

Background paper: methodology and impulses of multiprofessional workshops

Carol Hagemann-White, University of Osnabrück

Part 1: Context, purpose and methodology

Twelve “Working Papers on Intervention” were the first interim results from the empirical program of the project “Cultural Encounters in Intervention Against Violence (CEINAV)”, a four-country collaborative research project within the EU HERA Joint Research Programme (www.heranet.info) promoting a European Research Area in the Humanities. CEINAV studied intervention in three areas of violence (domestic violence, trafficking for sexual exploitation, physical child abuse and neglect) in England and Wales, Germany, Portugal and Slovenia, and exploring questions of ethics, justice, and citizenship, asking how best to ensure the fundamental rights of women and of children to safety from violence. From a three-year research process that listened to the views of practitioners and to the voices of those who have experienced intervention, CEINAV sought to build a transnational foundation for ethical guidelines for good practice

The project had a very closely integrated approach; five partners implemented a shared and closely co-ordinated work programme in their four countries. For each stage of the work, an agreed methodology, a common structure and core questions were developed, yielding a basis of comparability. Prior to the workshops, the legal and institutional background as well as the migration and minority history in each country was examined and country context papers written.

The present working papers were completed in October 2014, and comparative analysis followed. They are based on a total of 24 multiprofessional workshops, two per country on each form of violence. The workshops were designed to explore the implicit cultural premises of intervention, both with respect to the institutional regulation of intervention and to the practices of implementing the regulatives and their deployment with minorities or disempowered groups. A further goal was to discover what ethical issues and dilemmas the practitioners experience when having to make difficult decisions, and what grounds they adduce for dealing with such challenges.

The workshops used focal group methodology, aiming to encourage discussion among the different professionals. Participants were practitioners directly involved in casework from a wide range of professional roles, with at least three years of experience in the specific intervention field. The partners worked out a common list of professionals to be invited for each form of violence. It was agreed that participants should not work together on the same cases or sit regularly at the same cooperation tables and no one should be in a group with anyone who supervises or funds them. This was to avoid “in-group” discussions as well as ensuring (as far as possible) that everyone can speak openly about the realities of practice and their experience. To this end, we looked for practitioners from different cities or districts.

The main impulse for discussion was a fictional “case story” aimed to capture how situations of violence enter into the intervention system, as well as the subsequent pathways. The stories were developed in discussion with cooperating practitioners to be realistic in all four countries, then translated and if necessary adapted to fit the institutional framework of the country (see part 2 of this paper). In each narrative the first sequence is careful to maintain uncertainty: Is this or is this not a violent situation with a potential need for intervention, how could the various professionals come

to the conclusion that there is a violence problem? In the workshops, the story was presented in three sequences; the second and third sequences made the dimension of violence gradually more unequivocal, and included possible points of contact with the intervention system, as well as elements that could provoke debate on practical or ethical dilemmas.

Thus, while the stories differed by form of violence, there was an agreed “narrative arc” across the three sequences in all the stories; and in addition an agreed set of “core questions” that should be asked in the same way, as nearly verbatim as possible, in all 24 workshops. There were five core questions for the first half of the workshop, and one for the second half. This last asked the professionals to think about what might be different if the victim in the story would belong to a cultural or ethnic minority or a migrant group. The aim was to explore cultural encounters between professionals and those who should be helped by their intervention.

This was the scaffolding upon which a tapestry of diversity could be hung. In the working papers, the responses to these questions are described together with the overall sequence of intervention as it emerged in each country. Supplementary questions and “probes” that could tease out underlying assumptions or stimulate discussion were used to focus the workshops on key ethical issues and challenges to intervention.

The workshops were audiotaped and transcribed, and in the data analysis, each team undertook to extract relevant discursive constructions and representations and to carry out an inductive frame analysis. “Frames” can be understood as a way of describing how simple elements – such as concepts, interpretations, rules, normative assumptions – are linked into cognitively significant “packages” that organize a meaningful “problem” and imply a solution or an idea of appropriate action. There were two approaches to identifying frames empirically. First, influential legal, policy-related and institutional documents were examined to see how these define when and how professionals are expected to take action, and what they can or should do. With this knowledge in hand, the transcripts of the workshops were analysed: Laws and policies may shift their meanings “on the ground”; how practitioners think about violence and intervention may be shaped by frames from their institutional or professional cultures or from their personal life experience. Making frames visible was crucial to our understanding of the group discussions, and to understanding the quite considerable differences in practice across the four countries.

