



‘When they were taken it is like grieving’: Understanding and responding to the emotional impact of repeat care proceedings on fathers

Dr Georgia Philip¹  | Dr Lindsay Youansamouth² | Professor Karen Broadhurst² |
Dr John Clifton³ | Dr Stuart Bedston⁴  | Dr Yang Hu² | Professor Marian Brandon³

¹Centre for Research on Children and Families,
University of East Anglia, Norwich Research
Park, Norwich, UK

²Lancaster University, Lancaster, UK

³University of East Anglia, Norwich, UK

⁴University of Swansea, Swansea, UK

Correspondence

Dr Georgia Philip, Centre for Research on
Children and Families, University of East
Anglia, Norwich Research Park, Norwich
NR47TJ, UK.

Email: g.philip@uea.ac.uk

Funding information

The Nuffield Foundation

Abstract

There is growing recognition, in the UK and internationally, of the huge costs of recurrent appearances of parents in local authority care proceedings. This paper contributes to pressing policy and practice concerns to reduce recurrence. It presents qualitative longitudinal data from the first study of fathers' experiences of recurrent care proceedings in England. Demonstrating the emotional impact of repeat proceedings and successive loss of children on fathers, in terms of grief, loss and shame, we highlight the trauma and abuse in their developmental histories. We consider complex connections between anger and shame for these fathers, including within the arena of family justice. With the use of literature on complex trauma, shame and parental disengagement, we explore ideas for re-framing fathers', and professionals', resistance to engagement and for better understanding fathers' intense emotions. We suggest that the link between shame and complex trauma and the value of shame reducing, dignity promoting practice in response provide a valuable way forward for working with fathers. As is recognized to be the case for mothers, without holistic, empathic interventions to address the vulnerabilities of such fathers, the risks for children, mothers and fathers are unlikely to reduce.

KEYWORDS

empathy, fathers, non-engagement, recurrence, shame, trauma

1 | INTRODUCTION

There is growing recognition, in the UK and internationally, of the significant human and economic costs of recurrent appearance of parents in local authority care proceedings (Broadhurst & Mason, 2013; Mason et al., 2020; Philip et al., 2020). In England, a local authority may apply to the family court for a care order to consider placing a child in public care, where there is serious harm or serious risk of

harm. Care orders, or ‘public law’ applications, arise following, or in conjunction with, other interventions such as child protection planning. A range of legal outcomes may be reached, with the most severe, being adoption. England has seen record increases in numbers of local authority applications for care orders, alongside increased child protection referrals and plans (Masson et al., 2019; Bywaters et al., 2020). ‘The Care Crisis Review’ conducted in response to these challenges, highlighted reduced public services and increased social

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deprivation. It also noted persistent lack of engagement with, and data about, fathers (Family Rights Group, 2018). The fact that child safeguarding systems continue to overlook fathers and over-responsibilized mothers has also been the subject of the Child Safeguarding Practice Review Panel Report (2021) 'The Myth of Invisible Men'.

The knowledge base for preventing repeat care proceedings has developed from significant UK research about mothers (Broadhurst & Mason, 2017, 2020; Morriss, 2018). This is extended by work on fathers, which identifies the scale and pattern of fathers' appearance in first and repeat care proceedings and generates much needed insight into their histories and lived experiences (Bedston et al., 2019; Philip et al., 2021). Increased conceptual and practice-oriented understanding of the impact of child removal has supported developments that fit within a wider framework of strengths-based, 'trauma-informed' whole family working (Turney, 2012; Ruch et al., 2018; Mason et al., 2020; Mason & Wilkinson, 2021). In the UK there are a range of services aiming to proactively engage mothers. Whilst these vary in terms of funding and positioning within a local service landscape, common factors include longer term support, assertive outreach and/or open-door policy and empathic relationship building via a key worker. There is also growing evidence of the impact of such services (Boddy & Wheeler, 2020; Cox et al., 2017, 2020; Walsh et al., 2019). However, although a minority of services work with couples, there is yet to be any significant provision that proactively and specifically works with fathers.

