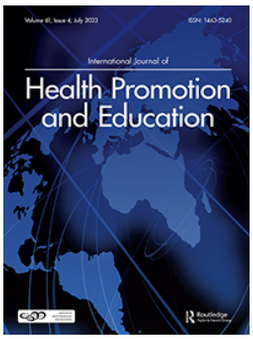

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Decision-making in parent–child contact arrangements in situations of domestic abuse in one locality of England: a preliminary qualitative study

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ABSTRACT

The significant impact of domestic abuse on children is well documented, yet when mothers escape violent relationships, professional and legal decision-making leads to children maintaining contact with perpetrator fathers. This small-scale, pilot study used a focus group of professionals and interview with one mother to explore professional and maternal experience of the decision-making process in parent–child contact arrangements in situations of domestic abuse in one locality in England. The research explored the intrinsic and external influences on decision-making for professionals and mothers when making child contact arrangements when parental domestic abuse has occurred. Thematic analysis identified 'Inconsistency' as the dominant concept for two key themes: the inconsistency of application of the concept of 'Good Enough Parenting' and inconsistency of availability of resources to support decision-making and safe child contact arrangements. This study found a lack of specific guidance or assessment tools to support decision-making in contact arrangements. The small-scale nature of this pilot study limits transferability of results, but forms the basis for the next phase of research, which will seek to recruit a larger group of professionals and mothers to further explore the findings of this study.

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Domestic abuse; health visiting; child protection; safeguarding

Introduction

The significant impact of domestic abuse on children is well documented, yet when mothers escape violent relationships, professional and legal decision-making leads to children maintaining contact with perpetrator fathers (Birchall and Choudhry 2018; Holt 2018; Women's Aid, 2016). This has led to unsafe contact arrangements, resulting in serious harm and loss of life for some children and mothers (Women's Aid 2016). Mothers' experience has been ignored by professionals in decision-making, even when there is clear evidence of abuse (Coy et al.

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2012; Women's Aid, 2022). This small-scale, pilot study explores the experiences of professionals and mothers of decision-making in circumstances where domestic abuse has occurred between parents (with father being the perpetrator), parents have separated and child contact arrangements are being made. This article will introduce the theoretical models which act as the lens for this study. It then sets the policy and practice context for the study and describes the research design, before presenting the results alongside participant narrative discussion. It concludes with recommendations for the next phase of research.

Theoretical models

Hester's (2011) 'Three Planets' theory provides a model for analysing the factors underpinning the decision-making of different agencies involved in complex safeguarding situations. She argues that child protection, protection from domestic violence and child contact arrangements are areas of work which have distinct and separate rules, practices, histories, and populations – they exist on different planets. Situated in between the three planets, influenced by societal gendering are mothers. Ultimately, this results in 'unintended fragmentation and contradictions in practice' (Hester 2011, 839) – inconsistencies which are referred to by participants throughout this study.

Alongside Hester's Three Planets, the concept of 'Good Enough Parenting' (GEP) (Winnicott 1965) was used by the researchers to frame parenting discussions. Winnicott (1965) asserted that to expect perfection from parents was unrealistic and undermined the efforts of most parents, who do a 'good enough' job. GEP has since been defined as a strengths-based approach to parenting, which adequately meets the child's needs in alignment with prevailing cultural standards (Hoghughi and Speight 1998; Choate and Engstrom, 2014).

Policy and practice

It has been argued that in the UK a 'pro-contact' culture exists where contact with the non-resident parent is prioritised above safety, resulting in mothers' allegations of domestic abuse being minimised (Barnett, 2014; Hunter, Barnett, and Kaganas 2018; Holt 2020; Women's Aid, 2016; Ministry of Justice 2020). Where violent men are recognised as 'perpetrators' of their actions towards partners, their actions do not appear to be considered within the context of their identities as fathers (Featherstone and Peckover 2007). There appears to be no standardised guidance in the UK for informing contact arrangements outside of the legal arena.