In a further step, practical and ethical dilemmas or points of conflict that were expressed in the course of discussion among professionals were identified and described. These might be practical in nature, as when external conditions or concerns block appropriate professional action, or they may be genuine ethical dilemmas, being faced with mutually exclusive but morally justifiable possible courses of action. Such dilemmas could emerge in our workshops as an inner struggle by actors facing difficult decisions, or as a dispute between actors. Practitioners may see inconsistencies or tensions within the overall intervention system that make effective action difficult. The framing of the issues, the purposes of and the roles within intervention will influence what is or is not experienced as a dilemma.

In short, the task of the working papers was to describe the process structure of intervention (within which some things require decisions and some are given), the way in which the form of violence and the duties, rights and norms of intervention were framed in the workshops, their framing of culture, cultural difference, and minority situations, and the ethical issues and dilemmas that the professionals explicitly or by implication raised. This structure facilitated a cross-national comparative analysis of intervention for each form of violence, and later the in-depth analysis of key themes that emerged.

Part 2: Phased stories as impulses for focus group discussions

For all multi-professional workshops and for each type of violence, a basic narrative was developed in cooperation with the associate partners experienced in the field, with a story line that, with minimal adaption, was deemed typical for all countries. The vignette was constructed so that at first it would not be evident to a professional encountering the woman or the family whether there was violence; the workshop participants could explore the threshold for intervention. In the second and third phases of the story evidence of violence emerges more clearly, while the victims/ the families do not agree to possible interventions. Each phase of the story was read out and given to participants as a separate handout to be discussed before the next “chapter” of the story was revealed.

At the beginning of each workshop, participants were told that the aim was to understand how decisions are made in difficult situations, and that we were particularly interested in the dilemmas that arise in practice, for example when conflicting rights or needs appear, or when the general rules laid down in laws or guidelines do not seem to fit well with reality. They were invited to discuss case stories, and in doing so, to think about how someone in their position or organisation would, could, or should act to prevent further violence. An agreed set of “core questions” were to be asked in the same way, as nearly verbatim as possible, in all 24 workshops, numbered to support comparative analysis. This, and the agreed narrative arc in all the stories comprising three sequences, is the scaffolding upon which we sought to hang the tapestry of diversity. The questions and the transition to a different cultural context are included here in each story to ensure a full picture.

I: NARRATIVE FOR TRAFFICKING FOR SEXUAL EXPLOITATION

In the following narrative alternatives in brackets take account of the different institutional frameworks in the four countries. Thus, in Slovenia a trafficked woman would more likely to be working in a nightclub than in a brothel; in England and Wales, a nurse at the health centre could prescribe antibiotics, while in Germany it would have to be a doctor.

1st PHASE OF THE STORY

Maria came from Africa [adapt to appropriate country] on a 6 month [insert the appropriate time] visa expecting that she would be able to work in a hotel and send money home. She is in debt for the costs of her travel and her family also took a loan to help with the costs so they are in debt as well. On her arrival she was taken to a brothel [nightclub]. She speaks only a little of the language and the brothel [nightclub] manager has her papers. Seeing no alternative, she agrees to work in the brothel [nightclub] for a limited period until the debts have been paid off. She has been in the country for 4 months [insert the appropriate time] and the visa is due to expire in 2 months. During one of her shifts Maria collapses. The receptionist at the brothel [nightclub] has one of the other women take her to a local health centre where her physical and mental health are assessed as poor and she is found to have a sexually transmitted infection. The nurse [doctor] indicates the need to inform Maria's sexual partners but Maria responds that this will not be possible. The nurse [doctor] prescribes Maria antibiotics and hands her a card with details of a helpline.

- (1) As a professional what might lead you to try and discover whether this might be a trafficking situation or, on the other hand, what might keep you from getting involved?

