Article



'Social Care Told me I Had to': Empowerment And Responsibilization in The Domestic Violence Disclosure Scheme

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Domestic Violence Disclosure Schemes (DVDS), recently introduced in many jurisdictions, aim to empower victim-survivors of domestic abuse by giving them access to information about their partner's criminal history. This paper presents findings from the largest study of the police implementation of the first such scheme, introduced in the United Kingdom in 2014. It finds that the disclosure process is increasingly being shaped by a child protection agenda that makes victim-survivors responsible for protecting their children from the harms of domestic abuse. It examines tensions and dilemmas this raises for police seeking to safeguarding and empower victim-survivors, and draws on feminist ethical theory to develop a more nuanced understanding of the dynamics between the professional spheres of domestic abuse and child protection.

Key Words: domestic abuse, domestic violence, disclosure, child protection, social care, victims

INTRODUCTION

The Domestic Violence Disclosure Scheme (DVDS), also known as 'Clare's Law'¹ was introduced by the UK government in 2014. It provides individuals vulnerable to domestic abuse with access to police records of their partner's criminal history. Individuals can request information from the police themselves (a route to a disclosure known as the Right to Ask) or information can be offered proactively by police (known as the Right to Know). The aim of the DVDS is to better safeguard and victim-survivors and ultimately to empower them, by helping them make more informed choices about their safety. Similar schemes have recently been rolled out in Scotland, Northern Ireland, New Zealand² and parts of Australia³ and Canada.⁴

Opinion about the value of disclosure schemes is divided. Supporters of the DVDS point out that many perpetrators are in fact serial abusers, and argue that knowledge of this could

- 1 Named for Clare Wood, who was murdered by her ex-partner in 2009.
- 2 The 'Family Violence Information Disclosure Scheme' was introduced in 2015.
- 3 The Domestic Violence Disclosure Scheme in New South Wales pilot began in 2018 and was extended till June 2021 (Marshall Premier of South Australia 2020).
 - 4 Alberta and Saskatchewan both launched schemes in 2019.

help new partners understand better the risks they face. The significant year-on-year increases in the rate of disclosures are cited as evidence that victim-survivors are embracing the scheme and using it to improve their safety (Association of Chief Police Officers 2012; Grierson 2015; Marshall 2020). Yet women's groups have expressed scepticism, warning that processes of 'responsibilization' (the attribution of causal and even moral responsibility for abuse to victim-survivors, on the basis, that 'their act of staying in the relationship is what enables the abuser to continue abusing' [Friedman 2003]) risk distorting the application of the DVDS. They worry that responsibilization combined with 'victim-blaming attitudes' may lead police and other services to pressure victim-survivors to seek a disclosure and to take steps to leave a partner following one, though doing so is known to increase risks of violence (Refuge 2012; Queensland Law Reform Commission 2017: 2.17–18 and 7.31–34; Women's Legal Services 2015; Women's Aid 2012: 2).

At the time of writing, both support for and scepticism about the DVDS remain largely speculative, reflecting the relative paucity of empirical research into its implementation. Existing studies remain modest: the 2016 Home Office review of the DVDS, the largest of its kind, involved workshops with only 29 caseworkers and police (Home Office, 2016a); a more recent study by Duggan (2018) is rigorous and enlightening, but nevertheless limited to 8 participants in a single force area; and, while Fitz-Gibbon and Walklate's (2017) important analysis of the United Kingdom's public consultation on the DVDS identified key concerns from NGOs, these only reflected predictions about how the scheme might work. Disclosure rates are reported annually, but these figures alone reveal nothing about the circumstances in which people seek or are offered disclosures. Nor do they shed light on how police are implementing the scheme, or on the ways in which this may be shaped by processes of empowerment and responsibilization.

This paper takes a first step towards addressing these issues, presenting findings from the largest and most in-depth qualitative empirical study of the police implementation of the DVDS to date. In-depth interviews with 32 police officers and staff with domestic abuse safeguarding roles across 14 of the United Kingdom's 43 police forces were undertaken in 2019–20. Participant responses reveal that child protection considerations are increasingly shaping and constraining the implementation of the DVDS, leading to the responsibilization of victim-survivors as mothers. The paper examines the specific tensions and dilemmas this poses for police seeking to safeguard and empower victim-survivors, and explores how police seek to reconcile and resolve these in practice. The discussion draws on feminist ethical theory (Gilligan 1982; Card 1996; Tessman 2005) to argue that domestic abuse safeguarding and child protection display conflicting 'moral orientations' towards empowerment and responsibilization. By showing how the latter systematically overrides the former in practice, the paper develops a more nuanced understanding of both the differences and the dynamics between these increasingly overlapping spheres or 'planets' of professional practice (Buchbinder and Eisikovits 2004; Davies and Krane 2006; Douglas and Walsh 2010; Hester 2011).

BACKGROUND

The promotion of victim-survivor autonomy and empowerment have long been core aims of domestic abuse advocacy and casework (Dutton 1992; Stark and Flitcraft, 1996; Russell and Light 2006). They also underpin domestic abuse safeguarding by police, a relatively new area of police work in which officers trained in coercive control and 'victim-centred' practice seek to protect those vulnerable to domestic abuse by supporting and enabling them to live free from harm and abuse. The focus of these services on autonomy and empowerment reflects an acknowledgement that the harm of domestic abuse is not only (or even typically) a violation of

physical integrity through assault. Rather, it is a form of gendered oppression that is enabled by structural inequalities between men and women and manifests in the persistent violation of individual freedom and dignity (Stark 2007; Westmarland et al. 2010; Hester 2011).