Headline findings from the first population level study of fathers' appearance in English care proceedings prompt a change in policy and practice responses. In 80% of cases (between 2010/2011 and 2017/2018), fathers were known and named as party to the case, and for fathers who reappear before the court a second or subsequent time, 79% do so with the same partner/mother (Bedston et al., 2019). This indicates the need to offer appropriate challenge and support for the fathers known to the local authority, and who may be part of a couple, and to engage those fathers who are 'missing'. We suggest this involves greater understanding of fathers' experiences of loss and shame and their 'non-engagement' with social work interventions (Dolezal & Gibson, 2022; Mason et al., 2020). We also argue that fathers involved in the family justice system should be seen as vulnerable and that they have unmet historic and ongoing needs, as individuals, and in relation to their parenting and partner relationships (Philip et al., 2020). As is recognized to be the case for mothers, without holistic, non-shaming interventions to address those needs, including the emotional impact of recurrence, the risks for children, mothers and fathers are unlikely to reduce.

2 | UNDERSTANDING INTENSE PARENTAL EMOTIONS

Key contributions from research on mothers who have experienced repeat child removal are the evidencing of enduring emotional pain and psychosocial distress (Broadhurst & Mason, 2017, 2020; Morriss, 2018), arguments for acknowledging mothers' loss as legitimate and associated problems with 'disenfranchised' grief (Doka, 1989; Geddes, 2022). In

addition, studies of mothers' experiences highlight the relevance of concepts of stigma and shame and their impact on women's internal and social identity (Broadhurst & Mason, 2020).

There is a substantial body of, largely psychological, literature on the concept of shame and its counterpart, guilt (Dolezal & Gibson, 2022; Gibson, 2015; Salter & Hall, 2022; Scheff, 2003; Tangney & Dearing, 2003; Tracy et al., 2007). Sometimes described as 'self-conscious' emotions, both are seen as painful and threatening, particularly to our moral identity. Shame and guilt are associated with 'accounting' for events, attributing failure, or adversity internally, externally to others or forces beyond our control. It is the internal attribution of failure that leads to the experience of guilt and/or shame. The conceptual distinction is that although guilt involves acknowledgement of wrong actions, it does not necessarily threaten our internal sense of worth; judgement of the action is distinct from judgement of the person. By contrast, shame is more deeply internalized, and the threat comes from stronger self-censure and feelings of being 'bad' or unworthy and is therefore the most destructive (Dolezal & Gibson, 2022; Gibson, 2015). Authors including Tew (2019) and Salter and Hall (2022) have developed sociological arguments about ways in which shame and stigma impact not just on individuals but also on the functioning of wider family systems and communities. Tew highlights the need to understand historic and often complex trauma at a collective level, not just in terms of individual biographies (2019, p. 463). Salter and Hall (2022) arguing for the recognition of shame as distinctly and directly related to complex post-traumatic stress disorder evidence the significance of shame as socially and politically situated:

Shame is the emotional correlate of attachment failure, child abuse, and neglect; however, it is also a socially located and politically structured experience that is exacerbated by public policy, professional practice and governmental decision making (Salter & Hall, 2022, p. 2).

Socially structured complex trauma is seen as requiring a public health or primary prevention approach, including shame-reducing or dignity-conferring practice as a core element.

Research on the significance of emotion in child protection social work focuses on parent-professional interaction. At a macro level, authors such as Featherstone et al. (2018) and Edwards et al. (2015) argue that managerial and risk averse approaches to child protection represent attempts to 'responsibilise' individuals and ignore social and economic inequalities that render some families more vulnerable to adversity, scrutiny and stigmatization. More specifically, there is evidence that greater understanding and empathic containment of parental emotion may be central to the problem of 'non-engagement' and of developing more humane ways of working (Quick & Scott, 2019; Mason et al., 2020; Henderson, in Bower & Solomon, 2017). Gibson (2015, 2020) has examined and critiqued child protection social work in England, demonstrating the relevance of shame and humiliation. Most recently, Dolezal and Gibson (2022) argue the connection between trauma and shame. They demonstrate shame as a 'core aftereffect of traumatic experiences' (2022, p. 2) and that individuals' attempts to

cope with, minimize or avoid shame can in themselves produce a range of harmful effects, including impeding engagement with services. From this, Dolezal and Gibson develop the concept of, and case for, shame-sensitivity as integral to any trauma-informed approach.