2nd PHASE OF THE STORY

Maria did not dare to call the helpline, and saw no option but to return to the brothel [nightclub]. She has been there for 7 months. She is exhausted and very unhappy and has been looking for a way out of her situation, but has been told that her visa has expired and that she can be prosecuted as a criminal if she is found by police, and also if she goes to any other public office or agency. She has received practically no money and is now even more in debt as she had to take time off to recover but was still required to pay for the antibiotics and [the brothel house fees to cover her shifts] [or: the fee for her room and her cost of living]. Now she is very much afraid: afraid of the managers of the brothel [nightclub], afraid of being sent to prison and afraid of being deported to stand empty handed

in front of her family. In desperation she calls the helpline and tells them about her situation and names the brothel [nightclub]. The helpline gives her information about other sources of support.

- (2) How might it come about that your institution or profession is the place to which Maria turns for advice, intervention or support? Or how else might it happen that someone in your position would become involved?**
- (3) Would you consider asking Maria directly about being trafficked, or what reasons might there be not to do so? How important do you think this is?**
- (4) When might you pass on information to relevant authorities or institutions without the consent of the victim? Or, on the other hand, what might keep you from doing so?**

3rd PHASE OF THE STORY

Early one morning uniformed officers [adapt to police or immigration as relevant] attend premises to carry out a check on the occupants. They find Maria and a number of other women as well as two men. The men produce valid identity documents. Maria is unable to produce any identity documents and is taken into custody. The officers suspect she may be a victim of trafficking but she is reluctant to talk to them. She believes the helpline gave her away. She is fearful of the authorities and unwilling to make a formal statement but says she is afraid for her family back home and is likely to be in danger herself if sent back. She appears unstable and there are concerns for her mental health. It is also apparent that she has no money and says she owes a great deal of money.

- (5) When could it be right/ appropriate to initiate measures of protection from further violence, even against Maria's wishes? What concerns might prevent you from doing this or cause you to hesitate?**

AFTER THE BREAK:

- **Now we would like to add another layer / dimension of complexity to the intervention challenges. Let us imagine that Maria is an EU citizen (if appropriate, add some examples, e.g.: if she came from Bulgaria or Hungary)? What difference might this make?**

II: NARRATIVE FOR DOMESTIC (INTIMATE PARTNER) VIOLENCE

For the workshops on domestic violence, there is a greater variation in intervention actors and possible responses to suspected violence. While in the opening sequence no one professional would have enough information to be certain about the nature of Anna's problem(s), the narrative required more modification at the third stage because of the interventions that must be assumed to happen (with Germany, police bans; in Portugal, mandatory reporting and court involvement). The research team also changed the woman's name to make the story feel more familiar. Here there are alternatives in the third stage for the versions Germany and Portugal. While Portugal has mandatory reporting, Germany has a strict legal confidentiality duty for counselling staff. To stimulate discussion of intervention without consent, in the German version the abuser threatens the counsellor.

1st PHASE OF THE STORY

Anna, (32) moved three years ago with her husband Alex to a medium-sized town, some 200 km distant from the area where her family lives. She has two children, one seven years and one six months old. There have been loud quarrels in their marriage, increasingly so last year when Anna was pregnant with her 2nd child. The neighbours in the flat above them called the police twice because of this; the police came, but they found no sufficient reason to intervene. Another neighbour has noticed several times that she has bruises, but does not know her well enough to speak to her about it. The older child, who began school last fall, has not yet made any friends and shows an unusual degree of aggressive behaviour. Anna has repeatedly asked her family doctor to prescribe her sleeping pills and complains of chronic headaches.

- (1) As a professional what might lead you to try and discover whether this might be a situation of domestic violence? Or, on the other hand, what would keep you from getting involved?**

2nd PHASE OF THE STORY

Six months later, the situation has escalated and Anna is now seeking help. She doesn't have family or friends in that city, and is too much ashamed to talk about this problem with work colleagues. Several of the professionals who have some kind of contact with Anna have begun to worry about the possibility of a domestic violence situation.

Her husband brings her to the hospital with bruises and a dislocated finger, he tells the nurse that she fell downstairs and she nods in agreement. But while she is alone and being examined, she admits that her husband caused the injuries. The hospital gives her a card with the national hotline number she can call for advice and help. She calls the hotline without telling them her real name or her address and asks what she can do; she tells them that she is very afraid of her husband but doesn't want to leave him because of the children. They tell her that she has the right to live without violence and advise her to contact the police, but they also tell her how to find a specialist NGO counselling centre – and if she feels very threatened, a shelter – quickly, where she will be offered qualified help and support.