Today there is a growing consensus that empowerment should be understood as an iterative process of change, through which the victim-survivor gains self-determination and power by setting and pursuing their own goals (Kasturirangan 2008; Cattaneo and Goodman 2014). In empowerment-focussed casework and safeguarding, this change is facilitated primarily by a domestic abuse practitioner who will offer advice, guidance, reassurance, and help to access resources (Hoyle and Sanders 2000). Recent research has shown that the establishment of a trusting relationship between a victim-survivor and an advocate or support officer is key to the success of the empowerment process (Busch and Valentine 2000; Goodman and Epstein 2008; Cattaneo and Goodman 2014). The potential of such relationships to empower lies in their provision of a 'counterweight' to the control, isolation, and erosion of self-confidence inflicted by abusers (Hoyle and Sanders 2000 Russell and Light 2006). However, empirical studies of such relationships suggest that their success is contingent on support workers adopting a particular attitude or stance, namely one of respect for the agency and self-determination of victimsurvivors. Thus Hansen and Ainsworth found that attitudes of empathy and understanding, and an appreciation of the coercive and otherwise constraining conditions under which victimsurvivors attempt to exercise autonomy were essential to the achievement of what they called a 'therapeutic alliance' between support workers and victim-survivors, as a vehicle for sustained change (Hansen and Ainsworth 2007, see also Hoyle and Sanders 2000). At the same time, they found that attitudes of judgement and blame towards victim-survivors, and the attribution of an 'excess level of responsibility' for safety were inimical to the establishment of a therapeutic alliance and indeed corrosive of empowerment more broadly (Hansen and Ainsworth 2007).

Current scepticism about the value of the DVDS as a tool of victim-survivor empowerment is based on a concern that it will be implemented precisely in ways that serve to judge and blame, and 'responsibilise' victim-survivors, rather than empower them (Fitz-Gibbon and Walklate 2017; Duggan 2018). The risk is that 'crude translation[s] of the principle that knowledge is power' lead practitioners to assume that, once victim-survivors have been informed of the risks they face, it becomes their responsibility to address them (Coy and Kelly 2011: 160). As well as being blamed for not preventing or avoiding the abuse inflicted upon them personally, victimsurvivors who are mothers could also be blamed for failing to protect their children from exposure to abuse. Women's groups in Australia and the United Kingdom have warned that a mother's perceived failure to act in 'the right way' around a disclosure may be read by children's social care as a 'failure to protect', and then submitted as evidence of poor parenting in child protection or family court proceedings (Refuge 2012:6; Women's Legal Services 2015). In fact, this has already occurred in at least one case: in 2018 a mother's refusal to seek a DVDS was cited in a judicial decision to remove children from her care.5

These concerns about responsibilization and the DVDS speak to broader unease about the implications of the increasing overlap between those people receiving domestic abuse safeguarding support, and those receiving child protection interventions (Peckover and Golding 2017). Domestic abuse is now widely recognized as a child protection issue (Caffrey 2017). This reflects the fact that most high and medium risk victim-survivors of domestic abuse have children, and most of those children are directly harmed by the perpetrator of the abuse (in addition to the harms they suffer through witnessing abuse). In 2017, domestic abuse was a factor in 50% of

⁵ The judge said: 'Despite advice, the mother chose not to make a Clare's Law application to find out anything more about the details of his offence she refused to seek information from the police by way of Clare's Law for disclosure despite being advised to' (Northumberland County Council v LW 2018).

⁶ Safelives (2020).

children-in-need assessments in the United Kingdom (Department for Education 2017). Since the 1990s, police have been required to share information with children's services about families in which domestic violence is taking place (Thomas and Groves 2014). Over the last decade, they have also been required to collaborate with social care to address the safety and welfare of such children, through Multi-Agency Risk Assessment Conferences (MARACs), which were established to facilitate a more holistic approach to dealing with domestic abuse (Hester 2011). In practice, this means that many of those engaging with police as victim-survivors of abuse are also engaging with child protection services as mothers of children deemed vulnerable.

Yet deep contradictions and tensions between domestic abuse safeguarding and child protection as fields of practice or 'planets' (Hester 2011) remain, with the former indicating a shift towards a 'victim-centred' empowerment approach while the latter remains apparently entrenched in the responsibilization, coercion, and blame of mothers (Davies and Krane 2006; Douglas and Walsh 2010; Joint Targeted Inspection 2017⁷). How do police working in domestic abuse safeguarding approach the task of building a therapeutic alliance with victim-survivors when the latter may simultaneously be subject to pressure and judgement by child protection services? To what extent do child protection considerations 'trump' the protection of victim-survivors, as some studies have suggested (Coy and Kelly 2019: 156)? And what do the answers to these questions reveal about the dynamics between these 'planets?' These questions are becoming ever more pertinent as domestic abuse is increasingly approached, both legally and by practitioners, as a harm to children as well as adults (Safelives 2020; Joint Investigation 2017).

METHODOLOGY

The aim of this study was to examine how the DVDS is being used in England and Wales, from the perspective of the police who implement it. To that end, a qualitative approach was adopted, involving in-depth interviews with 32 domestic abuse police in 14 (just under 1/3) of England and Wales' 43 forces, between 2019 and 2020. The research received ethical approval from the University of []'s Research Ethics Committee in 2018. The first 14 participants were recruited as part of a much larger study into police use of data in a single force. The remaining 18 participants from 13 forces, both large and small, urban and rural, across the United Kingdom, were recruited directly by the author, through existing contacts, emails to regional safeguarding panels, and a call for participation posted in the members' forum of a domestic abuse NGO. Two of the participants dealt mainly with operational aspects of domestic abuse policing. The remaining 30 were specially trained in domestic abuse safeguarding, and had responsibility for authorizing, researching, drafting and/or delivering DVDS disclosures. For all 30 safeguarding participants, dealing with DVDS disclosures was a core part of their daily work.8 None of the participants had received any DVDS-specific training. Rather they had either devised their own approach to its implementation, or taken a cue from their superiors.