Methodology

This research study draws on a social constructionist paradigm, where knowledge and understanding are the product of social interaction, practice and institution (Slater, 2017). The researchers aim to understand approaches to and navigation of decision-making processes from the perspective of the participants.

Methods

Setting

A local Women's Centre (an independent, third-sector community resource) in the North of England was consulted to advise on design and interview schedules, support recruitment, and provide a safe, supportive space for participants in order to adopt both expertise and safeguarding into the study from the outset.

Ethical approval

Ethical approval was obtained from the university's Ethics Review Panel (Ref: HEALTH 180). Ethical considerations were built into the study design and included the provision of a safe space and after-care by the Women's Centre for mother participants.

Recruitment

Purposive sampling was used to recruit professionals working within the context of domestic abuse and mother participants with insight and experience pertaining to the research question. Recruitment was conducted via opt-in invitations sent by email to professional networks and by flyers placed in local services and on social media. Recruitment was open to mothers using the Women's Centre and a range of professionals working in the context of domestic abuse, including midwives, social workers and police officers in order to explore a range of experiences; however, only two health visitors, two specialist domestic abuse workers from the third sector and two mothers responded. All four professional respondents participated in the focus group. One mother elected to participate in the interview.

In England, Health Visitors (HV) are specialist community public health nurses who offer a universal health service for children and families. Similar roles exist in many countries, including Pakistan, New Zealand, Ireland, Canada and Sweden. Specialist Domestic Abuse Workers (SDAW) work specifically to support women and children at risk of or experiencing domestic abuse, and have a variety of professional backgrounds.

Consent

Potential participants who expressed interest in taking part were sent a participant information sheet. Informed verbal consent was video recorded prior to participation.

Data collection

To maximise opportunities for collaborative inquiry and gather as much unlimited data as possible (Grix, 2004; Scott and Usher, 2011), a semi-structured focus group interview with four professionals was undertaken, facilitated by two researchers. Participants were HVs and SDAWs. SDAWs had also worked in professional roles such as probation and social services, and had insight into decision-making processes in those organisations.

A semi-structured interview was undertaken with one mother by one researcher. Including the mother as participant in the focus group was considered but ruled out,

as a separate interview centred the mother as focal to the study and created a safe space for free expression of experience and opinion which may have been hindered in the context of a wider group.

Topics included questions about GEP, experiences of child contact decision-making, decision-making aids, and available resources and support. Interviews were conducted online via Microsoft Teams.

Data analysis

Interview data were transcribed and managed in NVivo software (2022 Version, QSR International, USA). Thematic analysis was undertaken drawing on Braun and Clarke's (2022) approach. Data were open coded independently: focus group data by two researchers; interview data by one researcher. Analysis was iterative and reflexive involving multiple discussions across the team to refine codes and identify themes. Final themes, synthesis of themes across data sources and interpretation were then finalised by the lead researcher.

Collectively, the research team has extensive experience in health visiting practice, working with women and children who have experienced domestic abuse, and undertaking applied, qualitative research in health and interpersonal violence. The lead researcher is a health visitor seeking to understand the perceptions of stakeholders navigating the decision-making process in order to identify areas of shared purpose as well as conflicting perspectives in this hyper-local pilot study, with the aim of understanding local experience in a wider context. The lead researcher's aim is to use insights from this study to inform a participatory approach to collaborative action in the next phase of research.

Findings

Thematic analysis identified 'Inconsistency' as the dominant concept for two key themes:

- Inconsistency of application of the concept of GEP to mothers and fathers;
- Inconsistency of availability of resources, information and assessment tools to support decision-making and safe child contact arrangements.

Findings for each theme are presented below along with supporting data extracts. Quotes from participants are attributed by role: Specialist Domestic Abuse Worker (SDAW), Health Visitor (HV), and Mother (M).

Theme 1: 'Good Enough Parenting' (GEP)

Participants' descriptions of GEP broadly aligned with Winnicott (1965) and Hoghughi and Speight's, 1998 concepts in terms of the ability to meet a child's basic needs in order to keep them safe.

