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Title: Institutional and Affective Practices of Domestic Violence Interventions in Social Work : Malignant Positioning of Victims

Year: 2021

Version: Accepted version (Final draft)

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Please cite the original version:

Piippo, S., Husso, M., Hirvonen, P., Notko, M., & Glumbíková, K. (2021). Institutional and Affective Practices of Domestic Violence Interventions in Social Work : Malignant Positioning of Victims. In M. Husso, S. Karkulehto, T. Saresma, A. Laitila, J. Eilola, & H. Siltala (Eds.), Violence, Gender and Affect : Interpersonal, Institutional and Ideological Practices (pp. 113-133). Palgrave Macmillan. Palgrave Studies in Victims and Victimology. https://doi.org/10.1007/978-3-030-56930-3_6

Institutional and Affective Practices of Domestic Violence Interventions in Social Work: Malignant Positioning of Victims

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This chapter concerns the expression of social workers' emotions related to intervening in domestic violence (DV) and how these expressions result in the positioning of clients. We refer to positioning as the social and moral action, that involves assignment of the rights and duty for individuals to act in a certain way (Harré 2015). Intervening in DV is an ethically and emotionally demanding practice, characterised by emotional labour and moral judgement (e.g. Barlow & Hall 2007; Keinemas 2015; Lynch et al. 2019). However, surprisingly little is known about social workers' emotional responses in DV cases.

DV, which reflects gendered and imbalanced power relations in close relationships, is deeply embedded in societies. In Finland, the overall number of occurrences of violence against women is high compared with other European and Nordic countries (European Union Agency of Fundamental Rights 2015). According to Finnish homicide statistics, 60% of adult female victims of homicide from 2010 to 2017 were killed by an intimate partner (Lehti 2018). DV has a significant impact on individuals' well-being. In addition to causing human suffering and mental and physical illnesses, DV bears significant financial costs for the police and judicial, health care and social welfare systems (e.g. Corradi and Stöckl 2016; European Union Agency of Fundamental Rights 2015).

While the Finnish welfare system is advanced in terms of social insurance and health care, responses that include gender perspectives on DV have been available only since the 1990s.

This limitation on DV responses has allowed violence to continue (Husso et al. 2020). Transnational pressure has affected policy development in Finland and encouraged the definition of DV in relation to societal and gendered power. However, responses on DV in Finnish society

continue to be dominated by apparent gender neutrality and the definition of DV itself in terms of gender-neutral concepts and rhetoric (Clarke 2011; Corradi and Stöckl 2016).

Previous research has identified various DV-related ideological presumptions, conceptions and emotions as significant barriers to tackling DV in social and health care (Hester 2011; Husso et al. 2012; Keeling and Fisher 2015). Even when such meetings occur frequently, encountering victims in social work practice can be ethically and morally demanding, with conceptions and emotions playing an inherent role in professional practice (e.g. Barlow and Hall 2007). In some cases, emotions can be ways of accomplishing certain social acts (Harré 2009). Emotions can be considered embodied experiences of judgements; for instance, a social worker's anger or frustration while encountering victims is an expression of a judgement that the worker has made.

Institutionally accepted ways of and practices for expressing emotions can be derived from a particular institution's social order, such as the extent to which employees are encouraged to acknowledge emotional burdens and the institution offers counselling services for employees. These institutional and affective practices involve social norms and rules, which may be tacit and taken-for-granted expectations of one's rights, duties and obligations (Berger and Luckmann 1991.). An affective practice implies that the ways we think and act are influenced by emotions, which impacts our judgements and, thus, our practices (Pedwell and Whitehead 2012; Smith et al. 2018). How employees adjust and control their emotional expressions according to prevailing norms is an aspect of emotional labour (Lynch et al. 2019). However, these institutional and affective practices can devolve into bureaucratisation when procedures, habits, rules and regulations redefine and neutralise emotions (Ruch et al. 2018), which in turn propagates unclear, unarticulated rules about how to express emotions in social work. Tabooing social

workers' emotions, which are perceived as unprofessional, results in a lack of means and capability to handle them (Barlow & Hall 2007; Keinemas 2015; Glumbíková et al. 2019).