- (2) How might it come about that your institution or profession is the place to which Anna turns for advice, intervention or support? Or how else might it happen that someone in your position would become involved?**
- (3) Would you consider asking Anna directly about domestic violence, or what reasons might there be not to do so? How important do you think this is?**
- (4) When might you pass on information to relevant authorities or institutions without the consent of the victim (resp. the parents and/or child)? Or, on the other hand, what might keep you from doing so?**

3rd PHASE OF THE STORY – German version

The violence has continued, and Anna now has very little hope and is thinking about the possibility of divorce. One evening she suggests a separation to her husband, because they are quarrelling all the time. He becomes furious, hitting her and making such frightening threats that she calls the police.

The police take the threats very seriously and issue a police ban obliging the husband to leave the residence immediately and to stay away for a period of ten days; during this period he is prohibited from making contact with Anna in any way. The police also urge Anna to make a complaint and to separate permanently.

Anna refuses to make a formal complaint or a statement to the police. She makes contact with a specialized NGO support worker and confides that she is extremely frightened of what her husband might do to her if she makes a formal complaint. (He once said he would kill her if she ever left him). The support worker tries to reassure her, explaining how a court protection order can work for her safety and offers to help her apply for such an order and to accompany her to the court.

Two days later, the support worker with the NGO calls her home to see if she needs further advice and support. The husband answers the phone, saying that he and Anna have made up their quarrel. He sounds nervous and aggressive and tells the support worker to leave them alone and stop putting nonsense ideas inside Anna's head otherwise she (the support worker) will regret it.

- (5) When could it be right / appropriate to initiate measures of protection from further violence even against the wishes of the victim? What concerns might prevent you from doing this, or cause you to hesitate?**

3rd PHASE OF THE STORY – Portuguese version

The violence has continued, and Paula is now taking further steps to end violence and possibly thinking about divorce. She makes contact with a specialized NGO support worker and confides that she is frightened of what her husband might do to her if she makes a formal complaint. She tells them he once threatened her he would kill her if she ever left him.

The support worker explains that there is the obligation to report but also that a restraining order can work for her safety, and with support of the NGO, Paula reports and applies successfully for such an order. A restraining order with the electronic device is issued in which her husband is obliged to leave and to stay away from the residence, and also prohibited from making contact with Paula.

Later on, the police discover that the protection order has been breached by the husband. Paula goes again to the NGO saying that her husband has threatened her and their children to death with weapons.

Later on she refuses to talk again with the NGO nervously saying that everything is all right again. The NGO professionals decide to inform the police about the weapon threats and the risk to the children as well.

AFTER THE BREAK:

- We have discussed a number of dilemmas that can arise during intervention, and the principles that might be applied in making difficult decisions. Now we would like to add another layer / dimension of complexity to the intervention challenges. What difference might or should it make if the family belongs to an /ethnic minority/ group with migration background / minority culture / language minority [choose concept as appropriate to the country]. In what ways is this present in your work?

III: NARRATIVE FOR CHILD ABUSE AND NEGLECT

In order to stimulate discussion of the threshold for intervention, it was decided not to include any professional concern with the welfare of the child at the outset, as this might trigger an obligation to take action. Thus, with this narrative the professionals have to imagine ways in which their attention might be drawn to the situation of the child, and in the second stage, only professionals who might feel bound by confidentiality are directly aware.

1st PHASE OF THE STORY

Adam, 7 years old, lives with his family. He is the first of three children. He has a younger sister (3 years) and brother (15 months). Adam is a very active child who is longing for the attention of his parents. Both parents find this can be wearying. His constant attempts to be noticed sometimes lead to a heated atmosphere. Quite often, the father rebukes him harshly. The mother sometimes sees the only way to stop Adam is to slap him.

- (1) As a professional what might lead you to try and discover whether this might be a situation of child abuse or neglect? Or, on the other hand, what would keep you from getting involved?