Twenty-seven of the participants were warranted officers, of ranks ranging from police constable to detective inspector, and 5 were police staff (civilians), of whom 2 had previously worked as domestic abuse support workers. Twenty-one participants were women and 12 were men, though there was no discernible gender-related variance in responses. All apart from one male participant with Asian heritage, were white. Two participants disclosed to the researcher

⁷ Recent inspections of policing found significant improvements in victim-survivor support, but a 2017 inspection of the multi-agency response to children living with domestic abuse in the UK reported that children's social services were 'placing an inappropriate attribution of responsibility on the mother to protect her children' and had failed to 'move beyond a "victim-blaming" response' (Joint Inspection 2017: 5, 18).

⁸ It is difficult to generalize about the resources devoted to the DVDS, as forces differ significantly in population size and in how much criminal history research goes into a disclosure (Hadjimatheou and Grace 2020). One larger urban force employed two officers full-time to work on the DVDS. In another rural force the DVDS occupied approximately 60% of the time of 5 officers.

that they were themselves survivors of domestic abuse. Interviews, which were recorded, transcribed and analysed using NVivo software, lasted 45-90 minutes and were undertaken mostly in person in police headquarters, though due to Covid restrictions the last few were carried out over the telephone.

As little was known about how the DVDS was being applied, the research adopted an exploratory, narrative approach, allowing the author 'to understand and capture the points of view of other people without predetermining those points of view through a prior selection of questionnaire categories' (Patton 2002). Participants were asked to describe their role; the way the DVDS was implemented in their force; their perspectives on its value as a safeguarding tool; and any challenges they face in carrying out their work. The role of children's social care was not foreseen as a potential theme yet emerged almost immediately as central. After the first 6 interviews, the author added a general, open-ended question about the role of social care as a prompt for those participants who did not raise the topic spontaneously.

FINDINGS AND ANALYSIS

The role of the domestic abuse safeguarding practitioner: empowerment and safety

Participants in this study are police whose work sits within the expanding field of 'public protection, that is the deployment of policing powers and expertize to reduce the harms of crime by protecting those most vulnerable to victimization. They have received specialist training from NGOs, which encourages them to understand domestic abuse as a problem of gender inequality, involving mostly male exertion of power, control and fear as well as violence and threats of violence (Monckton-Smith 2019). Their role is to help counterbalance this control and violence, by: supporting victim-survivors to put in place safety plans and coordinating with operational police and other agencies such as housing to do so; providing access and referrals to specialist support services such as Independent Domestic Violence Advocates and mental health; and increasingly, providing victim-survivors with reliable information about the risk of abuse posed by a partner, through the DVDS.

At the start of each interview, participants were asked to describe their role. The responses of many, in particular those with a specialist domestic abuse safeguarding role, indicate a strong orientation towards the promotion of victim-survivor empowerment and the facilitation of greater autonomy, themes signified by the use of key words around 'choice', 'empowerment', and 'control'. This is illustrated in the following quotes from two female officers in smaller, largely rural forces, and the male head of a large urban safeguarding unit respectively:

Our role is to empower victims and help them make informed choices, that's our remit (P45)

... we're trying to give them some power and control (P53)9

We work with the victim to ... tailor measures around keeping them safe in whatever course of action they choose (P02).

As the last quote suggests, empowerment was often spoken of in the same breath as, or as interdependent with safety. 10 Safety, in turn, was described as something to be pursued incrementally, within the constraints of respect for victim-survivor autonomy and choice. In other words, effective safeguarding occurs through empowerment, which itself necessitates respect for autonomy (as elsewhere, autonomy is framed here by police as 'choice' [Coy and Kelly 2011]). This holds

⁹ Participant numbers reflect the broader study of police use of data.

¹⁰ Reflecting an understanding that, as feminist scholars have long insisted, 'empowerment can only occur when women are in long-term safe environments and are able to make informed choices' (Wangmann 2016: 234).

even when the choice might involve an initial refusal to engage with police, as explained by two male officers heading up safeguarding units in a small rural and a large urban force, respectively:

'you have to respect that if they don't want to speak to you then they won't and the most you can do is leave that door wide open... we can't tell people what to do, they have to make up their own mind' (P58).

victims will only engage with us when they know we're not convincing them to give a statement, we're not insisting on prosecution, but actually saying to them, you know, 'You love him or you love her, we get that, okay, we'll support whatever you want to do, but just hear me out on these little things that will help you moving forward, even if you stay with them.' And that can be quite empowering to a victim (P02)

This last participant, who led a large unit dedicated to the safeguarding of high-risk victimsurvivors of domestic abuse, explained how his unit's focus on individual empowerment diverges from more traditional police-work:

I think we see things as crime and we look to bring offenders to justice, that's police mentality, and actually that's not the mentality we need in safeguarding, we have to park that and work with the victim and their own choices and that might go against what we would do conventionally. ... For me, it took me about six months to get my head from where it was to where it needed to be. (P02)