Utilising foundational points of positioning theory (e.g. Harré and van Langenhove 1999; Harré 2015), our study investigates social workers' response to DV in social and healthcare institutions. We start from the premise that social work practitioners can hold different positions illustrating their divergent rights, duties and obligations to act (see also Piippo et al. 2020). Positioning theory, which originates from social constructionism, post-structuralist feminist studies and the philosophy of language, can be regarded as "the study of local moral orders as ever-shifting patterns of mutual and contestable rights and obligations of speaking and acting" (Harré and Van Langenhove 1999, p. 1). Similarly, institutional and affective practices in DV interventions can be considered as moral orders that establish expectations and rules of appropriate behaviour (Harré and Moghaddam 2003).

In interactions between clients and professionals, positioning acts rely on the local moral order and entail a cluster of rights, duties, obligations (Harré and Moghaddam 2003) and emotions. Expressions of emotions embody a person's values and moral judgements based on these moral orders in certain situations (Parrot 2003). The presence of emotions in a given situation thus becomes a moral marker, indicating the need for moral decision-making (Navarez and Lapsley 2005). Some forms of positioning can be 'malignant', referring to the negative effects of how people are seen by others. A 'malignant position' not only describes how victims are seen by others but can also have a negative effect on how victims come to see themselves (Sabat 2003). Emotions are informative in relation not only to the situation but also to moral beliefs. The role of emotions in the process of judgement and decision-making is thus to reveal

values and moral priorities (Banks et al. 2008), leading to a moral decision regarding whether and how to act (Keinemas 2015).

By analysing interview data (n=20) collected from social workers, we explore institutional and affective practices related to encounters with DV victims through the lens of discourses and social positioning concerning emotions. We consider 1) how emotions expressed by social workers assign positions and moral assumptions to social workers' and victims' rights and duties and 2) how the display of emotions relates to the positioning of the victims.

Positioning Theory and the Social Construction of Emotions

How we perceive, interpret and assign interpersonal rights and duties in everyday conversations forms the core of positioning theory. The theory's aim is not only to examine the construction of social reality but also how social reality constructs the person or self. In this sense, the concept of the self should not be considered static or predefined but rather as a publicly constructed version of oneself and others. Within this context, interpersonal positioning can be understood as "the assignment of fluid 'parts' or 'roles' to speakers in the discursive construction of personal stories that make a person's actions intelligible and relatively determinate as social acts" (van Langenhove and Harré 1999, p. 17). As an analytical tool, positioning theory allows encounters with DV victims to be approached as a social action, where the positions of the professional and victim are interconnected. As positioning often entails an element of evaluation or judgement, emotions and their relation to moral evaluations play a significant role in positioning (e.g. Harré 1986; Parrott 2019). In this chapter, we focus on institutional and affective practices and particularly the social elements of emotional displays by considering them as social acts.

Adopting an interpretive perspective from positioning theory ultimately connects these institutional and affective practices to the individual moral appraisals and judgements in which emotions play a central role.

According to positioning theory, the social reality should be understood and investigated in terms of three intertwined elements of social life. First, conversations consisting of different speech acts should be examined, as each speech act has or is assigned a specific meaning in conversation, resulting in specific social consequences. Second, speech acts should be considered in relation to storylines that unfold in conversations; these storylines can be considered as both script-like structures of joint behaviour and narrative resources through which individuals and collectives construct and make sense of themselves. Third, the actual positions assigned to or adopted through speech acts in a given storyline should be considered. Through these three elements of social life, the construction and unfolding of rights, duties and responsibilities can be analysed with reference to the local moral orders of each social episode (Harré 2015; van Langenhove and Harré 1999).

Previous studies utilising positioning theory in the context of DV have focused on the self-positioning of social workers (Piippo et al. 2020) or female victims of DV (Jarnkvist and Brännström 2016), or they have illustrated how roles and responsibilities define the positions of clients or patients (Nikupeteri 2017). In this study, positioning theory enables us to approach social workers' emotional response and moral judgement in DV cases and to identify how social workers' expressions of emotions result social workers' the positioning of the client. We focus on the emotional expressions and appraisals of social workers as they talk about their clients and professional experiences. We examine how these emotional expressions contribute to speech acts

and positioning, resulting in the construction of specific kinds of storylines, and how social workers often tacitly position clients in a malignant fashion in these processes.