Quick and Scott (2019) critique the 'emotional regime' of child protection services, which disenfranchises certain emotional responses from parents, requiring them to be passive and cooperative. Responses such as anger are particularly pathologized, and the authors argue that such prescriptive emotional management both misrecognizes legitimate emotions and can impose additional emotional harm or re-traumatization (2019, p. 487). Mason et al. (2020) in their secondary analysis of qualitative data on mothers who experience repeat proceedings use the concepts of complex trauma and epistemic trust to understand women's non-engagement with services. They suggest that 'chronic and multiple exposure to forms of interpersonal abuse' (2020, p. 4) during early childhood brings complex traumatic consequences. This includes rendering us mistrustful and hypervigilant of others and of incoming information about the social world, thus damaging our capacity for epistemic trust. Applying these concepts to the mothers' developmental and relational histories, the authors demonstrate their value for understanding strategies, such as avoidance or anger, when faced with professional scrutiny. This study adds to the call for engaging with complex trauma literature as part of responding to recurrence (Ryan, 2021).

Research that focuses on fathers' experiences of painful emotions such as grief, guilt and shame is limited, but Clifton (2012), Clapton (2019) and Baum and Negbi (2013), all writing about fathers who have experienced child removal, are notable examples. These authors demonstrate the relevance of disenfranchised grief for fathers and the enduring impact of child removal on men's paternal and moral identity. Our qualitative longitudinal (QL) study of fathers' experiences of repeat care proceedings highlights their emotional and psychosocial distress and the notable lack of relational resources to help contain and process intensely painful emotions (Philip et al., 2020). It also illustrates ways in which the 'emotional regime' of local authority interventions may be gendered and therefore proscribe or prohibit emotional responses differently for fathers than mothers. Our study revealed the enduring, indeed recurring, impact of grief and shame, along with strategies used to cope with or defend against these emotions, which often rendered these fathers resistant, peripheral, or 'too difficult' to work with.

3 | METHODS

The 'Up Against It' study was conducted between 2017 and 2020 involving 20 local authorities across England, over 18 months. It is the first large-scale study of fathers involved in repeat care proceedings in England. The project comprised three strands: an analysis of population-level administrative court data from CAF/CASS, a survey of fathers involved in care proceedings and a QL study following a group of fathers with lived experience of repeat proceedings. We have reported on the first two strands elsewhere (Bedston et al., 2019; Philip et al., 2020), and here, we focus on the QL data.

The research questions for this QL strand of the larger project were to explore the life dynamics and patterns of service interaction of marginalized fathers and men's strategies for managing grief and the stigma of loss in relation to intimate partnerships and father-child relationships. A QL methodology (Neale et al., 2012; Thomson, 2007) was used to develop a prospective study, tracking trajectories, transitions and turning points, in fathers' lives. This approach also involved thinking theoretically, about how lives are narrated, remembered and imagined (Andrews, 2014), enabling exploration of temporal aspects of living through and with repeat care proceedings. A comprehensive

TABLE 1 Characteristics of the 26 father participants in the Up Against It qualitative longitudinal study.

Age range	21–57 (average age 34.5)
Age of entry to fatherhood	Majority (16) under 25 and 5 of these under 20.
Ethnicity	Majority (24) white British. 1 black African, 1 white-Other.
Out of home care experience	6 experienced out-of-home care as a child, 3 adopted, 1 in residential care, 1 orphaned and cared for by relatives, 1 in foster care.
Employment	Majority (17) in receipt of welfare benefits (mostly relating to sickness/disability). 1 in prison during study, 1 with no recourse to public funds. Of those in work, all but 1 (who was self-employed) in precarious/low paid employment, in construction, hospitality, cleaning or manufacturing.
Housing	Majority (17) in council or social housing, 4 in private rented accommodation, 5 in temporary accommodation or 'sofa surfing'.
Health	Majority (15) with a recognized mental health issue, mostly depression, 5 of these had experienced suicide ideation. 6 had chronic physical health condition requiring prescription medication and/or referrals for treatment.
Diagnosed behavioural, learning or cognitive condition/impairment	Almost half (12) had a diagnosed condition: 8 learning disability, 2 ADHD and autism, 2 Asperger's syndrome.
Offending history	Majority (16) had history of offending; most often in adolescence (2 had been in a young offenders' institution). Of the 16, 6 had been in prison, 1 was imprisoned during the study, 7 had been cautioned or charged with a domestic violence offence, 3 had community or suspended sentences.