> As an absolute minimum, they [children] need to be safe and to have their needs met (M)

> I think consistency is essential. Consistency, and being emotionally available to the child. Being able to see things from the child's perspective. (HV1)

> Just to acknowledge the level of risk as well because for quite a lot of parents they really struggle to see that the effects that can have on the child. (HV2)

One participant provided their personal view of abusive parents as 'Good Enough', reflecting the concept of the absence of a 'father' identity for perpetrators described in the wider literature (Featherstone and Peckover 2007; Holt 2020). Furthermore, this perspective affirms Lord Justice Wall's (2006) response to the Women's Aid study '29 Child Homicides':

> In my personal view, you can't be a good enough parent, or even a reasonable parent, if you are an abusive towards the other parent. A parent who has the child's best interest at heart and cares about their children will not behave like that towards the other parent. I just think that's ridiculous, you can't be a good enough parent if you are abusive to the child's other parent, full stop. (SDAW1)

Participants appeared to broadly agree on the components of GEP and also shared the view that GEP is not consistently applied in practice by professionals. The following extracts exemplify these views in relation to differences in expectations of mothers' and fathers' parenting capacities and behaviour. All participants believed agencies imposed higher standards on mothers than fathers.

> I think there's inconsistency sometimes with the parent that has full-time custody and with the parent who's getting the supervised or unsupervised contact – there seems to be a little more leniency for the Dad. (SDAW2)

> Basically, I think generally Mums are held to a higher standard still than Dads. It's like if Dad just wants to be involved then the fact that he does any parenting at all is still seen as like, well, that's good enough. (SDAW1)

> I think this is like double standards, isn't it really? And the expectations and a lot of the assessment and a lot of the difficult questions and conversations tend to be with the Mums. (HV1)

> I tried to flag [father's inconsistency of approach to contact] this up to people a few times and I was told, 'yeah, that's not appropriate is it really', and that's about it. (M)

> So there's been a dad who it's been proven that he's still smoking cocaine and they've determined that Dad can still see and have contact with the children, as long as he doesn't do it within two days of seeing them. Yet if that was Mum, she's been told that if there's ever any drugs involved she will be tested, and if there's anything in her system whatsoever – and it will be at random – then she'll have the children taken away or put on Child Protection. (SDAW2)

Participants expressed that in their experience this gendered difference in standards was particularly prevalent in Children's Services. There was no representation from current members of Children's Services within the focus group, however two participants had previously worked for Children's Services and related to their experiences from that time.

> That [difference in standards] does still tend to go on. Especially in Children's Services. (SDAW1)

However, professional participants cited examples of strong multidisciplinary networks, valued clinical supervision and positive working relationships. There were examples of positive inter-agency engagement which participants described as effective in influencing decision-making. The challenges faced by many services at the present time were widely acknowledged.

> We have regular safeguarding supervision with peers, and we have a safeguarding team that we can discuss things through with … And I'll often have additional conversations with other agencies involved too. (HV1)

> We do have monthly supervision. We have an open door with our safeguarding lead and anytime we want to speak to her we can. (SDAW2)

> We've got good working relationships with other agencies as well and we can discuss any concerns. (SDAW1)

Theme 2: availability of resources

All participants reported that the resources available to support and supervise contact arrangements significantly impacted safe contact:

> I don't think there is anywhere in this town at all … that parents can have a supervised contact, that just seems to have gone. (SDAW1)

> I think the nearest one we've had recently is 90 miles away that we've got a family going out to. (HV2)

> I'm aware of two contact centres in the entire County. (M)

These extracts are likely indicative of the steady reduction in children's and public services in England over the past decade (National Children's Bureau 2021; United Kingdom Parliament 2021). All participants were aware of mothers who had been allocated the responsibility of arranging and supervising an abusive ex-partner's contact with their children and all expressed concern about this:

> … the burden often falls on Mum to nominate a family member to supervise contact". (SDAW1)