2nd PHASE OF THE STORY

In school his teacher has concerns that Adam can be clingy and fearful of how adults respond to him when he asks for things or needs attention. She is also concerned about the black and gritty pictures Adam paints. She recognizes that Adam's mother quite often brings him to school late and that Adam is dressed the same for two or three weeks in a row. He often seems hungry and asks other children if he can share their snacks. Adam's teacher notices bruises on his arm and asks him about them. He explains that he was playing boisterously with his younger sister and brother, but the teacher is not convinced by this story.

The teacher slowly wins Adam's trust and one day he confides in her that a bruise is from being 'punished'. When she starts to ask further questions he becomes upset and pleads with the teacher not to tell anyone because he is afraid that his mother would be very angry with him and that his father will punish him.

Around the same time the sister tells her nursery worker that Adam is naughty at home and that the parents have to show him how to behave.

The mother regularly brings the children to the paediatrician. At one visit, when the paediatrician asks the mother about bruises she tells him that she sometimes cannot control herself and, also, asks for strict confidentiality.

- (2) How might it come about that your institution or profession is the place to which a parent or child turns for advice, intervention or support? Or how else might it happen that someone in your position would become involved?**
- (3) When might you pass on information to relevant authorities or institutions without the consent of the parents and/or child? Or, on the other hand, what might keep you from doing so?**
- (4) Would you consider asking the mother, father and/or Adam directly about the suspected abuse, or what reasons might there be not to do so? How important do you think this is?**

3rd PHASE OF THE STORY

The teacher informs the youth welfare office. They come to the school the next day and see Adam's bruises in the face and welt on his butt. The social services initiate a medical examination and the diagnoses are haematoma caused by adult hands and being struck with objects like a belt or something similar.

When confronting the parents with the findings both mother and father deny that they have hit Adam with a belt or anything like a belt. However, the mother admits that her hand slipped once or twice but explains that Adam is such a difficult child. All attempts of the social services to find out who used the belt to chastise Adam fail.

The family accepts support services. They cooperate and in May 2014 the social worker reports that the development of the three children made significant progress, that the parenting skills of the parents are constantly improving, that the mother controls her temper better, and that the father disciplines the children in a more adequate way. The relationship between Adam and his parents is characterized by increasing trust. Some concerns remain: the family struggles for money, parents frequently cancel or reschedule the appointments and the apartment is not as tidy or clean as it could or should be.

After a sports lesson the teacher, again, notices bruises on the Adam's back when he is changing clothes. She immediately informs the social services. Confronted with the information the mother concedes that her husband sometimes hits Adam with a belt. The father admits.

Temporary placement in foster care and initiating criminal prosecution are under discussion. The case worker wants to call a case conference and to collect information from all the professionals who are involved with the family. Both parents refuse their consent for the sharing of personal information.

- (5) When could it be right / appropriate to initiate measures of protection from further abuse and neglect against the wishes of the child and/or parents? What concerns might prevent you from doing this, or cause you to hesitate?**

AFTER THE BREAK:

- **In the first session you exchanged your thoughts on the challenges and complexities of intervention. Now we would like to add another layer/dimension of complexity to the intervention challenges. What difference might or should it make if the family belongs to an ethnic minority/group with migration background/minority culture/language**

minority [choose concept as appropriate to the country]. In what ways is this present in your work?

You can find other output of the CEINAV research project on the CEINAV project website

<http://tinyurl.com/ceinavproject>:

- Interventions against child abuse and violence against women: Ethics and culture in practice and policy, Cultural Encounters in Intervention Against Violence vol 1. Opladen, Berlin & Toronto: Barbara Budrich Publishers 2019.
- Experiences of Intervention Against Violence - An Anthology of Stories, Cultural Encounters in Intervention Against Violence vol 2. Opladen, Berlin & Toronto: Barbara Burich Publishers 2016.
- Transnational Foundations for Ethical Practice in Interventions Against Violence (in four languages)
- Final report
- Comparative Paper on Intervention Against Domestic Violence
- 12 Working Papers on Intervention Against Child Abuse, Trafficking and Domestic Violence for every country (England and Wales, Germany, Portugal and Slovenia)
- Working paper on salient ethical issues
- Film "Everything I told them" - CEINAV Documentary
- Film "Sendas / Paths" - Animation film
- Film CEINAV – Creative Dialogue - Documentary of the creative dialogue meeting