Abbreviation: ADHD, attention deficit hyperactivity disorder.

discussion of the QL study methods is available in the full project report (Philip et al., 2021).

The study involved two in-depth interviews (at the start and end of the study period) and monthly phone contacts over a period of between 6 and 12 months; the analysis presented is based on all data. Each father had one of three dedicated researchers for the duration of the study. Interviews covered all aspects of fathers' histories, lives, relationships and experiences with professionals, and monthly contacts involved catching up and reflecting on any changes. The interviews were transcribed and extensive notes taken of monthly phone calls to build a detailed case study for each father. Data were summarized and indexed using Microsoft Word and NVivo 11 software following the 'Frameworks' approach to data management and analysis (Ritchie et al., 2014). Data were organized by each man's life trajectory, his pathway through services and by themes relating to local authority and legal processes. The process of analysis was dynamic and iterative. The three researchers met monthly to review the developing cumulative picture. Each researcher coded data they collected personally, but team members compared coding and analyses to promote inter-rater reliability. The process was overseen by the Principal Investigators for further inter-subjective reliability.

Twenty-six fathers from across England took part in the QL study, with a high retention rate, of 23 fathers. Fathers were recruited via social workers, other local authority practitioners or voluntary organizations. Participating fathers received a £20 store voucher for each interview, as recompense for their time. For key characteristics of our QL sample, see Table 1. It is important to note that whilst the sample of fathers in the QL study is not a subsample of the surveyed fathers, the survey provides a wider context in which they can be located. Ethical approval was obtained from Lancaster University and University of East Anglia Research Ethics Committees, the Children and Family Court Advisory and Support Service (CAFCASS), Her Majesty's Courts and Tribunals Service (HMCTS) and the Association of Directors of Children's Services (ADCS).

4 | TRAUMA IN THE EARLY LIVES OF FATHERS

For fathers in the QL study, experience of traumatic events in their early years and/or in adolescence was prominent. This was supported by the survey, which showed an association between cumulative/multiple adversities in childhood and recurrence (Philip et al., 2020). The QL fathers described early life relationships characterized by maltreatment, primarily in relation to physical, sexual and emotional abuse from their immediate or wider familial network. Eight men talked of experiencing physical abuse from a parent or sibling, and three of these were also sexually abused by a male relative during childhood. In none of these cases was protective action taken, or the man (as a child) was not believed and/or became estranged from family members.

I have got a summary of my medical records, it says, he [Mark's birth father] put me in hospital when I was six

weeks old. I had two broken arms and two broken legs which is why I suffer with the chronic pain that I do in my legs and my back and my arms now nearly thirty-one years later, it is mad to think isn't it? (Mark).

They come once to school because I went into school with black and blue legs when my mum had given me a pasting (Travis).

As Mason et al. (2020) have discussed, such early and/or multiple experiences increase the risk of complex trauma that can involve relational as well as psychological and physiological symptoms. Our study highlighted the severity of harm to these fathers, as children, and an absence of reliable sources of care or intervention to mitigate or respond as their lives unfolded.

Histories of family conflict, parental substance misuse and parental mental distress were also prevalent in these men's stories. Over half had experienced separation, abandonment, bereavement or estrangement from either one or both parents. The loss or severing of caregiving relationships frequently left them feeling overwhelmed, often leading to further harmful behaviours. An example is Joe, who experienced abandonment from his biological father and witnessed domestic violence and abuse from his mother's partner. Joe's traumatic experiences and the associated distress manifested in anger, jealousy and alcohol misuse. At school, Joe found himself punished and excluded rather than receiving support for the underlying causes of his behaviours. From Joe's perspective, his teachers had given up on him, much like his parents.

As these men reflected on their lives, the complex, cumulative impact of early life relationships characterized by maltreatment was clear. From a young age, many had learnt they could not trust caregivers to meet their needs or keep them safe. Adverse family relationships in childhood appeared to pre-dispose men to further problems, including with education, employment, housing and poor mental health. For some, there had been a trajectory into what is often characterized as a 'chaotic lifestyle' including early entry into sex and parenthood, without the practical, emotional or relational resources to make such life transitions. Overall, the pattern of fathers with unresolved childhood trauma that limited their capacity for emotional regulation, nurturing relationships and family functioning was powerful in our study.