This articulation of a 'victim-centred' approach to domestic abuse safeguarding focussing on support¹¹ by police was echoed by participants in other forces. For example, an experienced domestic abuse caseworker who now works for the police in an urban area explained:

We make it clear that whilst we work for police and we do want people to come to justice, our primary aim as caseworkers is just their safety- whether you stay or leave we want to keep you safe. We are slightly separate in that regard we ultimately don't want repeat incidents and mainly our role is to let them know all the support so when they are ready they reach out to us or to the other agencies (P50)

This was echoed by an experienced female police officer and MARAC lead in a large urban force:

People make assumptions about us as police, but it's about giving them the equipment and tools for keeping safe and making the next steps, it's about empowering women (P47)

The divergence was also explained in terms of the relationship that is established between safe-guarding officers and victim-survivors, which is described as a vehicle for offering ongoing support and as proactive and continuous rather than merely responding to specific incidents. As an experienced male officer in a large safeguarding unit said:

It's about offering them support, offering them advice. And helping them on an ongoing basis with little bits and pieces. Whether it be housing. Whether it be because they're moving to a place that's safer for them and just updating the safeguarding that they've got around them. (P21)

Similarly, a young male police officer in a medium-sized force with both operational and safeguarding duties, described his work in terms of a relationship that provides both practical and emotional support:

Our victims need support, they need a lot more support than most, so you become more of a personal contact, compared to my previous roles in which you night fly in and fly out, here there's a level of continuity, you're able to ring them and be on first name terms you build up a relationship. ...

Abusive relationships don't just gradually happen, it's conditioning of the victim and slowly eroding all that independence and free thought, free spirit. It's why people often don't recognize a person at the end of that process. So you're trying to convince people that they can do it-kids, money, finances, often the perpetrator controls all the finances, documentation, spousal visas. They say 'we'll get you deported if you say anything' which is not true, you have to help reprogramme that'. (P52)

Taken together, the descriptions presented in this section paint a picture of domestic abuse safeguarding as involving an ongoing relationship with victim-survivors, which aims to empower through the provision of support designed to improve safety and autonomy. In doing so, they indicate that some safeguarding police aspire to Hansen and Ainsworth's 'therapeutic alliance' with victim-survivors. How do police see the DVDS fitting within this broader safeguarding process, and what opportunities or challenges does its implementation pose for their efforts to establish a therapeutic alliance with victim-survivors? The next section examines these questions.

THE DVDS PROCESS AS A 'WAY IN' FOR SAFEGUARDING AND **EMPOWERMENT**

This section focuses on the perspectives of the 24 participants in this study whose work involved interacting directly with DVDS applicants, offering and delivering disclosures to them in person (rather than merely researching or authorizing disclosures). When these participants were asked an open-ended question about how the DVDS works, they described it often as providing a 'way in' (P43) for them to build trusting relationships with victim-survivors, in particular those who may not otherwise engage with police.¹² In the words of one female 'DVDS officer' in a large safeguarding unit

...it has often been a way in for safeguarding, because we've recently had a lady that didn't phone the police about anything --somebody else phoned-- told the police where to go when they got there, never told the police anything about what's happened to her, and you know, not interacted with us at all. But I spoke to her mum and said, 'Well, I work on the disclosure team, I can tell her his history and that I think he poses a risk to her. And she wanted that... she spoke to me and I managed to get her into refuge whilst he was in prison and she said, like, you know, had that door not have been there, I never would have got to meet her, she never would have got to know me and then trusted me to help her with that. So, it can be quite a good open door (P09)

Similarly, a female civilian safeguarding officer with a background in casework said that the DVDS helped her 'promote a better relationship with police' (P50).

The potential of the DVDS to provide an opportunity to shift the dynamics between police and victim-survivors towards a more trusting interaction was also mentioned by a female safe-guarding officer in a small rural force. For her, this lay in part in the fact that the DVDS involved an offer of help rather than an intrusion or a demand, and in part in the fact that it tended to be delivered in a calm and safe time and place, rather than a moment of crisis:

The [DVDS] process is beneficial, meeting a police officer at a time when things are calm, police haven't barged in the kids screaming. They've been listened to. They're asking for something and we're giving it and not expecting anything back and it changes the dynamic" (P54).

Both these elements were also highlighted as important by other participants. Six participants described explicitly refraining from expectation, judgement, or blame while giving a disclosure. As a young female safeguarding officer and survivor of domestic abuse explained 'it's like pie crust, it's so easy to break their trust if you say "oh come on why don"t you leave him?" ... You should never judge. I tell them "don"t worry you don"t have to do anything"' (P44). A male officer in a rural force described how he routinely followed a disclosure with the words: 'just because we've given you this [disclosure] it does not mean it's up to you to protect yourself. It's not your responsibility. You should still report all crimes" (P53). This was echoed by an experienced female officer in a larger rural force who described saying 'we do not judge anyone who stays in a relationship after a disclosure' (P41).