Data and Analysis

The data of this study were collected from Finnish social workers between May 2017 and February 2018 as part of a large national research and development project titled Enhancing Professional Skills and Raising Awareness on Domestic Violence, Violence against Women and Shelter Services (EPRAS). The project was funded by the European Union (EU) and conducted in cooperation with the University of Jyväskylä, The National Institute of Health and Welfare, Police University College and several municipalities and shelters. Data were collected from 10 focus group interviews with social and health care professionals and police officers (n=57), which lasted between 90 and 105 minutes. The responses of social workers (n=20) were included in this analysis. All participants were licenced social workers, which in Finland implies that they hold master's degrees in social work. The average working experience was 13 years. Social workers' professional positions were in shelter (3), child protection (10) and adult (3) services and family counselling centres (3).

The analysis was carried out in two main phases with a focus on the concepts of the positioning triangle: speech acts, storylines and positions (Harré and van Langenhove 1999). The first phase involved identifying and coding participants' speech acts, namely expressions of emotions, by reading interview transcriptions several times. Based on our interest in institutional and affective practices, special attention was paid to speech acts containing emotional expressions in relation to encounters with victims.

In the second phase, expressions of emotions were identified in a cluster-like fashion, and storylines referring to dynamic episodes or patterns created through speech acts were constructed (see Table 5.1). Storylines were understood as the contexts of speech acts and positions (Harré and Slocum 2003), summarising what is to be expected in the episodes and outlining the conventions through which sense is made of the social workers' discourses (Harré and Moghaddam 2003). They also need to be understood as overlapping. Storylines of uncertainty, rejection, evasion and responsibility illustrate the moral judgement expressed in discourses concerning emotions (Parrot 2003). The analysis revealed the following four victims' positions associated with the storylines: *no one's client, uncooperative person, voiceless help-seeker* and *unconvincing victim*. These positions were further analysed following Sabat (2003 p. 86), who states that some positioning forms can be 'malignant', referring to their negative effect on the way people are seen by others (cf. Leinonen 2019).

INSERT Table 5.1 here

Malignant Positioning of Clients

No One's Client

Discourses grouped under the first malignant position represent an unstructured institutional practice and moral order, where a storyline of uncertainty unfolds emotions relating to a lack of awareness regarding the social worker's own professional rights and duties. The extracts below demonstrate the complexity of genuine, multiprofessional decision-making and divisions of tasks

when power is balanced between the various professions involved in DV cases. Social workers reflected on situations when clients had reported their experiences of violence.

> G10P6: (…) they [girls] usually go to the school nurse or the curator and say they are being beaten. They don't want to go home. And then they [school officers] call us, like, you solve this problem, it's four o'clock. The school wants to get home. (Laughs). The girl sits there in the nurse's room. (Child protection)

> G9P2: Somehow, as an employee, you think that if you send a person somewhere, that [institution] is where you also start working on the things. That as if those walls don't make any difference to it. So the employee must have the courage to demand it for those clients, and somehow [convey] the understanding that there is a right to demand it. It's always a little surprising, you have assumed that things have been worked out, but then, they are not. (Child protection)

The findings illustrate insecurity in divisions of tasks and practices in situations in which social workers must demand services to which their clients are entitled and challenges that occur with multiprofessional cooperation, such as divergent views about conceptual definitions and different institutional practices regarding how to approach DV. Participants also discussed the confusion and difficulty of reaching a consensus in responsibilities and tasks with police, such as in situations where police officers expressed their frustration about having to start an investigation. In addition, high-status medical professionals may be pre-positioned to perceive themselves as having the right to dominate interprofessional negotiations. As DV is not typically seen as a medical problem among health care professionals (also Spangaro et al. 2011; Husso et al. 2020), it can be neglected when they act according to these pre-positions (Hirvonen 2019).

These conflicting perceptions of DV also complicate setting shared goals (Hester 2011), a contradictory situation also referred to as breaking rules without knowing them (Barlow and Hall 2007). In some focus groups, participants even criticised multiprofessional work as giving workers a 'right' to ignore their duty to intervene.