> I am aware of a family where the mother was supervising contact with her children and her ex-partner. And not only was he difficult, but then his dad became difficult too, so she was getting verbal abuse from both of them, and then still trying to manage what was an extremely difficult situation. (HV1)

> No matter what [the perpetrator] had done – it doesn't always happen – but the majority of the time [the perpetrator's family] will back them up, and sometimes Mums will take the child or children to see grandparents – and that's the plan, that they're seeing grandparents – and next minute Dad's coming in when she's not there and seeing them as well. You know, without permission. (HV1)

> I'm still in a position where I'm supervising contact between him and the children, often in our house, where he was physically and emotionally abusive and intimidating of us all. No one is taking into account… that I'm scared of him. (M)

The impact for mothers on the decision-making processes for contact arrangements appears to be at best inappropriate, at worst potentially dangerous, despite the well-documented fallibility of safety in inappropriately supervised contact (Women's Aid, 2016). Women and children have reported the immediate and long-term impacts contact without appropriate risk assessment and supervision has had on them including but not limited to depression, anxiety, PTSD, aggressive behaviours, problems with eating sleeping and toileting (Ministry of Justice 2020). These experiences also reflect those of women in international studies (Meyer and Stambe 2022).

Assessment tools as a resource to inform decision-making on contact arrangements were a significant theme. Where Family Court Orders require a risk assessment for contact arrangements (Ministry of Justice 2020), there appears to be no such requirement for informal arrangements. Participants cited numerous assessment tools for domestic abuse or child protection, however these appear to be localised for their organisation and separate for each issue, illustrating continued fragmentation as reflected in Hester's, 2011 'Three Planets' theory.

Participants suggested that guidance for parents and professionals to support child contact arrangements would be helpful:

> We do have lots of different assessments but not something that's so specific. So I think something along those lines [a child contact risk assessment tool] would be good. (HV1)

> I've got no guidance, but I've got the consequences if it's wrong . . . a sort of tree pathway for decision-making [would be useful] so it's really clear to parents and children, what's supposed to happen. The sticking point through all of it is when I have asked for safe-guarding advice and for people's involvement, lots of services wanting to pass it onto a different service . . . And you get quite a lot of, 'That sounds like a marital dispute' to try and shove it away. So I suppose services need to work together a bit better or to take responsibility for something at some point. (M)

The above quotation from Participant M finds her describing herself as lost among or passed between the 'Three Planets', across which there is a lack of alignment. This experience has been identified internationally, leading to the proposal of clearer integration of children's and women's rights in relation to domestic abuse (Morrison and Houghton 2022).

Discussion

Inconsistency and societal gendering

The inconsistency of mothers being held to higher standards than fathers in the application of standards of GEP aligns with Hester' et al. (2021) proposal of domestic violence as a gendered experience. Mothers are held to account for 'failing to protect' children from abusive fathers (Kelton et al. 2020; Stewart and Arnull 2023), yet violent men appear to meet the criteria for GEP (Eriksson and Hester 2001). This inconsistency appeared to be widely accepted as inevitable by the participants of this study, although no participants accepted this as fair. The concept of 'mother-blaming' when mothers 'fail to protect' children from an abusive partner is also well documented in the literature (Gibson 2020; Kelton et al. 2020). Moulding, Buchanan and Wendt (2015), and Singh (2021) argue that women in situations of domestic abuse are often 'tried as mothers', in alignment with

Hester's presentation of mothers as 'culpable victims'. In this study, despite being provided with no guidance or information pertaining to safe contact arrangements and being allocated responsibility for supervising contact, Participant M's experience of being held to account for her children's safety appeared to outweigh the responsibility of the father – and also of the multiple professionals involved in the decision-making process, reflecting the findings of national and international studies (Featherstone and Peckover 2007; Holt 2020; Morrison and Houghton 2022).

