of forced marriage, with many not implementing local strategies as required by policy guidance. The study identified gaps in practitioners’ ability to understand the difference between forced and arranged marriage, therefore missing opportunities to intervene. Furthermore, the research identified that frontline staff may be reluctant to challenge families for fear of being culturally insensitive.</p>
<p>Dixon and Robb, 2016, United Kingdom</p>	<p>Working with Women with a Learning Disability Experiencing Domestic Abuse: How Social Workers Can Negotiate Competing Definitions of Risk</p>	<p>Theory paper</p>	<p>N/A</p>	<p>N/A</p>	<p>The authors argue that social work practitioners primarily use professional judgement when making risk decisions. They argue that to avoid potentially overprotective or risk-averse decisions, practitioners should use available risk screening tools in conjunction with their professional judgement.</p>

Table 2 continued

Clawson and Fyson, 2017, United Kingdom	Forced marriage of people with learning disabilities: a human rights issue	Mixed methods	Professionals working with people with LD who are at risk of forced marriage	The first phase involved in-depth interviews with nine professionals (including 2 SW). The second phase was a questionnaire with both survey and open text answers. 287 professionals responded and 71 provided examples of cases they worked on.	The quantitative data indicated that the age of people with LD impacted by FM was higher than those affected by FM without an LD. Furthermore, the gender of victims with LD was balanced between men and women, whereas in victims without LD women are disproportionately impacted. The qualitative data analysis indicated that families often had different understandings of consent than professionals. However, families felt they were doing their best for their child by seeking to have them marry. Support agencies are often in a good position to identify potential FM but don't always manage this as they do not know the signs, or are afraid of saying something for fear of being labelled racist or culturally insensitive.
McCarthy, Hunt, Milne-Skillman, 2017, United Kingdom	'I Know it was Every Week, but I Can't be Sure if it was Every Day: Domestic Violence and Women with Learning Disabilities	Qualitative	Women with learning disabilities who experienced intimate partner violence but who are no longer in the relationship	15 semi-structured interviews analysed using IPA	The authors explored the experiences of women with LD, of both their abuse and of requesting help and support. The findings detail that the women experienced the types of abuse well documented within the existing literature on DVA, but additionally they experienced forms of psychological and emotional abuse including comments and taunts that were specific to the woman's disability. Additionally, the perpetrators described by the women were men with no learning disability, but with histories of mental health difficulties and substance misuse, who were often known to police. The women in this study reported mostly unhelpful responses from professionals even when help was requested.
McCarthy, Bates, Triantafyllopoulou, Hunt, Milne Skillman, 2019, United Kingdom	"Put bluntly, they are targeted by the worst creeps society has to offer": Police and professionals' views and actions relating to domestic violence and women with intellectual disabilities	Mixed methods	Police and other professionals (including social workers) working with women with learning disabilities who experience DVA.	717 questionnaires analysed for descriptive statistics. Written answers were analysed thematically with IPA.	This study found that police and other professionals expected to encounter DVA against women with learning disabilities at high rates. Furthermore, they identified that women with LD were likely to be deliberately targeted by perpetrators. The professionals answering the survey were more likely than police to identify that women with LD were particularly vulnerable. However, neither the police nor the other professionals were optimistic that relationships would change.

2.3.6 Analysing the quality of the evidence using critical appraisal tools

There are several recognised tools for critically appraising literature (e.g. the Critical Appraisal Skills Programme (CASP) tool and the Consolidated Criteria for Reporting Qualitative Research (COREQ)). All of these tools are used to identify the strengths and weaknesses of a source to make a judgement on its overall quality (Aveyard 2019). For this review, the Joanna Briggs Institute (JBI) tool was used. The JBI tool was designed for systematic reviews, and therefore has templates within the tool for all types of research (e.g. qualitative, cohort studies, RCTs, text/opinion papers, etc.). It is a more consistent and comprehensive tool to use when reviewing a range of evidence (Hannes et al., 2010). The JBI qualitative analysis tool was used for qualitative studies and mixed-method studies where the quantitative data provided descriptive statistics only (Lockwood et al., 2015). The JBI text/opinion tool (McArthur et al., 2015) was used for the theory and practice papers, and the JBI analysis of cross-sectional studies critical appraisal tool (Moola et al., 2020) was used for the mixed methods study which primarily reported quantitative survey data.

2.3.7 Results of JBI analysis

The results of the JBI analysis for all three tools are displayed in tables 3, 4 and 5. None of the nine papers met all of the quality markers set out in the critical analysis tools. For the qualitative studies— and mixed methods studies reporting mainly qualitative data— the most frequent missing criteria was an absence of a discussion of the researchers’ positionality. The authors of the studies did not explicitly discuss their cultural, theoretical, or philosophical positions within the papers. However, the methods used for gathering and analysing the data were robust. The findings and conclusions were presented in a logical manner, which supported the overall aims of the studies.

For the theory and practice papers, the authors did not explicitly state their expertise relating to the topic of the paper. However, in the case of Clawson (2013), her expertise in the area of forced marriage was set out in several other articles discussed in this review. Both theory/practice papers drew extensively on existing literature in the field to support their proposals.

Finally, the mixed-method—mainly quantitative— study did not meet several of the quality markers for cross-sectional analysis. The authors were not clear about the origins of the abuse prevention scale used in their data collection, and whether or not this was an accepted evidence-based measure to use. However, it was the only study to offer quantitative evaluations (apart from descriptive statistics), offering a diversity of methodological approaches used to investigate the topic; most

studies related to this topic (including the papers excluded from consideration) were primarily qualitative.

What this analysis suggests is that this topic is lacking in a robust evidence base. There is a relatively small, but growing body of work. New studies approaching this topic, particularly those collecting qualitative data, would benefit from a more explicit articulation of the author's theoretical, cultural and philosophical position in relation to the topic being explored.

	Question 1 <i>Is there congruity between the stated philosophical perspective and the research methodology?</i>	Question 2 <i>Is there congruity between the research methodology and the research question or objectives?</i>	Question 3 <i>Is there congruity between the research methodology and the methods used to collect data?</i>	Question 4 <i>Is there congruity between the research methodology and the representation and analysis of data?</i>	Question 5 <i>Is there congruity between the research methodology and the interpretation of results?</i>	Question 6 <i>Is there a statement locating the researcher culturally or theoretically?</i>	Question 7 <i>Is the influence of the researcher on the research, and vice-versa, addressed?</i>	Question 8 <i>Are participants, and their voices, adequately represented?</i>	Question 9 <i>Is the research ethical according to current criteria or, for recent studies, is there evidence of ethical approval by an appropriate body?</i>	Question 10 <i>Do the conclusions drawn in the research report flow from the analysis, or interpretation, of the data?</i>
Walter-Brice et al., 2012	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Unclear	Yes
Douglas and Harpur, 2016	Yes	Yes	Yes	Unclear	Yes	No	Yes	Yes	Yes	Yes
Clawson, 2016	Unclear	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Clawson and Fyson, 2017	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
McCarthy et al., 2017	Unclear	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
McCarthy et al., 2019	Unclear	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes

⁸ The questions in the table are direct quotations from the tool.

	Question 1 <i>Is the source of the opinion clearly identified?</i>	Question 2 <i>Does the source of opinion have standing in the field of expertise?</i>	Question 3 <i>Are the interests of the relevant population the central focus of the opinion?</i>	Question 4 <i>Is the stated position the result of an analytical process, and is there logic in the opinion expressed?</i>	Question 5 <i>Is there reference to the extant literature?</i>	Question 6 <i>Is any incongruence with the literature/sources logically defended?</i>
Clawson, 2013	Yes	Unclear	Yes	Yes	Yes	No
Dixon and Robb, 2016	Yes	Unclear (from the article)	Yes	Yes	Yes	No

	Question 1 <i>Were the criteria for inclusion in the sample clearly defined?</i>	Question 2 <i>Were the study subjects and the setting described in detail?</i>	Question 3 <i>Was the exposure measured in a valid and reliable way?</i>	Question 4 <i>Were objective, standard criteria used for measurement of the condition?</i>	Question 5 <i>Were confounding factors identified?</i>	Question 6 <i>Were strategies to deal with confounding factors stated?</i>	Question 7 <i>Were the outcomes measured in a valid and reliable way?</i>	Question 8 <i>Was appropriate statistical analysis used?</i>
Hickson et al., 2013	Yes	Yes	Unclear	Unclear	Unclear	Unclear	Yes	Yes

⁹ The questions in the table are direct quotations from the tool.

¹⁰ The questions in the table are direct quotations from the tool.

2.3.8 Analysing the nine papers

All of the studies exploring victims' experiences of professionals had a sample of women who had been abused by male partners (see Walter-Brice et al., 2012; Douglas and Harpur, 2016; McCarthy et al., 2017). The Walter-Brice et al.'s (2012) study explicitly stated that they were exploring DVA from a feminist perspective, using the Women's Aid (see Women's Aid, 2020) definition of DVA for the scope of their research. Whilst the other studies did not explicitly state they were conducting feminist research, they indicated their position that DVA is a largely gendered crime, and therefore focused their sampling on women with LD. There were no studies exploring victims' experiences of family violence¹¹ within the review sample, nor were there studies with samples involving male victims.

The studies examining professionals' working experiences, attitudes and beliefs were more mixed in their sampling criteria. McCarthy et al. (2019) focused on professionals' views of women with learning disabilities' experiencing DVA, while Hickson et al. (2013) examined professionals' attitudes toward both male and female victims of DVA with learning disabilities. Two studies, Clawson (2016) and Clawson and Fyson (2017), focused specifically on professionals working with forced marriage involving people with learning disabilities. All of these studies exploring professionals' experiences, attitudes and beliefs included multi-professional samples, often with health, social care and criminal justice professionals represented. The potential exception to this is Clawson (2016) whose respondents were Chairs of safeguarding boards. Chairs may be social work qualified (it wasn't specified in the study), however, as chairs must be independent from the local authority, they may be less likely to be practising in statutory work. Whilst social workers were amongst those sampled, they did not comprise a large part of the sample in any of the studies. It was therefore difficult to ascertain the experiences, attitudes and beliefs specifically of social work practitioners in this area of practice.

The two theory/practice papers were more directly targeted towards social workers (Dixon and Robb, 2016) or safeguarding professionals (Clawson, 2013). Both papers explored what the authors supposed to be the potential limitations of professionals' knowledge on the topic of DVA (Dixon and Robb, 2016) or forced marriage (Clawson, 2016). However, they do not, on their own, provide insight into how practitioners operationalised their understanding of DVA in practice with people with learning disabilities.

¹¹ Apart from those discussing forced marriage.

In terms of quantitative analysis, several studies offered descriptive statistics (Clawson, 2016; Clawson and Fyson, 2017; McCarthy et al., 2017), and one study (Hickson et al., 2013) drew primarily upon data analysed using quantitative t- test analysis. The quantitative data analysis enabled authors to highlight specific issues impacting the community they studied. For example, Clawson and Fyson (2017) were able to discern that the reported population of people with learning disabilities who experienced forced marriage were on average older and more evenly spread between female and male victims. This finding enabled them to identify particular patterns arising for this group that differed from the wider population.

The quantitative analysis in Hickson et al. (2013) offered insight into professionals' views of the risk of experiencing DVA. Their quantitative questionnaire enabled the researchers to deduce that it was the professionals' experience (whether they worked in the DVA or LD sector), which tended to shape their view of risk, rather than other characteristics such as age, gender, or qualification level. However, this study was limited by the absence of a discussion in the methodology section of the survey tool's robustness. Had the authors offered evidence from other research, demonstrating the utility and the evidence base for the abuse prevention tool used in the study, this would have strengthened the quality of the quantitative analysis offered in their research.

2.3.9 Emerging themes from the systematic review

Within the nine studies identified in this review, several themes relevant to the research question emerged. These are discussed below.

2.3.9.1 The interaction of abuse and learning disability

The evidence identified in this review indicates that women with learning disabilities experience all of the forms of DVA that have previously been identified in the broader body of DVA literature. Furthermore, they also experience abuse which relates specifically to their learning disability. In the empirical studies exploring women's experiences of intimate partner violence, researchers encountered that the women had experienced serious and prolonged abuse at the hands of their male partners. This abuse included physical, sexual, emotional, psychological, financial abuse as well as coercive and controlling behaviour (Walter-Brice et al., 2012; McCarthy et al., 2017; Douglas and Harpur, 2016). Also, many participants reported that their disability was used against them by the abuser, for example through the emotional abuse of belittling or taunting the woman about her LD (Walter-Brice et al., 2012; McCarthy et al., 2017; Douglas and Harpur, 2016). Or their LD was exploited

to facilitate the abuse, for example, through financial exploitation in the form of getting a victim without literacy skills to sign loan contracts (Douglas and Harpur, 2016). These findings are very much in line with the broader research literature on the experiences of disabled women, which report that disability (often intersecting with gender) impacts how women are abused, as well as their experience of the abuse (Hague et al., 2011; Thiara et al., 2011).

A further significant finding from McCarthy et al. (2017) and McCarthy et al. (2019) was that women with learning disabilities appeared to be targeted for relationships by men with complex histories of mental health difficulties and substance abuse, who were often known to the police. However, the findings of McCarthy et al. (2019) found that unlike other “hate” related crimes—where a victim is targeted due to a particular characteristic—police (and other services) were not routinely intervening to stop the perpetrator, instead victims of DVA were made responsible for taking protective steps to safeguard themselves.

The findings from the studies on forced marriage also offered an insight into the intersections of disability, ethnicity and gender. Clawson and Fyson (2017) found that whilst forced marriage tends to disproportionately impact women, in cases of victims with an LD, the gender balance was relatively equal. The authors explained that this was most likely due to cultural beliefs about disability, such as that marriage could “cure” an LD. Furthermore, families may be seeking to secure a carer for a person with learning disabilities through marriage to ensure a continuity of care, when aging parents are no longer able to provide the support required for their adult child (Clawson and Fyson, 2017). Clawson (2013; 2016) argues that families often do not view their actions as harmful towards their family member but, due to different understandings of consent, feel they are acting in the person’s best interests. The authors argue that it is, therefore, crucial for practitioners to understand the particular issues and vulnerabilities impacting people with learning disabilities who are at risk of forced marriage (Clawson, 2016; Clawson and Fyson, 2017).

2.3.9.2 Professionals being unsupportive or unhelpful

The studies which explored the experiences of victims consistently found that when victims had interactions with professionals such as police, judges or social workers, they felt unsupported and unjustly treated by practitioners (Walter-Brice et al., 2012; Douglas and Harpur, 2016; McCarthy et al., 2017). In cases involving social workers, the victims’ contact often came through child protection processes. The victims felt social workers had not been focused on helping them make themselves safe or supporting them to escape DVA, even when they had been proactive in asking social services

for help (Walter-Brice et al., 2012; Douglas and Harpur, 2016; McCarthy et al., 2017). The victims expressed that the social work professionals were more concerned with the woman's ability to mother, assuming parenting deficits were due to the LD rather than resulting from the trauma of abuse (Walter-Brice et al., 2012). The victims expressed that they did not feel that the impact of the DVA on their lives, including their ability to parent, was acknowledged or understood by child protection social workers (Walter-Brice et al., 2012; Douglas and Harpur, 2016). As noted by the authors of these studies, these findings mirror those encountered in the existing DVA literature relating to social work and DVA, which was explored in the narrative portion of this chapter. Whilst these studies provide an insight into the experiences of victims engaged with the child protection system, they do not offer a perspective on the impact of and practice of social workers practising with adults. Social work practice with adults was not substantially addressed in any of the empirical research literature; however, one participant in Walter-Brice et al.'s (2012) study reported a positive experience with the victim's social worker, who assisted in advocating for the victim with the police. In spite of this one example, this area of social work practise remains unexplored in the empirical evidence.

In relation to other professionals, victims in Douglas and Harpur's (2016) study reported that police often failed to take their abuse seriously, often responding to them and their perpetrator in infantilising ways. Even when action was taken to protect victims, this was frequently done to victims, and not with them. Participants reported that the police had applied for protection orders without explaining their significance to victims, and therefore, the victims often did not understand the nature and effect of these orders, reducing the effectiveness. Such actions were conceptualised as disempowering by the victims (Douglas and Harpur, 2016).

An overarching theme within the studies was the victims' sense of injustice at their treatment by professionals responding to the DVA. The women in these studies felt ignored, patronised and (at times) re-victimised by the service responses (Walter-Brice et al., 2012, Douglas and Harpur, 2016; McCarthy et al., 2017).

2.3.9.3 Gaps in professional awareness and knowledge

A further theme arising from this review of the literature was identified as gaps in professionals' understanding about the nature of the abuse they were encountering. Dixon and Robb (2016) argue that LD professionals are unlikely to have the extensive knowledge of DVA needed to be able to make informed professional judgements in managing risk. They argue that social workers should adopt the

use of structured professional judgement risk assessment tools to help inform their decision making in this area of practice.

In their analysis of LD and DVA professionals' beliefs about DVA experienced by people with learning disabilities, Hickson et al. (2013) found that LD professionals were significantly less likely than DVA professionals to view people with LD as being at risk of experiencing DVA. The authors argue that LD professionals focused on aspects of promoting support and independence amongst people with LD, which at times overshadowed the recognition of their vulnerability and the need for protection. Furthermore, when examining vulnerability factors, LD professionals were more likely to associate vulnerability with personal characteristics, such as limited capacity to understand risk. Whereas DVA professionals were more likely to attribute vulnerability to structural factors, such as a lack of accessible support services (Hickson et al., 2013). The implications drawn from this study were that LD professionals may be more likely to underestimate abuse, and therefore may not be observant for DVA in their practice.

In their study of forced marriage, Clawson and Fyson (2017) identified that professionals were often unaware of the distinction between an arranged marriage—a union that is set up by family members and entered into willingly by both partners—and forced marriage—a union that is arranged by family but one or both parties does not consent. Clawson (2016) argued this distinction might be viewed as complex in cases of people with LD, as practitioners may not want to appear racist or insensitive to cultural practices. However, as Clawson (2013; 2016) and Clawson and Fyson (2017) highlight the case law in this matter is clear, regardless of the family's intent in pursuing the marriage: if one or both parties do not have the capacity to consent to the marriage, then it is a forced marriage, and there is a remit for statutory intervention.

Multiple studies identified that professionals' interventions were overly focused on the agency and individual responsibility of the victim to make self-protecting changes (McCarthy et al., 2017; McCarthy et al., 2019; Douglas and Harpur, 2016; Hickson et al., 2013). This, McCarthy et al. (2019) and Harpur and Douglas (2016) argue, fails to account for the socially disadvantaged position women with learning disabilities inhabit in society. Poverty, social isolation, and physical access barriers may limit women with LDs' options for making protective choices. Therefore, in failing to see how the structural oppressive forces in society intersect with the trauma of abuse, professionals risk leaving this group of victims without adequate support and opportunity to reduce risk (Douglas and Harpur, 2016; McCarthy et al., 2019).

2.3.10 Summary of the systematic portion of the literature review

This section of the literature review chapter has presented the process, outcomes and analysis of the search for existing literature exploring social work with people with LD who experience DVA. It has been identified that there are relatively few studies exploring this topic, and those that exist do not meet all of the quality markers set by critical appraisal tools. In relation to the aims of this thesis, where studies explicitly addressed social work practice, this often related to child protection work, and found that victims often experienced these interventions as unsupportive. Social work practice with adults in this area was rarely discussed within the empirical data. Therefore, a clear gap in the literature exists exploring adult social work practice with people with LD who experience DVA.

2.4 Research aims and research questions

Thus far, this chapter has explored the existing literature relating to the topic of social work with people with LD who experience DVA. The review of the literature has taken both a narrative and systematic approach to provide the context of the issue being examined in this thesis. The systematic literature review has identified a dearth of research examining this question, and there is a clear gap exploring social workers' understanding of this area of practice. Therefore, the aims of this research project are to critically analyse how social workers, when practising with adults, conceptualise domestic violence and abuse perpetrated against people with learning disabilities, and how these conceptualisations shape their practice. The study will seek to answer the following research questions:

1. How do social workers conceptualise domestic violence and abuse when experienced by people with learning disabilities?
2. What do social workers conceptualise as the determinant factors for the presence of domestic violence and abuse in the cases they encounter?
3. What discourses impact social workers' decision making in cases of domestic violence and abuse against people with learning disabilities?
4. What actions, if any, do social workers take when working with this group of victims?

2.5 Chapter conclusion

This chapter has explored the existing literature that may help to address the research aims set out in the introduction. Through a systematic search and analysis process, I have identified that there is a paucity of research in this area of practice, with a specific gap exploring how adult social workers understand and manage cases of DVA against people with LD. Therefore, in the next chapter, I will set out my methodology for this study which seeks to address this evidence gap.

Chapter 3

Methodology

3.1 Chapter introduction

This chapter will set out the research methodology used in this project. Within the chapter, I will provide a rationale for the qualitative study and methods used in this research. I will detail the process of defining and recruiting the sample of participants, and I will discuss the use of thematic analysis for analysing the data. The epistemological and ontological theoretical positions of the research will be set out, and the ethical considerations given to the development and execution of the project will be explored.

3.2 Theoretical perspective

The findings of this research project will be underpinned by two theoretical perspectives: critical realism and feminist theory. Each concept will be explored below.

3.2.1 Critical realist influences

Theory is utilised in two ways within sociological research. Firstly, theory explains the researcher's approach to the social world including their rationale for the project. Secondly, theory is used to explain or interpret the issue being studied (Crotty, 1998). In the first instance, theory is used in a somewhat abstract way to explain how the researcher views social reality. Such theories are often termed grand theories (Bryman, 2012). Whilst grand theories position the researcher and the project, they are not always helpful in explaining or interpreting findings (Bryman, 2012). Thus theory which directly addresses and explains the phenomenon being studied also becomes important within a research project. Such theories are often known as mid-range theories (Bryman, 2012). This section will seek to explore the project's grand theoretical approach. As the project is inductive, and will therefore generate theory to explain the findings (Sarantakos, 2013), an additional exploration of mid-range theory will be added as the project progresses.

Within social sciences research there is a spectrum of grand theoretical research positions. The researcher's pursuit of evidence will be shaped by their approach to both ontology—what is the “nature” of the social world, and epistemology—how knowledge is formed (Bryman, 2004). At one end of the spectrum are those researchers who approach social research from a positivist perspective. Adopting methodological principles from the natural sciences, positivist researchers hold the ontological position that there is a true reality outside of human experience or interpretation (Benton and Craib, 2011; Bryman, 2004). Reality can be understood by testing hypotheses, and gathering facts which can prove (or disprove) theory through objective data analysis (Bryman, 2004), and therefore research seeks to predict future outcomes (Wikgren, 2005). However, the positivist approach within social sciences research has been criticised for its assumption that the interpretation of data can be an objective process (Benton and Craib, 2011), as researchers will have experiential knowledge of the social world and therefore cannot approach the topic without some bias (Benton and Craib, 2011; Corbin-Dwyer and Buckle, 2009). Researchers from oppressed communities, such as feminist and disability scholars, have argued historical dominance in higher learning by those in positions of advantage (such as men or non-disabled people), has led to gaps in research knowledge, often with quite significant consequences for the oppressed group (Johnson, 2009). A researcher's position will impact both on the hypotheses formed in conducting research and the conclusions drawn from data (Webb, 2001; Kanuha, 2000). Moreover, Webb (2001) argues that even if research could be conducted objectively (a premise that he rejects), the interpretation and application of findings by the social work practitioner in their decision making process is likely to be subjective, thus calling into question the extent to which positivist research can be applied in social work practice.

At the other end of the theoretical spectrum, paradigms such as social constructionist and interpretivist perspectives seek to address the perceived shortcomings of positivism by proposing that the nature of the social world cannot be understood apart from the meaning humans ascribe to it (Burr, 2003). Knowledge of the social world is gained through the analysis and interpretation of language to create meaning (Burr, 2003). Therefore, research seeks to interpret, rather than predict, the phenomenon being studied (Wikgren, 2005). Feminist researchers have used this theory to explain some features of violence against women. They have rejected the idea that there are innate characteristics or true natures of men and women that lead to domination and abuse. Instead they draw on ideas of socially constructed gender roles and female/male socialisation which can create abusive power dynamics within intimate partner relationships (Nutt, 1999). However, such theoretical perspectives draw criticism for their potential to suggest anti-essentialism (Burr, 2003; Hacking, 2001). Sayer (1997) asserts that anti-essentialism is the ideology that no thing or person has any fixed quality or essence. If reality is interpreted through human experience, then there can be no absolute

universality of reality or truth (Hacking, 2001). Any qualities ascribed to an object, person or social phenomenon are the product of social and cultural influence (Sayer, 1997; Burr, 2003), and are therefore not only changeable but relative. If reality is relative, then social constructionists and interpretivists should accept the validity of differing interpretations of the social world. Whilst anti-essentialism may be useful in understanding certain concepts relevant to this project, such as the nature of gender and gender roles (see Van Staveren, 2004), accepting the validity and equality of all interpretations of the social world could leave the researcher in a potentially problematic position of being unable to present findings in a way that challenges oppressive ideas and practices (Houston, 2001; Hacking, 2001).

Critical realism proposes an alternative to both positivist and interpretivist approaches. The theory seeks to separate ontology from epistemology (Danermark et al., 2002; Fairclough, 2010). Critical realists suggest that there are real structures and forces that exist but cannot always be seen or observed. However, these structures/forces do impact on the social world and social actors. Such structures are known as causal mechanisms (Elder-Vass, 2007). The impact of these causal mechanisms is then interpreted by social actors to form perspectives and beliefs (Wilkgren, 2005). Critical realists hold an ontologically realist position, while epistemologically acknowledging that individuals' understanding and interpretation of the social world will be dependent on personal experiences as well as societal and cultural influences (Fairclough, 2010). For my topic, I can acknowledge that practitioners can and do interpret the risks associated with domestic violence and abuse (DVA) in subjective ways, whilst still acknowledging that there are material realities associated with DVA that are not socially constructed. For example, the murder of a victim of DVA by their partner is a tangible reality, but how that victim and perpetrator are viewed by the social worker is socially constructed.

Critical realism, with its premise of an ontological reality, has been criticised for its potential, like positivism, to indicate essentialism and determinism (Van Staveren, 2004), therefore creating possibility of perpetuating social inequality (Sayer, 2004). However, theorists have argued that in combining a relativist approach to epistemology with the realist ontology, critical realists are able to acknowledge that knowledge is socially constructed, thus avoiding determinism, without asserting that all interpretations are equally valid, avoiding relativism (Sayer, 2004; Houston, 2001; Danermark et al., 2002).

3.2.2 Critical realism and links to the theory of “Risk Society”

As discussed in chapter 2, Beck’s (1992) theory of Risk Society is a useful theoretical tool to understand how risk is understood in contemporary society. Beck’s arguments about risk are in line with critical realist interpretations (Lupton, 2013). Beck acknowledges that there are “real” hazards that exist in society, and that these hazards are observable, measurable and objectively verifiable (Beck, 2018). However, he also acknowledges that how these hazards are responded to or interpreted by those encountering them is shaped by culture, beliefs and values (Beck, 2018). This means that Beck sees hazards as ontologically real events, but he acknowledges that how the hazards are understood by people and societies, and the values given to the hazard (Beck would call this risk) are malleable and changeable processes. Therefore, the theoretical framework guiding my interpretation of risk fits with my ontological and epistemological position.

3.2.3 Feminist influences

Feminism cannot be placed into one neat category. Instead, the term applies to multiple perspectives that seek to explain how inequality based on sex is perpetuated in society and how this inequality can be resolved (Sarantakos, 2013; Skinner et al., 2005). However, what unites all forms of feminism is the desire to change the status of women within society (Sarantakos, 2013). Therefore, like critical realism, feminist research should seek to promote social change (Sarantakos, 2013).

It has been argued that the emancipatory aims of feminist researchers can be pursued through the use of a feminist epistemology (Pressley, 2005), which is the study of “the various influences of norms and conceptions of gender¹² and gendered interests and experiences on the production of knowledge” (Anderson, 1995, p.50). In other words, feminist epistemology seeks to understand all aspects of the social world in relation to gender. Those who advocate a feminist epistemology seek to address what they see as the imbalance in research which has been produced largely by men, interpreting social phenomenon through their own biased lens. As a result, the experiences of women have historically been absent from many fields of research (Sarantakos, 2013).

¹² A further note on terminology, I use the term gender in this section as a synonym for biological sex. I am aware that many feminist scholars have interpreted gender as the socially constructed social roles imposed upon the sexes to maintain male dominance. Therefore, “gender” within this line of argument is an oppressive system which is forced upon women (Beauvoir, 1997; Dworkin, 1974; Firestone, 1970; Cameron, 1997). However, a discussion unpicking the various interpretations of gender is beyond the scope of this study.

However, the concept of feminist epistemology is contested. One of the principle objections to the classification of a separate feminist epistemology is that it assumes that there is a type of “gendered” knowledge that exists. To accept this argument, one would need to assume that all women have a shared essential quality which allows them to view and understand the social world in a particular way (Hammersely, 1992). Fine (2010) has argued that the idea of sexed brains is based on methodologically flawed data and biased assumptions, and that there is no good evidence to suggest that men and women’s thinking patterns are inherently different. Furthermore, the idea there is one universal female experience has been critiqued by black feminists (hooks, 1981) for being eurocentric. As Hammerly (1992) argues, if the essential quality arises from societal construction, then gender is only one of many factors which influence an individual’s perceptions of the social world. So too would class, race and sexuality. There is therefore not a convincing reason for gender to be placed in a hierarchy necessitating its own research method. Furthermore, it assumes that only women can have a valid interpretation of gendered issues. Hammersely (1992) argues this precludes research examining the same issue from the male perspectives (or indeed by a male researcher), thus limiting the scope of research.

The use of feminist epistemology in the study of DVA has often been criticised for perpetuating the view that intimate partner abuse is gendered, despite evidence to suggest the prevalence of abuse experienced by men from female partners is increasing (Strauss and Gelles, 1990; Dutton and Nicholls, 2005; Dutton and Corvo, 2006). However, as Hester asserts, when incidence levels are analysed in addition to prevalence, it becomes clear that women are more likely to experience repeated abuse over a prolonged period (Hester, 2013). Furthermore, women are far more likely to be killed by a male partner than men are to be killed by a female partner (Hester, 2013). Thus, the impact of abuse is greater for women, justifying the continued examination of DVA as a form of gender-based violence (Hester, 2013).

Here it is relevant to draw a distinction between ideology and epistemology. A researcher may wish to explore a topic that predominantly affects women, or indeed seek to explore women’s views in a way which exposes gender inequality, based on the researcher’s feminist ideology. However, this does not mean feminist researchers need to accept the feminist epistemological claim of essentialism amongst all women. Whilst as a researcher I continue to hold a feminist ideology, I do not believe there to be a feminist epistemology.

The original proposals for this project involved an exploration of how social workers conceptualised intimate partner violence perpetrated against women with learning disabilities, this is because of my

commitment to feminism and a desire to make changes to society that benefit the most vulnerable women. However, the aims of the project had to be altered due to concerns, based on my years of practice experience, that the project would be unable to recruit sufficient numbers of research participants with relevant practice experience. Therefore, the project has adopted the broader Home Office (2013) definition of DVA which includes abuse perpetrated by family members. Whilst there is an evidence base to suggest the gendered nature of intimate partner violence (Hester, 2013), there is insufficient evidence to suggest that when examining family violence only the experiences of women should be explored.

The feminist theory concept of intersectionality, proposed by Crenshaw (1990), explains how axes of oppression interact with each other to compound the disadvantage faced by marginalised groups. The concept was proposed to explain how the experiences of racism and sexism interact to form a deeper oppression for black women. However, whilst Crenshaw was developing her theory, feminist disability scholars were simultaneously writing about the concept of double disadvantage to explain the complex oppression experienced by disabled women when sexism and disablism both affected their access to services (Morris, 1992). The term intersectionality has now expanded to other experiences of oppression to understand “the interaction of multiple identities and experiences of exclusion and subordination” (Davis, 2008, p.67). The concept of intersectionality was applied during the interpretation of the data, as it was relevant to unpick how disability, gender, gender identity, ethnicity, sexuality and class (of both the interviewee and the service users being discussed) influence the conceptualisation of the practitioners.

3.3 Researcher positionality

Within this project I feel that I inhabit a unique position. I started the project very firmly as a complete member insider, as I was an acknowledged member of the community I was looking to study (Adler and Adler, 1987). I am a qualified social worker, I had been employed by a local authority within a community learning disabilities team and I have direct practice experience of supporting adults with learning disabilities who experience DVA. My position was undeniably that of a practitioner attempting to research within the context I was operating, particularly as I am seeking to conduct the research in an area where I have many personal and professional connections with practitioners. The benefits of such a position have been advocated by many researchers (see Asselin, 2003; Unluer, 2012), particularly those exploring sub-cultures, harder to reach populations and sensitive topics (see

Taylor, 2011; LaSala, 2008). The complete insider position may enable greater access to the community being studied (Unluer, 2012), as well as an understanding of the social and professional practices within these communities (Asselin, 2003). However, before the field work began, I found myself transitioning into a more peripheral researcher, when I changed employment to work as a teaching fellow on an undergraduate social work programme. I remain a registered social worker, with a relatively current understanding of the systems which social workers must navigate to support adults with learning disabilities who experience DVA. However, I am no longer entrenched in the duties of the statutory social worker. Whilst this move may change how I am viewed by the practitioners being interviewed (Asselin, 2003), it has brought several advantages to this project including increased access to academic resources germane to this study (literary resources, colleague expertise, etc). It has also expanded my networks within local authorities (beyond my former employer) which has led to an increase in the number of participating authorities. Arguably, my position to conduct the research has now been strengthened as I am both an experienced practitioner, and an (albeit fledgling) academic. In addition to my research position, my change in professional role has also affected my perspective on the project. At the start of the project I had strong preconceptions of social work practice in this area. These were often unexamined assumptions which did not seek to challenge or understand why practitioners held specific beliefs. Being in an academic environment has certainly changed my perspective, deepening my desire to understand and theorise why practitioners hold particular views. It has also influenced my choice of theory and data analysis, since critical understanding has increasingly become my focus.