Some participants also talked about the importance of trying to find a time when a victimsurvivor is emotionally 'open' or 'ready' to have that meeting with police and to receive a disclosure:

It's not just applying [for a disclosure] it's about taking the information on board. But if they're not ready they're not. ... Sometimes is it too early because if you've just had a traumatic assault and as it happens you're getting bombarded with questions and phone-calls because people are trying to engage with you about safeguarding, police are trying to get a statement, children's social care are contacting you- it's about the timing as well (P41)

Such considerations also guided the practice of a younger female safeguarding officer in a different force:

Is it the right time to know?... [Sometimes] it's cognitive overload. They can't cope and don't want the disclosure (P44)

'Timing and delivery are critical', said the male head of a public protection unit (P58)

In addition to emotional readiness, some participants mentioned the importance of taking psychological vulnerabilities into account when planning engagement with victim-survivors (Hansen and Ainsworth 2007). For example, two senior female safeguarding officers (from large urban and a rural force respectively) reported engaging mental health professionals to help them assess the risks of providing a Right to Know disclosure to a vulnerable person. Both reported having subsequently withheld the disclosure, in the first case because there was judged to be a risk that the victim-survivor's alcoholism meant she might discuss the information with her partner, prompting a high risk of violent reprisal (P57). In the second, because there was a judgement that the potential recipient 'was highly suicidal'. Here, the officer reflected that 'in that case telling them information that could push them over the edge is not something I want to do to them- is this the right time or do we hold it until they're more stable or just withdraw it completely?' (P50). These emotional and psychological assessments involved subtle judgements and the ne-

gotiation of ethical dilemmas, both of which were reported as part of the normal process of implementing the DVDS.

In addition, making efforts to engage with victim-survivors in a way that takes into account their particular safety needs and vulnerabilities was mentioned by nearly all of those who delivered disclosures. In particular, measures were taken to reduce the risk that victimsurvivors will be subject to abusive reprisal from a perpetrator following a DVDS encounter with police (Griffith 2014: 199). Specific examples included: meeting in plainclothes and travelling in unmarked vehicles (P48); and trying to fit a disclosure into established routines in a victim-survivor's life, for example by arranging to meet recipients at school while they pick up their children (P59), where they go to get their replacement prescription if a drug user (P52), accompanying a social worker to a recipient's house (P59) doing supermarket shopping for a victim while she sat in her care and received a disclosure, to avoid delaying her return home to an extremely controlling partner (P44) and in one case arranging a disclosure via a webchat (P47).¹³ At the same time, seven participants expressed the view that more could be done to tailor disclosure processes to the needs and circumstances of victimsurvivors, for example by ensuring an IDVA or other trusted practitioner was present to provide support during and after the disclosure (which only one force reported doing as a standard practice). Resource constraints were cited as limiting the development of further good practice in this area.

These findings show how frontline safeguarding officers view the DVDS as a potential opportunity for them to better empower and safeguard victims, but one that is fragile and highly dependent (amongst other things) on practitioners' own limited capacities to deliver disclosures in ways that are respectful of the autonomy of victim-survivors, responsive to their safety needs and sensitive to their emotional and psychological vulnerabilities. Yet practitioners also identified more serious challenges to their ability to implement the DVDS in ways that safeguard and empower. It is to a consideration of these that we now turn.

The reported influence of children's social care in driving applications for disclosure under the Right to Ask

The DVDS was described frequently it as 'a tool' 14 that is used as part of a broader effort to safe-guard. The choice of the word 'tool' is significant, in at least two ways. First, it indicates that the DVDS is just one among a range of safeguarding interventions. Second, it indicates that, like most other tools and innovations, the DVDS can be put to more than one use.

A key finding from this study is that a large proportion of the applications for a disclosure received by police under the Right to Ask are reportedly made in response to prompts or pressure from children's social care. 19 participants reported that when they come to ask the applicant about their reasons for seeking a disclosure —which they are obliged to do—'everyone', 'nearly all', 'the majority' or 'most' told them that they had been instructed to do so by social care. As one senior female officer leading a safeguarding team in a medium sized force said: "'social care told me I had to" is almost the line I hear from everyone"' (P48). An experienced male domestic abuse officer with both safeguarding and operational responsibilities echoed: 'I think if social care didn't prompt them they wouldn't have done it. … Generally the ones we speak to if it weren't for the third agency they wouldn't even come to us (P55). Of the 19 participants who raised this issue, 4 participants from 4 different forces offered more specific estimations, claiming respectively that 'pressure' from social care was given as the reason for applying in 60%; 80%; 80%; and 90% of cases.

¹³ The 2016 Home Office guidance (Home Office, 2016b) still mandates face-to-face meetings.

^{14 6} participants used that term.

All those participants who mentioned the role of social care in driving disclosures expressed the view that mothers were being pressured to seek a disclosure as a means of assessing their ability and commitment to protecting their children from being exposed to domestic abuse. As one experienced male officer with both safeguarding and operational duties in a medium-sized force said: They are testing the women... they're telling women "you need to know about this" (P51)

A more detailed interpretation was offered by a senior female safeguarding officer from a large urban force, herself a survivor of domestic abuse:

Clare's Law can be used as a tool to have people prove themselves, prove that they're doing the right thing. ... Children's social care especially encourage mums to make an application and it's a test to see how far mum is willing to go to protect herself and the children– wanting mum to evidence that she's capable of protecting children. ...they want to see mum doing something to be proactive (P47)

This was echoed by a senior female safeguarding officer and manager of a safeguarding hub in a small rural force, who explained that:

They [children's social care] ask us to make a disclosure, if she's not accepting and she's not recognising the risks. The cases where they send it through to us, the social worker will ask us if we can do it together because the reaction of the person to the disclosure is key to them judging if they are able to protect their children going forward (P59)

In contrast to their descriptions of their own work as seeking 'empowerment' through a 'victimcentred' approach that respects victim-survivor 'choice', police frequently used terms such as 'pressure' 'forcing' and 'pushing' to describe social care's involvement in the DVDS. Thus phrases such as 'victims' hands are being forced' (P42), 'social care told her she had to ask for it' (P52) and 'they're forcing engagement' (P47) were common. In their view, victim-survivors who came to the DVDS via a 'prompt' from children's social care behaved in a way that suggested they 'don't want to know', but rather that 'they are engaging because they don't want social services on their door' (P51) and because 'they are concerned about losing their children' (P57). Moreover, they reported observing that these victim-survivors appeared themselves to approach the DVDS as a 'test', treating it as a 'tick-box exercise' (P55) 'to get social care off their back' (P42), asking police 'to go back to social care to show they're doing what was asked (P56), saying 'thanks a lot' and 'please inform social care' (P42).