I think I didn't deal with my emotions at the time I just used drugs to block out the feelings and stuff (Jeremy).

5 | FATHERS' EXPERIENCES OF LOSS AND GRIEF

William was taken pretty much straight from hospital. I think we got to spend about five or ten minutes with him and then they took him, so we didn't get too attached but it was too late for that. We were attached within the nine months (Michael).

An assumption sometimes made about fathers involved in repeat care proceedings is their emotional as well as physical 'absence' or lack of involvement with children. Our study challenges this, and accounts of intense emotions were prevalent, along with stories of coping mechanisms that rarely served fathers' well.

Well, the impact of it is I am absolutely devastated, blown to bits, had my heart ripped to pieces a thousand times (Mark).

All 26 fathers described emotional distress in relation to the loss of a fathering role and identity in a range of contexts and at multiple points in their lives. They were attempting to manage painful emotions around the loss of children, often with non-existent, limited and/or fragile support networks. All, by definition, had experienced care proceedings, but there had been a range of outcomes including Adoption, Long-Term Foster Care, Special Guardianship Order and for two fathers a child being placed in their care. In addition, many fathers had experienced separation or divorce, and some had been through private law proceedings to seek a Child Arrangements Order (CAO).

Fathers talked about both the immediate and enduring sense of loss. These painful emotions were not static; they overlapped, ebbed and flowed, subsided and intensified in different contexts and over time. Sean and Michael, now in their 30s, could recall the intensity of feeling at the time of losing their children. Their reflections also illustrate how attempts to manage emotional pain have been counterproductive not only in their personal relationships but in encounters with professionals.

When they were taken it is like grieving, it's the grieving process because, even though my kids are not dead, there is a sadness. It's like I had to grieve over something that was taken away from me and I had a bond and it's just fizzled out and I can't get that bond back (Sean).

I mean there was a grieving process and then the grieving turned into anger it is as simple as that. It caused problems with the relationship that I had at the time, the people involved in it or around us at the time. It was horrible (Michael).

Common coping strategies for fathers in our study were to either distract themselves through work, where they could get it, or attempting to repress and conceal their emotions from others. It is important to note that both carried the risk of being interpreted by professionals as form of absence and/or indifference towards their children and as resistance to any ongoing intervention.

Everyone says I'm cocky' no I'm not cocky I just don't let you see that I'm weak ... where I have let my guard down bad things have happened. People say that I am

an emotionless person, no I do have emotions, but no-one ever, very rarely will see them (Mark).

In total, 15 fathers in the QL study had a history of and/or ongoing mental health problems, most commonly depression. Fathers frequently spoke about their long-term use of anti-depressants, sleeping tablets and of combining these with cannabis or alcohol as a coping mechanism.

I was drinking a lot, I was hiding my trouble, that is what my [adoptive] dad would say, the flat was a pig sty, I was hiding it (Keith).

A significant minority of fathers (five) talked about having suicidal thoughts and/or about having attempted to take their own lives. For Tony and Keith, this had happened some years back and was linked with childhood abuse and trauma. Jonathan, Jack and Danny described more recent suicidal feelings, associated with relationship breakdown and child removal. The following quotes offer important insight about their experiences and about what was needed, or lacking, in their encounters with professionals.

I went through a stage between 18 and 24 where I was trying to commit suicide near enough every weekend. With overdoses, cutting myself ... It is because my brother raped me when I was a child and I, every time I spoke about it instead of getting better it made me worse ... (Tony).

... They need to be a bit more aware of depression and stuff in men because, I look back now and yeah I was, but I didn't show it, but you know watching your baby being taken at six days old to the next time you see her is in a contact centre where everything is written down, you are watched, you are monitored, you kiss your baby, they wonder why! And of course, I was very sort of angry, very upset and I think, for men they could do a bit more around saying 'right maybe we could find someone for you to talk to?', just see the signs a bit more (Jack).