> G6P4: It is like just transferring a client from one authority to another. Like, "I just heard it [experience of violence] here, but go tell it to another unit". And then just send [her] to the next. We would like to have a bit of a clearer idea of this process. (Shelter)

Confusion about one's own and others' roles in DV interventions blurs professional responsibilities, leading to a situation in which both the right and duty to intervene are delegated to another profession. Viewed in conjunction with organisational confidentiality policies that prohibit sharing information, this confusion of responsibilities can be regarded as malignant positioning because the professional responsibility is bypassed and victim's situation is neglected and not necessarily handled by any professional.

Uncooperative Person

The storyline of rejection exemplifies ignoring DV as an individual experience. Uncooperative clients may cause emotions in professionals such as anger and frustration, which can lead to professionals denying the existence of violence and weaken their sense of duty to intervene. This storyline concerns a moral order in which social workers adopt a right to define the client's appropriate social action as a service user. In accordance with previous studies (e.g. Corradi and Stöckl 2016; Nikupeteri 2017; Jarnkvist and Brännström 2019; Saini et al. 2019), our study also demonstrates that victims who fail to fulfil the institutionally shaped expectation for the

cooperation also fail to prove that they are worthy of empathy and access to ongoing support. The social worker may perceive that the client has no socially acceptable excuses for failing to change complex living conditions and should resist violence, protect children and actively cooperate with the violent partner and authorities. Reporting abuse, for instance, can be defined as a mother's dysfunctional behaviour and attempt to alienate a child from the father.

> G10P6: There may be anger, different emotions. That somehow, how to find a good solution for that child or that family, if there is domestic violence. Or intimate partner violence.
>
> G10P4: It's such a way of using force. That you blame the other one for violence, which may not even have happened. Because they are aware, especially in these custody disputes, that this is a really good joker to pull from the back pocket.
>
> (…)
>
> G10P1: And that is a kind of tool for exercising power on both sides.
>
> (…)
>
> G10P4: You never have the right to beat, **but** [bold added] it has many dynamics behind it. How can those families be helped to break away from the wrong way of doing things? There are quite a lot of provocative women as well. (Child protection)

The extracts above demonstrate how clients' personal attributes become the basis of their implicit positioning as the inflaming party for the violence. This positioning also exemplifies professionals' rejection of violence as clients' lived experience and a misrecognition of violence as something other than a threat to life.

The implementation of procedural norms, like impartiality, can lead to belittling the victim's individual experience of violence (Husso et al.,2017a).

> G3P3: Asking those ex-spouses to make a deal with each other and the intention is to make a deal, and, of course, it is a good idea to do it for the sake of the child. But that violence is pretty much nothing to them [officers in the child custody negotiations]. That you have to come [at the negotiations] at the same time, no matter how traumatised the victim is. And to me, that is totally unreasonable. I have instructed many clients that you do not need to go there at the same time. You ask for a separate time. But it may not be understood. (…) At worst, the worker allies herself with the perpetrator of violence, making the victim even more victimised. My client has had such a traumatic experience. (Family counselling centre)

A social worker from a child counselling centre used third-order positioning when critically describing the institutional practices of professionals outside the initial discussion (Harré and Langenhove 1999, p. 21). The victim's attempts to obtain an individual appointment in a child custody negotiation went unheard. Instead, the unquestioning observance of rules led to the amoral decision to ignore the request, as institutions offering an ethical framework for particular employees' conduct "exempt them from moral responsibility for their behaviour at the same time" (Pratchett 2000, p. 123).

If a worker does not recognise the dynamic of violence allowing it to continue, professional responsibility to intervene in DV can be obscured, and the victim exposed to DV may be encountered as an uncooperative person who is not worthy of help. The position can be

characterised as malignant because it represents a disregard for the victim's need for services and a reproduction of discriminating power relations in institutional practices.

Voiceless Help-seeker

Alongside professional and institutional approaches to moral orders, this section also examines the impact of social workers' personal moral order in emotion expression and victim positioning. An intrapersonal moral order concerning professionals' right to ensure personal safety was revealed in discourses unfolding along the storyline of evasion, which shaped the worker's moral concern and evaluation of the situation. In the context of underdeveloped organisational protocols and inadequate supervision in DV cases, emotions such as fear and anxiety can lead to hesitation in judging a client's life situation and create blind spots that distort or hide priorities in the social workers' decision making process (Rustin 2005).