It is also relevant to note that my area of study and theoretical perspectives, as well as the method of data analysis (see sections 3.2 and 3.6), were explicitly chosen due to my professional and personal experiences. Having worked for several years as a social worker and as a DVA worker supporting women to access refuge space, I have witnessed both groups being placed at a structural disadvantage within society. This has often presented through restricted access to meaningful and helpful resources for both people with learning disabilities (see Michael and Richardson, 2008; Abbott and Marrriot, 2013; Hall, 2007) and victims of DVA (see Baker et al., 2003; Hester, 2006). Furthermore, my identity as a woman (and subsequently a feminist) has influenced my interest in DVA as a phenomenon which disproportionately affects women (Smith et al., 2011) and perpetuates gender oppression and inequality in society (WHO, 2014). Upon reflection, my identity as a lesbian has also influenced my choice of study. I was raised in a fundamentalist Christian household, where being gay was not accepted by the church. This inevitably meant that I grew up with the message that my thoughts, feelings and attractions were wrong and sinful. For many years, this led me to feel like an outsider within my own family and community. It wasn't until I left home (and the church), and the restrictions

I perceived to be on me were lifted, that I felt able to be open about my identity. This experience was paramount in my decision to become a social worker, as I was drawn to the profession's commitment to tackling discrimination and oppression at a structural level (International Federation of Social Workers, 2014). It also led me to my initial interest in exploring DVA within the intimate partner relationships of adults with learning disabilities, as both my practice experience, and the research literature (see Brown, 1994), indicated that adults with learning disabilities may experience resistance from family, support providers, neighbours, and friends in establishing intimate partner relationships. Indeed, such resistance is often a barrier to DVA being identified as an issue for adults with learning disabilities (see Walter-Brice et al., 2012). This resistance parallels my own experience of feeling restricted in pursuing relationships, leading to a desire for me to explore this issue. My personal experiences have contributed to the development of ideologies which ultimately influence the project. I identify as both a feminist, and, while not quite a "radical" social worker, the radical social work perspective and the prospect of social work as a profession capable of creating social change continues to influence my practice and research (Payne, 2014). Rather than such values being viewed as a potential for bias, critical realism (Houston, 2001) and feminist theory (Sarantakos, 2013) embrace the desire for research to facilitate change, and thus personal and professional beliefs which espouse critical thought and analysis are assets rather than deficits (Houston, 2001), providing they are balanced with reflexivity on the part of the researcher (Phillips and Jorgensen, 2002).

3.4 Research design

The research project is qualitative in nature and was conducted in two stages. The first stage consisted of semi-structured interviews with 15 social workers from the South West region of England. These interviews explored the social workers' experiences of working directly with DVA amongst this service user group. The second stage was a second interview in which the 15 participants were asked to respond to a series of vignettes.

3.4.1 Semi structured interviews

Interviews are utilised in most social research projects, often in conjunction with other methods of data collection (Sarantakos, 2013). As qualitative projects deal with exploring the subjective experiences of the research participants, interviews facilitate focused communication with participants that can elicit perceptions, opinions and interpretations of the phenomenon being

studied (Flick, 2014). Mason (2005) argues that the interview itself is a social situation and is a means, not simply of eliciting a view, but of constructing (or reconstructing) knowledge of a topic through the interaction of the interviewer and interviewee. Such a data collection method was conducive to the epistemological position of the research, as critical realists hold a relativist view of how knowledge is formed (Fairclough, 2010).

For this project, semi-structured interviews were the most appropriate means of gathering evidence, as they allowed me to focus all interviews on particular aspects of practice through the use of set questions, whilst also allowing me the flexibility to explore more nuanced individual experiences, through the use of unplanned dialogue and follow up questions (Mason, 2005). This format was chosen over the more rigid form of the structured interview, which would not have allowed me to have a discourse with the participants, unpicking their comments and contributing my own perspectives (when asked). It was my concern that such a format would not have allowed me to build the rapport and mutual discussions of social work practice that I was able to elicit with the semi structured interviews. It was also selected over a more unstructured format such as an in depth interview, as I had multiple research questions which needed answering, and there was no guarantee that within an in depth format relevant points of discussion would be covered. As a social worker myself, I hoped these interviews would become a professional dialogue that explored the knowledge base and attitudes of professionals. In this process, I was not a “neutral” data collector (Mason, 2005) but rather an active participant in uncovering the views of social workers practising in this area (Mason, 2005).

However, semi-structured interviews are not without criticism. The lack of rigidity of the interview schedule might allow for the researcher to stray into leading questions (Bryman, 2012) and they may fail to achieve consistency between interviews (Barriball and While, 1994). Such limitations are a reflection on the skills of the interviewer (Bryman, 2012; Flick, 2014); to maximise my skills in gathering and analysing reliable data, the study was piloted (3 candidates). As a result of this pilot study slight tweaks to the language used in the interview schedule and the vignettes were made to provide clarity to the participants. The data from the pilot study was incorporated into the overall data set.

3.4.2 Vignettes

Vignettes are a well-established research method used in the social sciences (Finch, 1987; Wilks, 2004; Spalding and Phillips, 2007), particularly when exploring the attitudes, perceptions, values and beliefs of participants (Finch, 1987; Wilks, 2004). Furthermore, when exploring difficult to research or

sensitive topics, such as DVA, vignettes have been recognised to be useful for gathering data. This is because written case studies provide distance between the participants and the case, which allows participants to answer more freely by minimising concerns over scrutiny of their practice (Barter and Renold, 2000; Hughes and Huby, 2002; Wilks, 2004). In my study, vignettes also provide a level of uniformity (Wilks, 2004) in the subject being explored and analysed as all participants reviewed the same scenarios and were asked the same questions. This allowed for a level of direct comparison between all participants in the study.

Within the literature, it is recognised that vignettes must reflect plausible real-life scenarios to illicit viable responses to the questions asked (Wilks, 2004; Spalding and Phillips, 2007). In order to formulate the vignettes, I drew on practice experience as well as qualitative research evidence. As mentioned previously in chapter 3, I had worked as a learning disabilities social worker for over seven years and had gained extensive practice experience involving cases of abuse by partners or family members of adults with learning disabilities. In addition to my social work experience, once I had been accepted as a PhD student I took up a position as a casual worker on the national DVA helpline in order to gain a better understanding of DVA. Both of these experiences provided me with anecdotal scenarios of abuse and patterns of behaviour that helped to inform the vignettes. As well as practice, research evidence played a role in formulating the vignettes. Risk factors taken from the Domestic Abuse Stalking and Harassment (DASH) risk indicator checklist — a risk assessment formulated on the basis of research evidence (Richards, 2004) — were integrated into the vignettes. Furthermore, findings of abuse patterns recorded in other qualitative research studies were also weaved into the vignettes (e.g. Hague et al., 2011). However, it must be noted that whilst care was taken to formulate the vignettes to ensure they were reflective of real-life scenarios, they are inevitably the subjective interpretations of the researcher. Whilst all qualitative research design and analysis is ultimately a subjective process (Bryman, 2012), what was included (and crucially what was excluded from the vignettes), will be a limitation of the findings from the study.

The vignette stage of the study consisted of two components. The first was a series of short vignettes depicting actions and behaviours which may be considered abusive. These vignettes were used to explore a variety of types of actions and behaviours which constitute DVA, as defined by the Home Office (2013). The scenarios varied the gender of the victim as well as the gender of the perpetrator, they also depicted a variety of different relationships between victim and perpetrator including abuse between family members and intimate partners. Follow-up questions were asked to all participants. The second component of the vignette study was a longer staged vignette. In this part of the study participants were given bits of information, in stages, about a case. Gradually as more information is

revealed, risk factors increase. Participants were asked questions following each stage regarding the potential for social work interventions. The vignette interviews were conducted after the semi-structured interviews to avoid any influence the vignettes may have had on participants' discussions of their own cases.

The writing of the vignettes required careful consideration as the scenarios needed to be ambiguous enough for the participants to apply their own professional judgement (Finch, 1987), whilst also ensuring there was enough information for participants to make a meaningful judgement. All vignettes were piloted during the initial phase of the research. Following the pilot study, slight changes were made to the wording of the vignettes and the follow-up questions. This was due to some hesitation on the part of the participants in answering the questions. I attributed this hesitation to participants feeling a sense of pressure to give the correct answer, a factor which Finch (1987) observed with the use of vignettes in research. Phrasing such as "what would you do in this scenario" was therefore changed to the more neutral "what would a social worker do", in the hope that it would reduce language which might lead the participant to feel as though they were being tested or that there was a wrong answer.

The text of the vignettes are provided in Figures 2 and 3.

Figure 2 - Short vignettes

Short vignette 1

Rajesh is a 19 year old man with a mild learning disability. He is currently dating James a 23 year old man who does not have a learning disability. When they are out with friends or family, James frequently taunts Rajesh about his learning disability. James often makes comments that Rajesh is lucky to have him because no one else would want to date such a “retard”.

Short vignette 2

John is a 25 year old man with a mild learning disability. He lives with his mother Maureen who identifies as his carer. With support from his local drop in centre, John recently found a part time job at a local supermarket. John has now informed the staff at the drop in centre that he would like to move out from home to live in his own flat. Maureen is opposed to the idea and has told John and the staff at the drop in centre that he is not allowed to move out. Maureen expresses concern that John does not have the ability to take care of himself. Maureen chooses John’s clothing for him, and although John learnt basic cookery skills at college, Maureen plans and prepares all his meals as, in her view, he would “just eat rubbish” without her help. Although, John has recently successfully completed a money and budgeting skills workshop through the drop in centre, Maureen has insisted on retaining control of all of John’s money, including the pay he receives from his employment. Maureen also monitors John’s text messages and email account to ensure he isn’t “getting up to anything he isn’t supposed to”. Maureen expresses concern that without her support he would be vulnerable to exploitation.

Short vignette 3

Daniella and Simeon have been married for the past 15 years. Simeon has a mild learning disability and Daniella has cerebral palsy and a learning disability. Daniella experiences mobility impairment and she uses a wheelchair to mobilise. They both receive weekly support from an agency to manage their tenancy. Simeon is Daniella’s carer, and helps her each day to complete her personal care tasks and to take her medication. Recently their support worker came to their home and found Daniella on the floor when Simeon was out of the house. When asked what happened, Daniella explained that Simeon had become angry with her for refusing to have sex. He became so angry that he left the house, leaving Daniella in bed without meeting her personal care needs; he also moved the wheelchair from beside her bed, and placed it in the hallway cupboard so that it was inaccessible. Daniella tried to get out of bed and fell to the floor. She was then unable to get up. Daniella tells the support worker that this is not the first time that this has happened, and explains that Simeon usually comes back after a few hours once he has calmed down.

Figure 2- continued

Short vignette 4

Mary is a 21 year old woman with profound and multiple learning disabilities. Mary is not able to walk and has a specially made wheelchair and armchair which she can use during the day. Although Mary does not use speech, she can vocalise. When she is distressed or bored, Mary will shout or moan loudly to indicate her needs. The community nurse has recently contacted social services because Mary has bed sores, indicating she is being left in bed all day. The nurse is also concerned that Mary appears sedated and her father has recently contacted the GP to ask for a refill of PRN (as needed) sedatives. When questioned, Mary's parents do admit that Mary stays in bed most of the day. When asked why, they inform the social worker that Mary enjoys her "rest" and doesn't really get much out of activities due to the level of her disability. When questioned about the use of medication, Mary's parents indicate that she has been shouting constantly, and they have used the medication to help calm her down.

Short vignette 5

Laura (33) and Ralph (30) both have learning disabilities and have been in a relationship for the past 6 months. They do not live together as Ralph lives with his parents and Laura lives in supported living. They are able to see each other most days, as they attend the same day service. Twice a week Ralph's personal assistant supports him to spend time with Laura in the evening at her home. During one of their visits, Laura becomes increasingly angry at Ralph when he refuses to go with her to her bedroom. Laura shouts angrily and picks up a television remote control which she then throws at Ralph. This hits him on the arm, leaving a bruise. Several weeks later at the day centre, staff observe that Laura is again shouting at Ralph when he refuses to accompany her on a day trip. The situation escalates and Laura is observed pushing Ralph to the floor. Staff then intervene to stop the incident.

Figure 3- Staged vignette

Stage 1

Amy is a 24 year old woman with mild learning disabilities who lives with her 35 year old partner Dave in a housing association flat. As a teenager Amy attended a local residential college for students with learning disabilities. After college Amy's social worker supported her to move into a shared supported living placement with other young people with learning disabilities. Amy also started a work placement at a local café. About 4 years ago she met Dave at her local pub. After 6 months of dating, Amy moved into Dave's flat. Soon after moving in with Dave, Amy stopped attending her work placement and frequently missed appointments to meet with her social worker. After moving in with her partner, Amy refuses all offers of support as she states that Dave can support her.

Amy hasn't had contact with social workers for several years when a referral comes in to the adult social work/learning disabilities team from Amy's midwife. Amy is 25 weeks pregnant. The midwife is concerned that Amy has only just presented to her GP for support in pregnancy. The midwife is concerned that Amy may struggle with her parenting skills. Furthermore, she is concerned that Dave, who has a history of alcohol misuse and mental health difficulties, may also struggle with parenting.

Figure 3 - continued

Stage 2

The social worker is able to meet with Amy and Dave at their flat. Dave reports that he currently manages all of the couple's finances as Amy "gets confused by money", Dave also reports that he accompanies Amy everywhere so that she won't get lost or taken advantage of in the community. Each time the social worker goes to meet with Amy, Dave is there. Dave tends to answer questions on Amy's behalf and, when prompted, she will agree with him. Amy doesn't have her own mobile and the only contact number the social worker has is Dave's. Although Dave reports feeling stressed by the responsibility for meeting Amy's needs, both he and Amy appear reluctant to accept offers of support.

Stage 3

Two weeks after this meeting, the social worker arrives at the office one day to receive a message that Amy is at the local citizen's advice bureau asking for assistance. The social worker arrives to meet Amy and she discloses that she is unhappy living with Dave as he is controlling, and when drunk has been physically abusive towards her. Amy reports that since she became pregnant, the physical violence has increased. Amy does not want to return home to Dave as she is afraid the abuse will continue to escalate. Amy has left the house with nothing other than the clothes she is wearing.

Stage 4

Although Amy was supported to access safe accommodation, after 10 days the social worker receives a phone call from the supported accommodation manager who informs the social worker that Amy has returned to live with Dave.

3.5 Gathering the data

3.5.1 Agency context

This study took place in three local authorities providing statutory social work support to service users over the age of 18 in the South West region of England. Local authority A is a large urban centre with an approximate population of 430,000, with 16% of residents belonging to Black or minority ethnic communities¹³. The area is ranked 65th out of 317 areas in England in terms of social deprivation (with 1 being the most deprived).¹⁴ Within this county there are just over 1000 adults with a learning disability (age 18-64) who are known to the local authority¹⁵. The South West is recognised to have one of the highest concentrations of people with learning disabilities per capita, second only to the North East

¹³ Office of National Statistics, 2011

¹⁴ Report from Local Authority, 2020

¹⁵ Public Health England, 2013

(Emerson et al., 2011), with higher demographics of people with learning disabilities in these areas likely due to the historic positions of long stay hospital facilities (Heslop et al., 2013). This locality was chosen as it has one of the largest populations in the South West of England and therefore could be advantageous for recruiting sufficient numbers of participants for study.

Social workers in this area are employed by the local authority to provide statutory social work responses. At the time of writing, the model of adult services within this local authority is generic adult services, and there are no specialist community learning disabilities teams. People with learning disabilities are referred to social work teams within their designated geographical area. Social workers within these teams are likely to work with a range of service users including older adults, adults with mental health difficulties, adults with physical impairments, and adults with chronic health conditions (to name a few).

Local authority B was selected due to its contrast with local authority A. This area has an estimated population of just over 175,000, with just under 10% of the population identifying as belonging to a minority ethnic community¹⁶. It is also ranked 265th out of 317 in the national measure of deprivation (with 1 being the most deprived).¹⁷ Within the authority over 400 adults with learning disabilities aged 18-64 are known to the local authority¹⁸. Although this area also has an urban centre, in contrast to local authority A, the county also contains an outlying rural area.

Where this authority offers further contrast to local authority A is in its execution of social work duties. Whilst this authority has a dedicated learning disabilities team, the local government has outsourced its social work provision to a Community Interest Company (CIC). This is a private enterprise that has a social ethos of reinvesting any profits back into the services. The ability to delegate statutory social work power and duties was first initiated in England through the then Labour government's *Transforming Community Services* (DoH, 2008) agenda. This agenda furthered the neoliberal political movement first brought into prominence in the UK by the Thatcher administration in the late 1970s and early 1980s. The aim of neoliberal public policy is to reduce the costs and improve the efficiency of public service provision by increasing competition through market forces (Ferguson, 2004). Since the 1980s increasing numbers of services, previously run by the state, have been outsourced to the private sector (Ferguson, 2004). However, the success of such policies to reduce government spending and increase the quality of service provision has been widely questioned within the social work

¹⁶ Office of National Statistic, 2011

¹⁷ Local Authority Report on Inequalities, 2019

¹⁸ Public Health England, 2013

literature (see Ferguson, 2004; Rogowski, 2012). Leading on from policy initiatives, in the case of adult social care, the ability to outsource social work powers and duties was added into law through section 79 of the Care Act 2014. However, the powers of delegation are not absolute, with the Care Act 2014 stipulating that the duty to make safeguarding enquiries must remain with the local authority.

Local authority C was selected as, unlike A and B, it is a rural county with approximately 470,000 inhabitants, with 3.4% of the population identifying as belonging to a minority ethnic community¹⁹. It is ranked 233rd out of 317 in the national deprivation measure (with 1 being the lowest).²⁰ Data on the number of adults with learning disabilities was not available for this county. The county operates specialist Community Learning Disabilities Teams (CLDT), which are divided along geographical areas. The CLDT is run by the local authority.

3.5.2 Approaching authorities

The process of gaining approval from services varied between each area and shall be outlined below. Bryman (2012, p 151) discusses how gaining access to research participants is a “political process” involving careful negotiations, with the need for participants to understand the value of engaging in the research project. I was acutely aware that this was a project I had developed as a personal interest, and not one commissioned by a local authority and/or CIC, and despite there being a strong rationale on the basis of the literature for the study (see the literature review in chapter 2), participating agencies, as well as social workers, would need to be clear on the value of the project to the organisation and the profession as a whole. In all email correspondence, I emphasised that a benefit of my study was that participants would have the opportunity to help develop evidence for practice. I explained that it was my intent to publish the findings, and I assured the services (and participants) that they would have access to the findings of the project. I also offered to present the findings within team meetings, training sessions or any other appropriate platforms within the organisation.

In terms of gaining access, in two of the three agencies negotiations were fairly straightforward. Agency C was satisfied with the approval of the University’s ethics committee and were happy to proceed immediately. Agency B had a formal research governance approval process whereby all documentation was sent to a local University who reviewed the information and provided endorsement for the project. In both authorities C and B, senior managers conveyed a keen interest

¹⁹ Local Authority census data, 2011

²⁰ Local Authority data, 2019

in the project citing the service's eagerness to engage in research and encourage the use of research findings in practice to align the service more closely with best practise in the profession (Social Work Reform Board, 2010; Croisdale Appleby, 2014).

The process of gaining approval in service A was more complex. During the process of gaining access, the agency was restructuring their service delivery, and as a result needed to establish a new governance process for approving the project, as there was no such protocol in place. Such restructuring has become common place within local authorities due to shrinking social care funding and the need for services to reorganise the work force to meet increasing demand with fewer resources (Local Government Association and Audit Commission, 2011). As a result of such organisational barriers to decision making, the approval process took a substantial amount of time, in this case just over a year. As a researcher, I needed to be persistent in communicating with the service, I did this by asking for updates and offering to send any further documentation where necessary. I was keenly aware that whilst those managers I was approaching for approval were often very supportive, the service's processes and procedures were often compartmentalised, meaning that although I often had one point of communication, that individual then had to seek consent from those higher up within the organisation. This appeared to slow down the process. At one point in the process, the person I had been communicating with left their post, and negotiations had to start anew. The frequency of staff turnover, and the workload pressure of practitioners within social services has been well documented (McGregor, 2014), and therefore delays in decision making for research projects were understandable. In any follow-up emails, I was keen to pursue updates rather than exert pressure onto the authority. Persistence did eventually result in approval and access to the agency's social workers.

Three other authorities were approached in the recruitment for this project. One service did not respond to any communication. In this case information was sent by email, then followed up with paper copies of all documentation by post, and then a further follow-up email. A second and third service responded by email declining the invitation to take part. Where indications were clear that a service did not wish to take part in the study, no further attempts were made to persuade the service to alter their view.

3.5.3 Sampling selection criteria

The sampling for this project was purposive, as participants were recruited from within the participating authorities and met the relevant selection criteria (Bryman, 2012). To take part in the interviews the participants were selected using transparent and standardised criteria. The following were the essential requirements for all participants. Firstly, the interviewee had to be registered with the Health and Social Care Professions Council (HCPC), the social work regulator at the time of data collection, as a social worker. Although there are non-qualified social care workers employed as case managers in many local authorities (Owen, 2009) — many of whom will undoubtedly have experience in this area — the research was confined to those with a professional registration. The reason for this being that there are consistent professional standards to which all registered social workers are held, whilst there currently is no such unifying professional standard for non-qualified social care workers in England. I would argue that this standard sets a benchmark amongst participants for the degree of knowledge, values and skills required to practise. Furthermore, the International Federation of Social Workers (2014) states that,

Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work...

Therefore, as social workers, we should strive to examine our practice and focus on the ways in which we can use professional power to support and ameliorate the experiences of the people we work with. Research can be a tool to improve our practice, develop our knowledge and strengthen our skills to become better practitioners. As a social worker myself, I feel that my research is a means of helping to develop the knowledge base of the profession, and my way of promoting social change.

In addition to being a social worker, participants must have had at least one practice experience of working with an adult with learning disabilities who had experienced DVA. This criterion was necessary as research questions 3 and 4 are focused on the actions that social workers take in practice to support this group of victims. Without practice experience, participants would not have been able to answer most of the questions on the interview schedule and, as a result, it would have been difficult for me to have answered my research questions.

3.5.4 Approaching participants

All services were initially approached through an email sent from my University of Kent email address. All correspondence was addressed to either the principal social worker for adults, a senior manager or to the research governance officer (where one was in post). Attached to the email was the research proposal, the participant information sheet, a copy of the consent form, the expression of interest form, the complaints procedure and withdrawal form as well as evidence of ethical approval (see appendices for documentation). Whilst sending information by email did risk that correspondence may not be received, marked as spam, or simply not read by increasingly busy professionals (Sumedki et al., 2011), an email address was often the only contact detail available on the service's webpage. Therefore, email was the most practical and consistent means of engaging agencies. Furthermore, as disclosed by one senior manager during the contact process, the nature of modern social services offices are that there is an increased use of hot desking and remote working. This means it can be difficult for posted documents to be received in a timely fashion and/or stored within offices. Once an authority agreed to participate, information was disseminated to social work teams via an email from a relevant manager. In addition to circulated emails, I also attended team meetings in services A, B and C to discuss the project and allow potential participants the opportunity to ask any questions they may have had about the project. As service A is generic and based in a large urban area, social work with people with learning disabilities is spread across multiple teams, I was able to meet with one of the teams but did not have the capability to visit all teams within the service. This perhaps goes some way to explain why, despite being the largest service by far, service A did not have the largest number of participants.

Farrimond (2013) discusses the need for any approach to participants to be informative and open, rather than exerting undue pressure to participate in the study. To support this approach, at no point did I directly ask participants if they wanted to take part, instead they were provided with information and contact details. Participants were asked to contact me through my University of Kent email address, by my personal mobile or by posting an expression of interest form to my home address. Several participants approached me in person after team meetings to volunteer to take part. All three services graciously allowed interviews to take place in the participants' workspace and during work time. As I am a self-funded PhD student, I could not offer any financial re-imbursment for taking part in the study. As participants were able to take part during paid work time, this minimised the financial impact on those being interviewed.

3.5.5 The research sample

The sample of participants is detailed in table 6.

Table 6

Participant Sample n=15				
Participant number	Host authority	Age	Gender/Sex (self-defined)	Ethnicity (self-defined)
1	B	30	Female	British
2	B	44	Female	White British
3	B	48	Male	White European
4	B	63	Male	White British
5	B	30	Female	White British
6	B	35	Female	White British
7	B	28	Male	White British
8	C	52	Male	White British
9	C	28	Female	White British
10	C	47	Female	White British
11	A	40	Female	White Eastern European
12	A	54	Female	White British
13	A	52	Female	White British
14	A	38	Female	White British
15	A	59	Female	White European

A research sample should attempt, as far as possible, to represent the whole of the research population (Bryman, 2012). In achieving a level of comparable representation, it is hoped that the findings from the study would therefore be more likely to be generalisable. However, there is a limit to how generalisable any qualitative study can be, as the rich nature of the data limits the size of the sample a researcher can gather, as data analysis must be manageable (Bryman, 2012). Before beginning the formal interview process, participants were asked to sign consent forms and complete a personal information sheet detailing their age, ethnicity, gender, qualification and length of practice. Data on sexuality, religion or gender identity/reassignment was not gathered, as at the time of writing,

there were no available data on the general social work population for these characteristics. This information was gathered to enable a comparison of my sample to the known data about social workers.

The available statistics for the period when my data was being collected, indicate that there were approximately 15,700 social workers employed in the statutory provision of adult social care (Health & Social Care Information Centre, 2015). Within that number the gender balance of the profession was overwhelmingly female with 79% of social workers identifying as female and 21% as male (Health & Social Care Information Centre, 2015). The median age of a social worker in adult services in 2014 was 45, while the ethnicity data indicated that 79% of social workers identify as “White” and 21% as “Black and Minority Ethnic (BME)” (Health & Social Care Information Centre, 2015). These statistics, whilst useful in giving a broad picture of the population, are somewhat narrow in their classifications. Gender within this data is presented as binary, and may exclude those identifying as non-binary, gender fluid, or other gender non-conforming identities (Reisner et al., 2015). Similarly, the available data on ethnicity is equally imprecise, with the overarching category of Black and minority ethnic being used to cover all ethnicities other than white. To ensure my approach in collecting data was as inclusive as possible, when asking about gender and ethnicity I framed the question to ask the participant to identify their own identity rather than choosing from a tick list. I had hoped that this method would yield a more comprehensive picture of the identity of the individuals I was interviewing.

In looking at the statistics of the research sample, the mean age is 43, and therefore very close to the mean of the profession. Likewise, the gender balance of the sample was 73% female (n=11) and 27% male (n=4) (no participant identified as anything other than male or female). The percentage of male interviewees was slightly higher than the percentage of men practicing, however, this is likely the result of a relatively small sample size. There was an area where the sample did not match the population as a whole, and that is in the ethnic composition of the sample. None of the 15 individuals identified as BME, however, several participants identified as White European or White Eastern European. There may be a reason for this under-representation of BME social workers. In an attempt to achieve a representative sample services were chosen to ensure participants were recruited from large urban areas as well as rural areas. However, the South West region of England statistically has a lower concentration of residents identifying as BME than other parts of the country, this is particularly true for rural areas such as authority C (Office of National Statistics, 2011). Due to being a self-funded PhD student (with a job in addition to my studies) I was unable to travel across the country to complete interviews, this reduced my ability to extend the study to areas such as London, where there are higher

numbers of BME people living and working within the area. The lack of diversity in the sample is a limitation of my study.

One of the limitations of the criteria set out for the study became apparent as interviews progressed. All of the participants had some understanding and interest in DVA, as they had worked at least one case where DVA was present and were volunteering for a study on the topic. Most participants identified that they were interested in the topic, one participant had completed a Master's dissertation on DVA, one was a trustee for a DVA charity, and another was her team's champion on the subject. As a result, many of the people participating in the study had a good working knowledge of DVA, and their level of knowledge and understanding may not be reflective of all social workers.

3.6 Data analysis

3.6.1 Thematic analysis

The qualitative analytic method used for this project was thematic analysis. This is due to the project seeking to understand how participants saw and understood the abuse they were encountering. As discussed earlier in the chapter, although ontologically this project acknowledges that there are "real" or "material" structures that impact upon the social world, how these structures are understood is in fact a socially constructed process. Thematic analysis was chosen as it is a flexible approach that is not tied to a particular ontological or epistemological position, which is the case with several of the commonly used methods of qualitative analysis (e.g. interpretative phenomenological analysis) (Braun and Clarke, 2006). It can be used for both realist and constructionist approaches, although the coding process differs depending upon the theoretical position (more on this below). Therefore, this method fits well with the critical realist approach of this research. Furthermore, thematic analysis is a versatile method to use (Braun and Clarke, 2006) which, as an early career researcher, was appealing for a first major research project. The skills needed to complete a thematic analysis are the bedrock for most other qualitative analysis tools; therefore, using this method helped to develop my research skills and can be used for future projects utilising other approaches. As with other qualitative analysis methods, this approach seeks to categorise the meaningful patterns that are discovered within the research data and to provide analysis of the significance of these patterns in relation to the research aims (Guest et al., 2012).

3.6.2- Thematic analysis versus grounded theory

It is worth noting that there are other methods of qualitative analysis, which may have been useful to this topic, notably grounded theory (GT). Like thematic analysis, GT is compatible with qualitative data analysis and can be used with a critical realist meta thematic position (Walsh et al., 2015). Furthermore, like thematic analysis, GT seeks to identify repeated ideas or concepts occurring in the data using a precise coding method. As a method, GT seeks to develop new (micro-level) theory through data analysis (Walsh et al., 2015). Therefore, GT seeks to create, rather than to expand, theory. However, unlike GT, thematic analysis permits the researcher to start from a place of using micro-level theories to inform their analysis of the data, which allows the researcher to expand and further develop these theories. As I was starting this project from the position of using Beck's (1992) risk society theory and intersectional feminist theory to inform my analysis, thematic analysis was a more appropriate method than GT.

3.6.2 Applying thematic analysis to the data

Braun and Clarke (2006) have posited a six-stage process for conducting a thematic analysis, which was followed for this project. Using set procedures for applying a method is necessary to provide a level of rigour and transparency to the analysis process (Guest et al., 2012). The first stage of the analysis involved becoming familiar with the data. As this research study is self-funded, I did not have resources to pay for transcription. As a result, I transcribed each interview, and then, once transcribed, listened back to the recording to ensure accuracy. All transcripts were written in detail and included expressions (such as laughing or coughing) and actions (such as thumping the table). The process of verbatim transcription is necessary for qualitative analysis as the transcript is the data, and to ensure rigour, a reliable and accurate source is needed for thorough analysis (Braun and Clarke, 2006). Although transcribing data is extensively time-consuming, it is a significant advantage when completing a thematic analysis as it allowed me to become thoroughly immersed in the data. Through this process of transcribing and then re-reading the interviews as a whole data set, it started me on the process of understanding and interpreting the information on the page (Lapadat and Lindsay, 1999).

Once I had transcribed the data and had read the whole of the data set, I progressed to the second stage of analysis, which is to generate some initial codes. Within thematic analysis, themes can be developed using one of two processes. The data can be interpreted through a semantic approach which seeks to identify patterns at a surface or literal level, or a latent process where data is

interpreted for the underlying ideas, assumptions and beliefs being discussed (Braun and Clarke, 2006). The former technique is most often used in realist approaches, whilst the latter is used in constructionist approaches. As the critical realist approach examines the data of participants from a contextualist framework, understanding that views and beliefs are constructed but that there are materially real forces which impact how these views and beliefs develop (Willig, 1999 cited in Braun and Clarke, 2006), the latent coding process was used. Initially, Nvivo 10 software was used, but this quickly became overwhelming and I struggled to keep track of ideas and patterns. As a result, I switched to using Word to code, making use of the comment feature to keep track of ideas and to expand on the meaning of the codes. This also made it far easier to share my codes and interpretations with my supervisors. In the first stage of the process, I went through the documents line-by-line, coding the transcripts. This coding process created a large amount of codes, many of which were only present in one or two transcripts and, although interesting, were not significant enough to form part of a theme. At this stage, I used a word document to map codes and was able to identify those codes that continually reappeared. The transcripts were then revisited with a view of identifying any missed occurrences of the dominant codes.

Following on from the coding process, step three was to begin identifying the themes, and step four was to revise the identified themes to ensure they are strong and supported by the data (Braun and Clarke, 2006). Codes themselves are not themes, but a puzzle piece for assembling a broader theme (Braun and Clarke, 2006). The identification of the themes was by far the most laborious part of the thesis process. Often the nature of the theme didn't become clear to me until I started writing the findings chapters. It was through the process of writing that I was able to articulate the bigger meaning behind the codes. Furthermore, it helped me to identify that some of my "themes" weren't in fact themes in their own right, but rather subthemes of a wider meta thematic category. The process of reviewing and refining the themes led me to rearrange all of my findings chapters near the end of the writing up process, as it was clear that arranging them thematically, rather than by relationship type (my initial arrangement) was a stronger ordering and helped to better tell the story of my data.