A majority of participants, in particular those on the frontline of disclosures, expressed moral discomfort with social care's apparent use of the DVDS to 'test' mothers. Thus one senior female safeguarding officer from a small force reflected that "there are blurred lines about how moral it is, the pressure on people" (P47) and two younger female safeguarding officers from different forces were more specific in their criticism, complaining that that a testing approach to the DVDS "doesn't take the victim into account" (P44) and is "making her responsible for his behaviour" (P54). An experienced female safeguarding officer from a large urban force complained: "social care need to think about what they are doing- is it for the victim or for children social care's sake and if they don't apply \lceil for a disclosure \rceil what are the consequences for that person?" (P41). The moral criticism voiced here reiterates concerns previously expressed by domestic violence organizations and women's groups in their responses to the consultation on the DVDS, perhaps reflecting the specialist training in victim-centred practice that police have now received (Home Office, 2016a). However, these principled objections were also accompanied by more concrete concerns about the ways in which a child protection agenda is coming to undermine police implementation of the DVDS in practice. We now turn to consider those concerns.

THE CHALLENGE FOR SAFEGUARDING: UNDERMINING TRUST AND COMPLICATING ASSESSMENTS OF VULNERABILITY AND RISK

Ten participants identified the influence of the child protection agenda on the implementation of the DVDS as the key challenge to their successful use of the scheme as a safeguarding tool. The heads of two safeguarding units in different forces described social care's influence on the DVDS process as 'my biggest frustration' (P02) and "my biggest concern' (P56) respectively, while one male 'DVDS officer' described it as 'the bane of my life' (P38). There were two broad ways in which the conflict between child protection and safeguarding was understood to occur. First, it was felt that social care were 'forcing' engagement between victim-survivors and the DVDS, and thereby changing the nature of the relationship between them and police in ways that undermines its potential to empower.

As noted above, some participants expressed the view that the information provided in a DVDS disclosure would not be likely to be 'taken on board' unless the recipient is 'open' and 'ready' to do so. When describing their experience with victim-survivors who reported being prompted by social care, 7 participants complained that this openness and readiness was apparently lacking, 'The problem is' said one male domestic abuse officer in a medium-sized force with both safeguarding and operational duties 'that coming through the children's social care route, they already don't want to know' (P51). And, as a senior female officer in a larger force said 'they're not learning anything, and they've been prepped and primed by a social worker (P47). Two officers in two different rural forces observed that ...those disclosures tend not to land more than the other ones. They'll do it out of the duty and sometimes when we speak to them they can be very, very defensive ... they receive it but they're not really receptive of it (P58) and that 'they are told to apply and they do, they read it but you can see it's not going in' (P56). And two female safeguarding officers, a manager of a safeguarding hub in a small rural force and a younger officer in a larger rural force expressed the view that disclosures foisted on those who are not 'ready' were often met with responses that 'minimized' the abuse suffered and to dismiss or rationalize the abuses reported in the disclosure (P59; P44).

Some participants also felt that the lack of 'readiness' amongst those who reported being channelled to the DVDS through social care extended to engagement with police, and that this was undermining their ability to engage victim-survivors in a safeguarding process. For example, one female civilian participant with a background in domestic abuse casework felt that the involvement of social care had coloured her own relationship with victim-survivors negatively: We found that quite recently a lot more a social worker gets the victim to make the request when the victim might be struggling to recognize they're in an abusive relationship, and they go to police having to make disclosures [about their partner's behaviour], feeling like a grass (P50). Further, a female safeguarding officer from a rural force said she believed that pressure from social care to engage with the DVDS risked "encouraging lying to all of us, saying "I'm definitely ending the relationship" but we know there are further assaults... it can encourage women not to tell the truth and not to report. (P53) This was echoed by an experienced male public protection officer in a small rural force who said that "some victims negate the fact that they are in a relationship because they know the risks as a parent, but we know from other services that they're still with him" (P59).

A distinct worry amongst some participants 15 was that their ability to establish themselves as trustworthy sources of support for victim-survivors was being undermined by the fact that policing and social care were giving contradictory messages about the risks faced, chiefly because of the agencies' divergent disclosure practices. The issue arises because, while children's social workers can legally disclose all the criminal history information they hold about a person under child protection regulations, the thresholds for disclosure under the DVDS vary wildly from police force to police force (Hadjimatheou and Grace 2020). As a result, children's social workers in many force areas can reveal criminal history information that is far more detailed and from much further back in the past, than can police. A male 'DVDS officer' said that social workers appear to be unaware of this discrepancy, and so often tell victim-survivors that their partner has a history of abuse, when in fact police may not able to confirm this by disclosing the specific information in question:

They don't understand our criteria and they'll see somebody has a domestic abuse conviction in 2013 and the person was given 4 months... they're dealing with a female who is about to have a child with someone and they see 4 months in prison, and they say "We've got some info that needs to be disclosed, so go to police and ask". So the person comes to us and makes a disclosure application but because we can't [disclose spent convictions]--and that happens every week -- we send a letter saying there's nothing to disclose and the victim doesn't know who to believe. (P38)