A form of evasion may arise from feelings of fear of being assaulted by a client's violent spouse.

> G3P3: You have to be afraid of yourself, too, because if the perpetrator knows which employee the victim is visiting. Who, for example, supports [the] victim in getting rid of him. In those situations, I have sometimes thought, "What if he comes here and says straight words in a little harder way". (Family counselling unit)

In addition, the difficulty of hearing the cruel details of violent acts was characterised by evasive responses in some cases. For example, few participants elaborated on their unwillingness to hear of victim's cruel experiences of sexual violence. Aware of their professional duty, they emphasised reluctance to listening as an internal experience intended to protect themself rather

than as a direct way of acting. Professionals' fears and anxieties were sometimes related to causing more harm than good, emphasising possible injurious effects, such as the escalation of violence, when carrying out an intervention in the family. Some participants discussed the origins of their emotions as uncertainty about recognising violence and whether to intervene, for instance, in high-conflict child custody disputes (see also Saini et al. 2019). The possible negative consequences of their own actions were considered, but the consequences of non-intervention in the victim's life were not addressed.

> G10P6: If you talk about it, what are the consequences? At that moment and what state of mind are those parents in. However, on the other hand, it needs to be addressed. (Child protection)

Fear may stem from unpredictable factors that cause moral stress in workers. For instance, participants reflected on cases where they considered whether the victim would eventually be murdered or at least traumatised by painful memories. This supports previous research findings that equated asking about violence with opening Pandora's box (Spangaro et al. 2011; Virkki et al. 2015), in which revealing potential violence exposes the victim to something estimated to be more harmful than the violence already experienced. The moral responsibility for resolving the situation is perceived to remain with the social worker, as an opener of the 'box', who must balance the bad and even worse outcomes that may follow as consequences of their action. The position can be characterised as malignant because evasive encounters conflict strongly with careful listening, empathy and believing a victim's story as an essential part of an empowering DV intervention (Keeling and Fisher 2015; Langenderfer-Magruder et al. 2019; Lynch et al. 2019).

Unconvincing Victim

Whereas the position of the uncooperative client and the storyline of rejection concern the institutionally shaped expectation of a cooperative service user, the storyline of responsibility concerns victimhood. It illustrates performative positioning and speech acts that assign positions and moral assumptions connected with professionals' justifications for defining the 'real' victim and, in particular, the responsibilities and duties of victims to behave in an expected way. This storyline entails discourses connected to the social workers' emotions of embarrassment, which can lead to experiences of helplessness and powerlessness that arise when a client fails to perform the duties associated with a 'real' and innocent victim's position.

Social workers perceived taking action in cases of child abuse as a law-based duty. By contrast, they described the role of adult victims differently and were ambivalent about the professional responsibility to take action. Rather, the results illustrate how clients were determined to be responsible for being exposed to violence.

The results further indicate the professionals' insufficient knowledge of the dynamics of victimisation and characterise their attitudes towards a woman not leaving a violent relationship as her choice (see also Spangaro 2011; Virkki et al. 2015). Traumatised women exposed to violence were seen as capable of making rational choices about their own and their children's lives. In these discourses, being a target of DV was not seen as affecting the victims' freedom of choice, and the vulnerability of victimhood was not recognised.

> G9P2: In cases if there is some kind of poor relationship. Or a bad relationship with some form of mental violence or something like that. Then there is a common understanding of it. I do not know whether it is a feeling of frustration or a moment of giving up on it. So,

> of course, not if there is a child, (…) children cannot be in it. But then [there are] grey area cases. (Child protection)

In the extract above, the social worker's speech act expresses resistance to carrying out her duty as a professional obligated to help female victims, as the victim's innocence could not be proven and she did not express a desire to leave the violent relationship. Findings of this study characterises a moral order in the professional context of child protection as implicit rules of action, which tend to define DV as a symmetric phenomenon between two equal actors (e.g. Langenderfer-Magruder et al. 2019; Thapar-Björkert and Morgan 2010) and a problem of a couple's interaction (e.g. Saini et al. 2019). Accordingly, in this study, social workers usually positioned themselves as protecting children, but DV was seen to some extent as a separate, inter-parent matter, which the workers found particularly difficult to handle.