The fifth stage of a thematic analysis is to define and name the theme (Braun and Clarke, 2006). The writing of the discussion chapter was helpful with this process, as it forced me to examine my data in relation to other literature. This was very helpful as I could see how what I found related to the work of others, and told a story that built upon the existing research foundations. The process of positioning the data in relation to the work of others enabled me to more clearly see the significance of the data and how best to explain my themes. The final step in a thematic analysis is to write up the report, using evidence (direct quotations) from the data to support the researcher's position (Braun and

Clarke, 2006). This is, of course, evidenced by the production of the thesis. However, as mentioned earlier in this paragraph, the writing up did not just happen at the end of the analysis process, but rather was integral to helping to develop themes and better understand the data.

3.7 Ethical considerations

Given the sensitive nature of the topics being discussed, this project gained ethical approval from the Tizard Centre Research Ethics Committee. Additionally, as the research sought to recruit participants from more than three local authorities (although this did not materialise), further approval was obtained from the Association of Directors of Adult Social Services (ADASS) to conduct the research in up to six counties.

The principles of ethical research require consideration of individual's autonomy in deciding to participate in the research, and considerations of how best to protect their anonymity following data collection and analysis (Farrimond, 2013). To protect the anonymity of service users and interviewees, all information gathered and stored complies with the Data Protection Act (DPA) 2018. As I am not near the University of Kent data is stored at my home address in a locked cabinet. Transcriptions were labelled with a code, and names of participants were not added to the transcripts. Signed consent forms are kept separate from the transcripts in a locked case within the cabinet. Digital information is password protected. Participants were informed that data transcripts were seen by me, my supervisors and could potentially be seen by the PhD examiners. All data used in the thesis has been suitably anonymised. All identifying material will be kept for five years following the PhD completion, after which time the data will be destroyed. This process complies with the DPA 2018.

As discussed earlier in the chapter, I am an insider in this community, I therefore had ongoing professional and personal relationships with some social workers in several of the authorities. Whilst authors such as Taylor (2011) have argued that interviewing friends is not necessarily a barrier to good and ethical research, such relationships are particularly challenging where subjective interpretation is being sought, so it is still relevant to consider the implication of these relationships on the research project. The issue of informed consent is perhaps most relevant to this discussion. It is possible that friends may feel compelled to take part in the research due to their existing personal relationships. As informed consent requires that participants feel no pressure to participate (Farrimond, 2013), ethical approval was given to the study only if individuals that are considered close friends (e.g. those people

whom I see on a regular social basis outside of work) were excluded. Fortunately, no-one whom I would consider a friend volunteered for the study, and this issue was avoided.

Finally, it is relevant to consider the impact of the research project on participants. Although the project did not ask about participants' personal experiences of DVA, the current prevalence studies indicate that DVA is an issue that affects individuals across all areas of society (Hester, 2013), and it is likely that some participants had personal experiences of DVA. To support research participants, and to ensure the project complies with the ethical principle of non-maleficence (Farrimond, 2013), information regarding local and national support services were provided to all participants following the interviews. Furthermore, participants were informed that they could stop the interview at any point if they wish to take a break from questions or to stop altogether.

Whilst data storage and the study's data protection compliance has been outlined in this section, the nature of how data was gathered also needs to be addressed within this chapter as there were implications for the absolute confidentiality of the participants. Whilst the importance of maintaining the confidentiality of research interviewees is a requirement on researchers seeking to conduct ethical research (Bryman, 2012), there were factors outside of my control which impacted on the extent of participant confidentiality within their organisation. In service A all participants required permission from their line manager before taking part in the study. I had not anticipated this level of monitoring by the agency. However, as the research was being conducted in the participants' work time, the agency had a reasonable expectation that practitioners' time was not being excessively consumed by participating in the study, and therefore, I did accept this term of service A's inclusion in the study. Bryman describes such compromises as a "research bargain" (2012, p 151) that researchers must often strike, to satisfy the gatekeepers of organisations. A second factor which potentially compromised confidentiality, that I had not accounted for when developing the study, was the layout of social work offices. As part of strategies to reduce operational budgets, a number of local authorities have reduced local offices, instead favouring large central hubs of open plan office spaces (Pellow-Firth, 2016). Often bookable meeting spaces were only semi-private (such as glass faced meeting rooms) or open discussion pods. At several points in the research process the interview could have been visible to many workers in the office space. Furthermore, meeting space was often scarce. On more than one occasion, interviews had to be stopped and restarted in another location as another staff member or team required the room. This often happened because the room had only been booked for one hour, however, all of the semi-structured interviews lasted longer than an hour (the longest being over two and a half hours). Clearly, practitioners were eager to talk about this aspect of their practice, and

longer bookings would have been advisable. Such factors were often outside of my control, and could only be minimised by offering the participants the choice of venue.

A further point regarding confidentiality arises from the recording of interviews. Several participants asked questions about the use of the recording. The nature of such questions usually surrounded who would listen to the recording and how any recording would be used within the research. Whilst I was able to reassure most participants that recordings would be transcribed by the researcher and that the only other people who may be required to hear the recordings were my supervisors and examiners, one participant refused consent to record the interview and notes were taken instead. Such scepticism and concern over the use of data may relate to two factors, firstly participants often enquired whether recordings would be played to those within the organisation. During interviews participants offered evaluations (and at times critiques) of organisational practice. Having such information recorded may have indeed been a concern to participants that critical comments may have led to reprimand, if passed to management. A second possibility may be due to how practitioners have been portrayed within the media and wider public discourse (Jones, 2014). In recent years practitioner stress triggered by increased scrutiny of the profession has risen (Shraer, 2015). The, at times, overwhelmingly negative portrayal of social workers within public discourse, may have led participants to query my intentions for the use of the data. At all points during the interview process, I emphasised that I was a registered social worker who had practiced for many years and that my purpose in completing the research was to enrich the evidence base of the profession and not to “catch out” social workers. Furthermore, I could reassure participants that all data was confidential, and a breach of confidentiality would only occur where there was evidence of a crime or safeguarding concern with their practice. This was detailed on the consent form. Finally, I sent copies of their interview transcripts to all participants, so that they could evaluate the content and make an informed decision whether they were happy for it to be included in the study.

3.8 Chapter conclusion

This chapter has detailed the research process. It has set out the theoretical perspective of the research, outlined the methods used to gather the data and has explored how the sample of participants were approached. The chapter then explored the method of data analysis and has discussed the ethical consideration given to the development of the project, as well as the ethical and

access issues that presented as the research was carried out. The next chapters of the thesis will present the findings of the research process.

Table 7- Table of Participants

Social Workers' Conceptualisation of Domestic Violence and Abuse (DVA) Against Adults with Learning Disabilities								
Sample of Participants in Study- 15 in total								
Pseudonym of Participant	Age of Participants (at the time of interview)	Gender of Participant (Defined by participant)	Ethnicity of Participant (Defined by participant)	Length of time in practice as a qualified Social Worker	Length of Time in practice with people with learning disabilities	Service where participant was employed at the time of interview	Type of Qualification (social work)	Case discussed during the semi-structured interview
1. Jennifer	30 years	Female	British	8 years	7 years	B	Bachelor's Degree	Victim- Male with learning disabilities Perpetrator- Female partner with learning disabilities
2. Abigail	44 years	Female	White British	15 years	12 years	B	Master's Degree	Victim- Female with learning disabilities Perpetrator- Multiple male partners
3. Edward	48 years	Male	White European	2.5 years	2.5 years	B	Bachelor's Degree	Victim- Female with learning disabilities Perpetrator- Male partner with sexual offences against children

4. William	63 years	Male	White British	20 years	11 years	B	Diploma in Social Work	Victim- Female with learning disabilities Perpetrator- Male partner also with learning disabilities
5. Carly	30 years	Female	White British	7 years	3.5 years	B	Bachelor's Degree	Victim- Female with Autistic Spectrum Disorder and learning disabilities Perpetrator- Male partner (No LD)
6. Lisa	35 years	Female	White British	5 years	2 months	B	Bachelor's Degree	Victim- Female with learning disabilities Perpetrator- Male partner and his family members

7. Scott	28 years	Male	White British	3 years	3 years	B	Bachelor's Degree	Victim- Female with autistic spectrum disorder and learning disabilities Perpetrator- Male partner (No LD)
8. Roger	52 years	Male	White British	25 years	30 years	C	Certification of Qualification in Social Work	Victim- Male with learning disabilities Perpetrator- Mother
9. Lydia	28 years	Female	White British	2.5 years	2.5 years	C	Bachelor's Degree	Victim- Male with learning disabilities Perpetrator- Mother and father
10. Alyssa	47 years	Female	White British	3 years	3 years	C	Bachelor's Degree	Victim- Female with learning disabilities Perpetrator- Male partner with learning disabilities

11. Zosia	40 years	Female	White Eastern European	5 years	4 years	A	Diploma in Social Work	Case 1- Victim- Female with learning disabilities Perpetrator- Male partner (No LD) Case 2- Victim- Male with learning disabilities Perpetrator- Female partner with Asperger's Syndrome
12. Beth	54 years	Female	White British	16 years	16 years	A	Diploma in Social Work	Victim- Female with learning disabilities Perpetrator- Male partner with autistic spectrum disorder

13. Philippa	52 years	Female	White UK	29 years	2 years	A	Diploma in Social Work	Victim- Female with learning disabilities Perpetrator- Father and brother both also with learning disabilities
14. Nina	38 years	Female	White British	8 years	3 years	A	Postgraduate Diploma in Social Work	Victim- Female with learning disabilities Perpetrator- Male partner
15. Susan	59 years	Female	White European	30 years	20 years	A	Certification of Qualification in Social Work	Victim- Female with learning disabilities Perpetrators- multiple male partners, some with mild LD or autism

Chapter 4

At Risk: Conceptualising Vulnerability as Experiential

4.1 Chapter introduction

This chapter is the first of three findings chapters, where I will discuss the themes emerging from the study. These themes were drawn from both sets of interviews (semi-structured and vignette). In this first chapter, I will explore the theme "at risk: conceptualising vulnerability as experiential". This chapter aims to explore how participants understood and conceptualised the factors and processes that made individuals susceptible to harm. The participants' conceptualisations of vulnerability were used to evaluate risk, with those victims having the most traumatic life experiences being seen to be the most "at risk" or vulnerable to DVA.

4.2 Normalisation of abuse

In exploring the data, social workers discussed how life events, including prior experiences of abuse, and trauma, as well as family dysfunction, led to victims being in a disempowered position within the relationship. Participants hypothesised that abuse had become a normalised occurrence in their life, lowering their self-protective factors. Practitioners speculated that these events, which often stretched across the victim's life course, positioned them as uniquely vulnerable to DVA. This section will explore the normalisation of abuse the participants observed in their cases. In this context, normalisation refers to what participants saw as the likely outcome of persistent power imbalances experienced within relationships. I have split this into two subsections, the first of which deals with the normalisation of abuse within intimate partner relationships and the second within familial relationships. Whilst there were overlaps between conceptualised vulnerabilities of victims within the two types of relationships, there are some notable differences, which I will explore below.

4.2.1 Normalisation of abuse - Intimate partner relationships

In the cases discussed, participants did not conceptualise learning disability as the only (or even primary) reason why a victim was unable to protect themselves from harm. I noted this subtheme when analysing the interviews where participants were discussing relationships between a woman

with learning disabilities and a male perpetrator without learning disabilities. All of the relationships with this particular dynamic (victim with an LD and perpetrator without an LD) were heterosexual relationships with a female victim. Participants who discussed intimate partner relationships where both victim and perpetrator had a learning disability did not identify the same vulnerability factors (although the vulnerability related themes from those relationships will be discussed later in this chapter). I will discuss the implications behind the reported differences in power dynamics from the different patterns of intimate partner relationships in more detail in the discussion chapter (chapter 7).

Participants identified how lifelong immersion in abuse normalised DVA for victims, as violence had become an expected part of relationships. The social workers recalled that for the victims, abuse often started very young with several victims having experienced child sexual abuse, childhood neglect, or had witnessed DVA within their parents' relationship (or indeed all three). The participants concluded that the presence of abuse in the very formative years of life restricted the victim's ability to understand and identify behaviours as harmful in their intimate partner relationships because they did not have a means of understanding healthy caring partnerships. Participants also hypothesised that perpetrators sought out already disempowered victims, as they were easier to abuse and control.

Lisa: ... her [victim] own mother had got learning difficulties, mild learning difficulties, wasn't in receipt of services but, you know, struggled to bring her up. She was known to children's social care because of her mother's behaviours, she was suspected of prostitution and then unhealthy relationships [...] the [victim] in the case didn't really grow up knowing what was a normal, for want of a better word, you know, a normal safe relationship because the relationships that were, you know, being modelled to her, weren't potentially, you know, weren't positive relationships.

Nina: she'd, she'd grown up in a family that was well known to social services. Where it sounded like her family life had been really quite chaotic, alcohol abuse by her parents, or misuse, maybe, and domestic violence between her parents, and she did tell me she had been sexually abused when she was, umm, in her early teens by her, sort of, not a close family member, but someone within the family. So, she had quite a traumatic and chaotic upbringing. And then had a baby when she was about 17. And I think by the time I met her she'd had three babies, and all of them had been removed by social services.

...

Megan: Okay, what impact if any, do you think her learning difficulty had on the domestic violence and abuse?

Nina: I think first of all the person, the man, involved targeted people with different vulnerabilities. There was a pattern of him really seeming to target people that he could see were vulnerable. And then I think, I think it's quite difficult to pick apart, the different aspects, because I think she might not have been as able to recognise his behaviour as abusive, but I think that was at least partly down to her own history, and the traumatic, sort of, upbringing she'd had. And I suppose her parents had not been modelling, kind of, a really healthy, happy relationship to her.

There were also indicators, such as in Abigail's case, that victims experienced trauma and abuse outside of their family and home. Abigail discussed factors which indicate that the woman she was working with may have experienced child sexual exploitation (CSE). However, the abuse was not given the label CSE by the participant, nor by the other involved professionals. Such early experiences of abuse normalised the actions of their abusive partners, as many sexual encounters within this woman's life were forced and not on her terms.

Abigail: I think. Because before she came, like when she was 14/15 she had issues with older men[...]if she went out in [neighbouring area] or wherever, and she needed to get home, she would just hitch on her own, and she would just get into cars, and obviously that went really badly wrong, and to me she didn't really talk a lot about that, but I think there was something that was...

Megan: Can you expand what you mean when you say "really badly wrong"?

Abigail: ...when she was like with the young offenders' team[...] I'd see reports that she had been sexually attacked and stuff and I'd seen some reports saying that she had been involved in prostitution, which she always denied. There wasn't any really evidence that I could see, but it was very kind of, you know. We definitely know she accepted lifts from people she didn't know and at times had some kind of sexual contact with them and that might not have been what she had actually wanted.

Just as the young women in the Rotherham CSE scandal were initially thought to be engaged in sex work by involved professionals (Jay, 2014), in Abigail's case the victim's sexual abuse had been

minimised and identified as "prostitution" even though at the time the victim was below the age of consent. Any sexual encounter with older men legally would have been sexual abuse. Interestingly, Abigail did not directly identify this pattern of behaviour as CSE. However, she did acknowledge that negative experiences of sex and power had been a pattern throughout the young woman's life, and had desensitised her to the abuse perpetrated by her partner.

For the social workers, this barrier to understanding created by a history of abuse was a critical factor in identifying the victim as vulnerable. It was also noted that the impact of experiencing abuse in childhood went beyond just restricting a victim's ability to recognise and understand that the perpetrator's behaviours were abusive. It also had an impact on the victim's actions, leading the victim to model behaviours which might increase their vulnerability to abusive and exploitative behaviours from others. This phenomenon was the case for Susan, who had been working with a young woman with a learning disability. This young woman had experienced sexual violence from several men, whom she considered to be boyfriends, but who Susan believed only wanted sex and not a relationship.

Susan: I mean I forgot to mention that her father talks in a sexualised way with her. We know that from history. So, when she is communicating on social media with some of these guys, she uses very sexualised explicit language... But what she doesn't understand is how that can be misread by somebody who has other motives...

Participants also theorised that the victim's wider exposure to DVA within social circles impacted their views about what was expected and acceptable within relationships. When others within the victim's friendship groups and support networks had similar experiences, participants viewed that it was even more likely to re-enforce that the behaviour was "normal".

Abigail: it seemed all of their girlfriends, she was a female, but all her sort of girlfriends in their relationships were experiencing domestic violence, so it's almost like in that circle it wasn't really seen as a bad thing for your boyfriend to shout at you or hit you whereas in my circle of friends it would be, and I wondered if that was a generation thing, whether it was just accepted in their sort of teenage group.

Participants saw this immersion in a culture of DVA to be a distinct risk factor for entering (or remaining in) an abusive relationship. Furthermore, by linking to age, Abigail is indicating that there is a role for life experience and exposure to different ideas in challenging these learned norms .

4.2.2 Normalisation of abuse- Family relationships

As with the cases of DVA between intimate partners, the practitioners who discussed cases of DVA where the perpetrator was a parent or sibling identified that abusive patterns and family dysfunction had been the norm for the victim, as well as the perpetrator. Participants suspected that the abuse had been taking place over a long period, perhaps for most of the victim's life. The participants viewed the patterns of neglectful and controlling behaviours as part of the accepted family culture. The practitioners identified that the family's standards of care did not match their professional expectations nor the legal and policy standards governing the protection of adults at risk. Participant Roger discussed the longstanding abusive treatment he saw when working with a man with learning disabilities who was being physically and verbally abused by his mother. Roger viewed the mother's denigrating comments about the man and his disability/challenging behaviour as an accepted part of the discourse between mother and son.

Roger: And I think there is a normalisation of the abuse, there is also a fear of it in terms of how we are going to deal with this. Obviously, we don't want to stop him seeing mum, as long as he wants to or seems happy to carry on seeing her. We don't want her to stop seeing him, you know we don't, that is not going to be helpful to anybody if that happens so how do we balance that with what is going on? You know, it has been mentioned, you know, well actually this is how she has treated him all his life, for 50 years, how much of an impact does it have on him? Because as I say he may not necessarily understand the words "you horrible little [identifying insult removed]" but in my mind, I think in my heart I think he probably does understand the context in which it is said and the tone in which it is said...

Roger highlighted that he felt abuse had been normalised within the family relationship, but also that agencies had minimised the behaviours. Roger conceptualised this minimisation as a way to limit the actions taken to place restrictions on the family, and that this acceptance of the abuse is rooted in a potentially ableist view that, due to the severity of the man's learning disabilities, he would not understand the meaning of his mother's comments. Roger is highlighting his belief that without action, there is potential for support staff to be complicit in the abuse.

4.3. Social roles and learning disability

Within the data participants identified how the expectations of social roles influenced the victim's vulnerability. In the cases of intimate partner violence, this influence related to the expectations the victims had of their own life. Whereas, in familial abuse cases, participants focused more on the expectations that others placed onto the victim. I have subdivided this topic to reflect the patterns of relationships discussed.

4.3.1 Wanting a normal life- Intimate partner relationships

For the majority of the participants, the victim they had been supporting remained in the abusive relationship or had entered into a new, equally abusive relationship. In discussing their work with the case, participants hypothesised about the reasons why victims decided to stay in relationships where there was a substantial risk of harm. In discussing their cases, social workers identified that the victim's desire to be in a relationship and to have a connection and attachment with an intimate partner was strong. This relationship status was seen as particularly important for some people with learning disabilities, as it was a means of reducing their marginalisation within mainstream society.

Susan: I've seen people with what you might call mild to borderline learning difficulties who want a relationship with somebody who doesn't have learning difficulties, 'cause there is something about normalising their life in society. So, when somebody shows an interest in them who doesn't have learning difficulties, I've seen some service users, like a magnet go into it[....] I am making it very black-and-white it's clearly not as simple as this, but so I think there's a kind of double-edged sword here that we are encouraging people to be independent, we are giving them pictures of their lives, you can be independent, you can do this, you can go out there and have relationships and live in your own tenancy, and what have you. And by and large, that is a brilliant thing, but it can leave some people vulnerable to being taken advantage of by somebody else, who has their own issues and may not necessarily be deliberate perpetrators, they may be people who have their own issues.

In discussing the increased emphasis on promoting independence and promoting positive risk-taking in the field of learning disabilities social work, Susan has highlighted what she sees as a consequence and vulnerability created by a narrative of independence. The desire to have connections with other individuals is strong and may lead individuals to prioritise cultural milestones, such as marriage and family, over their safety.

Participants viewed this desire as linked to a sense of normativity (particularly hetero-normativity). This desire for intimate connection and family life was considered a part of the universal human experience, something that most members of society would seek out.

Abigail: ... what she wanted was kind of like what everyone kind of wants, which is the nice family and the nice house and the lovely kids and the man that would do anything for her. And then she would have periods where she would realise that this was not going to be happening with this bloke, but it's like it's almost like she couldn't help it. Then obviously he would sort of spin her, spin her a yarn and stuff and be like[...] and because she had kids with him, it must have been so difficult because she's always going to have a tie to him.

Abigail has identified that, within the context of the abusive relationships, this desire was being exploited by the perpetrator to control the victim's decision making. Furthermore, Abigail has identified that in pursuing this idea of the happy family, the victim became further connected to the perpetrator making it more difficult for her to sever ties to him. This dynamic of desiring a happy home life, and being invested in a perpetrator's explanation that they will change, was not viewed as unique to working with people with learning disabilities. It was acknowledged by Edward, that the struggle to end partnerships where there has been DVA is a common feature of many domestically abusive relationships.

Edward: ...what they want is they [victim] want to have a relationship with their partner, where the partner comes to their home when he's invited, leaves when they ask him to leave, and they have like a proper boyfriend/girlfriend relationship. Which is quite common I think with domestic violence. I mean not only with people with learning difficulties. And it's, I suppose, it's getting them [victim] to understand that's not what he wants. You know, he wants to be there all the time because he lives rent-free[...].he don't [sic] pay for any bills and he gets to borrow money off her when he needs it. You know, and I think that's what domestic violence is for people without learning difficulties as well...

Others identified that being in a relationship and fulfilling a social role of partner, spouse and/or parent became a focus because it was viewed as a way to gain some meaning in life when the victim had systematically been excluded or othered within other social institutions. This idea was articulated by Lisa when describing her interaction with the victim of abuse.

Lisa: Yeah she went to a mainstream school for the majority, I think for her later years she did get some sort of additional targeted support, but [she] didn't really do very well in school. Her main ambition was to have children, and that is all she thought she could do, again, like I say, worst confidence, didn't think she was capable of doing anything.

Lisa has understood the woman's othering as a harrowing event in the victim's life course. In understanding how her exclusion had impacted the victim, Lisa could identify the significance the victim placed on her social role as a mother, and the cultural status that brought to her.

Other participants highlighted that for the victim, the perceived benefits of being in a relationship outweighed the risk of harm.

Beth: you know, again it's that, she loves him, she wants to be with him, he's her husband, they want a marriage, she doesn't want to be without a husband, she likes the fact that she's married, she likes all the positive things that brings, but then it is very difficult because he won't accept the support to him as a carer because he finds that intrusive, he wants to do it so, therefore, he lifts her, and that physically can hurt her, by lifting her.

Beth highlighted that when working with a woman with learning disabilities and a physical impairment, the victim saw that her life was enriched by living in a shared home with her husband (who had an autistic spectrum disorder). The abuse—in this case, aggressive and overly rough manual handling and control over the victim's home and social contacts—was a trade-off the victim was willing to make to maintain her independence from relying solely on social care. Beth even hypothesised that the woman's care needs were extensive and potentially challenging to meet, and without her husband's care, she would be unlikely to live on her own and would be in a specialist care home.

Beth: I think for the husband to be fair, she was somebody who would be eligible for nursing care.

Megan: Really?

Beth: Without a doubt, so the level of care generally is high and then when she is unwell, and he has got nobody supporting him, there is difficulties with her family, I don't think that he has got any family, so it is just him and her.

Beth's comments reflect a concern that researchers have highlighted in the literature of the experiences of female DVA victims who also had physical disabilities. In Radford et al.'s (2006) study, victims with complex needs were often only offered options of residential care when leaving an abusive partner who was also a carer. In Radford et al.'s (2006) study, victims reported feeling that they would be trading one oppressive situation for another.

Carly also discussed the idea that victims were obtaining a sense of independence from the relationship, that they could not achieve if they were to replace the support given by their partner with paid support.

Carly: ...In that he was a get out ticket for her. She had said before "I use him".

Megan: What did you think she meant by that?

Carly: Through their relationship, she has access to night clubs, entertainment. He keeps her busy. Again, I think communication difficulties are going to contribute. Her own limited social networks as well as her limited safety net. She did have support, but these weren't natural relationships, they were paid to be in her life, and she was aware of that, and it was difficult for her.

In highlighting that the victim was in a difficult position, Carly conceptualised the victim's choice not merely as a choice between abuse and safety, but rather between a chosen (albeit abusive) relationship or a relationship of necessity with carers. Here Carly attributes the victim's desire to remain in the relationship as a calculated decision where the victim has weighed the risk of harm incurred by the benefits she received from the relationship. Whilst for Carly, this presented an unwise decision, Carly reasoned that the victim had based her decision on factors beyond the concerns of risk and vulnerability highlighted by professionals. Similarly, Nina identifies the powerful role loneliness and social exclusion has on the victim's motivations to stay in the relationship.

Nina: I just think, I just think her need to be in a relationship outweighed all the benefits of everything else. It outweighed the negativity being in a relationship with him. I think it was just too painful and difficult to be not in a relationship with someone. So, I guess he's, the relationship with him was meeting a need of some sort.

Whilst the desire to avert loneliness has been identified as a goal of many people in society, within these interviews, social workers identified that this desire might be even stronger for marginalised people, such as individuals with learning disabilities, who have fewer social connections.

4.3.2 Infantilisation - Family relationships

When DVA presented in family relationships, the participants discussed the dynamics of the family, which they viewed as contributing to the abuse. Participants theorised that perpetrators viewed their family member as a perpetual child, rather than an adult. Participants reasoned that this conceptualisation led perpetrators to treat their family member in a manner which was unacceptable for an adult. Lydia reported that the parents of the middle-aged man she was supporting, used physical abuse to control his actions; however, the perpetrators likely viewed their actions as chastisement.

Lydia: ...the physical aggression[...]I have a feeling that the other two [siblings] were probably hit when they were naughty when they were children as well because it seems that that is the way that they parented. And obviously it was a long time ago, so obviously I am fairly certain that they don't hit the other two now because they've moved out and they are adults, but I suppose for him, they still see him as a child. So yeah. I mean if he didn't have a learning disability, I don't think it would be happening, partly because he probably would have moved out. And he wouldn't even be living with them.

Here, Lydia has highlighted the additional complexity for the victim. He is in a living situation which has not enabled him to experience many of the markers of adulthood such as leaving home and living in his own space. As Lydia observed, this has created a more entrenched vulnerability to abuse. Whilst in childhood, all of the children in the household were likely subject to physical abuse. His siblings were able to end this during their transition to adulthood. In contrast, this individual was first the victim of childhood abuse which was then re-classified as domestic violence and abuse in his adult phase of life which was likely to continue due to his dependence on his parents. To Lydia, such cases indicate the particular vulnerability of people with learning disabilities to experience lifelong maltreatment if there is not some form of intervention with the family. This understanding of the entrenched nature of the abuse led Lydia to conclude that her best intervention process was to monitor and consistently challenge the perpetrators' views and that such actions were justified to minimise the harm to the victim.

Lydia: I did kind of let it slip a little bit. And I didn't visit for about 3 months, and it seems like they need that constant reminding of what they should be doing because, umm I went out last week or the week before to find out that, you know, they're starting to put barriers back in place. They are saying it's too cold he can't go out, you know things like this, so I think I need to make sure I show my face more regularly.

Participants articulated that, whilst some abusive actions could be seen as abusive regardless of the age of the victim, other activities become abusive because the victim is an adult. Phillipa describes the example of the controlling behaviours towards the woman she was working with by her family members. The Court of Protection had ordered that this woman be removed from her family's home due to neglect. There were also concerns about potential sexual abuse by family members. However, this abuse could not be substantiated.

Phillipa: She had never ever been in a position to choose anything for herself, so not even you know a bag or a pair of shoes, nothing, I mean nothing.

Megan: Do you get a sense of why that was, why she wasn't permitted choice within her family?

Phillipa: I think she was seen as a child[...]and they looked after her in quite a basic way by our standards but not by theirs.

In this case, Phillipa is unequivocal about this controlling behaviour being abusive towards the victim, however, as she highlights the perpetrators viewed the victim as a child, and it would be potentially acceptable for a child's decisions (age dependant) to be made by a carer. Here Phillipa can be seen to acknowledge that the perpetrators were perhaps not intentionally trying to cause harm; however, these perceptions and actions were experienced as oppressive by the victim.

In the third case of familial abuse discussed within the data, Roger identifies behaviours which were construed by the local authority to be abusive, but in his view could be explained through an understanding of the perpetrator's history and life experience. Roger recounts an incident where the mother had used a physical intervention towards her son, which support staff reported as a safeguarding concern.

Roger: ...it was alerted to us that she had been banging saucepan lids to the side of the face of her son and when we asked about that, she said she was doing it because that person had kind of got stuck in what they were doing, and it was to kind of jolt him back into the here and now so that he could sort of carry on with whatever. She said well this was something she was advised to do when he was younger, and I can understand that I can fully believe that she may well have been advised to do that, but she found it difficult shall we say to accept that actually we don't consider that an acceptable thing to do in this day and age as well. That is one reason, I don't think she necessarily understands and she will say you know, "well I'm his mum, this is what mum's do" or words to that effect, you know, mum's chastise their children regardless of how old they are and I think a lot of us can actually relate to that to be fair.

Roger:... I think that she is old school. It's the easiest way for me to describe it, and her thinking hasn't moved on. And that may be because she has only ever been concerned with her son, rather than a range of people with learning disabilities.

Roger's comments display his feelings of empathy towards the perpetrator. He recognises that her action towards her son has not changed over his life span; however, the conceptualisation of professionals about what is an acceptable intervention for a person with learning disabilities has altered. Roger's awareness of this relativism about what is considered abuse led him to reflect on how understanding and knowledge evolves. Whilst professionals encounter many people with learning disabilities, all of whom have different life experiences, life stories and examples of good practice. This carer had limited exposure to different ways of providing support and care. As a result, she had carried on with the advice given decades ago.

4.4 Perpetrators as adults in need

Within the data, several participants discussed cases where the perpetrators also had a learning disability, autistic spectrum disorder, or were considered a frail older person. In the cases of intimate partner violence where the perpetrator did not have an LD, social workers often had very little (if any) involvement with the perpetrator, with police taking more of the lead in managing risk (more discussion of risk will follow in the next chapter). However, where perpetrators were themselves also adults in need of care or support, participants acknowledged that the perpetrators also had

vulnerabilities. This understanding of vulnerability was the case both in the context of intimate partner relationships as well as family DVA.

4.4.1 Perpetrators as service users

For several participants, the issue of working with the DVA was complex as both the victim and perpetrator were service users of the social work team. These working relationships with both parties provided opportunities and limitations within the work. Some participants discussed the personal relationships they had established with both the victim and the perpetrator. Furthermore, they identified how professional colleagues within the multi-disciplinary team were able to assist them in planning interventions.

William: ...I think prepared in the sense of never kind of rushing in to make a decision without sharing and with other professionals and confidence in the sense of knowing that you have that sort of team where you are working as a team and you are able to share and express ideas and receive them. In that sense you know if we were doing a visit we would sit together, my colleague and I and say "right ok, what are we going to do here and what should we do should we meet in a cafe, they like to have a cup of tea and a bun" you know that kind of preparation.

For William, there was a security in this approach. The shared element of decision making enabled him to feel that he was sharing the responsibility for managing the case. In his case, William was working with another social worker colleague so that each person (victim and perpetrator) had their own social worker. In addition to the social workers, William reported numerous other health colleagues who were involved. This team approach allowed William and colleagues to plan interventions for the perpetrator and not just the victim. This approach enabled the practitioner to suggest services that could help address what they saw as issues associated with abusive behaviour. William viewed this as a positive aspect of working with both individuals in the relationship.

Megan: And you just mentioned a couple of people, but who would you have discussed this case with and why?

William: The behavioural nurse specialist because they try to: a- educate other staff on safe methods of getting away if you are being attacked, or whatever, threatened. But also trying to work with the client on a more positive sort of way of solving problems, and that was for the male that was his main difficulty that you couldn't, he found it really hard to sort of like

say reflect "no that wasn't as good, and I don't think I should have done that" you know, so that ability to sort of be able to do that. His response was nearly always aggressive either verbally or physically. And, so yeah, the behavioural nurse specialist for that. The psychologist just to get an understanding of that person in a much deeper way, and they would have done some work with him on his childhood, his past generally.

From this quotation, we can see that William has understood the impact of the perpetrator's childhood on his current behaviour, conceptualising the DVA as, at least in part, influenced by this man experiencing abuse within his own life. William viewed that the perpetrator's behaviour was best addressed through therapeutic health interventions run by the specialist health services within his team.

Whilst William could see the benefits of working with both the victim and perpetrator, other practitioners reported the difficulties. In Alyssa's case, whilst working with the perpetrator, she was alerted to alleged controlling behaviour on his part. Alyssa then found herself working with both parties trying to make a case for a safeguarding process, and an allocation of a new social worker for the victim. The victim was eventually allocated to a new social worker; however, this was only after Alyssa spent a significant amount of time working on her own to manage the situation. After the transfer to a new social worker, Alyssa continued work with the new practitioner to share information and plan interventions in the case.