This concern was also raised by the female head of a safeguarding unit in a smaller rural force, who explained:

It's difficult because you've got an applicant or victim being told by different agencies to do different things, some of them can get feisty because they're concerned about losing their children and then we're saying no [to a request for disclosure] (P56)

Some participants felt that the involvement of children's social care was also creating unnecessary safeguarding dilemmas for police on the ground, which they typically attributed to a lack of understanding of domestic abuse on the part of social workers (P50). For example, four participants complained of having to make difficult on-the-spot assessments of vulnerability and risk -with two even having to pivot away from giving a disclosure at the last minute- because victim-survivors reported that children's social workers had instructed them to seek a disclosure in the presence of a perpetrator (an act that would be a clear breach of safeguarding protocols if done by police). One female safeguarding officer in a small rural force said that: Sometimes with the Social Care ones the male knows, and sometimes they drop them off and the male is sat in the car probably stewing on it ... We've had two examples when they've said "he knows that I'm coming in for this today". Is it right to tell her then and there? We tell her "it's safer if you don't tell him" and we do it another time (P53).

Some participants expressed frustration at being faced with these kinds of safeguarding dilemmas, which to their minds could be easily avoided. Many pointed out that disclosures of any criminal history information relevant to child protection can be made directly by social workers to mothers, without any need for recourse to the police or the DVDS. In contrast, a DVDS disclosure is a bureaucratic police process that often takes weeks. 16 As two senior female safeguarding offices from different forces claimed, delaying a disclosure by channelling it through the DVDS "... is increasing risk, because they might be sitting on information from day 1 and not disclosing it when it can take up to 35 days to disclose via the police..." (P47) and "we find it frustrating because they can access and disclose police data and convictions themselves, but they push people to do it" (P41).

There was also a broader sense of resentment expressed, at the feeling of being co-opted into a child protection agenda in a way that was felt to overstep historically well-guarded professional boundaries (Garrett 2004) and undermine safeguarding work. As the female head of a safeguarding unit complained: '... it's unfair of social care to use the police to do that. Clare's Law is about relationships and partners, it's not in place to keep the children safe. That's social care's job. Our role is to protect the victim (P56). And yet, as we will now see, statutory duties to report child protection issues means the professional boundaries between child protection and domestic abuse safeguarding are becoming increasingly blurred, raising questions about police complicity in practices of responsibilization.

THE OVERRIDING IMPERATIVE OF CHILD PROTECTION AND POLICE COMPLICITY IN RESPONSIBILIZATION

Despite the professional frustration expressed about social care's perceived appropriation of the DVDS, and the moral qualms about victim-survivor responsibilization, most also appeared resigned to it, describing it as routine and inevitable. As one senior female safeguarding officer from a large urban force said: "... about 80% [of victims of domestic abuse] have children and it's a driving factor in their engagement with all services (P47), and a male officer in a medium-sized force echoed: "they're testing them in all kinds of ways' (P51). Indeed, none of the participants in this study reported taking active steps to reduce or resist the influence of social care on safeguarding. On the contrary, there was widespread acknowledgement of the pressure on social care and the challenging environment in which they operate, not least because of the serious resource constraints they face, as reflected in comments such as "you can understand why social care do it" (P44) "[they're] the most underfunded agency out there" (P38) and "... they're as stretched as we are... I'm sure they're under as much, if not more pressure than us" (P23).

However, there was also a universal acceptance amongst police of their own moral and professional responsibility to report cases of children exposed to domestic abuse to social care. The quote below from female 'DVDS officer' in a large safeguarding unit, illustrates how this results in the complicity of police with processes of victim-survivor responsibilization:

Some people just completely are not interested [in a disclosure], so I just tend to say to them, 'Look, we'll keep it on file, if you change your mind, then please, you know, contact me on this number and we'll come out and see you'. The flipside to that is if they've got children, I'll tell them that I have to put in a report to Social Care, because if they're remaining with that person, then that could put them at risk and the children at risk. So, then they also might come around then and that's obviously not a threat, but it's something that we have to do. (P09)

Here, the intersection of domestic abuse safeguarding and child protection duties leads the officer to adopt a contradictory, Janus-faced approach to victim-survivors, 'flipping' from an emphasis on personal choice and autonomy to responsibilization and implicit blame as soon as an ongoing risk to children is identified.

The extent of complicity of police in processes of responsibilization varied between participants and forces, but it was notably greater in relation to Right to Know disclosures that were offered to mothers in new relationships. Thus one female officer in a large urban force reported informing children's social care proactively when mothers refuse a disclosure, in the full expectation that they will then 'urge' them to accept:

...if you know they have children and the subject has a massive past and this other person could be in potential danger then you have to go down the social care route and say "I've offered her this disclosure and she's refused and she needs to know". And then it's failing to protect [because] it's also about those children, and then social care will get in contact. They will urge them to have the disclosure. (P42)

Complicity between police and child protection services was closest in a small, rural force that practiced what the head of the unit called a 'unified approach' to the DVDS (P58). Here, the routine dual use of the DVDS was evident in the responses provided by 3 public protection officers:

We have a very good relationship with child protection, child protection is the rationale for some disclosures (P59)

If someone has children then that changes our perspective and if they've got a child protection plan then I'll discuss with children's social care and try to engage them that way somehow. (P58)

It's a double edged sword- I'll tell them, "children's services are going to be made aware of this disclosure, you're an adult and I can't tell you what to do for yourself, but when there's children involved and you're the responsible adult children's services will want some engagement from you, they're going to want the guarantees..." (P60)

In this case, close collaboration has led to a situation in which child protection considerations shape and drive the DVDS process right from the start, overriding safeguarding objectives. The DVDS becomes a lever to force engagement between reluctant victim-survivors and child protection and is thus converted from a 'tool' of protection and empowerment to one of blame and responsibilization.