The risk of re-traumatization, either systematically or inadvertently, has been demonstrated in research on mothers (Broadhurst & Mason, 2020). Encounters with agencies and professionals can exacerbate or replay feelings of powerlessness that women experience as further stigmatization, emotionally, socially and materially. Other authors engaging with literature on complex trauma argue that trauma-informed practice needs to include (and manage) emotional containment and be shame-sensitive (Dolezal & Gibson, 2022; Salter & Hall, 2022).

Another significant response across the sample was that pain associated with loss often manifested itself as anger. This almost always served to further isolate men from their partners, children, families and from local authority or other services.

If I get emotional it comes out as anger, it always comes out as anger (Graham).

It was always my temper ... I didn't realise the behaviour I was coming out with was as offensive as what it was (Jonathan).

Where fathers talked about anger, it appeared to be linked with pain, frustration or shame. However, fathers in our study also showed awareness of the association between masculinity, dominance and aggression and the contradictions and damage this had caused for them and their families. For many, change meant finding new ways of being men as well as fathers and partners.

I basically had like really bad days, umm I was taking like anger out on people that I shouldn't have been, I was always like really stressed out, aggravated, didn't know where I was half the time (Chris).

I want to learn how to defuse a situation rather than get hyped up and inflame it, that's like been the whole thing for me sometimes, I present bad (Brian).

Fathers' accounts of their own anger were powerful not just because of the negative impact such externalized emotion had on them and their relationships but also because of their capacity to be reflective in the research encounter. Reflective capacity is often something required of, and perceived as lacking in, fathers involved in child protection. The expression of parental anger is recognized as both problematic and problematized (Gibson, 2020; Quick & Scott, 2019). Research indicates the need for better understanding of the roots of such externalized emotion, and the value of empathic relationship building and containment, but the challenge for professionals is not underestimated (Quick & Scott, 2019; Turney, 2012). Our study illustrates the complexity of responding to men's anger, both for professionals and for men themselves. We suggest that the externalized expression of anger (rather than the feeling itself) may be linked to sensitivity to shame (Dolezal & Gibson, 2022) and that this is important to explore. This renders the task of empathic relationship building no less vital but arguably more challenging, given wider (and deeper) gendered aspects of social work, patterns and prevalence of violence and abuse (Smith, in Ruch et al., 2018; Orr-Campbell, in Alper, 2019). The challenge of addressing fear of working with men experiencing intense and painful emotions must also be acknowledged and responded to beyond the level of individual practitioners.

6 | FATHERS LIVING WITH SHAME

Connected to their experiences of grief and loss, fathers in our study also wrestled in complex ways with shame.

I'll snap on the outside in a really short time but on the inside, it stays and really hurts (Graham).

For these fathers, questions of culpability and threats to their moral and paternal identity were intense. To have experienced more than one episode of local authority and legal intervention into family life brought painful awareness of the risk of negative judgement and shaming at every turn. Their experiences of shame were linked to questions they asked of themselves and to questions asked by professionals, family members, partners, peers or employers. Fathers knew they were up against questions around their worth as men and as parents, their part in the circumstances leading to local authority involvement, their commitment to change and their deservingness of help and support.

As detailed above, experiences that engendered feelings of shame included traumatic events from their past as well as encounters with local authorities and family court. For some fathers, shameful events from their childhoods or adolescence haunted and continued to mark their lives. Unsurprisingly, the three men who had been sexually abused as children provided the most powerful examples of the blighting impact of shame on them as individuals and on their relationships (Dolezal & Gibson, 2022).

I have taken beatings for my past, I have been outcast for my past, had my kids taken off me because of my past, you know you walk around with your head in shame most of the time (Michael).

Michael was highly sensitive to shame, and his strategy was to live an almost reclusive life to manage his fear of exposure and/or repeat victimization (Mason et al., 2020). Other fathers developed different strategies for resisting shame, often linked to expressed anger. In Gibson's work, humiliation is explored as a particularly harmful experience or form of shame, involving the tendency to retaliation.

Experiences of humiliation are usually linked to a belief that treatment by the 'other' is unfair or hostile and is typically associated with feeling anger at others and a desire for revenge (Gibson, 2015, p. 3).

Defending against shame by finding external sources of blame and resisting all/any approach from children's social care was a position adopted by a significant minority of fathers in our study, either at certain points or over many years. One notable strategy for resisting shame was to 'fight'; a central defence of both paternal and moral identity was to oppose the local authority at every turn. As one father, Mark, expressed it 'I am not going to be known as the dad that didn't care, never!'