Alyssa: ...I was desperately wanting her to have a social worker, because I felt I couldn't devote the time I should be devoting to her, of what was going on with her. And that was really fundamentally was my conflict, because I was spending time with him but I was obviously spending time with her as well. I spent time with both of them as a couple, but I felt that she needed someone to devote, to take him out of the picture. And actually do you know what, that is actually the big, big issue. I couldn't take him out of the picture because I was allocated to him, but I couldn't take her out of the picture because I felt concern for what was going on, and when she did get allocated, you know I worked alongside the other social worker for quite a while because I felt she [social worker] needed to obviously take on board what was going on.

From this quotation we can deduce that Alyssa felt managing both the perpetrator and victim of abuse required significant input. She implied that she did not have the time to carry out this work effectively, and that is one of the reasons for asking for additional support. However, in saying that she could not

focus solely on the victim, and take the perpetrator out of her considerations, we can infer that she was also experiencing difficulties figuring out how to prioritise their needs and competing vulnerabilities. She felt she could not act in both of their interests without a conflict. Although the victim was eventually allocated a worker following a safeguarding referral, the time working with both individuals left Alyssa feeling in doubt over her professional judgement. This doubt led to what the practitioner describes as unhelpful self-critical contemplation of the planned intervention.

Alyssa: The difficulty is because, you know I have great empathy for my customer who was the perpetrator in this situation and, part of me was conflicted by that. I don't think I wasn't a good social worker in terms of the work I did for him. And at no point did I do something that I felt was detrimental to him, however, I've really beat myself up about, maybe could I have done more for her?

For participants like Alyssa, trying to conceptualise the needs of both parties, and reconciling these conceptualisations felt difficult. Attaching the binary concepts of perpetrator and victim to a situation where both parties are vulnerable, felt unsatisfactory. She found herself puzzling and debating over the intent, the risks and the impact of the actions (I will discuss this further in chapter 5). From Alyssa's quotation, we can deduce that she was stuck in the position of trying to categorise need, without being able to come to a firm conclusion. This left her feeling disempowered and unable to make a clear judgement about interactions of need, vulnerability and risk. Alyssa acknowledged that the needs and wants of the victim and perpetrator are different. Trying to meet both of these sets of requirements may place her in a position of prioritising one over the other.

Alyssa: I am still working with him, and I have still got his best interests, you know and working with him and stuff, and I think, I feel very sorry that they have broken up, and I...there is part of me that wishes they could get back together in some sense because I don't know, but then I think she is doing really, really well.

Megan: Why do you think you feel that way?

Alyssa: Because you know, I'm married. I'm in a relationship myself, and I know how difficult it is when relationships break up, you know. And umm, and they both did a lot of couply things together, they were very affectionate together, you know, and I guess it is just, you know, anybody it is sad to hear when people break up. Umm and I think as well, because I know he has been through a hard time and he is very lonely, and he misses her quite a bit, and I think,

you know there is that aspect of it.

Here we can see that Alyssa has somewhat romanticised the relationship from the perspective of the perpetrator. Her affection for him has led her to empathise and see his view, and in fact, focus less on the wants and desires of the victim.

Jennifer also shared this experience in her work with a male victim of DVA.

Jennifer: they've both been my clients in the past, so I worked with him and then I worked with her, and then I worked with both of them together, and that did not work at all because they are very different and it's very difficult to support, because of like safeguarding or whatever, you can't really work with both of them, because one is seen as the victim and one is seen as the perpetrator. And to work with both is very difficult, so now I just work with him, but I've known him for the last 5 years...

Megan: So, is there another professional or social worker involved for her?

Jennifer: Not at the moment, no, she's unallocated, which is a bit of a sore point [laughs]. But hopefully, because we have someone new starting soon, so hopefully they will pick that up.

Unlike in William's case, where having the victim and perpetrator supported by the same team was viewed positively allowing for co-working and shared decision making responsibility, Alyssa and Jennifer were in the position of lone working cases. As they were already involved with one party, they assumed responsibility by default for the other person's needs as well. As indicated by Jennifer's comments, this was in part due to constraints on the resources of the team. However, in Alyssa's case, there was also the issue of prioritising cases. When the case reached the safeguarding threshold, the team manager allocated an additional practitioner. This pattern may indicate that only those cases of DVA assessed as safeguarding concern are prioritised for allocation.

Both Jennifer and Alyssa clearly viewed their position as compromised by working with both individuals. From the above quotations, we can surmise that both participants view the victim and perpetrator as having differing, and at times opposing, needs which could not be fully met by one practitioner. Alyssa's use of the word "conflicted" indicates that being placed in the position of having to support both parties, leads to practitioners doubting their professional judgement and ability to provide the support needs of both parties. Participants associated the difficulty of supporting both

service users with the empathy needed to work effectively with people. The tensions for participants arose when they felt that they needed to be able to understand and empathise equally with both individuals. Zoia, who was not the allocated social worker for the perpetrator, highlighted the limitations she felt in working with the female abuser.

Megan: What about the perpetrators in this case? How did they respond to you? And the work you do?

Zoia:I would take the side of the victim and try to work with them both, probably she [perpetrator] didn't like that, she felt that I just don't understand what she is going through, and he [victim] is just winding her up. So, lucky we had another social worker allocated in the case, I couldn't kind of look at the world from her perspective.

Zoia's comments indicate that she felt it would be difficult to understand and advocate for the perpetrator, as she was already taking on this role with the victim. Within social work practice, there is an increasing emphasis on taking a person-centred approach to practice. This approach is enshrined in the statutory guidance to the Care Act 2014 (DoH, 2020). For several of the participants, the competing wishes and support needs of the victim and perpetrator meant this person-centred approach could not be implemented effectively for both parties. This resulted in the practitioners feeling that they were ineffectively addressing the needs of at least one person.

4.4.2. Other professionals prioritising the perpetrator's vulnerabilities

In all three of the cases discussing abuse within familial relationships, the perpetrators had additional needs. In both Lydia and Roger's case, the parents/perpetrators were older and considered frail by services. In Phillipa's case, two of the male family members had learning disabilities. For participants, this presented an additional complexity, as the perpetrators had competing needs to the victim for whom they were a carer. Lydia found this incredibly difficult as she believed other professionals were more concerned about the impact of caring on the perpetrators than the perpetrators' behaviour towards their son. In addition to the physical abuse discussed earlier in the chapter, Lydia believed the parents were acting in an abusive way by restricting their son to his bedroom and limiting his access to the community.

Lydia:... but yeah everyone thinks that they are so frail, and I suppose they are to a certain extend. They are not very well themselves, but at the same time, they are capacitated adults

who are making the choice to act in this way, and it is not in the best interest of their son. And they are making the choice not to listen to professionals. They are making the choice to put barriers in place. I mean mum rang the doctor and got sleeping tablets for him, 'cause he had woken her up a few times in the night. The doctor prescribed them over the phone, he didn't even speak to him [adult with LD] and check his blood pressure or something... I said to her, he is waking you up during the night because he is not doing anything during the day, he's not tired and she just "well it's fine I have given him these tablets now, and he is good as gold", and it's like, you know let's just sedate him because we can't be bothered to do anything. It winds me up.

Lydia's quotation indicates that she is encountering a view that caring is a burden. Therefore, an adult with learning disabilities trying to get his most basic needs met is viewed as the problem, not just by his carers but also by professionals who are colluding with this view. The victim's needs and behaviours are identified as the issue rather than the symptom of mistreatment. As Lydia indicates, such actions also restrict the social worker's ability to address and challenge the perpetrator's actions as other professionals have validated their perspective. However, Lydia's frustration is directed primarily at the parents for asking for the sedative, and not the professional for distributing it. Lydia's use of the term "bothered" indicates her negative view of the carer and her actions. In this case, even though it was the GP who Lydia reports issued the prescription for the victim, she holds the parents far more responsible and negligent in their actions for making the request. Although Lydia indicates that the perpetrators were older adults with complex health needs, we can ascertain that Lydia does not feel these are sufficient mitigating factors for their behaviour. However, there are power dynamics at play within Lydia's understanding and interpretation of the case. She, as a decision-maker, has a relatively powerful position over the family members and uses this to monitor the family's actions. We can theorise that the reason for Lydia's anger at the female perpetrator, and not the doctor in this case, has to do with positions of power. Her remit is to work with the family and attempt to change behaviours; she does not have this state-backed power with the GP. Therefore, the obstruction Lydia has identified is with the relatively disempowered older adult and not the influential medical professional.

The term bothered also appeared in Phillipa's interview. Phillipa had been working with a woman, removed from her home by a Court of Protection order.

Phillipa:...the sister was the appointee we [local authority] then took over the appointeeship because she[victim] didn't have any money. And lots of people felt that the family were abusing

her money, keeping it and really they weren't. They just hadn't bothered to apply for it, so she would have been getting income support, but they hadn't bothered. The support worker would help them fill in the forms, all they had to do was to sign and send it off, but they hadn't done that, but they lacked any kind of impetus in their understanding of how to look after this person, but they, if you asked them, I am sure they felt absolutely justified and that they were doing absolutely ok, they don't see it...

Unlike in Lydia's case, the perpetrator discussed in Philippa's quotation was not an adult in need of services. However, there is some indication in the term "impetus in their understanding" about the perpetrator's access to information and education. Both Lydia's and Phillipa's language indicates a dislike or contempt for the family members who have behaved in abusive ways. The frustration at the perpetrators appears to stem from the unwillingness to respond to help and support offered by social workers and wider support networks. Although the social workers acknowledged the perpetrators' needs, their view of these individuals as vulnerable was mitigated by their reluctance to accept support or make changes.

4.5 Practitioners' emotional resilience

In discussing the long-staged vignette [see page 63 for a copy of the vignette], practitioners identified the role that their own emotions would have on how they viewed the situation. Participants identified that they also experienced vulnerability within the professional relationship. This vulnerability took the form of becoming run down and being burnt out. In the last stage of the vignette, Amy returns to an abusive Dave. Participants identified that there is an emotional investment by the practitioner in safeguarding an individual and that when the victim returns to a risky situation, this may lead to an emotive response.

Megan: How do you think Amy returning might make the social worker feel in this scenario?

Zoia: Unbelievably upset, powerless, because there is nothing you can do, nothing, it is her choice, be it capacious or not[...]that is the job we are doing, and there is lots of frustration, and that is how I would feel, I would feel frustrated, but not angry with Amy, not angry with David really, you know, it's, I would feel angry with David but not for, you know, just for him

being a generally terrible person, but I wouldn't be upset with Amy at all...I would be angry with life in general probably, and you know very worried about Amy....

Several participants discussed the need to manage the emotions that arose as a means of self-protection for the social worker.

Megan: How would this [Amy returning to Dave] make a social worker feel?

Carly: It would be really concerning. I think she [SW] would need to stay emotionally resilient to manage the case and maintain boundaries. They [SW] might want to rescue her [Amy], but it can't work like that.

Here Carly identifies that part of the role of the social worker in managing cases of DVA is to be able to address their own emotional response outside of the social worker/service user relationship. This protection of the self is a necessary strategy for social workers to survive their work.

In her interview, Jennifer identifies an exhaustion of empathy that can occur for social workers when victims return to abusive partners.

Megan: How would it make you feel after you had supported her [Amy] to leave the relationship?

Jennifer: Like banging my head against a wall, this is like the client I was telling you about before, this is what she does all the time. She leaves, and then after a weekend she goes back, it could even be like even less than 24 hours, and she is back in the home. So, this is quite common for me, and to be honest, you get to a point where you just like, don't see it as serious. If I have a phone call from the police saying "there has been an issue and we have arrested him, and she needs somewhere to stay" and I am just like ok, you kind of like lose your...I don't know, but you desensitise, you just become a little bit like oh for goodness sake, we are here again.

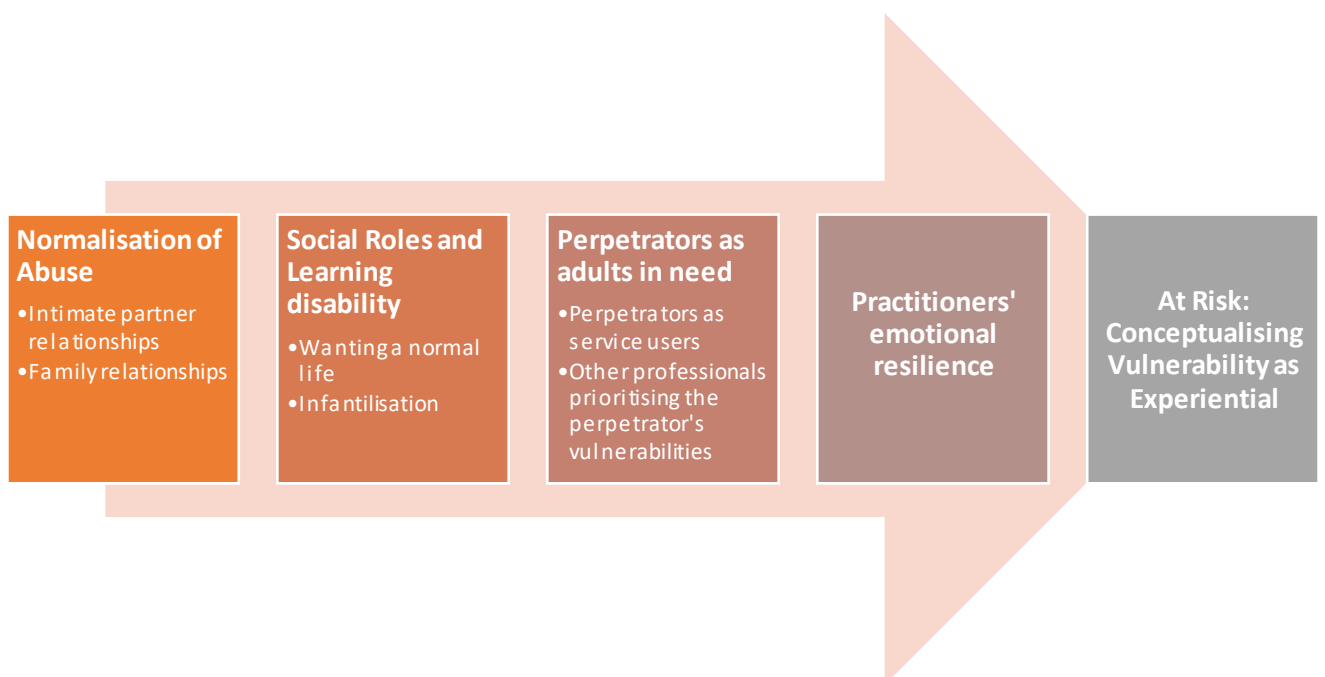
Jennifer's comments illustrate a way in which practitioners create barriers to protect themselves from the impact of worry or stress, and this is through desensitisation. Several practitioners identified that a means of developing a resilient stance to accepting this return to abuse, was by understanding the victim's actions as part of a longer process of change.

Nina:.. I would kind of feel sad but, but also tried to be hopeful and I expect you can think about it, sort of, in terms of the cycle of change, she has been through that process, maybe the next time, if there is a next time when she feels she needs to leave, then she might be more aware of what to do. So, you know maybe something good can come out of it and maybe, maybe it's just a matter of time and stuff. And, and you know obviously you can still keep, you can try and maintain a relationship and keep in touch and offer support and, you know still, you don't obviously have to sort of give up on the whole situation do you?

Nina's response reframes Amy's return, not as a setback but rather the first stage in a long process that will hopefully result in the victim finally leaving the abusive relationship. Maintaining optimism was a means of Nina safeguarding herself against emotional vulnerability. I will discuss the role of optimism in more detail in chapter 6.

4.6 Chapter conclusion

Figure 4



This chapter has explored the theme of at risk: conceptualising vulnerability as experiential. I have presented the core subthemes relating to vulnerability which identified the role of normalisation,

prioritisation of social roles, and competing needs as factors which participants hypothesised impacted the vulnerability of the individuals involved in the abusive relationship. Furthermore, I have discussed that social workers applied the concept of vulnerability to their professional relationship with the service user. Social workers' understanding of the victim's life events led them to evaluate and categorise risk in order to make decisions about their interventions. I will revisit these findings in the discussion chapter, where I will offer further analysis of the theme, referring to the available literature base. In the next chapter, I move on to consider the theme of "posing a risk" which explores the role of agency and intent in practitioners' conceptualisations of the perpetration of abuse.

Chapter 5

Posing a Risk: Agency and Intent

5.1 Chapter introduction

This chapter is the second of three findings chapters which examine the themes arising from the data. This chapter "Posing a Risk: Agency and Intent" explores how the participants understood domestic violence and abuse (DVA) by examining the motives of the perpetrator. Practitioners discussed their understanding of the perpetrator and the risk of harm they posed. These discussions centred on the perpetrator's insight into their actions and their intentions towards the victim. This chapter will include subthemes developed from the data drawn from the semi-structured interviews as well as the vignettes.

5.2 The role of intent

When discussing the vignettes, practitioners highlighted that the motive of the perpetrator was a critical factor in their interpretations of the actions and behaviours described in the vignette. For several participants, this was an essential piece of information that would be needed to inform their view of the scenario. A group of participants identified that intent to cause harm, was a crucial component of defining actions as abusive, rather than a manifestation of overprotection or stress. For example, participants frequently discussed the role of intent concerning short vignette two (see figure 5), the case of John and his mother Maureen, who was exerting a form of control over John's life choices. Many participants highlighted that the dynamic of a parent controlling aspects of their adult child's life is very familiar in learning disabilities (LD) social work.

Megan: Would you consider this to be domestic violence, domestic abuse?

Jennifer: No, I wouldn't...I definitely think that there's issues, but I wouldn't consider it domestic abuse, I don't think the mum is intentionally hurting her son. I think she is just an overprotective mum... he needs support to be a lot more independent... and obviously has the skills to be a lot more independent, so it's more about working with her...she has control around his money or whatever, but that is like a huge number of our clients have their parents manage their

money... it isn't necessarily that they are being financially abused, it just means that somebody is wanting to keep an eye on their money because they are aware that other people financially abuse vulnerable adults.

Jennifer's interpretation of the case scenario was not universal, as some felt Maureen's control was abuse. However, the majority of participants felt that control by family members is often done, not with malice, but with the view of protecting the adult. Therefore, such actions are not abuse but the behaviours of an overzealous carer. For Jennifer, rejecting the term abuse, and identifying the actions as overprotection, allowed her to conceptualise the work that needed to be done with the family as education and engagement rather than risk management. This indicates that Jennifer views actions which are not intentionally harmful as more likely to be addressed productively through direct work with the family rather than the safeguarding process.

Figure 5- Vignette John and Maureen

John is a 25-year-old man with a mild learning disability. He lives with his mother Maureen who identifies as his carer. With support from his local drop-in centre, John recently found a part time job at a local supermarket. John has now informed the staff at the drop-in centre that he would like to move out from home to live in his own flat. Maureen is opposed to the idea and has told John and the staff at the drop-in centre that he is not allowed to move out. Maureen expresses concern that John does not have the ability to take care of himself. Maureen chooses John's clothing for him, and although John learnt basic cookery skills at college, Maureen plans and prepares all his meals as, in her view, he would "just eat rubbish" without her help. Although John has recently successfully completed a money and budgeting skills workshop through the drop-in centre, Maureen has insisted on retaining control of all of John's money, including the pay he receives from his employment. Maureen also monitors John's text messages and email account to ensure he isn't "getting up to anything he isn't supposed to". Maureen expresses concern that without her support he would be vulnerable to exploitation.

Participants highlighted the potential for carer stress to have an impact on behaviour, and for this to be a mitigating factor in how social workers would view the abuse. This point was highlighted by Edward when discussing the vignette of Mary (see figure 6), a woman with profound learning disabilities who had been sedated and kept in bed by her parents, which resulted in pressure areas developing on Mary's body.

Megan: Would you consider this to be domestic violence or domestic abuse, and why or why not?

Edward: Probably yes, but I think it sounds more like people who just aren't coping with caring for their daughter [...] That's still not right, and it's still not something they should be doing, so that's why I think it could be considered domestic abuse, in the sense that they just think, "oh well she doesn't know, she doesn't feel anything", you know "so why bother doing it". Yes for that sort of sense, but like I said it could be because they aren't being given any support for their care and they're not being given any respite or anything like that, and they've not got any people coming in to manage their daughter's care and support with them. They could just be not coping, and their way of dealing with it is by sedating the daughter and keeping her in bed all day.

Here Edward is highlighting the fine line between his view of DVA and carer stress. As he indicates, if the carer's actions were as a result of dehumanising their adult child, then this could be DVA. However, if their actions are the result of being unable to cope with caring responsibilities and a lack of support from external agencies, then he would view this as carer stress. How the family members view their daughter, and their actions towards her, becomes vital in understanding what label would be applied to the scenario. As with Jennifer's comments, the inference here is that if this is a case of carer stress, additional support will help to rectify the situation. Whereas if the actions are a result of more deeply ingrained beliefs about Mary and her personhood, the intervention needed could be far more substantial.

Figure 6- Mary

Mary is a 21-year-old woman with profound and multiple learning disabilities. Mary is not able to walk and has a specially made wheelchair and armchair which she can use during the day. Although Mary does not use speech, she can vocalise. When she is distressed or bored, Mary will shout or moan loudly to indicate her needs. The community nurse has recently contacted social services because Mary has bed sores, indicating she is being left in bed all day. The nurse is also concerned that Mary appears sedated and her father has recently contacted the GP to ask for a refill of PRN (as needed) sedatives. When questioned, Mary's parents do admit that Mary stays in bed most of the day. When asked why, they inform the social worker that Mary enjoys her "rest" and doesn't really get much out of activities due to the level of her disability. When questioned about the use of medication, Mary's parents indicate that she has been shouting constantly, and they have used the medication to help calm her down.

Participants also identified that specific actions clearly demonstrated the intent of the perpetrator to cause harm. Lydia uses this reasoning in evaluating the short vignette describing the incident between

Simeon and Daniella (see figure 7), where Simeon leaves Daniella without care and access to her wheelchair.

Megan: Do you think you would consider this to be domestic abuse, and why or why not?

Lydia: Yes, he may not have physically harmed her, but he has restrained her, essentially, because he knows that she can't do anything without the wheelchair.... so because he has moved it, and that is quite calculated, I think he has done that on purpose so that she can't get out of bed...He has taken away her aids for moving around, which is incredibly controlling.

Figure 7- Simeon and Daniella

Daniella and Simeon have been married for the past 15 years. Simeon has a mild learning disability and Daniella has cerebral palsy and a learning disability. Daniella experiences mobility impairment and she uses a wheelchair to mobilise. They both receive weekly support from an agency to manage their tenancy. Simeon is Daniella's carer, and helps her each day to complete her personal care tasks and to take her medication. Recently their support worker came to their home and found Daniella on the floor when Simeon was out of the house. When asked what happened, Daniella explained that Simeon had become angry with her for refusing to have sex. He became so angry that he left the house, leaving Daniella in bed without meeting her personal care needs; he also moved the wheelchair from beside her bed, and placed it in the hallway cupboard so that it was inaccessible. Daniella tried to get out of bed and fell to the floor. She was then unable to get up. Daniella tells the support worker that this is not the first time that this has happened and explains that Simeon usually comes back after a few hours once he has calmed down.

In this quotation, Lydia expresses her view that Simeon's actions were intended to harm Daniella deliberately. Therefore, Lydia views the incident as DVA because Simeon was using power and control to exploit and further his ends. The use of power is also mentioned by Lisa when asked to discuss her thoughts about the first short vignette detailing the case of James and Rajesh (see figure 8.), who are partners. In the scenario, James has used a derogatory term about Rajesh's learning disability whilst out in public with friends.

Lisa: I think when I look at relationships and how I define the difference between abuse and consensual relationships is the power differentials. And you know it is quite clear here with one partner having a learning disability and one not having a learning disability, straight away there is a power differential between the two with obviously James having the upper hand really, and obviously, you know with the calling him [Rajesh] names, and that's him exercising

that power really, there is no attempt there to equalise the two [...] I would seriously question James' motives for being in that relationship, and I would see that relationship as quite abusive.

As with Lydia's quotation above, Lisa has interpreted James' actions as a deliberate and malicious attempt to gain further power in the relationship. In both of these scenarios, the perpetrator had used the victim's disability as a means of control, either through removing an aid or using a disability-specific insult, which demonstrated to Lisa and Lydia that the perpetrator was aware of the unequal power distribution and their actions served to entrench the inequality. Using a person's disability to belittle, restrain or physically assault them, is a reported tool of DVA (Hague et al., 2011). Lisa's concluding sentence indicates that she views that James may have targeted Rajesh for a relationship due to his learning disability. By focusing on the aims of the perpetrator, participants were indicating that a factor in determining whether or not an incident would be considered DVA is the motive of the perpetrator.

Figure 8- Rajesh and James

Rajesh is a 19-year-old man with a mild learning disability. He is currently dating James a 23-year-old man who does not have a learning disability. When they are out with friends or family, James frequently taunts Rajesh about his learning disability. James often makes comments that Rajesh is lucky to have him because no one else would want to date such a "retard".

As a secondary factor to intent, practitioners, also identified that the impact on the victim of the actions was relevant. Impact was highlighted by several participants, including William, Lydia and Susan, when discussing the case of James and Rajesh. All three participants identified that whilst they may view James's comments as inappropriate or even deliberately hurtful, the extent to which the behaviour would be considered a form of emotional DVA would depend on Rajesh's feelings about the comments.

William: I mean it depends a little bit on how sensitive Rajesh is, I guess young people...that are out together, and I think that males especially you get a lot of that kind of criticism. You see people in bars going out drinking and if you listen to the conversation they would quite often have that bit of banter that actually is quite cruel [...] And so I think some of it is meant to be light hearted but if Rajesh is going to be sensitive about his learning disability, being

*perhaps slightly different to the others then he is going to be feeling very sensitive about it [...]
I mean it doesn't seem to be kind of like threatening in a way that bullying can be, which could
turn into a criminal offence, but never the less it is totally inappropriate and cruel, really,
especially if he is in a relationship. It doesn't sound a very loving relationship.*

...

*Lydia: If it is in anyway upsetting for Rajesh, if it upsets him and he doesn't like it, I would
consider it to be emotional abuse, domestic abuse. I wouldn't if they are the type of people
that have this banter [...] but just going from this [vignette] you don't know if he is upset about
it or whether he [Rajesh] also takes the mick out of him [James] for some things, that [...] I
mean I obviously do not like this word, and I do think it's a horrible thing to say. But I do know
people who, both partners say things like this to each other as a joke, and they both are fine
with it [...] it would depend on Rajesh's feelings about this situation.*

...

*Susan: Well I, I'm not sure because I think one of the first things I would want to do is interview
Rajesh about what he understands is going on, and how he feels about it. Because much as I
don't like what James is saying [...] I have known some disabled people, and they and their
partners will have little jokes about their disability. Now that doesn't mean to say that is always
okay, it is just that it might be part of a banter that goes on between them. So I think what I
would want to do is first of all check with Rajesh about how he feels about this, what he thinks
is going on, whether it is okay with him. And I think then depending on that outcome I would
then make that decision about whether I thought it was domestic abuse or not.*

Within these quotations, the term banter appears. The use of this term indicates that these participants view that there are forms of derogatory humour, that become acceptable within a group of people, that may not be considered as appropriate to others outside of that circle. The practitioners are highlighting their view of the subjective nature of emotional abuse, and that intent is one side of the process with impact on the victim, on the other. The assertion here is that to appreciate what is occurring in the relationship fully, the voice of the victim (or the person on the receiving end of the comments) needs to be heard. This approach focuses on the level of individual experience, rather than the practitioner's interpretation of the perpetrator's behaviour. Unlike the previous discussion, which focused on the perpetrator's aims as the central consideration of DVA, these practitioners have

positioned the impact of the actions as a key consideration. However, this discussion only arose on the vignettes detailing (potential) emotional abuse, and not those depicting physical assault which appeared to be a more objective measure of harm for participants.

5.3 Conceptualising perpetrators as risky people

The second of the subthemes in this chapter explores conceptualisations of perpetrators as habitually abusive, dangerous and criminal people. This understanding of the perpetrators was associated with a particular pattern of relationships, which were intimate partner relationships where the (always) female victim had a learning disability, and the (male) perpetrator did not. This dynamic of a relationship was the most prevalent discussed in the semi-structured interviews.

Several participants in discussing their cases identified actions taken by the perpetrator which they viewed as fundamentally exploitative. Whilst working with the case, the social workers hadn't always initially identified that the motive of the perpetrator was to exploit, however during their work with the victim, social workers increasingly questioned whether the perpetrators had deliberately sought out relationships with vulnerable members of society. In much the same way that friendships are a perpetrator's ruse for exploitation in "mate crimes" (Landman, 2014), social workers described intimate partner relationships as the means of manipulation. Social workers discussed how the perpetrators sought relationships to obtain both resources and personal gratification at the expense of the victims. This occurrence was described by Zosia when talking about working with a woman diagnosed with both learning disabilities and mental health difficulties who was being abused by her long-term male partner.

Zosia: ...it seems quite obvious because to me she was an easy, quite vulnerable person, and he is quite an abusive, overpowering man[....]So, I think he might have just picked her because of her being quite vulnerable and it looked like he could benefit.

These exploitative relationships were often seen by social workers, as part of a pattern of behaviour by the perpetrator. In several cases, perpetrators had long-established histories with the police, and other law enforcement agencies, of exploiting other vulnerable individuals. This was the case for Edward, who worked with a woman with learning disabilities and her on again off again partner.

Edward: I've got an adult with learning disabilities who's been on and off in a relationship with someone, and this particular person is known to services because he's got a history of latching onto vulnerable women and taking advantage of them really, and he always likes to, sort of, like push the envelope but not to the degree where he gets caught by the police....he don't [sic] criminalise himself he just sort of like stays below their radar.

Social worker Nina described a similar situation. She was working with a young pregnant woman with learning disabilities who had been in what Nina and other professionals viewed as an abusive relationship with a man and his wife.

Nina: He was a young guy, well known to the police. So there was kind of police intelligence going back quite a few years and his probation officer came to one of the safeguarding meetings we had about the case and gave some background, so he had sort of grown up in an abusive home himself, and had sort of been given a tentative diagnosis, I think, of a personality disorder. But there are lots of reports saying that he had lots of narcissistic traits and stuff[....]at the time when the person was referred to me he was living in a house with his wife and then several young women, young women or girls. Some of them having learning difficulties all sort of living there, and he was having sexual relationships with all of them. It was like he had almost like a harem or something of these vulnerable women[...]he must have been quite skilled at kind of grooming people, and he had also committed fraud against a guy with learning difficulties as well.

For Edward and Nina, these intimate partner relationships were deliberately established by the perpetrator to take advantage of a woman who they had conceptualised as vulnerable. They viewed the perpetrators as risky individuals who had used the relationship as a gateway to gaining resources from the victim. Several participants reported working with cases where the perpetrator had taken control of the victim's home, including their finances.

Edward: [H]e takes advantage. He has been staying at their flat, you know, rent-free, not contributing to anything in the flat. Also borrowing money off the person and stuff like that.

Similarly, Zosia reported that access to financial resources, as well as sexual motives, were likely behind the perpetrator's desire to be in a relationship.

Zosia: But I think this one was mostly for financial reasons because he was getting carer's payments and he wouldn't pay any bills, and he was, you know, quite a heavy drinker[...][there] probably could have been a sexual motive at the beginning, but then since she has a UTI, they stopped it.

In these cases, the social workers describe the perpetrator taking over the space and resources of the victim. Within the criminal justice field, there is a concept of "cuckooing" when individuals (or gangs) take over the flat or home of a vulnerable adult to deal in illegal substances (Moyle, 2019). The term comes from the act of the cuckoo bird which hides its eggs in the nest of another bird, forcing the unsuspecting victim to feed and raise the cuckoo's young to the detriment of their chicks. The cases discussed by Edward and Zosia present a similar pattern of behaviour. The perpetrator has inserted themselves into a situation in which they can enrich themselves, whilst depriving the victim of vital resources. For social workers the actions were evidence of calculation on the part of the perpetrator and were therefore seen as evidence of intent to cause harm.

Participants also noted that material gain wasn't always the goal of the exploitative relationship. There were indications of pursuing sexual gratification, domination, control and power from vulnerable women. Within her case, Nina identified that DVA became an extension of identified grooming behaviours.

Nina: ...she was living with a man and his wife, and the man and his wife were allegedly, kind of, grooming vulnerable young women. And sexually exploiting them and the man was also violent towards people, and it was strongly suspected when she was referred to us, he was being abusive towards her. And she considered herself to be in a relationship with him.

The sexual exploitation of the victim was the intent of the perpetrator. The term grooming indicates that Nina sees the perpetrator's actions as part of a broader pattern of behaviour, indicating that Nina includes acts of grooming and other forms of sexual exploitation in her understanding of DVA. The term grooming was also used by Susan, who identified patterns of risk to the victim who had met several men through social media.

Susan: And what has happened is then that one of these [perpetrators] was a schedule one sex offender, I don't know what his background was, but I know, I found out later he was a schedule one sex offender. And probably was grooming her on some level through social media being friendly, "wanna have a good time", whatever the words are.

The social workers were clear in their assessment of the perpetrator. They conceptualised them as risky due, not only to their intentions within the current relationship but also based on their criminal histories and behaviour towards other vulnerable people or groups. Social workers understood the relationships to be fundamentally exploitative. Furthermore, they understood that the act of forming the relationship was an abusive (and potentially criminal) act.

Participants recognised, that not only could the manipulation and grooming of a partner be the perpetrator's aim, but that there may have been disguised compliance towards professionals. In her case, Zosia had initially believed that the perpetrator was experiencing carer stress and that he did not fully understand the impact of his actions. She supported the couple to get a new flat, at which point, the perpetrator completely disengaged.