DISCUSSION: DIVERGENT MORAL ORIENTATIONS AND THE DYNAMICS BETWEEN THE 'PLANETS'

The findings presented above highlight the difficulties for police in implementing an empowerment approach to domestic abuse safeguarding in the light of competing pressures and responsibilities of child protection. This final section argues that these tensions and conflicts reflect deeper divergences in the moral frameworks underpinning the practice of domestic abuse safeguarding and child protection. It does so by drawing on debates in feminist ethical theory about the relative merits of an 'ethics of justice' versus an 'ethics of care' as moral frameworks for challenging forms of social oppression, including domestic abuse. In doing so, it develops new theoretical insights into the contrasting moral orientations of child protection and victim-survivor safeguarding, which in turn contribute a richer and more nuanced understanding of the relationship between these professional fields.

While existing work in this field has highlighted the different histories, cultures, laws, and populations of child protection and domestic abuse (Ibid.) there have been few efforts to probe the deeper divergences in moral frameworks or systems of norms that might underpin these differences, or to explore the dynamics between the two 'planets'. Some headway towards addressing these gaps can be made by deploying the conceptual tools developed by feminist philosophers in debates about gendered moral norms and female social oppression. The distinction between an 'ethics of justice' and an 'ethics of care' was first developed by moral psychologist Carole Gilligan in 1982, whose work sought to demonstrate empirically that women's moral reasoning is equal in value and sophistication to men's. Gilligan's research suggested that men and women tend to adopt contrasting 'orientations to morality', by which she intended the perspective or framework one uses to make and justify moral judgements and resolve dilemmas (Gilligan 1982). For Gilligan, the ethics of justice sees the main source of moral harms as aggression and oppression between unequal individuals, and so seeks the promotion of equality and individual rights. In contrast, an ethics of care identifies the main source of harm in failures to respond to the needs and vulnerabilities of others, and emphasizes the fulfilment of interpersonal caring responsibilities as the solution (Ibid). To explain the relation between the two orientations, Gilligan used the metaphor of the ambiguous figure, the 'gestalt', in which the

viewer can see either a rabbit or a duck in an image, depending on how they shift their perception. Like that viewer, we can shift our perception back and forth and in doing so change our moral orientation to a particular problem, but we cannot see the world both ways at once (Card 1996: 51). In making these claims, Gilligan sought to defend the orientation towards ethics of care as a distinctively feminine approach to morality, of equal value as a resource for the resolution of social issues to the more masculine ethics of justice.

Gilligan's defence of an ethics of care is criticized by Card and other feminist philosophers, who argue that the femininity and caregiving practices it promoted were themselves shaped in contexts of oppression and therefore should be critiqued rather than venerated. On their view, the ethics of response valorizes the individual duty to meet the needs of others, and permits "moral damage to women's agency" (Tessman 2005), by "encouraging her to put others' needs consistently ahead of her own and to doubt her own judgment" and exposing her to exploitation, manipulation, and even abuse (Card 1996: 80, 88).

Both Gilligan's conceptual framework and Card and Tessman's moral critique of the ethics of care can help to articulate theoretically the findings presented above. Police descriptions of domestic abuse safeguarding work, with their focus on respect for personal choice and empowerment, evoke strongly an ethics of justice. At the same time, their understanding of a child protection approach as seeking to enforce women's responsibilities to protect children from abuse inflicted by perpetrators, and their discomfort with this reiterates Card and Tessman's criticisms of an ethics of care. As with Gilligan's gestalt, police view these orientations as inherently incompatible: thus they describe the DVDS being implemented either as a right to be claimed by victim-survivors on their own terms or as a responsibility, a duty which victim-survivors can be legitimately urged to fulfil. In practice, this incompatibility is resolved either by flipping from the former to the latter, or by allowing the latter to override and eclipse the former right from the start. In both cases, the responsibilising imperatives of child protection prevail.

These claims have implications for multi-agency collaboration in the field of domestic abuse. Recent studies of the divergences between child protection and domestic abuse services propose closer partnership between the two 'planets' as a solution. For example, Hester argues for a way forward that incorporates both acknowledgement of the processes of gendering that are situating women as culpable victims and a 'unified' approach, with children's services 'teaming up' with domestic abuse practitioners (Hester 2011). The findings of this study suggest instead that collaboration between police and social care risks resulting in 'collusion and merger' rather than a more nuanced and multi-faceted approach (Thomas 1994: preface). Training in domestic abuse for child protection services may help (Mills et al. 2000; Douglas and Walsh 2010). But extent to which training alone can begin to overturn an orientation towards responsibilization that remains so evidently entrenched is doubtful. Humphreys and Absler's alternative proposal, that referral to and involvement of child protection in cases of domestic abuse should be marginalized to the most serious cases, and that support and resources for victim-survivors should be improved, seems more promising (Humphreys and Absler 2011: 471).

FUNDING

This work was supported by the UK's Economic and Social Research Council under Grant ES/ M010236/1.

ACKNOWLEDGEMENTS

I would like to thank the research participants for their time and contribution, the BCJ reviewers for their extremely helpful suggestions, and also Andy MyHill and Jackie Turton for their kind and useful feedback on an earlier draft.

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