Social workers in child protection were criticised as having inadequate knowledge of DV, for instance, in cases where the client returns to a violent partner.

> G6PO2: As for that trauma and that violence as a phenomenon, and then again, it feels like it's difficult for their municipality [social workers] or other employees to see why that person is here again. That she didn't deserve it [the help] because she messed up again. (Shelter)

A lack of awareness about the DV dynamic may lead to exercising and reproducing institutional and affective practices that belittle victims' experiences and lead to victim blaming, which may cause an inactive response to DV. Bureaucratically, child protection, as a neutral public sector authority, involves the responsibility of hearing both parties (e.g. Solomon 2010). This obligation also involves determining whose story is the most truthful, which places the burden of evidence

on the victim. The traumatised victim's way of interacting may appear illogical and confusing, while the perpetrator's often calm and persuasive behaviour may distort roles and hamper the effort to identify the violence and its severity. This issue of credibility was highlighted in situations where the perpetrator had a high and convincing social status. In one of the focus groups, participants discussed the difficulty of talking about the suspicion of violence when the father of the family was, for example, a police officer. This can be interpreted as a form of malignant positioning because institutional practices, including rights, obligations and duties, may deny the client access to the victim position, which hinders the client's right to assistance (Harré and van Langenhove 1999).

Discussion

This research echoes the results of several studies that have emphasised how professionals' behaviour is affected by the social contexts in which the violence and victimisation are understood and conceptualised and the various attitudes towards it (Morgan 2006; Spangaro et al. 2011; Corradi and Stöckl 2016; Husso et al. 2017a; Saini et al. 2019; Husso et al. 2020). Displays of emotions can be approached as affective practices, in which emotions are interpreted and acted out in the framework of various institutional practices (e.g. Smith et al. 2018). These practices can, in turn, be understood as moral orders involving rules and expectations of appropriate behaviour (Harré and Moghaddam 2003; van Langenhove, 2017).

The results highlight the importance of recognising the clients as victims in cases where they have been exposed to violence (see also Nikupeteri 2017). Although victimhood is not a permanent state, acknowledging a client's right to be a seen as a victim may lead to less severe

blaming practices when clients are encountered (Thapar-Björkert and Morgan 2010; Husso et al. 2020).

The institutional and affective practices presented in this study exemplify the difficulty of combating violence within the current service systems. Insufficient knowledge of DV, the low profile of DV in social work education and limited opportunities for social workers to supplement skills with continuing education are a few issues limiting the structural development of these systems. These issues can be considered malignant both for professionals trying to cope with demanding cases and victims who are not adequately received by the services. It is essential to emphasise that professionals' inaction is neither a responsibility of individual professionals nor even a profession. Instead, tackling violence requires addressing or changing wider social attitudes to provide permanent safety and genuine empowerment (Morgan 2006; Thapar-Björkert and Morgan 2010; Lynch et al. 2019).

Our findings suggest that gender neutrality as a wider social attitude and an ideological and institutional practice can be used to rationalise and justify one's professional inactivity in tackling violence against women, which is supported by several studies that refer to Finland as a country of 'genderless gender' (e.g. Lahelma 2012). Emphasising gender neutrality tends to keep the issue of gender out of public debate. Hence, to change institutional and affective practices that enable malignant positioning requires changing gender-neutral rhetoric in the conceptualisation of DV, as well as ideological practices and a readiness to ignore and reject problems related to violence (Husso et al. 2017b).

To conclude, we wish to highlight that positions, even when characterised as malignant, are not static by nature. Instead, they can be rapidly renegotiated, enabling social workers to

reposition victims by expecting that they have equal rights. However, this repositioning requires recognition of the institutional and affective practices that can create blind spots leading to bias and a misinterpretation of priorities (Ferguson 2018). Together with ideological practices related ignorance and the rejection of violence, malignant positioning practices also define how professionals understand victims' experiences of violence, all of which shapes the victim's experience of receiving help. Our findings build on earlier results (Corradi and Stöckl 2016; Husso et al. 2017a; Husso et al. 2020), stating that despite the increasing societal understanding of DV as an issue of gendered power and a violation of human rights, there is a need for more effective DV interventions in social welfare states.

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