Zosia: I felt really positive about it because she moved out of the home where she was being neglected; she was umm, safe. He was working with services and then we worked, you know, really kind of heart-warming case when he understood that he did wrong and they were going to be living together happily ever after and there was the big slap in the face when that was over, and we are back to where we were when I got involved. So, I, you know, I felt really good about it, but now it's just that powerlessness that you can't control anything and how easily we can be fooled.

The term disguised compliance appears in several serious case reviews into the deaths of children (e.g. see Munro, 2011). It has come to signify when individuals defuse increased and stricter social work interventions by appearing to agree with the actions/interventions proposed to lessen the involvement of professionals (Reder et al., 2005). However, willingness to co-operate with the intervention is short-lived, and behaviour changes are not sustained. The last line of Zosia's statement indicates her realisation that the perpetrator had not only been aware of his actions towards the victim but that he had been manipulating her (Zosia) as well.

In several interviews, social workers discussed the use of violence and control as a wider part of the perpetrator's behaviours and social interactions. The social workers viewed these patterns of violence and aggression as learned behaviours that were displayed on intergenerational levels. Lisa discussed her view that the perpetrator observing violence in childhood and being a part of a family where violence was a part of everyday family interaction led to DVA becoming a default means of the perpetrator resolving difficulties. In Lisa's case, she identified this as the primary motive for the perpetrator and his family members to interact aggressively towards the victim.

Megan: In that situation, what factors do you think might have been contributing to domestic violence or abuse?

Lisa: I think power and control, it was always at a point that she would say no or, they [perpetrators] needed to reach their objective and that was, I think, they lacked the skills to do it in any other way or lacked the skills to find alternative ways, and that was just the way that they knew and it was the way that they had been brought up, it was the way that they had learnt [...] so I think maybe they just didn't have the skills to look beyond that and that was how they'd always been brought up and you know it is quite cultural for them I suppose, it's just how things are.

Lisa held the perpetrator responsible for his actions, and understood that this treatment was deliberate; however, she also theorised how the perpetrator had been socialised into using violence and control to maintain dominance. In this case, the perpetrator and his parents were attempting to gain sole custody over the children he shared with the victim, DVA became the means for the family to pressure the victim into surrendering the children. Lisa understood this behaviour to be the perpetrator's default means of resolving complexities within his life, and this extended to his interactions with her.

Lisa:... the man [perpetrator] and the granddad were very, what's the polite word, I can't think of one, but they were very obnoxious and very in your face and [bangs fist on table] "it's like this, and I say it's like this because that's how it is" you know and quite often you would be in meetings, and they would be slamming tables and "I'm telling you" in your face, and that was to me, let alone what they did to her, and quite often she would walk out of meetings in tears, and she couldn't hold it together anymore, you know, she [would] sit in meetings and you would see her shoulders going cause she just couldn't sort of contain it anymore, because they were very abusive, but they were really abusive to each other as well...

Lisa recognised that the display of aggressive masculinity extended not only to the female victim of the abuse but also to her as a female social worker, indicating that such shows of aggression were normalised patterns of communications. The perpetrators did not attempt to hide or conceal in front of professionals, which suggested to Lisa that aggression and violence were acceptable and encouraged behaviours within that family. Edward reported similar aggression from a perpetrator.

Edward: ...we went for a little session of 3 or 4 times, and at the end of each session, he would be stood across the road waiting for us to finish. He never actually ever said anything to me, but I think he was just trying to let me know that he is still around, because this was after the police visited[...] He threatened me once over the phone [slight laugh], which I did report to the police, he's threatened me, and he said something along the lines that if I break up his family, he will come over and sort me out physically...

Unlike Lisa, who identified that the behaviour of the perpetrator felt threatening to her, Edward did not feel personally threatened by the actions.

Megan: How did that make you feel when he was doing that?

Edward: I wouldn't say I was blasé about it [...] I like to think I am quite a good judge of character of whether someone is actually just, you know, pretending to be tough and threatening you in the hope that you will go away or someone is a bit more sinister shall I say, and to be taken seriously, and I just wasn't given that impression by him.

Edward's assessment of the perpetrator as "pretending to be tough" seems incongruous with his previous assessment that this man was a risk to a woman with learning disabilities. Edward did not see him as a credible threat to an adult male social worker. This conceptualisation of the perpetrator as a risk only to those viewed as vulnerable, suggests that Edward does not consider the perpetrator as a strong or powerful person, but rather someone who may lack power or social status in other aspects of life and seeks to gain power by threatening or exploiting those weaker than him. However, what Edward has not acknowledged is the gendered impact of DVA (and male violence more generally). How both the victim in his case, and Lisa, experienced male aggression may well differ from him, and that women, due to the historical and current cultural instances of male violence, may be impacted more deeply by such threats.

5.4 Reconceptualising DVA as a social issue

Within the interview data, in the cases of DVA where the perpetrator did not have learning disabilities (such as those discussed in 5.3), criminal justice service (CJS) professionals, police, or probation officers were often reported to be key actors in the cases. This was particularly notable in the cases

of Nina, Abigail and Carly, as the perpetrators had a history of violence and abuse against others, often with substantial criminal conviction histories. CJS professionals often provided social workers with details and context regarding the perpetrator's behaviour. They were often the lead agency in working with the perpetrator and managing the risk of abuse. However, where the perpetrator themselves had a learning disability, social workers reported a mixed picture of CJS involvement. With several participants expressing that police had a reluctance to become involved in their case. William reported this.

William:...and often particularly the police, when they would find out about a person with a learning disability, they would say "right ok, I don't think we can really deal with this." So they [put it], you know, back to the team[...] whenever the police phoned us and said "oh you know we have got this guy in custody, you know, I don't think it is going to help if we, you know, charge him, back to you" we would say "hang on, not so hasty". [...] by sort of not pursuing any of that from the justice system[...] he could do it [abuse] because nothing happened. The police would come around, and they would be actually very nice to him because they wanted to settle him down, calm him down and they were very good at doing that and then leave. Whereas if it had been somebody else, they might have actually removed him from the property.

For William, this represented the police reframing the perpetration of DVA as a social care issue, rather than a criminal matter. This reframing then placed the responsibility onto the social worker for addressing any consequences of the DVA and managing the risk, which in turn led to the social worker being the arbiter between the perpetrator and the victim. Here William is concerned with the paternalism expressed by the police. In seeing the man with learning disabilities as needing support to settle down (thus someone in need of comfort and support), rather than a person causing harm to someone else, reinforced the perpetrator's behaviours. This reinforcement may ultimately make the perpetrator's behaviour more challenging to address in any social care intervention. Crucially, in his last sentence, William identifies that had the person not had an LD the police would likely have removed him from the house. Thus, indicating that such paternalism also does not weigh the possible harm to the victim. What William's quotation also marks is his view that criminal justice professionals are struggling to understand that the perpetrator can be both a risky and vulnerable person. This suggests that William is encountering a rigid procedural criminal justice system that struggles to accommodate an individual with complex presentations. William's quotation demonstrates that the CJS, who typically manage risk, appear to feel ill-prepared to accommodate vulnerable offenders. However, in section 5.5, we will see that social services, who usually manage care and support, feel ill-equipped to handle risk and criminality.

Whilst William has identified the cause of the police's inaction as an unease with the culpability of the perpetrator, Jennifer's experience indicated that there was also an issue with how police conceptualised the victims of abuse. In talking about her case with a female perpetrator with learning disabilities and mental health difficulties who was abusing her husband who also had learning disabilities, Jennifer expressed that the narrative of the "unreliable witness" is frequently given by the police as a reason not to intervene.

Jennifer: I don't think there is always very clear outcomes for people who are the perpetrators of the violence. It's like well what's going to happen, well they, you know the victim, can't give a statement or they can't really remember so we are not going to charge them, or you know. [In] hardly any of the cases I have worked with people have been charged...

Jennifer's experience of the lack of justice outcomes for victims of abuse with learning disabilities is born out in the evidence from research. Willner (2011) identifies CJS failures for many vulnerable victims when cases aren't pursued due to the system not being equipped to gather evidence in ways that accommodate victims' needs. This lack of justice for victims acts as secondary victimisation.

Whilst William and Jennifer focused on the CJS not managing perpetrators with LD, Lydia expressed frustration at other key agencies' inaction. Lydia, who was working with a man with LD being abused by his elderly parents, recounts the safeguarding lead and local authority legal team's resistance to using the legal system to intervene in the case.

Lydia: And we agreed with the legal team and with the investigating, well nobody else seems to think the risks are as bad as what I think they are anyway, but I did agree with them that getting a court order and removing him from the home is not going to be in his best interests, the legal team didn't think they would grant it anyway...

...

Megan: You mentioned earlier, I think, you said you saw this situation as more of a risk maybe than other people...what is the difference of opinion there? If you don't mind me asking?

Lydia: I don't know. People just don't, nobody seems to think it is that big a deal. I don't know if it was because it was adult care and not LD that was leading the investigation, but the legal team as well didn't think it was that big a deal. I mean I've worked with people who are hoisted

because of situations like this[...]it is a big deal. He has lost all of his independence [...] when we do the risk assessment we have got obviously the severity of risk, you've got the likelihood of risk. The likelihood are (sic) really quite high regardless of where the severity is... and some of the severities are quite high [...] And I don't know because I am only coming up to 3 years in the job and I am still not that bored of it[...]your sort of threshold just gets lower and lower and lower because you think "oh I have seen worse than that, they will be alright". Maybe that's what it is.

Lydia's comments display her concern over her perception of the apathy towards abuse and acceptance by professionals who view some forms of abuse as less severe than others. In this case, Lydia can see the impact that a lack of stimulation will have on the victim; she is critical of the approach of other professionals in examining only immediate risks of physical harm. Lydia has expressed that she feels the current safeguarding interventions are insufficient to address the risks but has no other means to challenge the perpetrators. This debate echos the good enough parenting debate that often occurs in children's services (see Daniel, 2000), where professionals may have to acknowledge that care is good enough even if it is not ideal. Lydia here is struggling with a similar concept of when is caring good enough. These debates may be somewhat newer in adult care safeguarding processes, both legislation and policy have developed at a slower pace than in childcare (Robbins et al., 2016). However, Lydia has also highlighted the role of desensitisation of professionals to the harms that they see. She suggests that as she is still relatively new to social work, she has not had the chance to become too indifferent to the neglect and abuse seen within the profession.

William, Jennifer and Lydia's accounts contribute to a narrative where the perpetrator(s) is seen primarily as a vulnerable person. Their acts of abuse and violence are at risk of being negated, and practitioners identified this as a failure to recognise perpetrator's agency and ability to change. Here the concept of agency is used in the sociological sense to mean the degree to which an individual has autonomy and free will to exercise choice (Scott and Marshall, 2015). Firstly, it denies the victim access to the protections afforded by legal interventions. As Jennifer indicates, this is a common experience of victims of abuse with learning disabilities. By not pursuing criminal sanctions because the victim cannot provide sufficient evidence or is viewed as unable to provide reliable evidence, denies the victim their right to state protection against torture and abuse under article 3 of the Human Rights Act 1998. Secondly, practitioners felt that this approach denies the perpetrator interventions through the CJS that may be beneficial to the perpetrator. The practitioners viewed this as potentially limiting an avenue for tackling the DVA but crucially by the CJS not responding to the abuse, this was

seen to then place more responsibility onto the practitioner and the safeguarding process to intervene and address the perpetrator's behaviours.

5.5 Agency and moral responsibility

In Alyssa's case, she reported that the police had taken no action against the perpetrator due to assessing he did not have the mental capacity to understand the legal process. However, she too was unsure to what extent the perpetrator understood the impact of his actions.

Alyssa: He was taken away, wasn't he, for the incident. And they [police] deemed that he didn't have capacity to obviously understand what was happening. They felt that he just didn't understand that he was going to the police station. And I would agree that he wouldn't have capacity to understand exactly what the sort of system is and what going to court is[...]they didn't charge him or anything, and our safeguarding team sort of felt the same, that it would be difficult. And I think that is one of the biggest areas that we very much struggle within safeguarding as social workers is that there is sometimes this situation about that someone may be doing something, there is aspects of their behaviour or what they are doing, or offending or whatever, that they know what they are doing but they seem to be let off with it, because they do have a learning disability[...] They are not accountable. I think that this, the way I'd put it is that the customer I would definitely say that there were aspects that he didn't understand. But also he had to be accountable in some way for what he was doing.

Here Alyssa is expressing the complexity of feeling about addressing the perpetrator's behaviour and the unease about a lack of good criminal and social justice avenues to support change. For Alyssa, there is a dilemma for social workers in determining the culpability and moral agency of the perpetrator. Whilst Alyssa clearly feels that there are difficulties in the service user understanding all of the repercussions of his behaviour, there were still elements which could be controlled or changed. Alyssa's frustration appears to be with a gap in professional or service roles that can work with perpetrators to address behaviour when the CJS does not pursue legal action.

Discourses of whether someone is "mad" or "bad" has long been a debate with regards to mentally disordered offenders (Biles and Mulligan, 1973), a similar discourse regarding the moral agency of the perpetrator arose within the data. Several social workers contemplated the extent to which the

perpetrator was guilty for their behaviour towards their partner or family member due to their learning disability (and at times mental health difficulties). The focus of these discussions was on the perpetrator's ability to understand their actions, and to question what level should they be held responsible for their behaviours. This questioning of responsibility arose on several levels, the first being the intent of the perpetrator to cause harm. In her case, Jennifer worked with a female perpetrator who had learning disabilities as well as mental health difficulties, the instance of domestic violence and abuse occurred during periods of mental health distress when the perpetrator becomes increasingly suspicious and controlling of her husband.

Jennifer: I did talk to them about whether they [police] might be able to have a conversation with both of them together about, kind of, the relationship and has there been any incidents[...] that was discussed at a safeguarding meeting about, you know, the possibility whether they kind of do some preventative work, but to be honest[...] the nature of the domestic abuse is not like she's intentionally meaning to cause him a lot of harm. A lot of the time you get the sense that she doesn't have much control over it herself, so I don't know it didn't really feel like the most appropriate thing and also when is it a good time to have that conversation? Not when she's in an episode of, you know, bad mental health, nor particularly when she comes out of it because that could then trigger her to go back into it, you know she is just not engaging with you at all because she is just not seeing that she's got a problem.

For Jennifer, the perpetrator's intent was integral to her view of the abuse and the planning of interventions. In this case, the perpetrator's actions were never addressed directly with the perpetrator either by the police or the social worker to protect the perpetrator's wellbeing. Jennifer has highlighted the complexity of this approach, as she identified that the perpetrator would not engage with professionals. However, from this quotation, it appears that the perpetrator may not understand that there is an issue as her behaviours are not addressed. From this, the perpetrator's perceived vulnerability was given more weight by the professionals involved than stopping the behaviour towards the victim.

In Alyssa's case, the questioning of whether or not the perpetrator had the capacity to understand the impact of his actions was something upon which she would continue to reflect.

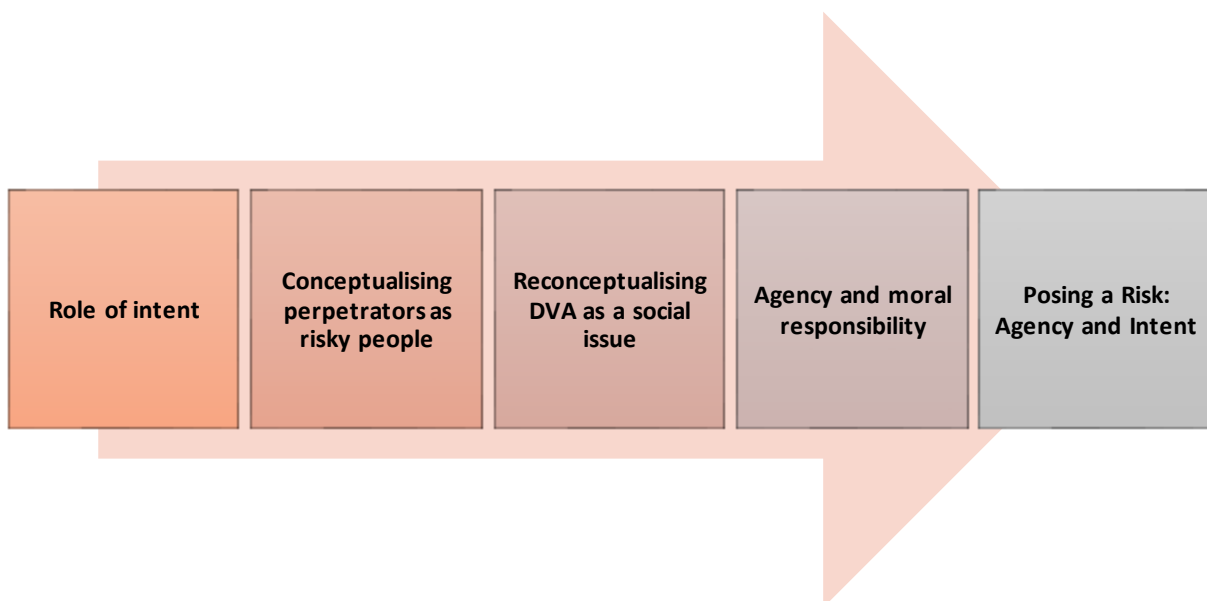
Alyssa:..because I am still in conflict about what he was in control of and what he wasn't. And I think that is one of the biggest issues I think sometimes on a daily basis that we kind of struggle with in terms of not having capacity to understand their actions. I think probably one

of the things if I am really honest is that, I've always been very much in his court in a sense, in terms of his social worker.

The issue of mental capacity (as a proxy term for agency) is a central discourse across the vast majority of the interviews where the perpetrator was also a vulnerable adult. Often the CJS had passed the responsibility for addressing the behaviours onto the social workers. Still, the practitioners were themselves unsure how to manage harmful or abusive behaviours when they viewed the perpetrator as unable to comprehend their actions fully; as a result, interventions tended to focus on the victim. I will discuss this further in the next chapter.

5.6 Chapter conclusion

Figure 9



This chapter has explored the subthemes relating to the perpetrators of abuse. I have examined how practitioners have constructed their understanding of perpetrators through the lens of their motives for their actions, as well as the perpetrator's ability to understand the impact of their behaviours on others. Participants were focused on understanding and categorising the risk posed by perpetrators in order to inform their protective interventions with the victim. They felt a sense of unease and insecurity when they were not easily able to assign a level of riskiness or responsibility to the perpetrator for their actions. The subthemes highlight how social work practitioners are often in the

frontline of managing perpetrators who are conceptualised to be vulnerable in their own right. I shall now move on to explore how practitioners planned their interventions.

Chapter 6

Managing Risk: Professional Judgement

6.1 Chapter introduction

This chapter will explore the theme of "Managing Risk: Professional Judgement". Within this chapter, I will explore the subthemes relating to how practitioners planned and understood their interventions and actions with the victim and occasionally the perpetrator. The themes encompass participants' approach to the intervention, their considerations of care and control, as well as the personal factors they felt helped them to make decisions. The findings offer a perspective on how participants made decisions about the management of risk, utilising their experience, skills, and values to make decisions.

6.2 The importance of building a professional relationship

Social workers conceptualised their role with victims in terms of their ability to meaningfully interact with the service user. The participants discussed how they viewed their ability to promote trust with the victim as the best way to create change. To achieve this trust, participants recognised the importance of understanding the victim's history and how this influenced their response to services.

Nina: I think she had not always engaged very well with the children social workers, so I suppose my starting point was just trying to engage with her and just put up some sort of trust and rapport and then see what she wanted to do and then try and support her with that. But I'm sure I probably suggested supported living, which she agreed to, and then I did sort of try to, kind of, I suppose I didn't, I didn't want to ask her loads and loads of personal questions and dig too much into things that happened to her because obviously there is a risk of sort of re-traumatising people if you do that really badly. But what I did try to encourage her to do is to go to the freedom programme or something like that at an appropriate time to try and kind of support to increase her understanding of the issue of domestic violence, and stuff and have support with that but she didn't engage with that

The concept of re-traumatising is central to Nina's approach. She has understood that risk to the victim may also arise from professional interventions and that the work done with victims may create harm,

rather than minimising it. Susan also highlights the importance of understanding the victim's lived experiences to identify and assess risk.

Susan: I'm just thinking about when I got given the case, I was given the case for a different reason altogether of course, which was much more about the other problems of support and her challenging behaviours, and then when I got to hear about some of the things. I read the case files, and I read about some of the issues and got to understand more of the background, that is something that I always do with cases, particularly the more complex they are I read about these things, and so I got a lot of the picture of what had happened in the past, which gave me more of an understanding of what was happening in the present. And it then became obvious to me that there was an issue around a social media, at that point she hadn't started dating, but there was a clear issue to me of social media. And I began to see that this was only going to go one way, she was working towards having a boyfriend and how safe was that going to be?

In her case, Susan had identified the potential risk factors and had initiated taking the case to the court of protection for approval for measures to restrict the victim's contact with men she met online. Crucially, Susan expressed that she had identified the risks of grooming, sexual assault, and domestic violence and abuse (DVA) before they had occurred. Susan took a pre-emptive stance to attempt to mitigate the risk of harm to the victim. Susan felt confident in making this assessment as she had gleaned risk factors by understanding the victim's life history and vulnerabilities. Susan implied that with a skilled understanding of trauma and risk, social workers can use past behaviour as an indicator of potential risk.

In all the cases discussed, the practitioners had been working with the victim (sometimes the perpetrator) for a substantial amount of time, often spanning years. Practitioners reported feeling that they developed in-depth knowledge about the individual while working together. This was the case for practitioners working in both specialist and generic teams. This relationship arose partly as a result of the ongoing safeguarding concerns raised about the DVA, but participants also recognised that learning disabilities would impact someone throughout their life-course and many people would be lifelong users of services. Participants saw their established relationship as a protective factor, as it enabled the victim to feel comfortable in sharing information about the abuse with the practitioner. It was also acknowledged that such relationships allowed the social worker to influence and support the victim in their decision making.

Jennifer: ...I've got a really good relationship with him anyway, regardless of any of this [safeguarding]. You know I've known him a long time, I know his family and whatever, so I think because of that he knows me, and he trusts me [...] I talk to him about everything that I am doing, and I always ask him what he wants, what his opinions are about things [...] I think he is able to make his own decisions about pretty much anything [...] and if I think something would be a good idea, I will have that conversation with him, and generally, he agrees with it, because I think I'm suggesting it. He knows me. He knows that I wouldn't suggest it if I didn't think it would actually be beneficial.

Jennifer's quotation portrays a genuine warmth towards the victim of abuse, which she feels is reciprocated by the service user. She clearly sees her interventions as being shaped by this care and affection developed over the years of working together. This relationship is credited with creating a trust which then enables her to monitor risk and intervene to reduce harm. In other cases, this trust evolved from the intensive working required during the safeguarding process.

Zosia: He is definitely happy to see me, and that has been kind of highlighted by other professionals, and when he was in respite he was definitely happy that I am coming, so you know maybe he sees me as a person that really sees what is going on. 'Cause I obviously supported him during the whole police investigation, you know I went with him to make a statement at the police station, and I helped a lot with communication as well. So I think he, we have got quite a good relationship with him and we can see that there is a bond[...] I don't know if I am a special person in a way, and he sees me as a rescuer, but for me, I am not on a mission to rescue him. I am just doing my job.

Zosia highlights the trust that has developed as a result of being in the role of supporting and protecting the victim during a stressful and traumatic time in the service user's life. The use of the term "bond" in her quote emphasises that the process of going through the investigations and safeguarding procedures created a shared experience between practitioner and victim which, when done well, fosters trust. However, unlike Jennifer, who views her role in terms of continued involvement and monitoring, Zosia has maintained a more detached approach. Within Zosia's quotation, tension can be seen between the relationship-based practice being discussed and the professional's need for boundaries and self-protection. Jennifer also addressed the need to be guarded in her approach.

Jennifer: I know them both and have worked with them both, and that's why I referred him to an advocate because I don't want [him] to be like "well [Jennifer] said I should get a divorce" [laughs]. I don't want that to be on my head.

These two participants highlight the tensions and the power dynamics of approaching the work by developing a strong and trusting professional relationship. In these cases, the social worker is aware of their position of influence over the victim and the need to guard their own wellbeing through a clear professional boundary, as in Zoia's case, or their professional reputation as Jennifer highlighted. Jennifer is adopting a defensive practice stance in anticipation that she may be viewed as exerting undue influence over the victim. I will discuss this point further in section 6.5.3.

Practitioners such as Beth highlighted the need to be balanced in the use of professional power. This balance is required due to the nature of DVA and the experiences of the victim.

Megan: ...how did the service user respond to your interventions?

Beth: I think reluctantly if I am honest. We still have that social work label that people go "ooh", we are a bit like marmite aren't we, and I anticipate that. So for me, it's my responsibility to get past that, to make them feel as safe as quickly as I can, to let them know I am here for this reason, but I am here to also listen to what you want to happen, because[...] there is nothing worse than them feeling that they've lost control again of something happening to them[...] and I would be doing some of the tapping [in] to those feelings that they are already experiencing. So, it is trying to make them feel safe, trying to give them some control back[...] "would you speak to me, is it ok, can we talk, is this a good time?" those small things set how it feels for them. And showing them that the concern is at the forefront "we are concerned about you".

As Beth works in a hospital team, developing rapport needs to be done quickly. In the case she discussed, Beth had been working with a woman with a learning disability (LD) and a long-term health condition. The victim had been coming in and out of the hospital for several years due to her medical condition. Beth also hypothesised that the victim sought help from emergency services at times when she needed a break from her relationship, and actively sought to be admitted to the hospital as a means of self-protection. As with those working in the community team, Beth's quotation demonstrates the awareness of needing to balance professional approaches with the understanding that social work interventions can be experienced as a continuum of control. If practitioners are not

conscious of the power balance within their interactions with service users, they risk contributing to feelings of powerlessness.

6.3 Promoting autonomy

This section addresses the subthemes which explored interventions used to promote independence, choice and autonomous decision making. As the data will highlight, practitioners prioritised the idea that victims have choice and control over their decisions, even where such choices may not reduce harm or may be deemed unwise by social workers.

6.3.1 Advocacy and giving voice

The participants spoke about what they saw as the social work role in these cases. Many identified that as a social worker, they aimed to ensure that the victims had information and choice about options for making changes to their living situation.

Megan: What did you see your role as being in working with the woman in this case?

William: ...I guess to try and give her a voice, to try and allow her to be able to stay with him, which she wanted to do, she was offered on a few occasions support in leaving him, and on one occasion the police offered her sanctuary in a women's hostel. That's not the right word is it...refuge, and she flatly refused to do that, but it was really to try and help her develop her own interests[...]and be safe.

...

Beth: I mean it is, for me, making sure we are seeing it as safeguarding[...] it is quite frustrating for practitioners, you can't fix it but you acknowledge what it is. You acknowledge it if you can for the person in a sensitive way[...]we are there to support and give them information and advice if they want to use it, and they will use it when they are ready to. And I think probably with somebody with learning difficulties we would need to ensure that we have handled it more sensitively maybe, you know, making sure we are clearer, not to overcomplicate it,

because it is making sure that, it is about getting that conversation and enabling that person to understand, but I think the message is that you don't have to live like this.

For both Beth and William, putting the victim's feelings and wishes at the centre of the intervention was paramount. For practitioners, this meant allowing the victim to lead the course of the intervention, even where practitioners may disagree with the victim's decision. There was a strong sense of the need to advocate for the victim's expressed choices, and this was a vital function of the social work role in working with victims of DVA.

6.3.2 Mental capacity

Within the semi-structured interviews, when discussing practice cases, social workers were asked what they felt their role was in working with the victim of DVA. Whilst participants ultimately differed in their responses, one of the critical variables that influenced practitioners' view of their role was the assumed (or assessed) mental capacity of the victim to make decisions to protect themselves against harm and risk associated with DVA. The Mental Capacity Act 2005 enshrined in law a test for decision-making ability. Where it can be shown that an individual cannot understand, retain, weigh, or communicate a particular decision, the Mental Capacity Act 2005 (and accompanying code of practice) provides a framework for a decision to be made in the best interest of the individual. The Mental Capacity Act 2005 also protects the rights of individuals with capacity to make unwise decisions.

Where social workers viewed the victim as having capacity to make decisions about risk and their relationship, the social worker often viewed their role as providing information and support to promote the victim's decision making. This was the case with Carly, who was working with a young woman diagnosed with a mild learning disability and an autistic spectrum disorder. The victim was independent in most areas of life and was involved with an abusive male partner.

Megan: What did you see as your role in working with the service user who experienced domestic violence?

Carly: My role is about prompting her to think about her situation and to get her to think about what she was going to do about it.

Here Carly is acknowledging the victim as an autonomous decision-maker, who could make changes and decisions which would alter the level of risk within her life. The language, particularly the term

"prompting", indicates an onus or responsibility on the service user to be the instigator of the change, with the professional acting as a facilitator and enabler of independent decision making. Edward reported similar sentiments when discussing his case involving a middle-aged woman with learning disabilities who was experiencing abuse from her male partner. The partner was a schedule one offender who was known by services to have groomed and abused young women. In addition to viewing the victim as a responsible decision-maker, Edward also acknowledges the impact that abusive patterns can have on the victim's ability to make independent decisions.

Edward: I think that it was just my naivety. I suppose a bit. Like I said, not realising how deep his claws were in during the relationship, and how much she did actually value his opinion and think of him and stuff like that[...] I suppose I see my role as just gently reminding her of her own situation [...] and just reminding her that there is actually things that she can do to change it. You know she doesn't actually have to sit there and suffer.

In raising this point, Edward demonstrates the difficult position for the victim. Edward has conceptualised the individual as capable of deciding to leave and has placed the responsibility onto her to make the choice that he believes will reduce harm. However, Edward has also acknowledged that the nature of the abuse is coercive and controlling. Therefore, the abuse itself is impacting on the woman's ability to make autonomous (un-coerced) decisions.

This dichotomy between viewing a victim as responsible for making decisions, whilst also vulnerable to controls that impact on their ability to express choice, was also articulated by Lisa. However, in Lisa's case, she viewed these restrictions, not only as the behaviour and actions of the abusers, but also cognitive processes (associated with the learning disability) which made the victim particularly vulnerable to targeted coercive behaviours.

Megan: What impact do you think her disability had, if any on...the abuse?

Lisa: I think it had a lot because[...] it was that power, you know, and control. She was easy to manipulate, she was easy to beat down because of her learning disability[...] they could confuse her, you know, baffle her[...] they would quite often get her to sign things and get her to agree to things, but actually, if you sat down with the right advocacy and sort of bashed it out, it was not what she wanted, but they could railroad her very easily, and that was definitely, you know, because of her LD.

In this case, Lisa viewed the victim as having the capacity to make decisions about her engagement with her ex-partner and his family, which was necessary due to shared parental responsibility. From Lisa's account, we can see that the victim was conceptualised as manipulable and that the barrier to the victim's exploitation by her abusers was the professional's intervention and time.

What was common amongst those who accepted that the victim had capacity to make a decision, was an acknowledgement that victims do not always make decisions that alleviate or minimise risk. These decisions may be considered unwise by the professional involved, although social workers often recognised that there were complex reasons which prevented victims from making decisions to reduce harm. Whilst the professional role was seen as a means of supporting victims to understand risk, there was an acknowledgement by most that living with at least some risk had to be accepted. This was the case with Scott who was working with a young woman with learning disabilities and autism, who was reluctant to engage in support and to end her relationship with a partner who was physically abusive and financially exploiting her.

Scott: ...looking at the kind of acceptable risk I suppose, and that is what I have always been quite conscious of doing with her[...] you know there is a level of risk where I think, where they have to take the risk themselves. [...] People can make unwise decisions of course, with the Mental Capacity Act and so forth [...] so really my role I felt is to try to ensure safety and to try and check her understanding of the risks. I guess I've always wanted to feel confidence that she, she understands a level of risk and that she is kind of making informed decisions around how she would like to keep herself safe.

This acceptance of risk remained the case even if it caused the professional personal stress as was the case with Abigail, who was working with a younger woman with a learning disability who had been in multiple (and incredibly violent) DVA relationships.

Abigail: I know we all used to get quite upset sometimes because we were working so closely with her when it was going really badly wrong, you know I used to go home some weekends and I would, you know, wonder what would happen that weekend and whether she would be ok on Monday.

In all of the examples above, we can see that the social worker emphasised choice and personal control, viewing the facilitation of choice as a professional role. Here the victim is considered to be

the agent of change, and in a position to make alterations providing they have the correct information and understanding to bring about the change.

6.3.3 Chipping away

Within most of the cases discussed, victims retained some level of contact with the perpetrators, the notable exception being Susan's case where the Court of Protection was involved. For some victims, this was a necessity, as in Lisa's case, where there was a shared custody arrangement with the perpetrator. Or in the case of familial abuse such as Lydia's where the perpetrators remained carers. However, in most other cases, the victim returned to the existing abusive relationship or formed a new abusive relationship. Participants recognised that it was the nature of DVA for people to continue to return to abusive relationships; however, that did not mean that practitioners negatively viewed their work. Most saw that their interventions had a positive influence on the lives of the victim.

Nina: ... I think the outcome at the end of my work with her was sort of what I'd hoped for, because she did get back into a relationship with him but, but you know, I suppose she'd had a period of having support, and she'd had a period of learning that there are people out there that can be supportive, and she ended up with her own tenancy and a flat which was better than she started off with. And I hope she had a slightly better understanding of the dynamics of their relationship being abusive, even though she had chosen to go back with him, I think, I'm fairly confident that if she decided then that she needed to leave him or get him to leave, I think she would know where to go for support.

—

Susan: She is paying attention, and she is slowly learning, it's almost like, we are chipping away, that's the wrong term, we are making progress. It is not two steps forward and one back it is more like 1 inch forward and half an inch back it's that kind of stuff, progress. So for instance, she is much better at telling staff about these guys that she is thinking about seeing, she is much better at showing some of her messages from them and from her to them. She does agree that staff need to meet with them, she does understand that there can be some risks sort of.