It is widely acknowledged that the voice of mothers in contact decision-making is not considered (Coy et al. 2012; Thiara and Harrison 2016). Yet it could be argued that mothers are the key to decision-making as they are the only party whose experiences transcend all three 'planets' (the same could not be said of children or professionals). For example, Participant M repeatedly demonstrated commitment to and shared purpose with the ethos of the Child Protection Planet in wanting to safeguard her children. She demonstrated acceptance of responsibility for this, despite repeatedly stating that support from agencies was lacking.

Resources to support safe contact

This study found that existing risk-assessment tools were localised (organisation-based) and dealt with domestic abuse and child protection separately. As such, they are possible contributors to contradictions in practice and unintended fragmentation illustrated in Hester's (2011) 'Three Planets' theory. Women's Aid (2016) identified cases where women have been required to put themselves into dangerous positions (including putting their own lives at risk) to facilitate children's contact with an abusive father. This was reflected in the experience of participants in this study who considered the lack of resources coupled with a pro-contact culture as highly influential on decision-making and adversely impacting safe parental contact arrangements. An international symposium on contact disputes and allegations of best practices held in London in 2017 identified that pro-contact cultures exist internationally (Hunter, Barnett, and Kaganas 2018). Participant M reported having more than five different agencies working with her at one time and feeling scared, yet no collaborative risk assessment or guidance for contact arrangements was available to her. Multi-agency intervention as a response to domestic abuse is identified in the literature as an approach adopted by several countries. However Participant M's experience of multi-agency intervention is recognised as commonplace, and the action of multi-agency partnerships has been likened to the power exerted by perpetrators of domestic abuse (Welsh, 2023). All participants felt that a specific assessment tool for contact arrangements was needed and further proposed that guidance for managing contact as a victim-survivor mother was needed.

Physical resources were also raised by participants as having a significant impact on decision-making. A lack of local child contact centres was noted by all participants as a key influencer of safe contact. Family members of the perpetrator were cited as being relied on to provide contact, yet in some situations those family members have experienced abuse by the perpetrator as well. Participant M identified that she was undertaking supervision of her children's contact with their father herself, despite having experienced

abuse from him, due to there being no other resources available to her. Exploration of this topic with participants appeared to indicate that decisions on contact arrangements were based on who or what was available, as opposed to risk assessment and safety measures. Health visitor participants' perception that organised supervised contact presents a solution to safe contact arrangements has international resonance, however this is not underpinned with evidence. Supervised contact is heavily relied on as a panacea solution for safe contact, however, it does not protect children from being exposed to a parent who has previously traumatised them (Morrison and Wasoff 2012; Robertson et al. 2007). Furthermore, Sturge and Glaser (2000) propose that supervised contact is not an effective and sustainable solution, and is limited to short-term situations.

Limitations

Recruitment for this study was limited due to a number of factors: COVID-19 restrictions were in situ restricting opportunities for face-to-face contact, and frontline professionals were dealing with extraordinarily high workloads in the wake of the pandemic. Funding limited options for wider recruitment and resources for data analysis. Due to the small-scale nature of this pilot study, findings may not be representative of the wider England or international picture. The findings will be used to inform further research about the experience of professionals and mothers in the decision-making process in post-separation child contact arrangements. The focus for the next phase of research will be to consider mothers as key navigators of the planets rather than victims lost between them, and to make explicit the child-centred focus that both Child Protection-concerned agencies and Mothers share.

Conclusions

Inconsistency in the definition, understanding and application of the concept of 'GEP' and a lack of resources and information to guide safe parent–child contact arrangements were identified as key influences on/challenges for decision-making. The findings of this study illustrate the concept of GEP as gendered experience, with participants unanimously asserting that mothers were held to a higher standard of GEP than fathers.

Resources to optimise safety should be a priority for the establishment of safe contact arrangements. The study found a lack of specific guidance and assessment tools to support decision-making in contact arrangements and that no shared risk assessment document currently existed for this purpose. All participants were strongly supportive of development of such a tool. Where acknowledgement of effective inter-professional relationships was expressed by SDAW and HVs, this was not reflected in the experience of all participants. However, all participants were united in agreement for the need for a more collaborative approach to decision-making.

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