Mark was adopted as a child, became a father for the first time at 14, went on to have two further biological children and one stepchild removed into public care and was pursuing a CAO for his youngest child. Over the years, he engaged in a series of battles with local

authorities and the family court. Challenging at every stage is what enabled him to resist shame, but came at a cost, positioning him as obstructive and non-cooperative. Educating himself in the legal and administrative processes of care proceedings brought him a sense of agency as well as tools with which to fight. Yet, unless professionals could see beyond and beneath his actions, his persistence likely also characterized him as 'unable to prioritise the needs of his children'. Mark also believed his children would come looking for him in the future. He kept files of paperwork associated with the care proceedings over many years and through multiple moves. These files held huge emotional significance for Mark, as evidence of his moral identity as a dad who cared.

A further example is Danny, who also attempted to deflect feelings of shame, but with a different outcome. Danny was in his early 20s and had a diagnosis of learning disability and attention deficit hyperactivity disorder (ADHD). He became a father for the first time at age 22, and his first child, Alesha, had been adopted. Danny then experienced concurrent care proceedings for his second and third babies: one with Alesha's mother and one with a different partner. Both mothers had lost previous babies to public care. After being engaged in an early parenting assessment following the birth of Alesha, Danny became increasingly frustrated with and excluded from local authority services and the court process. Masculine as well as father identity was often at stake for him, Danny was quick to anger and had learned strategies of 'fronting up' to situations where he felt insecure or threatened.

They just didn't give me a chance so, that's why I told them 'I don't give a fuck anymore, do what you fucking want' so they did ... if they talk to you like a piece of crap then I talk to them back like it (Danny).

Danny experienced social work intervention and care proceedings as shaming and humiliating; he struggled to understand what was happening and to know how to behave in interactions with professionals. During the concurrent proceedings, Danny's mental health deteriorated, he was hostile to social workers and then he took an overdose. He seemed to recognize that his detachment from the process was not playing well for him and that it looked as if he didn't care. He contested this but struggled to articulate his emotions to professionals. Here, he remembers Alesha.

It did make me cry specially to see the size of her, she weighed like a bag of sugar ... Alesha is my person. And I just can't get over it to be fair but I'm trying my hardest. Because she was my first from the beginning to the end.

Danny withdrew from the concurrent care proceedings; he had no trust and gave no credence to the process. After some months, he was engaged by a voluntary sector outreach service for parents who have experienced child removal. He began to build a trusting relationship with his keyworker, but this was fragile and the service under

threat (since closed). Danny illustrates the challenges faced by young parents who have had children removed and some similarities in the experiences of fathers and mothers. But he also illustrates particular challenges faced and posed by fathers in that he was quickly seen by the local authority as too difficult to work with and/or as 'uncaring', and his hostility appeared not to be recognized in terms of emotional or psychological distress. His withdrawal from proceedings was not followed up, and it was only the outreach service that worked to find him, many months later. The fact that this service was available to Danny was unusual, but it illustrates the need to see beyond his 'resistance', understand the reasons for it and respond to these in a shame-sensitive way (Dolezal & Gibson, 2022).

7 | FATHERS WHO USED AND/OR EXPERIENCED VIOLENCE

In illustrating the emotional impact of recurrence on fathers, in the context of traumatic developmental histories and limited opportunities for either support or challenge, the issue of violent or abusive behaviour must be considered. The significance of domestic abuse in relation to repeat care proceedings and child protection and to the experiences of mothers cannot be ignored (Broadhurst & Mason, 2017, 2020). In our QL study, there had been domestic abuse concerns raised with just over half (14) of the fathers. But also significant is the range of experiences and contexts of abuse. Fathers had been found to have committed violence and abuse (a minority had a conviction or caution, none had been imprisoned), some had been acknowledged by agencies as being in mutually abusive relationships and a minority described experiencing abuse from partners. There were examples of allegations and counter-allegations between partners, allegations levelled at fathers by professionals, together with a range of responses by fathers, including proactive attempts to change and/or engage with services. To further contextualize this, it is important to note that fathers in our study had at some point been engaged by somebody; these were not considered by practitioners to be the most dangerous. This is not to gloss over abusive behaviour fathers had committed but to clarify this aspect of our sample.