Both Nina and Susan identified that their intervention was part of ongoing work with the victim and that each intervention perhaps brought the victim closer to making a decision which reduced their

harm. In conceptualising their work in this way, both participants are identifying that their work is part of a lifelong continuum of support to the victim.

In terms of familial abuse, Phillipa and Roger's experiences were primarily based around legal interventions through the Court of Protection mandating contact arrangements. However, Lydia discussed her process of working with the family to implement change through a series of direct interventions. Whilst there was a positive outcome from this process in a reduction in physical assaults against the victim, Lydia felt the family continued to resist change and support to increase the victim's independence.

Lydia: I just don't think it's really going to change that much, I don't think they are going to suddenly be doing all the stuff for him, and it is going to be really amazing. I just think if we can cut back on the negativity and the hitting, I think. That was my plan initially, if we could just reduce that and get quite a bit of support in so that he can still access the community and spend his time in more meaningful ways, then I felt like I could live with that, you know. I felt like I could be alright with that if we could just bring that down and boost that up, and you know it's not perfect, but what is?

Lydia's final line demonstrates her approach of harm minimisation. Practitioners acknowledged the limitations of social work interventions, in that it is not possible to control all of the variables that lead to harm. Therefore, the aim of the work can be to manage, rather than alleviate, risk.

6.4 The use of control

In total, 3 of the participants were involved with cases that had been taken to or were in the process of being heard at the Court of Protection. These were the cases of Roger, Phillipa and Susan. In Susan's case, the local authority was requesting restrictions be placed on the young woman's visitors to her flat, and that potential sexual partners needed to be introduced to the support staff. In Phillipa and Roger's cases, the Court of Protection had made rulings about the nature of contact between the victims and their family members. For these participants, their roles became increasingly procedural and focused on completing the administration for the court.

Roger: We had some initial court proceedings where they basically said, well your best interest decision making was terrible, go back and do it again. So I was involved in all of that, but at the same time trying to build a relationship with mum, spending some time with [the victim] as well[...]because that is what I would do anyway when I was allocated to work with somebody, to try to get to know them, but also to then feel that I had some authority to stand up in court and talk about them as people as well. Then following the court's decision, we have a specific protocol for communicating with mum now, you know about time scales for writing letters and doing this and doing that, and actually, a lot of my time is taken up by that, it's very sort of administrative I guess in a way[...] Plus we've had two providers pull out from offering support, but my role hasn't been working directly with the man for too much of the time, or directly with mum.

In this case, Roger articulates that his role became about managing the requirements of the court's decision. For Roger, this meant working with three sets of needs: the victim's, the perpetrator's and the support agency who facilitated the court-ordered visits. This role of co-ordination appears to be more about logistics and administration than direct work, planned theory-driven interventions, and relationship building. Roger's frustration with the bureaucracy of the system and the lack of scope for professional judgement comes through later in the interview.

Roger: I think there was a point where we were leading up to the court date when I would have liked to have gone to mum and almost been able to say look between you and I, off the record, what can we do to try and stop all of us going to court you know let's kind of sit down and talk sensibly, get the solicitors out of the way and just have a talk, you and I, you know and see if we can't come up with a solution and I did kind of semi-suggest that to our solicitor at the time and he was very definitely "no, do not do that".

Megan: Really?

Roger: Yeah, that could be seen as intimidation of her. Me being me, and her being a relatively frail lady [...]I could understand where he [solicitor] was coming from[...] I mean I didn't know him well then, as time went on I realised he was very much a by the book type of person[...]you know, but, to me that is what you learn in social work school, that the work is done at this sort of[...]at this level you know, so sitting down[with somebody and actually really engaging with them.

From Roger's perspective, the care managing role involved in this case drew him away from what he felt were his skills in negotiating and developing relationships as a method of intervention. There is a frustration in Roger's interview about the procedural nature of safeguarding and following the court's instructions. The level of enforcing the decisions of the state felt uncomfortable for Roger as it moved the practitioner away from the role of caring to the role of controlling. Roger can be seen to question whether this control helps make sustained changes to the situation.

Roger: I think it's irritated her [perpetrator]. I think it has caused more damage to the relationship, the court of protection situation did. I don't think she's moved forward in her thinking, as kind of you would hope so that she recognises what is and isn't abuse and we've suggested kind of alternative ways of doing different things that she hasn't really engaged with, so I don't think it's really made that much difference. It might actually have made her more determined if you like to hold onto what she has got, in terms of the visits every weekend because that is important to her and probably made her more defiant and also less likely to work with us to move things forward for everybody's benefit...

For Roger, he views the perpetrator as having a sense of being wronged by the local authority and the court's intervention. Roger has theorised that these processes have actually served to hinder the possibility of making positive changes to the perpetrator's behaviour.

For Phillipa, the restriction on family contact had many positives for the victim. She had increase safety and control over her life.

Phillipa: I find the LD cases very difficult fundamentally, I think they are just so entrenched. Because these people have a service forever, and because they have us forever and I think we really piss off their families, and if I hadn't done it someone else would have. I just question, I sometimes question, you know you do at the end of the day we aren't meant to, but we do always make value judgements, don't we, and this is, this is ok, that is not ok, where the line is[....]If I were her, would I be glad that somebody came along and sort of sorted out my life in the way that I have, I think probably I would. I think that she feels safe now, and I am pretty sure that she is not being sexually abused and she seems to be thriving because of it. What is missing has been, I suppose, is work with the family, years and years ago...

As Phillipa highlights restricting family contact is an extreme step, and although she has many gains, the victim has also experienced the loss of her family. Phillipa has highlighted a gap in the social work

process, which is earlier intervention and family work that could be undertaken before abuse escalates to the point of requiring drastic interventions.

In all three cases, the use of state control (through the courts) was viewed by practitioners as an extreme measure. These interventions went much further in restricting both victims and perpetrators. Whilst victims were understood to be far more protected in these cases. Practitioners lamented the missed opportunity to intervene earlier and to work in a preventative, rather than reactive, way.

6.5 Assessing risk

This group of subthemes address the role of the practitioner in assessing and managing cases of DVA. One of the central concepts discussed was the role of professional judgements in working with victims and perpetrators, as well as assessing the risk within the scenarios. A critical aspect of the use of professional judgement is the balancing of value judgements and awareness of risk.

6.5.1 The role of optimism

In discussing the longer staged vignette (see page 63 for the full vignette), many participants were able to identify risk factors that they felt were present from the very first stage. This vignette reveals information about Amy (a pregnant woman with an LD) and her partner Dave. Participants' interpretations of the information demonstrated a tension between identifying and being wary of potential harm with concerns about making value judgements based on labels and identifying characteristics.

Megan: What do you think Amy's social worker might see as the reason for Amy's disengagement from social services?

Phillipa: I would hope that she hadn't assumed that it was because she had got a male partner who was older than her and therefore he is manic or controlling her. I would hope that they wouldn't assume that without more evidence because she said she feels that she doesn't need it[support][...] it make[s] sense the fact that she says she no longer needs it, she moved in, she has got him now she has got a relationship. Does that mean she is able to socialise? She is just

living her life she has not needed anything. Why would she come to us? We aren't family. As long as she had enough support around her, I wouldn't assume that it was a negative thing.

In this quotation, Phillipa takes a positive view of the relationship and Amy's disengagement from support. The desire of many service users to want a "normal life" away from the influence of services, which may have a stigma attached to them, is viewed by Phillipa as positive and evidence of independence. Phillipa also identifies that there are characteristics within the scenario that are often considered as risks such as mental health difficulties or an age gap, she is relatively critical of any prejudgement that may be made based on these factors alone. It can be seen that Phillipa is taking an optimistic view of the situation, believing that until there is evidence to establish concern, the relationship should be viewed positively and through a strengths-based lens.

Whilst others acknowledged the benefits of maintaining a complementary view of the relationship, participants such as Lisa identified the need to recognise risk factors and to keep an open and critical mind about the scenario.

Lisa: My initial thoughts are that[...], she is able to function quite well. I am hoping that you know sometimes people don't want services they want a normal life. Having a social worker and going to certain events sometimes doesn't feel normal to some young women, well young people or people with learning disabilities so, the fact that she has met somebody she has withdrawn from services, and it is not unusual [...]but my initial thoughts as a social worker: toxic trio, mental health, learning disabilities, baby, alcohol misuse all the things that research tells us that this is a particularly difficult and risky situation. So this bit, this bottom paragraph I am having concerns about[...]that Dave who has a history of alcohol misuse and mental health difficulties may also struggle with parenting I would want to know the current situation really. Just because he has had issues in the past doesn't mean that he can't be a strength within this relationship...

Whilst Lisa shares Phillipa's view of the need to be optimistic about the case and the possibility for a positive and supportive loving partnership; she has also identified that there are known risk factors for DVA. Lisa explicitly mentions the toxic trio, a term commonly used in childcare practice, to identify risky situations for children where there are DVA, drug/alcohol misuse and mental health difficulties within the family home (Chowdry, 2018). Within the first stage of the scenario, Lisa has identified that two of the three factors in the trio are known to be present. Lisa's comments demonstrate her view

that professional judgement should be used to balance an understanding of risk whilst promoting the strengths within the relationship.

For both of these practitioners, the desire to work in a way that hopes for the best in situations can be seen to be a manifestation of value-based practice. The practitioner is focused on the strengths of the individual and being careful to avoid practice which would oppress individuals based on labels or assumptions. It was a common theme in the responses to the vignette that participants felt uncomfortable labelling and pre-judging Dave's behaviours, as it felt oppressive or discriminatory.

6.5.2 The role of experience

For others, their professional judgement was informed by their previous experience as a practitioner. Abigail has fairly significant concerns about the vignette discussing Amy and Dave's relationship based on the first stage of information.

Megan: What are your primary concerns with this situation as it is presented?

Abigail: I think her pregnancy, her lack of engagement with services and Dave being older, and having mental health and alcohol difficulties.

Megan: Could I just ask why Dave being older, was a concern in your mind?

Abigail: It's just like past stuff really, I would just be thinking in my head why is a 35 year old with [her]? How have they got together, why is he you know with this young girl with learning difficulties when he hasn't got learning difficulties, and I think that is probably, that is just my value judgement but I have had a few situations like that, and there's usually the older male that doesn't have the learning disability, and they have always been very exploitative and quite abusive relationships[...]and usually it's a bigger [age] gap than that to be honest.

In her response, Abigail demonstrates the influence that prior experience has on assessing risk. Abigail does acknowledge that her statements are ascribing malicious intent to Dave's presence in the relationship. However, her focus on the potential harm to Amy outweighs her concerns over any adverse impact such a judgement would have. Abigail's stance can be seen to be quite protective towards Amy. In identifying Amy as a young girl (Amy is identified as 24 in the vignette), Abigail is conceptualising her as very vulnerable (even childlike). Abigail's response to the scenario can be seen

to be risk-focused. However, Abigail feels justified in this assessment as previous experience is judged to be a good indicator for her assessment of risk.

Susan highlighted the role of experience in identifying risk within her semi-structured interview. She indicated that it was her length of time in social work that allowed her to think through possible scenarios and, from her own experience, make informed judgements as to how cases may progress.

Susan: Well, I have got a long career (laughs). So, I've seen it evolve as well. I remember 25 years ago somebody without learning difficulties, as I wasn't working in LD, telling me about her experience of domestic violence, a client, a service user. And telling me how what was worse was the verbal abuse and that was when I, I mean it wasn't a shock but it kind of really crystallised for me that grooming element of what happens, and how people are kind of moulded into it accepting abuse by one person. And I remember her telling me about this and thinking, yes it makes so much sense. And I've sort of been a bit more vigilant about that as time has gone by. Now it doesn't necessarily follow that somebody who is verbally abusive and verbally controlling will always go down the route of domestic violence, because there is a kinda spectrum of behaviours[...] I also used to be a probation officer, my first job was as a probation officer, so I worked with some perpetrators of domestic abuse. Both sexual abusers and physical abusers, so I have already got that understanding from that side, and part of the job of probation officer was to understand the patterns of behaviour and partly to assess risk and partly to try and work with— while they were all guys--partly to work with them around their behaviours and how they get themselves into these situations. To be honest, most of them didn't have a lot of insight into their behaviours, but we had to make the effort. So I kind of, I've never really in my career as a social worker just seen it as an end result situation. I've always seen it as a spectrum, and I've always seen it as a complex picture of various factors that get involved in there, from people being isolated from the families and friends, from people coming from their own backgrounds of experiencing domestic violence, or other forms of abuses in childhood. There are so many contributory factors to what goes on.

Here Susan discusses the benefits of having over 30 years of experience in practice. Her comments indicate that experience plays a role, not just for instilling confidence, but for providing a series of case studies to draw information from. This allowed her to glean patterns and to recognise potential harms and plan interventions. A vital aspect that Susan attributes to her experience is being able to identify the complexities for all involved. Susan is indicating that, for her, the primary means of assessing risk is drawing from her own professional experiences.

6.5.3 Defensive practice

A final element of managing risk within these themes was participants' desire to safeguard themselves from aspects of blame that may be associated with mismanaging risk. Susan discussed her relief in taking preventative risk measures in her case.

Susan: I've done about ten capacity assessments on this woman in the last year, it just keeps growing. I started doing them last year because I felt that the agency and myself were starting to interfere a bit in how she was dealing with some of these, I mean she was getting guys who she had never met saying, "come visit me in London" or "I'll come and stay with you", and we were saying no we don't think this is a good idea, we think you need to know more about him, we think you need to get to know them a bit better. And because of her impulsivity, she saw that as people blocking her. Which, in one sense, it was. So I started writing capacity assessments about her ability to understand about relationships, about social media, about assessing risk and things. And realised we did need to go down a court of protection route, so that is what we have kick-started. And so, and it's really interesting because it is a bit of a test case in some ways, I don't think it's the first of its kind, but in a sense, it is a bit of a test case because how far do we interfere in somebody's life and a year ago it was unclear quite. We were assessing risks, but were we being a bit overprotective was the question that legally got put to me, and can't we just do a few basic best interest decisions. And thank god I stuck to it because what it did eventually lead to was to guys that she friended and had text messages with and stuff on social media, she then, later on, met with them and accused them of sexually assaulting her. And that, we were already in the court of protection process by then, and so then it was like, oh yes what [name of participant] is talking about is coming true.

Susan's comments indicate her relief that she had begun a process of seeking legal action to restrict this woman. From her comments, we can discern that the local authority's solicitor felt she might have been overprotecting, and she was glad to be proven right. However, her exclamation "thank god I stuck to it" is expressing her relief for herself. It is unlikely to be for the young woman, who had been sexually assaulted. This quotation describes defensive practise, where practitioners seek to ensure they minimise the potential for blame within their practice. Jennifer expressed a similar sentiment.

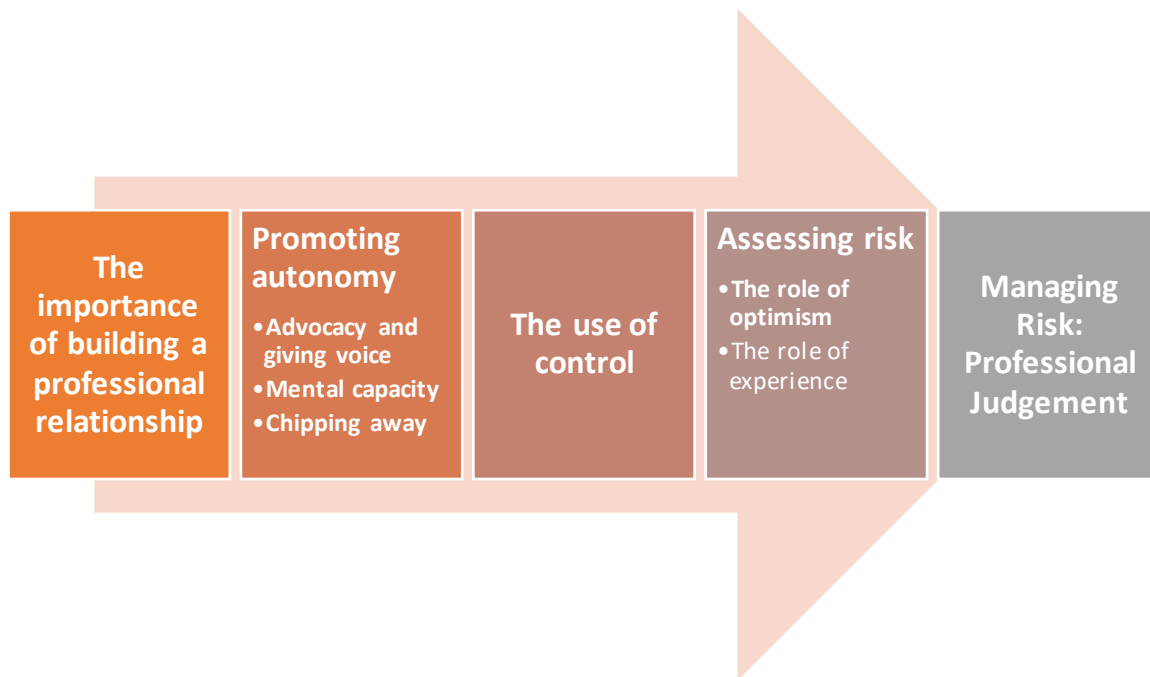
Jennifer: Obviously, it's quite difficult when you work with somebody ongoing, and you are doing other things with them as well, it's quite difficult to focus just on the particular incident. Yeah I think that's why I referred him to advocacy, and like I say it kind of needs a completely

independent person to say "look these are your options" so then if he turns around and says "I want to move out, I want to get a divorce and, you know, get my own flat or whatever", that you know he's had completely independent support so, they can't turn around and say "well [Jennifer] said that he should move out, he should get a divorce and he should because actually, it turns out that [Jennifer] knows two other people that live in a house and they want a 3rd person and," you know what I mean, so it could, it might not, although I think that I am fairly independent, somebody else could look at it in a different way and say "[Jennifer]'s never, you know, liked them to be together" or "[Jennifer] just wants an easy life and their not, them being together is not going to give her an easy life" you know something like that, you know just completely independent from me.

Jennifer rationalised the use of an advocacy service, not from the perspective of supporting the victim to have the best information, but rather to protect herself from accusations of personalised or malicious interference in the service user's relationship. This approach of defensive practice is perhaps unsurprising given that, since the death of Peter Connolly in 2007, there has been increased media and public scrutiny of the profession (Whitaker and Havard, 2016). The scrutiny has mainly concerned under assessing risk, which resulted in the death of a vulnerable individual (often a child). In making risk assessments of the relationship, and planning services, we can deduce that social workers also factored their professional reputations into their professional judgements.

6.6 Chapter conclusion

Figure 10-



This chapter has explored the theme of "managing risk: professional judgement" within the chapter I have presented evidence to demonstrate that participants made decisions about interventions based on their professional judgement. Participants cultivated their judgement through a process of experience and skill development. When bureaucratic processes impeded their ability to use this judgement, practitioners often felt frustrated and restricted. I shall now move to the discussion chapter, where I will analyse these themes in more depth.

Chapter 7

Discussion

7.1 Chapter introduction

This chapter will provide an analysis of the key themes identified in chapters 4 through 6 by drawing together the subthemes into overarching meta thematic categories. These themes will be positioned within the existing body of literature. After exploring the themes and corresponding literature, I will return to the research questions set out in chapter 2 to explore how the data help to address the existing gaps in knowledge on this topic.

Figure 11- Research questions

How do social workers conceptualise domestic violence and abuse when experienced by people with learning disabilities?

What do social workers conceptualise as the determinant factors for the presence of domestic violence and abuse in the cases they encounter?

What discourses impact social workers' decision making in cases of domestic violence and abuse against people with learning disabilities?

What actions, if any, do social workers take when working with this group of victims?

7.2 Theme 1- At Risk: Conceptualising vulnerability as experiential

This section will explore the theme set out in chapter 4, at risk: conceptualising vulnerability as experiential. As Beck (2009) argues, vulnerability is a social process that recognises that individuals, communities or societies face unequal levels of risk. As such vulnerability refers to those factors (or absence of factors) which make the subject more likely to experience harm. I argue that participants

saw vulnerability as a subjective state, primarily resulting from the interpersonal connections and relationships that individuals had (both past and present) to others. This conception of vulnerability allowed practitioners to rationalise their remit, plan their actions and acknowledge the limitations of their interventions. In focusing on experiences, practitioners positioned vulnerability primarily on the individual level, rather than the structural level created by the environment in which the subjects of their interventions lived. Whilst participants chiefly applied this concept to victims, they also viewed vulnerability as a potentially universal experience that was associated with (some) perpetrators as well as the practitioners themselves.

Figure 12- Theme 1



7.2.1 Victims

Concerning victims, participants used the concept of vulnerability to explain why the abuse was happening to that particular individual. This theorising about vulnerability allowed the practitioners to empathise and to try to understand the victim's perspective, particularly what led victims to their current situation and, in the case of intimate relationships, what led them to stay. Abigail's quotation captured this process:

Abigail: ... 'cause I remember sort of being in meetings and people being like "Well why doesn't she leave?" and it was like well, you can say that to anyone in that situation the LD isn't necessarily a major factor in that. It's just people[...]you should be saying "Why are they staying?" in a way, and working out because they haven't got anywhere to go, they haven't got any money or whatever.

What participants did by exploring the experiences of the victim was to construct the individual as not only a victim of abuse but also an adult at risk. Scholars such as Dunn et al. (2008), Walklate (2011), Sherwood-Johnson (2013) and Brown (2014) have argued that within law and policy vulnerability is posited as the justification for interference within individuals' private and family lives. Some categories of vulnerability are more objectively defined, such as children, who are deemed vulnerable based on their age (Sherwood-Johnson, 2013)²¹. Within the legal processes for safeguarding adults, vulnerability rests on both inherent characteristics (e.g. disability, age, frailty) and experiential/situational factors (eg. emotional trauma). Experiential/situational vulnerability involves exploring the individual experiences present in someone's life which, in addition to the inherent vulnerabilities, prevent the person from being able to protect themselves from harm (Dunn et al., 2008). Within the data, practitioners placed more emphasis on experiential (as opposed to inherent) vulnerabilities. The reason for this focus may be explained by how the current legal framework in England sets out the criteria for adults at risk within section 42 (1) of the Care Act 2014. For an adult to be at risk, three criteria must be met. The adult; "(a)has needs for care and support (whether or not the authority is meeting any of those needs), (b)is experiencing, or is at risk of, abuse or neglect, and (c)**as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it (emphasis mine)**". The legislation requires that the local authority establish not only that individuals

²¹ Here I am purely referring to the legal context relating to children. The notion of children's inherent vulnerability is contested, with a particular theoretical framework, the social construction of childhood, devoted to examining the ways in which our understanding of children as vulnerable has developed culturally (see Aries, 1962).

have an inherent vulnerability requiring support set out in 42(1)a²², but also that the threshold for 42(1) c is met. Therefore, the law has positioned social workers to draw on these experiential and situational factors to justify why someone is unable to protect themselves and to plan our work accordingly.

Participants demonstrated their understanding of experiential vulnerability in the subtheme "normalisation of abuse". This subtheme drew on the victim's experiences of prior harm, for example, Abigail's case of a young woman who witnessed DVAs as a child and was likely the victim of CSE. Abigail was drawing on what McLaughlin (2012, p54) called the "survivor discourse", in which subjective cultural and identity-based analysis of vulnerability replaces the class-based material analysis of oppression and disadvantage. Trauma becomes a source of oppression upon which the identity of "survivor" is based. Abigail viewed historical childhood harms, combined with a culture of acceptance of abuse within the woman's friendship group, as a source of the woman's powerlessness to make changes.

Participants also saw experiential vulnerability as directly interacting with inherent vulnerability. The theme in chapter 4 "social roles and learning disability" is best explained by Susan's case where the young woman desperately wanted a partner without a learning disability to lessen the stigma she experienced due to her LD. As Susan explains, the woman did not interrogate the motives of the men contacting her online because she wanted to gain what Bourdieu (1986) would have called the cultural capital of being in a relationship. The relationship would bring her a sense of status that she did not have in other realms of her life. Susan did not conceptualise the woman as understanding how others would view her inherent characteristic (LD) and that this lack of insight opened her up to harm. However, as other participants such as Nina suggested, even where the victim was aware of the harm, s/he may have felt the need to be in a relationship to avoid loneliness. This was certainly the case for Nina, who was working with a victim who, following the removal of her child, returned to a relationship where the perpetrator had several other vulnerable women living with him. These findings are similar to those of Pestka and Wendt (2014) who, when interviewing women with learning disabilities who experienced DVA, identified that women longed for intimate partner relationships to compensate for

²² Whilst section 42(1)a refers to adults in need of care and support, which on the surface indicates a broad characterisation, veering away from inherent or immutable characteristics, when examining the eligibility criteria, this is not the case. For an adult to be deemed in need of care and support they must meet the eligibility criteria set out in the statutory instrument: The Care and Support (Eligibility Criteria) Regulations 2015. Section 2(1a) of the statutory instrument states "An adult's needs meet the eligibility criteria if— (a) the adult's needs arise from or are related to a physical or mental impairment or illness". Therefore, adult in need is still firmly positioning an adult in need within the realm of inherent characteristics (Clements, 2018).

being 'othered' in their childhood, trying to pursue the normality they felt they had missed out on in other areas of their life.

Similarly, the subtheme of "infantilisation" demonstrated that participants conceptualised vulnerability in relation to how their family viewed and responded to the victim's LD. The experiential vulnerability related, at least in part, to family dysfunction and an abusive family environment. Participants conceptualised this abuse as resulting from outdated and overly paternalistic views of people with LD. This was the case for Lydia, who was working with a middle-aged man and his older and frail parents. Lydia found herself frustrated at the perpetrators' idea of their son as a burden, but also with their refusal to allow him opportunities to become more independent. Lydia felt they provided this care begrudgingly and approached care from the perspective that their son should take no risks and remain in the home at all times. Lydia, therefore, conceptualised his vulnerability as resulting from the attitudes and behaviour of his parents towards the LD, rather than resulting from the disability itself. This conceptualisation of vulnerability allowed Lydia to justify consistent monitoring of the family to reduce the impact of the parents' actions towards their son. Practitioners were therefore using this concept to justify more prolonged and intensive family interventions.

Whilst I have focused on how participants conceptualised vulnerability to justify their view of an adult at risk, it would be simplistic to say that this was the only reason why practitioners sought to explore experiential vulnerability. The use of vulnerability as a conceptual tool for legal and practice interventions has been critiqued for extending the role of the state further into the private lives of citizens (Dunn et al., 2008). Additionally, social work academics such as Hollomotz (2009; 2011) and McLaughlin (2012) are critical of the focus on deficits of individuals, rather than their strengths and capacity for resilience. However, conceptualising people's lives in this way also helped practitioners to establish that experiential vulnerabilities were, to some extent, malleable and changeable through their work with the individual. Participants, therefore, viewed experiential vulnerability as a tool for understanding how to re-dress issues of power within the victim/perpetrator relationship, rather than simply being a tool for using their own authority.

Feminist philosophers such as Fineman (2008) and Butler (2006) have argued that vulnerability is a subjective condition which all human beings may move in and out of throughout their lives depending upon their circumstances. By acknowledging vulnerability as a universal condition, theorists have argued that it can be a model for seeking to address cultural reasons why such vulnerability exists (Fineman, 2008). Participants are indeed using their understanding of vulnerability to act and make changes, driving their interventions through the ethics of care. The ethics of care proposes that

interventions into the lives of individuals are moral actions driven by benevolent feelings and interpersonal connection, which is strongly applicable in social work practice (Gray, 2010). To return to the example above, Lydia's actions of monitoring the family, are certainly an act of the state extending its role into the private and family lives of citizens. However, Lydia viewed her action as a means of caring for the victim and wanting to minimise harm.

In exploring vulnerability through the lens of experience, social workers did not specifically focus on how structural (and material) categories of oppressions impacted the victims. Very little was discussed regarding the impact of economic class and, crucially, gender when clearly both axes of oppression were present within the data. Although any member of society can experience DVA, there are evidence-based indicators that DVA continues to be a gendered crime (Hester, 2013) and the impact of economic class on ability to escape DVA has been well documented (Reis, 2018). By not considering the impact of such material conditions, social workers may indeed be limiting their understanding of vulnerability. I will return to this point in the conclusion chapter.

7.2.2 Perpetrators

The subtheme "perpetrators as service users" highlighted the difficulties social workers had when conceptualising vulnerability alongside assessing how much harm or danger a perpetrator posed. Here social workers also needed to construct the perpetrator as (if not an adult at risk) an adult in need of care and support. Therefore, as in the case of victims, practitioners searched for explanations for the perpetrators' behaviour. These perpetrators were viewed very differently to the perpetrators without an LD (or additional vulnerability), and I will explore this in more detail in the next section. The participants' explanations for the perpetrators' actions included a lack of understanding of their own needs, a misunderstanding of the victim's needs or childhood abuse. In cases where perpetrators had an LD (or additional vulnerability), the social workers had responsibility for working with the perpetrator. When the perpetrator is themselves an adult in need (including a carer), the social worker could not simply take them out of the picture and had to analyse their behaviours more deeply. The view of the perpetrator as someone who both displays risky behaviour and is viewed as vulnerable themselves fits the proposed theory by Warner (2008) of the vulnerability/dangerousness axis. The idea of the vulnerability/dangerousness axis relies on the role of the social worker seeing the subjective nature of the social problems they encounter. Within this theory, risk is not viewed as an objectively measurable fact, but rather a subjective process that is shaped by the individual's environment and culture. In her study, Warner (2008) identified that mental health social workers could not see the harm the individual posed to others in isolation from that individual's trauma or

harm that may be done to them in retaliation. Therefore, rather than view perpetrators as posing (solely) objective risks, the social workers looked to the subjective factors which may be malleable (such as vulnerability) to provide a rationale for interventions. In my study, the risks encountered were conceptualised not only as the responsibility of the individual (vulnerable) perpetrator but also reflected the family and culture in which the individual lived. For example, in William's case where he was working with a perpetrator with an LD who experienced abuse in childhood from his family, this abuse was viewed as a foundation for the perpetrator's current behaviour. William viewed therapy as the most appropriate resource for the perpetrator to address the underlying abuse in childhood which, William hypothesised, led him to act in a violent and controlling way. However, as discussed in the findings chapter, conceptualising the perpetrators as vulnerable and in need of support left several participants feeling conflicted or unsure of their actions. This was particularly the case when they felt the desires and best outcomes for the perpetrator may have clashed with the wants and best outcome for the victim. I will address this point in the concluding chapter.

7.2.3 Social workers

The participants also applied the concept of vulnerability to themselves. In the subtheme "practitioners' emotional resilience" it was identified by participants that there was a potential of experiencing personal harm in the form of professional burn out when working with DVA. In this subtheme, practitioners discussed resilience as the protective factors social workers would implement (consciously or unconsciously) to reduce their stress or emotional exhaustion. The participants described these strategies as the means of coping with the powerlessness they felt when, despite their work, victims remained in abusive relationships. Such methods included stepping away, letting go of the idea of saving the person from the relationship and even hoping that the victim may change their mind in the future. The conceptualisation of the response to personal harm indicates that participants are viewing managing their own vulnerability as an individual process whereby they are responsible for implementing any changes or strategies needed for maintaining good emotional health. The process is highly individualised, reflecting the expectation of the participants that resilience as a response to vulnerability is developed individually, rather than as a social or institutional process.

7.2.4 Summary of theme

This section has explored the theme of "at risk: conceptualising vulnerability as experiential". I have argued that social workers viewed vulnerability as a concept which applied to victims based on their experiences and relationships with others. This understanding of vulnerability allowed social workers

to formulate their interventions. However, conceptualising vulnerability in this way locates a part of the risk/harm dynamic at the individual level. The participants did not tend to focus on what Walklate (2011) has termed structural vulnerability. Structural vulnerability refers to the social systems and structures as well as the material conditions which render certain groups more susceptible to harm. An absence of structural analysis in applying the concept of vulnerability to individuals has been raised by Hollomotz (2013), who argues that the concept of vulnerability is often used as a way to place blame or responsibility for resolving risk onto the individual, rather than to turn the focus onto challenging structural inequalities. Understanding that people want relationships because of a desire to be loved and cared for is reasonable. Still, there is also a need to understand the causal mechanisms that produce isolation and loneliness. Understanding personal reasons for decisions allows a way forward to formulate work and plans; however, it does not resolve the societal inequalities and systemic injustice faced by many DVA victims.

7.3 Theme 2- Posing a Risk: agency and intent

"That risk and vulnerability are two sides of the same coin is a well-worn truth for all approaches that view risk as a co-product (Beck, 2009 p178)."

The first theme in this thesis discussed how participants' conceptualised vulnerability as the product of the individual's life experiences and interactions with others. This conceptualisation led the participants to justify their involvement with the adult at risk. The second theme follows on from this understanding of risk by examining the conceptualisations participants held about the individuals who were causing the harm. I will argue that participants framed the perpetrators' actions in terms of motivation for their behaviour. This conceptualisation allowed participants to categorise the dangerousness of the perpetrator. Where participants saw perpetrators as acting in a deliberate and manipulative manner, the social workers conceptualised them as more immediately risky people. As a result, participants hypothesised that the victim's risk of harm would be reduced by limiting or ceasing contact with the perpetrator. Where participants saw perpetrators as themselves vulnerable, their relationship and conceptualisations of the perpetrator became more complex. Participants struggled to evaluate the balance between risk and vulnerability in trying to understand the responsibility the perpetrator had for their actions and the best way of addressing harmful behaviours. Where the perpetrator was also an "adult in need", the participants were more likely to have direct

involvement with the individual, and as a result, were at the forefront of formulating interventions to address the perpetrator's risk to others.

Figure 13- Theme 2



7.3.2 Intent and riskiness

The subthemes of "perpetrator's intent" and "conceptualising perpetrators as risky people" addressed the specific link practitioners made with intended malice and risk. Where practitioners may have reasonably deduced that the actions were as a result of trying to protect the victim or as a result of stress, practitioners were more likely to assume good motivations by the perpetrator. We can see examples of this in the participants' responses to the vignettes describing parental control over an adult with learning disabilities' daily decisions and money. Participants tended to attribute such actions to a parent wanting to protect rather than as an act of deliberately coercive or controlling behaviour. This was particularly the case for actions that were emotional or controlling in nature and

not those examples which described acts of physical violence. Indicating that acts that cause physical harm are more easily recognisable as objectively abusive, rather than acts (such as emotional abuse or controlling behaviours) which rely more heavily on the subjective interpretation of the victim. This finding echoes those of Hodges and Northway (2019) who, in their study of social workers and nurses as decision-makers in cases of adult safeguarding involving people with learning disabilities, identified that practitioners were more likely to attribute criminal intent to acts of physical violence.

Within my study, this attribution of intent was important as it allowed participants to formulate actions and interventions that might help to rectify the situation. Therefore, when harm was unintended, risk becomes manageable within the processes, skills and resources the practitioners have accessible to them. However, when participants believed the perpetrator had nefarious motives, the calculation of risk changed from one of mitigating unintended harm to addressing dangerousness. Whereas in the former case practitioners would be at the forefront of work with (for example) an overstressed carer acting in an unintentionally abusive manner, they did not tend to have much (if any) direct contact with those perpetrators viewed as dangerous. The police (and other criminal justice professionals) held responsibility for responding to the perpetrator, where the practitioners' interventions remained solely with the victim.

Within the data, the most substantial view of perpetrators as risky came from practitioners working with intimate partner relationships where the victim had a learning disability, but the perpetrator did not. The participants observed that the perpetrators formed the relationships as a means to exploit the victim. Examples from the data include cases such as Nina's, where the perpetrator had an extensive criminal history of exploiting vulnerable women and girls. The participants conceptualised these perpetrators as possessing full agency and were therefore capable of understanding the impact of their actions. Thus, participants saw their role as working with the victim. Their efforts focused on supporting the victim to understand or reduce her exposure to the perpetrator (I will discuss this in more detail in the next section); or, in the case of victims assessed as lacking capacity to make decisions about their relationship, removing the victim from the harmful situation. Participants firmly conceptualised their role as working with the victim and not the perpetrator, thereby seeing encouragement of the victim to make changes as a way of effectively reducing risk. Risk was therefore conceptualised as a two-sided process, with someone at risk and another person posing the risk. These findings support those of McCarthy (2017), whose study of the professionals working with women with learning disabilities experiencing DVA, identified similar patterns of perpetrator exploitation. In this study, participants were also found to place responsibility on the victim to change their behaviour or end the relationship to reduce risk. McCarthy (2017) argues that victims of DVA are made

responsible by professionals for protecting themselves (through leaving or ending the relationship) in a way that victims of other crimes such as hate/mate crime are not. Similarly, in my study, participants reported that no perpetrators had been charged. Even when the police were involved, the focus on managing risk primarily relied on the victim making changes.

There are, however, significant limitations in relying on intent to determine the level of risk. Establishing intent relies on knowing (or speculating) the inner thought processes of the perpetrator. Within the data, there were times when participants felt confident about naming the intent of the perpetrator. For example, Edward identified that the perpetrator had deliberately sought out his victim due to her learning disability because the perpetrator had a history of targeting and grooming vulnerable women and girls. This judgement was easy to reach because there was ample evidence of prior behaviour to indicate a pattern. Whilst understanding past actions as a predictor for future conduct may be a reasonable way to establish intent—certainly, previous instances of abusive behaviour are a known risk factor for serious harm or death in DVA cases (Richards, 2004)—such information may not be readily available to social workers in their decision-making process. This is particularly relevant where the perpetrator is not known to criminal justice professionals or social services. Take the example of Zosia who felt she had been "fooled" by a perpetrator who initially went along with her proposed interventions. She assumed the best of the individual and, because he was unknown to any services, a prior pattern of risky behaviour had not been established. Even where perpetrators are known to the social worker, the intent was not always easily established. The more the social worker knew the individual, particularly where they had worked closely with them, the more likely they were to try and seek out alternative explanations for their abuse. This will be discussed in more detail below in section 7.3.3. More knowledge about the perpetrator did not necessarily lead to a better understanding of their motivation.

By conceptualising perpetrators as autonomous agents, social workers could more easily apply the label of riskiness to them. Assessing intent became the tool for social workers to juxtapose riskiness and vulnerability and to confirm a moral responsibility on the perpetrator. This juxtaposition helped to solidify the categories of perpetrator and victim, which enabled the social workers to see their roles as more clearly defined in terms of protection and harm minimisation towards the victims of abuse. This clear delineation between victim/perpetrators and risk/vulnerabilities became more difficult for social workers to maintain when not only is intent unclear but also the agency of the perpetrator was called into question.

7.3.3 Agency and moral responsibility

In cases where the perpetrator had a learning disability, the participants reported that interpreting the intent became more difficult. The idea that, due to having a cognitive impairment, perpetrators may have a reduced ability to understand the consequence of their actions fully, was at the forefront of participants' evaluation of the abuse. As the perpetrator was someone who received social care and support, they were already understood to be "an adult in need", and therefore somewhat vulnerable. Participants viewed the abusive actions through the lens of this vulnerability. By framing intent (particularly criminal intent) as the means of assessing riskiness, participants were left in a difficult position of reconciling the harm they saw with their understanding of the perpetrator as a vulnerable adult. They attempted to empathise and understand the perspective of the person they were supporting; however, the act of empathising left practitioners feeling conflicted. Empathising with the perpetrator meant that the social workers sought to understand and rationalise the perpetrator's abuse. A genuine fondness for the perpetrator meant that participants viewed actions more sympathetically, often in terms of decisions driven by illness or a lack of understanding associated with the learning disability or a mental health condition. This was the case for Jennifer, who had determined that the perpetrator acted out in a controlling and physically violent manner due to a deterioration in her mental health. In Jennifer's example, she has removed the agency from the perpetrator. Instead, she sees "mental health" as the culprit. This moved the agency away from the perpetrator onto what Weinberg (1997) called the non-human agent. Meaning that mental health becomes the driving force of the harm, and it is viewed as outside of the control of the perpetrator.

Holding the duality of the person being vulnerable and in need of support, as well as risky and in need of sanctions and management, was a difficult concept. Social workers found themselves trying to determine what balance of responsibility the perpetrator held for their actions — this left practitioners in what Thomassen (2009) describes as a state of liminality. Here liminality refers to an in-between state, trying to decide one way or another, without being able to come to a firm conclusion. In Jennifer's case, no action, sanction or intervention took place with the perpetrator because it was felt this would lead her mental health to deteriorate. The focus of the intervention shifted to making the victim aware of his choices and monitoring and supporting him when the abuse occurred. Ultimately, the victim had become responsible for minimising his risk of harm by removing himself from danger when she became unwell.

By conceptualising the perpetrator's actions in this way, the social workers questioned whether the perpetrator is morally responsible for their actions. If practitioners did not deem them to be

responsible, then interventions were not focused on changing their behaviour. Holding the concepts of both vulnerability and risk felt uncomfortable to practitioners; this was particularly the case when they were working with both the perpetrator and the victim. This discomfort was alleviated somewhat by another social worker being allocated to the case as they could solely focus on advocating for, and supporting, one individual. I will return to this point in the conclusion chapter.

In the subtheme "reconceptualising DVA as a social issue", participants expressed their frustrations at the police for refusing to take action against perpetrators who were viewed as vulnerable adults, instead leaving the intervention to social workers. However, what is evident from the data is that social workers equally struggled to formulate interventions which challenged or attempted to change perpetrators' behaviours. Neither social workers nor the police appeared to have effective mechanisms for addressing the vulnerable perpetrator's behaviour, and as a result, interventions more heavily focused on the victim. In terms of social justice and restorative justice for victims, this approach has shortcomings, as to be safe the victim (where deemed to have capacity) must take action to gain protection.

7.3.4 Summary of theme

This section has explored the theme "posing a risk: agency and intent" which examined how participants understood and categorised the perpetrators of abuse. I have argued that participants viewed the perpetrator's intent as a crucial factor in determining their riskiness. However, such approaches have shortcomings. Practitioners were not always able to establish the motives of the perpetrator, and therefore need to be able to base assessments of risk on more identifiable and measurable factors. Furthermore, where perpetrators were viewed as lacking the personal agency to be held accountable for their actions, participants struggled to identify meaningful ways to engage and address the behaviours of the perpetrator. As a result, the focus was on working with and protecting the victim. The nature of these interventions will be explored in the next section of this chapter.

7.4 Theme 3- Managing risk: professional judgement

The third and final theme of the thesis "Managing risk: professional judgement" explores how social workers operationalised the concept of risk in their formulation of actions and interventions. Drawing

on Beck's (1992) theory of Risk Society and Individualisation, I will argue that social workers drew primarily on their subjective understanding of the harms posed to formulate decisions about risk management.

Figure 14- Theme 3



7.4.2 Professional judgement

Before analysing how professionals made risk judgements, I will first explore what I mean by subjective professional judgement. In the study of risk assessments, risk judgements are categorised in three different ways. The first type of risk assessment is a clinical judgement which relies on a suitably trained expert drawing on their knowledge and experience to make a risk decision (Grove and Meehl, 1996). The second type, actuarial assessments, relies on evidence (research) based formulas for determining risk. A screening tool is developed using these precise measures, the actuarial tool must then be rigidly followed (Grove and Meehl, 1996). The third form of risk decision making is the structured professional judgement, which allows professionals to use an actuarial tool for guidance, but apply their own appraisal to adjust risk factors and outcomes (Douglas and Knopp, 2002). From

the data, I observed that the participants' actions and plans were based upon a clinical risk judgement, rather than an outcome from a particular risk screening tool. Some participants used the structured professional judgement tool the Domestic Abuse, Stalking and Honour Based Violence (DASH) risk assessment as a referral tool for Multi-Agency Risk Assessment Conferences (MARAC). However, those who completed the DASH often did not attend the MARAC (as a senior representative from the local authorities attended) and therefore did not know the outcome of the meeting. For those who did attend, many reported that these processes were unhelpful, as responsibility was placed back on to them, as the referring practitioner, to manage within their existing skills and resources. Jennifer's quotation sums up her experiences:

Jennifer: My experience of MARAC is not that great, to be honest. When I went to present somebody before I was really quite disappointed at, kind of, the outcome. The process, I guess, and the outcome for my client. I don't know why I have just brought this here[...] you are not suggesting or doing anything to improve her safety at all. Like you've got almost 20 people sat around a table and not one person has said anything that I wasn't already doing or we haven't already considered, and all the actions were like for me to do which is absolutely fine but kind of like we are sat around a table, and there is all these people, and you are suggesting things, and yet it is all coming back to me...

Jennifer's comments demonstrate that she did not feel MARACs were a collaborative discussion forum where risk could be evaluated, and multi-agency strategies could be put in place. Her comments echo concerns raised in the research literature about the MARAC's application to adult social care. McLaughlin et al. (2018) found that MARACs were often short 10-minute procedural discussions that served to meet a managerial need, rather than a comprehensive process that functioned as a discussion and risk management process. McLaughlin et al. 's (2018) conclusions were that these processes were not sufficient to understand and manage risk for vulnerable adults who are victims of DVA and that these processes did not effectively work alongside adult safeguarding. In the findings of my study, MARAC's (and in turn the DASH risk assessment's) use for the social workers was limited and often left practitioners to rely on their clinical appraisal to plan and manage risk.

7.4.3 Relationship based risk monitoring

Within the study, social workers developed several strategies for assessing and managing risk. In the subtheme "importance of building a professional relationship" practitioners addressed the importance of knowing the victim and working in a way that did not cause further harm. The

knowledge professionals used to make risk decisions stemmed from getting to know and understand the victim and feeling as though they had established trust with the service user, who would then feel able to share concerns with the social worker. The practitioners adopting this approach, such as Jennifer, who made weekly contact with the victim to check on progress, relied on their connection to the service user to be a mitigation of the risk. Such methods are time-intensive and relied on the practitioner to be available for disclosures. Long term, this strategy would only be manageable if the practitioner stayed in post, and the role did not change. Thus, the sustainability of this risk management strategy, used in isolation, is precarious.

7.4.4 Risk and choice

The subtheme "promoting autonomy" explores the approach practitioners took in managing risk, which was to provide the victim with information so that they were able to make choices and decisions to protect themselves. This approach can be seen to be in line with current policy in this area, such as the updated Making Safeguarding Personal toolkit (LGA and ADASS, 2019) and the general personalisation of adult care agenda. Such policies seek to promote that individuals have maximum control and choice over their social care intervention. However, critiques of personalisation policies highlight that the choice narrative serves to devolve responsibility for risk management and wellbeing away from the state and onto the individual (LyMBERY, 2012). The shift of risk management to the individual can be seen through the Risk Society theory put forward by Beck (1992).

Beck (1992; 2009) has argued that Western society has moved away from the certainties offered by the traditionalism of pre-modernity (such as religion) and the rationality of modernity (such as belief in scientific truth) due to global uncertainties which cannot easily be resolved and which impact all citizens (e.g. climate change). As uncertainty rises within society, Beck argues that we have become more culturally fixated on the impact of the unknown, which he terms risk. This has occurred as trust in the traditional structures and institutions that had previously provided grand narratives and reassurance have dissolved. Instead, the experience and identity of the individual have primacy. Therefore, citizens are expected to negotiate and manage harms present in society through their choices (e.g. reducing consumption to mitigate climate change) (Beck, 1992).

In the subtheme "promoting autonomy" we can see that participants accepted that they could not restrict or rescue the victim, but instead had to allow them to make their own decision, even when this decision was thought to be unwise. Practitioners viewed their role as providing information to the victim to enable them to make informed choices; they also conceptualised their role as advocating for

the choices of the victim. Whilst judgements were framed by participants as the legally sound decision, utilising the Mental Capacity Act 2005, participants did not demonstrate how consideration was given to the impact that abuse such as coercive control could have on decision making. By its very nature, coercive control is a form of abuse that seeks to distort or gaslight victims into disbelieving their own experience (Stark, 2009). This form of abuse could, in turn, impact the victim's ability to assess the harmful behaviours of the perpetrator accurately. Coercive control was likely present in a significant number of the relationships participants discussed, as a considerable portion of practitioners described encountering relationships which they had conceptualised as foundationally exploitative. When testing mental capacity, individuals should be able to understand, retain, **use or weigh (emphasis mine)** information regarding their decision, and they must be able to communicate their choice to meet the criteria set out in section 3 (1) of the Act. However, as I have argued elsewhere (Dixon and Robb, 2016), coercive control is likely to impair individuals' ability to use the information they are given. Yet in the data, the impact of controlling behaviour on the effects of a person's ability to make informed decisions was not regularly considered. This point certainly warrants further consideration in the application of the mental capacity assessment process. I shall return to this point in the conclusion chapter.

Furthermore, this strategy of promoting autonomous decision making relies on practitioners having accurate information about risk to share with victims, before assessing their understanding of the decision. Several participants in the study expressed that they were not necessarily experts in this field, and lacked specialist skills. Moreover, research in this area indicates that DVA professionals are more likely to identify risks of DVA than professionals with an LD background (Hickson et al., 2013). In their audit of Community Learning Disabilities Team referrals, Swift et al., (2018) found that LD professionals in a health team often failed to identify DVA in referrals for support for challenging behaviour. The evidence from this study and other research indicates that LD practitioners may not have the specialist knowledge of the risks of DVA to offer information to victims when assessing capacity comprehensively.

On a final note, the choice narrative which dominates adult social care policy has been critiqued by Fyson and Cromby (2013) for its application to safeguarding adults with learning disabilities. They argue that the idea of autonomy and choice rests on the neoliberal premise of individual rationality and reason as the best means for accessing rights and freedoms within society. However, such neoliberal policies do not take into account the interdependence people with learning disabilities have with their support networks, nor the structural disadvantage experienced by many people with learning disabilities which limit their choices. In the adult safeguarding review following the death of

Steven Hoskins, a man murdered by people he identified as friends, Flynn (2007) recommended that the impact of the decision also needed to be weighed when considering capacity for vulnerable adults in risk decision making. Flynn (2007) also stated that crucially assessors needed to ensure decisions were not made under duress. The impact of DVA on the decision to remain or leave a relationship was rarely discussed concerning capacity assessments within the data. Although participants explored the emotional ties victims had to perpetrators, they did not tend to examine the wider social context in which the victims lived. Broader structural issues such as the impact of poverty, reliance on services, or the lack of existing formal and informal networks which may have been impacting the victim's decision to stay, largely remain unexplored. Furthermore, as discussed in the previous paragraph, the impact of duress in the form of control was not fully explored.

The participants who approached risk from a position of promoting autonomy and choice can be seen as in complete contrast to those practitioners implementing the decisions of the Court of Protection. In the subtheme "use of control" Roger, who was working with a man with a severe learning disability and his elderly mother, reported that he felt restricted in his professional role by the court order. The order required supervised visits, and that Roger respond in writing only to the perpetrator. Roger felt this prevented him from using any professional judgement in his approach with the family. Juxtaposing the cases at the Court of Protection with the practitioners promoting choice, both of these have the potential to be at the extreme ends of professional decision making. In one case, the risk management decision relies entirely on the practitioner's assessment, whether or not that professional has the skills or knowledge required to make the assessment, whilst the other removes any scope for professionals' creativity. This is a difficult position, as several participants expressed that they had minimal training on DVA either when in qualifying training or practice. A middle ground which provides some structure to professional assessments could be a beneficial way forward for practice. I shall return to this point in the conclusion chapter.

7.4.5 Informing decisions

This final section will explore the subtheme "assessing risk" which examined the factors present in the data that influenced practitioners' professional judgement. Participants' desire to be non-judgemental and anti-oppressive led to optimistic and supportive responses to the staged vignette. Participants emphasised that they did not want to pre-judge or assume malicious intent based solely on possible characteristics such as previous substance misuse, and therefore would assume positive intent until shown otherwise. Whilst being wary not to stigmatise marginalised individuals is generally a positive approach, in line with the core value of anti-discriminatory practice within social work, uncritical

optimism risks missing early identifiers of abuse. Overly optimistic responses to risk in child protection serious case reviews have been highlighted as a shortcoming of the involved social workers (Rogers, 2013). The "rule of optimism" is the theory that health and social work professionals tend to underestimate risk by overvaluing strengths of the alleged abusers and mistake compliance with interventions as actual and sustained changes in behaviour (Dingwall et al., 1983). The "rule of optimism" has been strongly critiqued for its propensity to lay the blame on one individual's response, rather than providing a holistic examination of the structural limitations of social work interventions (Kettle and Jackson, 2017). However, I would argue that it is difficult for practitioners to observe and assess for subtle risk factors when they may not be aware of the nature of the risk they encounter. The participants who felt most comfortable managing cases of DVA, such as Susan, were very experienced and had decades of direct practice that assisted them in identifying difficulties and having knowledge of the systems that could be utilised to protect the victim. Without providing practitioners with expertise and resources to work with such cases, blame allocated to an individual's "optimism" risks making an individual responsible for a systemic failure.

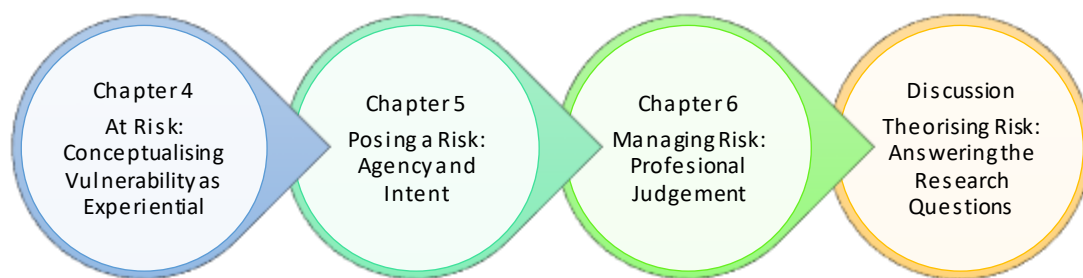
Although this theme dealt primarily with professional judgements concerning risk management of the victim, the final subtheme of the chapter explored the defensive practice that several participants adopted in their approach. Drawing again on the work of Beck (1992), this tendency of practitioners to safeguard themselves and their decisions from scrutiny is a logical outcome of a "Risk Society". In such a risk dominated climate, accountability for action rests on the individual who, in the case of death or serious harm, may be viewed to have failed to make a reasonable decision given the apparent evidence. Blame becomes the mechanism through which risk is individualised. Blame is placed onto individual professionals when risk indicators are missed, and the possibility for systemic change is lost. This has been a pattern that has repeated itself in the child protection sphere (Jones, 2014). For example, the social workers (and managers) whose names and pictures adorned the front page of the Sun with the headline "GO NOW" following the revelation of Peter Connolly's tragic death whilst being known to social services (Jones, 2014). Whilst deaths or serious harm of vulnerable adults do not tend to receive as much media scrutiny as child deaths, the stress practitioners feel is quite an understandable product of a society which views risk management responsibilities mainly on the individual, rather than societal, level.

7.4.6 Summary- Theme 3

This section has explored the theme of "Managing Risk: Professional Judgement". I have argued that social workers use a "clinical" professional judgement approach to formulate interventions in their

cases of DVA. I have drawn on Beck's (1992) theory of Risk Society to explore how decisions are managed in practice, including how risk decisions are also considered when practitioners attempt to safeguard themselves against blame.

Figure 15- Thesis order



7.5 Theorising Risk- Answering the research questions

In this final section of the discussion chapter, I will return to the research questions first proposed in the literature review chapter. I will take each query, in turn, to illustrate how data and subsequent analysis offer an answer to the questions.

- 1. How do social workers conceptualise domestic violence and abuse when experienced by people with learning disabilities?**

Within the semi-structured interviews, the participants described a broad range of abuse covering physical, sexual, financial, emotional, psychological and coercive control. The social workers in this study described differing victim/perpetrator relationships, including intimate partner relationships, former partner relationships, as well as abuse by parents and siblings. The cases practitioners presented covered most of the categories of abuse set out in the Home Office Definition of DVA (2013), except for honour-based violence, female genital mutilation and forced marriage. It is difficult

to conclude, with certainty, why these last three types of abuse were not mentioned in the data. As participants were asked to discuss one or two cases in-depth, it limited the scope of what they were disclosing within the interview process. Furthermore, as all of these types of DVA are strongly associated with particular cultural practices, it may be that the social workers had little to no experience engaging with communities where they may encounter these forms of abuse. In fact, only 2% of the reported UK cases of forced marriage occurred in the South West of England (Home Office, 2020), so it is reasonable to conclude that the practitioners may not have encountered forced marriage in their practice. However, it may also be because participants do not conceptualise these types of abuse as DVA. Whilst we cannot ascertain the definitive reason for the absence of these forms of abuse within the data, it is worth noting that they were not mentioned.

Participants highlighted a type of abuse that is not listed within the Home Office definition of abuse, which is the neglect of care needs. An example of this was Lydia's case where she viewed the parents of a man with LD and reduced mobility as neglecting their caring role by insisting their son stay in bed all day and refusing support to help them meet his social support needs. This form of abuse is quite specific to the context of adults in need (in the case of this study adults with learning disabilities), who often required this support to enable them to have access to the same life opportunities as citizens without disabilities. It does highlight that participants were conceptualising DVA in a broader sense than the current definition in use.

All of the intimate partner relationships discussed in the study were heterosexual. This may be due to the sample size of 15 participants. However, it may also indicate that DVA is not sufficiently identified within minority LGBTQ communities accessing support from social services. This point warrants further research; however, this is beyond the scope of this study.

2. What do social workers conceptualise as the determinant factors for the presence of domestic violence and abuse in the cases they encounter?

Within the data, the social workers identified several reasons why they believed the DVA occurred and these reasons differed based on the type of relationship they were describing. The first determinant factor arose in relationships where the perpetrators did not have a learning disability and participants viewed that they were targeting vulnerable women to exploit for resources and to feel a sense of power. The participants viewed these relationships through the lens of criminal intent on behalf of the perpetrator. Although not explicitly labelled as such by participants, these patterns of abusive relationships were gender based violence and resemble the intimate terrorism described by

feminist scholars and activists (see Johnson and Leone, 2005). As discussed in the literature review, feminist theorists see DVA as a method of control which contributes to maintaining the hierarchy of the sexes, commonly called patriarchy (Dobash and Dobash, 1979). DVA becomes the means through which a male partner can dominate his female partner, which enables him to have control over her and the household. Feminists have argued that the historical tolerance of DVA by statutory bodies such as the police and social services, served as a means of systematically oppressing women (Dobash and Dobash, 1979; Edwards, 1989). What participants understood in the first pattern of cases was that a predatory man was taking advantage of a vulnerable woman. However, rather than seeing this as a part of a pattern of male violence and entitlement, participants viewed the behaviour as a characteristic of the individual perpetrator.

The second determinant factor came when discussing relationships where both the perpetrator and victim had a learning disability. In these relationships, participants were more likely to view the perpetrator's disability as a contributing factor to the abuse. This was either because the participants believed that the perpetrator could not control their actions (such as when their mental health deteriorates), that they did not fully understand the victims' needs, or that they lacked adequate support in their caring role. The abuse was, for the most part, conceptualised as a product of a stressful situation, rather than as a deliberate act of exploitation, dominance or power.

A third factor arose when participants sought to explain the DVA they encountered in family relationships. Participants viewed that the abuse was often part of a dysfunctional family dynamic and that this abuse had been taking place over the lifetime of the victim, often beginning in childhood. The participants acknowledged that some of the actions might have been acceptable when the victim was a child, but were no longer age-appropriate, or were now viewed as inappropriate as best practice had changed. For example in Roger's case, the older perpetrator used to bang pots and pans in front of the face of her son to "snap" him out of unwanted behaviours, because she had been advised to do this many decades ago by health professionals. The abuse here was viewed as a result of struggling individuals often with outdated views and understanding or as the result of multi-generational family dysfunction. Participants viewed these family dynamics to be deeply engrained and unlikely to change. In two out of the three cases discussing family abuse, the Court of Protection had made orders restricting (although not eliminating) family contact.

The second and third patterns of abuse focus on issues within the dynamic of the relationship. The participants saw the DVA as a result of a stressor on the perpetrator or the family. This understanding fits much more clearly with those who theorise DVA from a family systems perspective (see Strauss

and Gelles, 1990). These theorists explain that DVA results from dysfunction within a family system whereby violence and other abusive behaviours become a part of the operating pattern of the family, particularly where the individuals within the relationship lack the skills to manage the tensions or conflicts in any other ways.

3. What discourses impact social workers' decision making in cases of domestic violence and abuse against people with learning disabilities?

The social workers focused on the level of understanding of both the victim and the perpetrator when exploring interventions. The issue of agency, either in the form of decision-making capacity (victims) or intent (perpetrators), shaped how participants planned their interventions.

The idea of control and choice was particularly strong when discussing victims who were deemed to have capacity to make decisions about their relationship. Participants identified that pushing or forcing victims to act in particular ways may be traumatising, or risked exerting professional power over someone who was already feeling powerless. Therefore, the focus of work became working with the individual to enable and advocate for their choices.

With perpetrators who were deemed vulnerable (either by the social worker or other professionals working on the case), participants were more likely to be directly working with these individuals. The factors that made professionals conceptualise the perpetrator as vulnerable, such as mental health difficulties, learning disabilities or older age, also brought into question the perpetrator's understanding of their actions. Participants at times struggled to determine how much was understood by the perpetrator, and how accountable they should be for their actions.

The focus on agency meant that, for the most part, the structure of the social problems that shaped the environment where the abuse occurred was not a focus of discussion. The impact of systemic economic inequalities that limit choices over housing, education and access to transport which may be impacting victim's choices were not explored. Nor was the impact of the gender roles that have shaped society and have given men (as a sex class) more social and cultural power than women (as a sex class). However, participants did discuss the impact of systemic issues facing people with learning disabilities, particularly in the sections discussing familial abuse. The participants recognised the marginalisation and restriction of life opportunities people with learning disabilities may experience, such as needing to live at home into adulthood as a result of needing care and support. However, from

an intersectional theory perspective, the understanding of how the axis of oppression of disability intersects with those of class and gender was not routinely addressed.

4. What actions, if any, do social workers take when working with this group of victims?

The interventions with victims depended on the participant's assessment of the victim's capacity to consent to remain in the relationship. Where participants felt victims could make decisions about their relationship, the primary mode of intervention was one of support. Such actions can be viewed as the "care" component of social work. Participants sought to provide information and alternative options to the victim so that they were made aware of their options for leaving the intimate partner relationship. Participants focused on being an advocate for victims, acting as a voice to help support the victim, upholding the choices and decisions the victim makes.

Where victims were deemed not to have capacity to make decisions about their living situation, as was the case in all three cases of familial abuse, much more of the element of "control" in social work was present. Practitioners were frequently involved with the Court of Protection, either by applying for orders to restrict the victim's contact with the perpetrator or by carrying out the actions of the court to limit contact. In both instances, the work carried out followed strict procedures set out by the court.

With perpetrators who did not have an LD (or other vulnerability) social workers were often not involved in direct work. Rather criminal justice professionals carried out most of the interventions with this group (with some exceptions: Zosia, for example, did have initial contact with the male perpetrator). When the perpetrators themselves were vulnerable, the participants often had a role in working with them. However, participants reported they were unsure of what actions should be taken to mitigate risk. As a result, often no intervention was taken by the participants to address the behaviour of the perpetrator. Where action was taken, such as in William's case, the perpetrator was referred to a more specialist health service to address his behaviour.

7.6 Chapter conclusion

Within this section of the thesis, I have expanded upon the themes set out in the findings chapters. I have argued that social workers have conceptualised the victims as vulnerable due to their

experiences and connections with others; that social workers viewed perpetrator risk through the lens of intent and agency; and that risk judgements in these areas are made largely on professional judgement, despite many practitioners being unclear of how to manage risk particularly when working with perpetrators. Lastly, I have returned to the research questions and have explored how the data answers the queries posed in chapter 2. I will now progress to the concluding chapter, where I will examine the implications of the findings on the discipline of social work.

Chapter 8

Conclusion

8.1 Chapter introduction

This final chapter of the thesis will explore the contributions this research provides to the knowledge base of social work. It will explore the implications for social work practice that arise from the themes and analysis set out in the findings and discussion chapters. I will put forward recommendations for social work practice, education, and policy to address the issues uncovered by this research project. I will then explore the limitations of this research as well as my reflections on the research process and will propose areas for future development. Finally, I will conclude this thesis by returning to the case that started me on this journey of enquiry.

8.2 Original contribution

This thesis makes several major contributions to this area of social work knowledge. Firstly, it addresses a gap identified in the literature (see chapter 2), by investigating how social workers practicing with adults, understand and manage cases of DVA against people with LD. Previous research in this area has explored the experience of victims with LD (see Walter-Brice et al., 2012; Pestka and Wendt, 2014; Douglas and Harpur, 2016; McCarthy et al., 2017; McCarthy et al., 2019; McCarthy, 2019), social work practice safeguarding adult victims of DVA (not LD specific) (Heffernan et al., 2014; Robbins et al., 2014; McLaughlin et al., 2018) or social work safeguarding adult practice with LD (not DVA specific) (Hodges and Northway, 2019). However, this is the first empirical study to explore this specific, and very specialised, area of practice.

Secondly, as presented in my discussion chapter, one of my central arguments has been that social workers are confident in identifying vulnerabilities based on the individual victim's life experiences. This helped them to understand why that individual was in the abusive relationship (in the case of intimate partner abuse (IPA) or how the abusive dynamics in familial abuse cases developed). However, they did not regularly identify the structural barriers that existed for victims (e.g. poverty, lack of available services, austerity measures, social isolation etc.). Such barriers are known to not only increase the likelihood of experiencing DVA (see Fahmy et al., 2016), but also can make it more difficult

for victims to leave intimate partner relationships or reduce their contact with abusive family members. This is an important finding because, without acknowledging barriers outside of the victims' control, interventions risk making the victim solely responsible for addressing the abuse through changing their own behaviour or circumstance. Therefore, recommendations will follow as to how practitioners can develop their practice to examine a situation more holistically to support victims with LD.

Thirdly, I have argued that social workers were not confident acting as the lead professional responsible for managing risk in the cases they encountered. This was particularly the case when they were also working with the perpetrator of the abuse, who was an adult in need in their own right. This is an important finding because, as indicated in the data, social workers are often one of the only, if not the only, professional who may be working with both victims and perpetrators with LD. If they are not leading in addressing perpetrators' actions and assessing the risk they pose, it is possible that abusers' behaviours go unaddressed resulting in serious consequences for both victim and perpetrator. Therefore, recommendations will follow to suggest how practitioners, educators and policy makers can implement changes to develop this area of practice.

8.3 Implications for social work

In this section, I will explore the implications of my findings for three areas relating to social work: practice, education, and policy. For each of these headings, I will provide a summary of the impact of the findings.

8.3.1 Social work practitioners, managers, and teams

8.3.1.1- The application of intersectionality

Firstly, I will address the implications for those in front line practice with adults with learning disabilities experiencing DVA. As identified above, it was evident that practitioners are very good at identifying the personal factors that impact an individual's propensity to enter and remain in an abusive relationship (IPA) or that created abusive family dynamics. In cases of IPA²³, the broader

²³ In 2 out of the 3 family abuse cases, the victims had been removed from the family home.

structural difficulties that impact both the reasons why victims experience abuse, as well as their ability and resources to leave, were side-lined. The impact of economic disadvantage is disproportionately experienced by disabled people, including people with LD (MacInnes et al., 2015). Within the research, participants mentioned that most of the victims they worked with were reliant on benefit payments. Research has shown that poverty increases the risk of experiencing DVA, as well as the options available to leave that relationship (Fahmy et al., 2016). I am not, of course, suggesting that there is some inherent characteristic possessed by people experiencing economic disadvantage that make them more likely to abuse other people. Instead, I would assert that there is a myriad of factors associated with poverty that produce an environment where DVA can become compounded or where it becomes more difficult to escape. For example, the systemic disadvantage of living in poverty results in under/unemployment, meaning people spend more time at home, in potentially cramped or overpopulated housing, creating more opportunity for DVA to occur. Moreover, a lack of resources may make accessing affordable childcare difficult, re-enforcing traditional gender roles, which (as indicated in the literature review) are known to be factors which make de-escalating or escaping abuse more difficult (Fahmy et al., 2016).

Furthermore, in addition to economic disadvantage, social workers should consider the impact of gender and the wider social issue of violence against women, within their interventions. As highlighted in the discussion chapter, women continue to be more likely to experience DVA than men (Hester, 2013). This is particularly the case for disabled women who are twice as likely to experience DVA than women without a disability (Brownridge, 2006; ONS 2019B). It is telling that, within the data the relationships in which perpetrators had substantive criminal histories of exploiting people were all cases of male violence against women. The gendered nature of DVA can be seen from my data and indicates the disproportionate impact on women with learning disabilities.

These disadvantages can make the impact of DVA more complex. Risks may not be remedied solely by the victim being made to understand the harms of their partner (or family member) being abusive and offers of help to end the relationship/move from the family home. Interventions should seek to look at a case holistically to identify how, in addition to informing victims about risk, social workers could work to reduce the impact of structural barriers. For example, social workers could seek to reduce isolation by supporting victims to reconnect with supportive family/friends or help them establish new support networks through access to community projects. It is important to acknowledge that it is beyond the scope of individual social workers to remedy structural issues such as poverty, sexism, racism etc. However, asking victims about the impact of these issues may help social workers to, not only build trust with victims, but explore specialist support options where available.

8.3.1.2- Understanding coercive control

As discussed in the findings chapters, several participants worked with cases where they had identified abusive behaviour that became controlling and all-encompassing of the victim's life and resources. Assessments under the Mental Capacity Act (MCA) 2005 were used to determine what level of intervention practitioners could pursue. Those victims assessed as lacking capacity to make decisions about their relationship had more restrictive interventions sanctioned by the Court of Protection. Victims deemed to have capacity were understood to be able to make risk decisions (including unwise decisions) about their lives. However, as part of a capacity assessment regarding an abusive relationship, social workers need to assess that the victim understands the risks posed by the perpetrator. Without being an expert in DVA, it is possible that the practitioners may not fully understand the level of severity of the abuse they encounter. Furthermore, as highlighted in the findings, several participants acknowledged that the control of the perpetrator was impacting the victim's decisions, yet this did not appear to influence the practitioner's assessment of the victim's decision-making capacity. Coercive control is a form of abuse that by its very nature, seeks to distort the victim's understanding of their own lived experience (Stark, 2009). I argue coercive control could impact the individual's ability to apply the information given about risk to their relationship or the behaviour of their family member. The code of practice to the MCA 2005 (DCA, 2013) specifically states that decisions need to be made free from duress or coercion, which could very well be a factor in cases of DVA. Although coercive control is most commonly associated with IPA, the data within the study indicate that it was also present in familial abuse, a clear example of this being Lydia's case where the victim's parents deliberately kept him isolated in his bedroom, heavily restricting his access to support and the community. Therefore, practitioners need to be vigilant for coercive control in both intimate partner and familial relationships.

8.3.1.3 Managing anxiety

Within the data, several participants expressed a level of personal angst at having to manage complex cases. At times this arose when practitioners were managing cases where they were fearful of the harm that might come to the victim, particularly if the victim chose not to leave the abusive relationship. Some of the tactics discussed to manage anxiety were to become desensitised and disconnected from what they were observing in practice. Participants also expressed a sense of being conflicted when they were the lone practitioner working with both the victim and a vulnerable perpetrator. Participants felt confident in identifying service users as being "at risk" but felt far less confident identifying and managing those deemed to be "a risk". This led to feelings of being unsure

of their actions and thought they risked promoting one service user's interests over the other. Finally, practitioners also felt the need to ensure they had safeguarded themselves from criticism of poorly managing risk. This indicates that social workers are struggling with this area of risk management and need more robust support from their organisations.

8.3.2 Higher Education Institutions (HEI)

As discussed in the findings and discussion chapters, social workers were primarily making plans and formulating interventions based on their own judgement, which was informed by their values and experience. As social workers were making decisions mainly based on a "clinical risk judgement" model, rather than using specialist risk measurement tools, having the knowledge and expertise necessary to achieve an evidence-informed decision would be beneficial to practice. Although it is a professional expectation that social workers continue to learn and develop their skills in work post qualifying, a foundation of knowledge about DVA could be provided during the pre-qualifying training period. Universities are well placed to develop and deliver education at both pre and post qualifying levels to support practitioners' knowledge development in this area.

8.3.3 Policy

8.3.3.1- Evidence based risk screening tools for victims with LD.

Although some practitioners reported using the DASH risk assessment checklist for MARAC referrals, participants generally found the MARAC process to be of limited help in planning their work. As I have highlighted in other work (Dixon and Robb, 2016), there are limitations in the DASH's application to adults with learning disabilities. Such limitations include the absence of risk factors relating specifically to disabled people's experiences of DVA. It is advisable that an adaptation to the DASH, or indeed an entirely new risk screening tool be created, to directly address the risk factors related to disability (including learning disability) in cases of DVA.

8.3.3.2- Guidance for working with perpetrators who are "adults in need"

Within the data, practitioners expressed some frustration with other agencies such as the police, for refusing to act or become involved in cases of DVA where the perpetrator has a learning disability (or other impairment). As a result, social workers in these situations felt they were in a position of managing risk when they were not certain how best to address behaviour and what level of

responsibility the perpetrator had for their actions. It was not always clear what remit (or skills) social workers had to intervene in these circumstances. This clearly indicates that social workers feel uncertain in managing risk particularly when both victim and perpetrator are deemed vulnerable. Therefore, additional guidance and tools for professionals working with such complex situations are needed. Although there already exists a comprehensive guide to working with DVA and safeguarding produced by the LGA and ADASS (2015), the guidance within that document for working with perpetrators is limited. The advice offered is that specialist interventions are needed to address abusive behaviours, and these interventions should only be done by those with training in behavioural management. However, many of the perpetrator programmes are run and managed by the various criminal justice agencies (Swift et al., 2018; MoJ, 2020). As participants highlighted, CJS professionals often refused to be involved with perpetrators with learning disabilities, and as a result perpetrators access to behavioural programmes were limited. Within this study, some social workers felt as though they were left without support in managing cases, even where there were other professionals involved. At times this resulted in no action being taken to address the perpetrator's behaviours. Instead, interventions focused on the victim, making that individual responsible for protecting themselves. A long-standing feminist critique of statutory DVA interventions is that victims are often the individuals held accountable for reducing risk, when it is the perpetrators' choices and actions that cause them harm (McCarthy et al., 2017). Furthermore, numerous reviews of abuse of people with learning disabilities have found that people working with adults with LD became desensitised by their experiences, accepting that abuse was a "normal" part of being disabled (Mencap, 2020). Clearly, it is unacceptable to allow people with learning disabilities, who often have access to the least amount of resources to leave a relationship or a family caring situation, to continue in an abusive relationship without attempts to address the actions of their abusers. Social workers need support in this area.

8.4 Recommendations

Recommendation 1: Practitioners should examine cases of DVA through an intersectional lens to understand and acknowledge how disability, class, gender and race/ethnicity can all combine to form a particular set of disadvantages for the victim.

Recommendation 2: Practitioners need to ensure they understand the risks associated with the DVA they encounter in practice, particularly how coercive control manifests in abusive relationships. This should be achieved by practitioners seeking out training or resources about DVA, and getting guidance

from specialist services (such as DVA services or police) regarding levels of risk. Employers must also offer appropriate DVA and safeguarding adults training to their workforce.

Recommendation 3: Practitioners must, in cases where DVA is present, consider how coercive control may impact a person's ability to demonstrate the tests of capacity set out in the MCA 2005. This should include consideration if coercive control is impacting the victim's ability to use/weigh the information given or if the decision is being made under duress. Practitioners and safeguarding managers need to be aware of the options available to support an individual who is compelled to make decisions under duress, particularly the inherent jurisdiction process. SCIE has produced comprehensive guidance for gaining access to an adult suspected to be at risk of neglect or abuse (SCIE, 2018) this tool can be utilised to assist social workers in cases where a person is being controlled.

Recommendation 4: Local authorities need to offer debriefing supervisions to practitioners working with cases of DVA. Such supervisions must allow practitioners to talk through their concerns, feelings, and trepidation about their actions in the case in order to assist the social worker in, not only working through their plans, but to help them manage their personal feelings and worries that arise during the case.

Recommendation 5: The managers allocating cases must ensure that one social worker is not assigned to both the victim and the perpetrator in a case where there is DVA. Practitioners need to be able to fully focus on the wellbeing of the individual they are working with, avoiding issues of a conflict of interest.

Recommendation 6: Local authorities should establish formal or informal working partnerships between community social work teams and local DVA organisations. Such partnerships would allow information and expertise to be shared between social workers and DVA specialists. This would be mutually beneficial to both organisations as it could enable them to share best practice and policy developments in DVA and social care. It would also assist social workers to develop their specialist knowledge of DVA.

Recommendation 7: Social work qualifying programmes should provide, as part of the core training, sessions on DVA that encompass adult care as well as childcare. These sessions should include an understanding of risk factors, the dynamics of coercive control and the legal powers and duties of local authorities when managing such cases.

Recommendation 8: Universities should structure post-qualifying training to offer specialist modules specifically on working with DVA, to help expand practitioners' knowledge as their career develops. Developing specialisms within the post-qualifying framework would enable social work teams to build a group of highly skilled practitioners who could offer guidance to their colleagues when cases of DVA arise.

Recommendation 9: As DVA is a wide-reaching issue that impacts all areas of practice, the social work regulator should require that social work students have the opportunity to work directly (preferably co-work) with cases of DVA during one of their two required placements. This will allow social work students the opportunity to develop their skills of assessment and risk management whilst being supervised and guided during their learning.

Recommendation 10: The DASH needs to be updated to reflect the evidence-based risk factors for disabled victims of DVA (including victims with LD). This is a project which I could potentially lead on, or contribute to, following the completion of the PhD, as the findings from the research could be helpful in developing a disability sensitive DVA risk screening tool.

Recommendation 11: The government, either national (such as the Department of Health) or local (such as the LGA), needs to produce guidance detailing strategies and pathways for working with perpetrators who have needs for care and support. Such guidance must be for a multi-disciplinary audience detailing roles, responsibilities, and legal powers/duties. Examples of similar tools exist, for example the SOTSEC-ID programme for working with men with LD who sexually offend (Tizard Centre, 2020), and could be used as a model for establishing similar pathways for perpetrators with LD.

8.4.1 - Feasibility of implementing recommendations

Here it is reasonable to acknowledge that there are significant funding restraints placed on local authorities resulting from austerity and, undoubtedly, resource reallocation due to COVID related planning. All the recommendations for the local authority should not require significant financial resources but would require the resource of time and planning. As such, I would deem that these recommendations are reasonable in terms of being able to be implemented within current practice. It is particularly important to address good practice with DVA in the current climate of COVID and subsequent lockdowns, as it is known DVA rates are increasing (Kelly and Morgan, 2020), and this will include DVA against people with LD.

8.5 Limitations of the study

Thus far, this chapter has explored the application of the findings to the social work profession. However, as with any research study, there are limitations to this project which I will set out below. Additionally, I will explore how the process of this study has helped me to develop as a social worker, researcher, and educator.

8.5.1 Gaining access

It was possible to complete this study due to the generosity of the three participating authorities who allowed their practitioners to participate in the research and who allowed the use of their premises to conduct interviews. Initially, the project aimed to include up to 6 local authorities and as many as 20 social workers; however, the final sample was 15 social workers from 3 authorities. Given the depth of the data collected, 15 participants (all of whom were interviewed twice) was more than sufficient to gather a substantial amount of data. However, it would have been useful to have a broad range of authorities. In total, I approached six local authorities. Two authorities responded that they could not accommodate my request for access to staff due to organisational and resource constraints, and a third authority did not respond to my repeated attempts at contact. It is not surprising that local authorities were unable to participate in this research. Since the global financial crisis, many local authorities have been managing with fewer resources and increased referrals (Jordan and Drakeford, 2012). Research, whilst important, may invariably be difficult to accommodate when authorities are struggling to meet increased demand with fewer resources. It is a limitation of this study that only a relatively small number of host authorities participated. This sample size will impact the generalisability of this study. However, this is true of any qualitative study which, by their very nature, have much smaller samples than quantitative work. Moreover, as was highlighted in the methodology chapter, the sample of participants all identified as white. The sample was not particularly diverse or representative of the demographics of the social work profession, and it would be useful for future studies to access participants from large urban areas such as London or Birmingham, in hopes of having a more ethnically representative sample.

Furthermore, this study took place in England. The legislation and guidance in the devolved nations differ to England, and it would be an exciting project to compare the impact of the differing safeguarding powers on practice across the UK. For a part of my time studying for this PhD, I worked for a Welsh University. I was quickly made aware that very few publications (both books and journals) addressed the specific Welsh context, leaving a significant gap for students and practitioners working

in this part of the UK. This area certainly warrants further study. From this experience, I can reflect that it would have been beneficial to approach a greater number of authorities, in anticipation that several would refuse the invitation, to gain a bigger sample size. Furthermore, I would have extended the sample into Wales (as this is near my home) to enable a comparison between the different safeguarding frameworks.

8.5.2 Research design

In the discussion chapter it was identified that no participants had discussed honour-based violence, FGM or forced marriage. Upon reflection, there were ways in which the research design could have prompted a discussion on these topics. As was highlighted in the methodology chapter, a limitation of vignettes is that the researcher has control over what to include and exclude, and that this will be limited by the researcher's knowledge and understanding of the topic. I did not write a vignette detailing any of the above-mentioned forms of abuse, and therefore missed an opportunity to facilitate a discussion with participants on these topics. This is evidence of how researcher bias can influence the outcomes of a study and, upon reflection, my vignettes would have benefitted from sensitivity readers, particularly from people whose identities differ from mine, to help facilitate more inclusive (and intersectional) understanding of my topic. However, with all that being said, the incidents of reported forced marriage in the South West are relatively low (Home Office, 2020) and therefore it is highly likely that many of the participants would not have encountered this in their practice. Furthermore, research studies already exist on this topic. They were conducted by experts in the field of forced marriage and have examined professional responses to this abuse amongst people with LD (see Clawson and Fyson, 2017).

8.5.3 Victims' perspectives

This study focused on social workers' conceptualisations of their work, as there were already several (albeit small scale) studies examining the perspective of victims (female) with LD (as noted in section 8.2). Through the literature review, a clear gap was identified that the views of social workers, who are often at the forefront of managing safeguarding investigation for people with LD experiencing DVA, were not explored in the literature. However, what my study does not address is the views of male victims with LD who experience DVA within intimate partner relationships, as well as the perspective of both women and men with LD who experience DVA in family settings. Both topics would warrant further study.

8.5.4 Personal development

Although I have identified several limitations or gaps in my study, each point has been a learning experience that has helped me to develop my understanding of the research process. It has also helped me to develop my practice as an educator. Having been through the process of designing and executing a research project, I can share with students how my learning has taken shape through the process. Ultimately it will help me to develop as a supervisor of future student projects.

8.6 Returning to Athena

In the introduction to this study, I recounted the story of the duty case I took on one Friday afternoon with a woman I have called Athena. As I recounted, it was this experience of not knowing what to do and finding my way through an emergency that prompted my venture into the PhD. It seems only fitting that at the end of this process, I return to reflect on that experience and to contemplate what advice I would have given to myself on that fateful Friday given what I now know.

Firstly, I now recognise that the immediate steps I had taken to support Athena once she had decided to leave the abusive relationship were a supportive and helpful way forward. By ensuring she had a safe place to stay, getting her food, toiletries and other provisions, meant that she did not need to return to an unsafe situation to have her most basic needs met, and she was immediately safe from physical harm. These steps removed some of the known barriers to people leaving abusive relationships.

I had conceptualised her as a vulnerable person, due to her reliance on the care of her abusive partner. Once I had found a substitute care provision, I believed that I had sufficiently addressed the risk. However, upon reflection, I hadn't really explored the wider holistic picture of her life and systemic disadvantage. I hadn't asked her what else was important in her life, what other connections she may have had that were important to her. Did she have a means of contacting them and drawing on their support in this challenging time? Although I had bought her food and basic provisions, I hadn't considered that she may have wanted to have a level of economic freedom to choose her own supplies and that it might have been advisable to ensure she had access to funds. Lastly, I hadn't considered what her emotional needs might have been. Who could she talk to over the weekend if she needed advice and emotional support, particularly if the perpetrator had tracked her down and was asking

her to return home? That aspect of the plan alluded me. Thankfully, I had every faith that the provider she was with, although not a DVA specialist, would be supportive and helpful to her and could address any gaps I hadn't foreseen.

I found out some months later that when the locality social worker picked up her case on Monday morning, work was undertaken to help find her supported accommodation where she (as of 6 months after my intervention) had moved. To the best of my knowledge, she did not return to her abusive relationship. Upon reflection, I think the intervention was overall beneficial. The outcome, however, did rely on my experience and relationship with providers (who didn't mind an out of hours phone call). Such resources would not have been available to me if I had been newly qualified as, at that point, I would not have known where to go. This case occurred over ten years ago now. Undoubtedly there will have been some changes and updates of procedures. However, I suspect, given my research evidence, that this is still an area where practitioners are having to find their way through largely relying on their own professional judgement and knowledge. If my recommendations set out in section 8.4 were enacted, practitioners would be in a much stronger position to assist women like Athena, as they would have the skills set and knowledge base to enable them to access available DVA resources.

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Appendices

- 1- Appendix 1- Ethical Approval Tizard
- 2- Appendix 2- ADASS Approval Letter
- 3- Appendix 3- Contact email to Local Authorities
- 4- Appendix 4- Participant information sheet
- 5- Appendix 5- Expression of interest form
- 6- Appendix 6- Consent Form
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- 8- Appendix 8- Complaints Procedure
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- 11- Appendix 11- Vignette Questions



Tizard Ethics Feedback Form

Student Name:	Megan Robb
Supervisor:	Michelle McCarthy
Title:	<u>“Social workers’ conceptualisations of domestic violence against people with learning disabilities”</u>
The Tizard Ethics Committee confirm that the above proposal has been approved.	
Alterations approved by Supervisor	 Signature Date 3.3.15
Final approval On behalf of Tizard Ethics Committee	 Signature Date 19.02.15

Megan Robb
8 Cartledge Road
Easton
Bristol
BS5 6ES

3rd Floor
Local Government House,
Smith Square,
London
SW1P 3HZ

Enquiries Sue Williams

Date 6 February 2015

Direct Line 020 7072 7437

Our Ref RG15-023

Dear Megan

Social Workers' Conceptualisations of Domestic Violence against People with Learning Disabilities RG15-023

I am writing on behalf of the Research Group of the Association of Directors of Adult Social Services and am pleased to tell you that the Group has decided to recommend your project to social services departments. A circular advising directors of this decision will be sent to them once we have received your reply. It would be helpful if, when approaching adult social services departments, you make it clear that you have the Group's support.

Relevance to Social Services key current and future priorities

The reviewers stated 'This study seeks to explore how social workers understand and operationalise the concept of Domestic Violence in practice. There is currently very little published research exploring Domestic Violence against people with learning disabilities, particularly relating to social work practice. This study seeks to contribute to the evidence base for social work practice in this area.'

Ethical issues

The reviewers stated 'The Tizard Centre has granted ethical approval for this study. Originally the study was to cover three or fewer authorities so ADASS approval was not sought. Difficulties in recruitment has meant that the study has had to include more authorities so ADASS approval is now being sought.'

Method Issues

The reviewers stated 'The study is in two stages comprised of an initial semi-structured interview and a follow up interview using vignettes. Thought has gone into the definitions around Domestic Violence and any gender bias due to the broader interpretation. This has, in part, come about because of the difficulty in recruitment with a tighter definition of partner violence. In my opinion this difficulty

has meant that the project, under the new remit, is actually better defined and thought out with the potential for more value to come out of it.'

Time staff expected to contribute to the project

The reviewers stated 'The input could be considerable but worthwhile.'

Likelihood of the project being brought to a successful conclusion

The reviewers stated 'There has already been difficulty in recruitment to the study but the broader definition and the approach to more local authorities should cover that and the study should be able to proceed to completion.'

Plans for the publication/dissemination of findings

The reviewers stated 'These are suitable at a PhD level.'

Should this project be supported by the ADASS

The reviewers stated 'Yes'

In the interests of ensuring that adult social services departments receive the maximum benefit from co-operating in research projects such as your own, the Group places great importance on disseminating findings and conclusions. It encourages researchers to find ways, including (but not exclusively) formal publication of a report, of feeding back the results of their research to participating departments. It would welcome a short summary of the findings of this project, once you have completed it, in a form suitable for distribution to adult social services departments. We would appreciate knowing your expected publishing date.

Yours sincerely

S Williams

Sue Williams Research Manager

Sent on behalf of Cathie Williams, Chief Officer, Association of Directors of Adult Social Services

Appendix 3

Email to Local Authorities

Dear XXXXX

I am a part-time PhD student at the University of Kent, and a registered social worker. I am writing to enquire whether the XXXXX county would be interested in contributing to my PhD research study exploring how social workers conceptualise domestic violence and abuse (DVA) against people with learning disabilities.

Aims: To explore how social workers understand and respond to domestic violence and abuse (DVA) against people with learning disabilities.

Methodology: The study will be conducted through a two stage interview process with social workers. The first interview would seek to explore practitioners' direct practice experience of working with adults with learning disabilities who experience domestic violence. A second follow up interview with practitioners would explore participants' responses to a vignette (case study).

What would be needed from the CLDT: If the CLDT wishes to take part in the study, information about the research would need to be distributed to the adult social work practitioners. I would provide potential participants with an information letter that could be distributed via the organisation. Furthermore, where appropriate, it would be beneficial to be able to conduct interviews during the social worker's working hours.

Benefits: If the CLDT were to support the project, a report would be produced at the end of the study and given to senior managers within the organisation. This evidence may be useful in planning services, determining training needs and generally promoting evidence informed practice within the service. I would also be very happy to deliver a presentation on the findings to the CTPLD's management and/or work force.

I have obtained ethical approval for the study from the University of Kent and endorsement for the project from Association of Directors of Adult Social Services (ADASS) <https://www.adass.org.uk/research-decisions--06-february-2016/>. I am attaching a research proposal, evidence of ethical approval, participant information and consent form as well as evidence of research governance support from the University of Kent for your perusal.

If XXXX would be interested in taking part in this research I would very much like to hear from you. I can be contacted via this email address or by mobile on 07872623323. If you have any questions, or require any additional information, please do not hesitate to contact me.

Yours sincerely,

Megan Robb
PhD Student- University of Kent

Information and Consent Forms

Title: Social Workers' Conceptualisations of Domestic Violence against People with Learning Disabilities

Dear Social Worker,

My name is Megan Robb and I am a part-time PhD student at the University of Kent. I am also a registered social worker. You are being invited to contribute to my PhD research study exploring how social workers conceptualise domestic violence against people with learning disabilities. Before you make a decision, please read the information below as it details what will be involved in taking part in the research.

What is the purpose of the study?

I am interested in exploring the experiences of social workers in supporting adults with learning disabilities who experience domestic violence. Social workers' perspectives on meeting the needs of this service user group have not been explored extensively in the research literature. As a social worker myself, I am interested in exploring how as a profession we understand and identify domestic violence, as well as how we support the survivors of abuse who have learning disabilities.

I am currently looking for participants to take part in this study who are Health and Care Professions Council (HCPC) registered social workers with practice experience in the past 5 years of supporting at least one adult with learning disabilities who has experienced domestic violence. By domestic violence I mean the psychological, physical, sexual, financial or emotional abuse of a person aged 16 or over by a current or former partner or a family member (Home Office, 2013).

What will it involve?

The research will be conducted over the course of two interviews with participants. The first interview will involve discussing your experience of working with adults with learning disabilities who have experienced domestic violence. This will involve asking questions about how abuse was identified, what support was put in place as well as your thoughts, feelings and beliefs about the case(s) you worked with. The second interview will involve

reading vignettes (case studies) and being asked questions about the scenarios. The interviews themselves will take approximately 1 -1.5 hours and will be arranged at your convenience.

Do I have to take part in the study?

No, participation in this study is voluntary. If you do initially decide to take part and then change your mind, you can ask for your data to be withdrawn from the study. You do not have to provide a reason for leaving the study and you can withdraw at any point. You can indicate your wish to withdraw by contacting me via email, telephone or in writing. Alternatively, you can speak to my supervisor (details below) if you wish to withdraw.

Data storage and confidentiality-

With your permission, interviews may be recorded and then written up (transcribed), you will be sent a copy of the transcription which you can check for accuracy. Audio files will be made available to you if requested.

All identifying data (names, addresses etc) will be anonymised during the transcription process. All data will be stored in accordance with the Data Protection Act 1998, and will be kept for 5 years and then destroyed. All written information will be stored in locked cabinets and all digital information will be encoded. Confidentiality will be maintained unless illegal activity or safeguarding adults or children concerns (other than those being dealt with by the local authority) are disclosed.

How will the data be used?

The anonymised research data will be viewed by me, my PhD supervisors and the PhD examiners. The findings from the data will be used when writing my thesis, findings may also be used for writing academic publications (journal articles, book chapters etc).

What are the advantages and disadvantages to taking part?

This area of practice is currently under-researched. By taking part in the study you will be contributing to the development of a research base for social work practice. You will be provided with a summary of the findings at the end of the study (as will your organisation). Furthermore, if elements of the study are able to be published, this study will be a resource for social work practitioners and students managing domestic violence in practice with adults with learning disabilities.

This study is part of a self-funded PhD so there is no compensation for taking part, however interviews will be arranged to minimise any inconvenience for taking part.

I may be interested, what is the next step?

If you are interested in taking part in the study, please complete the expression of interest form below and return it to me by email (mr379@kent.ac.uk) or by post.

What if I have further questions about the study?

If you have any questions which are not answered by this information sheet or you would like to discuss any of the concepts in more detail, then please do not hesitate to contact me or my PhD supervisor Dr Michelle McCarthy.

Megan Robb
mr379@kent.ac.uk
07872623323
8 Cartledge Road
Easton, Bristol
BS5 6ES

Or
Dr Michelle McCarthy
University of Kent
Woodlands
Giles Lane
Canterbury
Kent CT2 7LR
01227 827997
M.McCarthy@kent.ac.uk

Best wishes,



Megan

Expression of Interest (consent form will be signed before the interview)

Title: Social Workers' Conceptualisations of Domestic Violence against People with Learning Disabilities

I am a HCPC registered social worker

I have practice experience (within the past 5 years) of working with an adult with learning disabilities who has experienced domestic violence

Please tick all that apply- I have worked with cases of domestic violence against a person with learning disabilities in which there was a:

Female victim and the perpetrator was a male partner or spouse

Female victim and the perpetrator was a female partner or spouse

Female victim and the perpetrator was a family member (other than a partner or spouse)

Male victim and the perpetrator was a female partner or spouse

Male victim and the perpetrator was a male partner or spouse

Male victim and the perpetrator was a family member (other than a partner or spouse)

The above information will be used to determine the direction of the study. I would primarily like to focus on intimate partner violence against women with learning disabilities, however I recognise there may be insufficient numbers of potential participants with the relevant practice experience to make the project viable. I am therefore seeking potential participants with practice experience within the broader Home Office definition of domestic violence, which includes family violence. If sufficient numbers of participants volunteer with experience of working with a women with learning disabilities who has experienced intimate partners violence, then this will be the direction of the study, if not the broader definition of domestic violence will be used. All potential participants expressing an interest in participating will be contacted to confirm whether they will be invited to participate in the interview stage of the study.

Your name: _____

Preferred method or contact: _____

Please return to: Megan Robb, mr379@kent.ac.uk, 8 Cartledge Road, Easton, Bristol, BS5 6ES

Consent Form-

Title: Social Workers' Conceptualisations of Domestic Violence against People with Learning Disabilities

Please circle your answer-

I have read and understood the participants information sheet	YES/NO
I have had the opportunity to ask questions and discuss the study	YES/NO
I understand that information given during the interviews will be kept confidential and I will not be identified	YES/NO
I understand that I will be provided with a transcript of interviews and that I can request copies of the audio files	YES/NO
I understand that findings from this study may be published	YES/NO
I understand that participation in the study is voluntary and that I can withdraw at any time without providing a reason or explanation	YES/NO
I am happy for interviews to be recorded by dictaphone	YES/NO
I agree to take part in the study	YES/NO

The research study has been explained to me and I agree to take part in the study.

Name (printed): _____

Signature: _____

Date: _____

I have discussed the study with the above participant and they have agreed to take part.

Signature of researcher: _____ Date: _____

Withdraw Consent from Study Form

Title: Social Workers' Conceptualisations of Domestic Violence against People with Learning Disabilities

Researcher: Megan Robb

Supervisor: Dr Michelle McCarthy

I, _____ no longer wish to take part in this study and would like to withdraw my consent.

Signature of the
Participant: _____ Date: _____

Name (in block capitals): _____

I have explained the study to the above participant and s/he wishes to withdraw

Signature of researcher: _____ Date: _____

Complaint Procedure

Title: Social Workers' Conceptualisations of Domestic Violence against People with Learning Disabilities

Researcher: Megan Robb

Supervisor: Dr Michelle McCarthy

Thank you for agreeing to take part in Megan Robb's research examining how social workers conceptualise domestic violence against people with learning disabilities.

We hope that your experience of taking part in the study will be an enjoyable one. However, if at any time you have any concerns about the way in which the research is being conducted you should contact either:

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Alternatively you may wish to contact the University of Kent's Research Ethics and Governance Officer:

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ID_____

Participant Background Information

Please note that you are under no obligation to provide this information. You may choose to answer some, none or all of the questions.

1. What type of social work qualification (e.g. DipSW, BA) do you hold?:

2. In what year did you qualify?:

3. How long have you been working in a social work capacity with adults with learning disabilities?:

4. What is your age?:_____

5. How would you define your ethnicity?:_____

6. How would you define your gender?:_____

Appendix 10

Semi- Structured Interview Schedule

1. How often have you encountered domestic violence/abuse against adults with learning disabilities in your practice?
2. What do you think has influenced your understanding of what constitutes domestic violence/abuse?
3. Can you tell me about a specific case(s) you have worked with?
4. Why did you choose that specific example?
5. Can you tell me about the abuse? What action/behaviours did you think were abusive and why?
6. Can you tell me about the victim/survivor of abuse? What impact do you think his/her disability had on the abuse?
7. Can you tell me about the perpetrator of the abuse? What do you think his/her motives were for perpetrating the abuse?
8. What factors do you think contribute to domestic violence/abuse in this case?
9. What did you see as your role in working with the service user who experienced domestic violence/abuse?
10. Can you tell me a bit about your relationships with the client/service user/customer/survivor?
11. How did you decide what course of action to take/what measures to put in place?
12. Who else did you discuss the case with and why?
13. How did the survivor/victim respond to your intervention? How did the perpetrator?
14. Did you support the individual experiencing abuse to access any services Why type of services were these? Why did you use these services?
15. Was your intervention considered part of a safeguarding strategy?
16. Was the person experiencing abuse referred to MARAC? Why/why not? Who made the referral?
17. What impact do you think your actions had on the survivor? Perpetrator?
18. On reflection would you change any of your actions in this case?
19. How much training have you received on domestic violence/abuse? How useful was this training been in your practice? How well prepared have you felt to work with domestic violence/abuse in practice? What additional training (if any) do you feel you would benefit from in this area?
20. What term do you use in practice?

Appendix 11

Vignette Questions

Short Vignettes

Do you consider this to be domestic violence/domestic abuse? Why? Why not?

If DVA: What factors do you think contributed to the DVA?

What do you think is the severity of the abuse in this case and why?

Staged vignettes

Stage 1-

1. What do you think a social worker managing this case would think about about: Amy? Dave? Their relationship?
2. What would Amy's social worker's primary concerns be with this situation?
3. What would Amy's social worker see as the reasons for Amy's disengagement from social services/ continued to be reluctant to engage in services?

Stage 2-

1. What would a SW think about Dave actions towards Amy?
2. What would a SW think about Amy behaviour in this relationship?
3. Based on this information, what would a social worker's primary concerns be with this situation?
4. What steps should a SW take in managing this case?
5. What services should a SW consider at this stage?

Stage 3-

1. What would Amy's social worker's primary concerns be with the situation now?
2. Why do you think Amy has taken the decision to leave?
3. What do you think Amy needs from her social worker now that she has left the relationship?
4. What steps would the SW take to support Amy?
5. What services would the SW use to support Amy?

Stage 4-

1. Why did Amy go back to Dave?
2. How do you think this would make Amy's SW feel?
3. What should the SW do now? Why?