As discussed, over half the fathers experienced violence or abuse in their childhoods or adolescence, and some acknowledged a normalizing or desensitizing effect. It was apparent that some fathers were ambivalent about aggression; this seemed to be linked to their identity as men and/or to having had social status related to violence. Gregory's words on this are thought-provoking, illustrating his lack of faith in his caregivers, his cumulative sense of having been 'let down' and his maladaptive response to this.

As daft as it sounds, the only thing that has never let me down in my entire life is my fists. The only thing that, if I am in trouble they save me, if I have been in pain, they have saved me, if I needed help, they have been there, no matter what, my fists have never not provided - whereas parents ... (Gregory).

Fathers who had been violent or abusive to their partners faced intense challenges in relation to shame. If they were to take on culpability in a way that was not shaming, they needed to have their account and remorse accepted by others, most often social workers, and other professionals, partners and wider family. To explain their behaviour, it was common to refer to their past and/or childhood, but that brought the risk of being seen to be avoiding responsibility. Explaining incidents in terms of events leading up to them or the behaviour of partners could also be seen as deflecting accountability. The terms contextualizing and minimizing are pertinent here, in terms of how fathers' accounts of abusive behaviour are received and evaluated by professionals. Practitioners seek to avoid colluding with abusive behaviour, and fathers seek to avoid being condemned or excluded. This process of negotiation between trying to account for behaviour, having that account heard and accepted in a way that was not felt by fathers to be judgemental or annihilating of them as a person was high stakes and full of pitfalls.

The social worker said, 'because you are a bloke you will never change' and since that day I have done everything I can to change. She split us up because of that and then we found out Dawn were pregnant with Dean and then I just, couldn't get anywhere near him (Tony).

I am not proud of my actions ... it was the way I was brought up ... it got classed as DV in the end and that was quite hard ... to sit there and say that, was hard (Jonathan).

Research advocates the need to respond to the complexity and variation of domestic violence and abuse. This means developing theoretical frameworks (Ali et al., 2016), practice models and interventions (Humphreys et al., 2020; Research in Practice Change Project, 2021). There are a growing number of interventions that work with whole families, and/or with couples, though the stakes are high for children, parents and professionals (Domoney et al., 2019; Stanley & Humphreys, 2017). Programmes such as Caring Dads, or 'For Baby's Sake', take a strengths-based approach to behaviour change and aim to harness motivation through men's role and identity as fathers. Contributions from literature on complex trauma and shame add to this the importance of working in a shame-sensitive, shame-reducing way (Dolezal & Gibson, 2022; Salter & Hall, 2022). Whilst the question of violent men's capacity to change, and whether abusive partners can be good enough fathers, remains hugely challenging (Thiara & Humphreys, 2017), there is impetus to improve work with men. As the recently established R-DAC project on rethinking domestic abuse in child protection state:

There continues to be a need to advance responses to those who are being harmed and those who harm in order to improve outcomes and promote sustainable change for children and their families (R-DAC, 2022).

8 | DISCUSSION—REFRAMING PRACTICE WITH FATHERS

We have explored the emotional complexity of fathers' experiences of repeat care proceedings and illustrated strategies used to cope with loss and shame. One practice-oriented argument made is the need to recognize fathers' emotional and psychosocial distress. Our analysis of the fathers' developmental histories has shown some overlap with the research on mothers, indicating the relevance of the complex trauma literature and corresponding trauma-informed practice to men as fathers and as partners (Dolezal & Gibson, 2022; Mason et al., 2020). We argue that examining ways in which fathers describe, account for and reflect on attempts to cope with grief, loss and shame offers relevant insight for understanding, not just their therapeutic needs but also the emotional processes that make it difficult for them to be engaged (Gibson, 2020; Mason et al., 2020; Quick & Scott, 2019). These fathers' faced challenges around emotional regulation, capacity and resources to build and sustain secure relationships overlaid with social expectations, ideals and prohibitions linked to masculinity. This arguably contributes to gender differences in fathers' lived experiences and the 'emotional regime' of local authority interventions that they encounter (Quick & Scott, 2019 p. 490). We suggest that whilst intense parental anger is a common, and arguably not unreasonable, emotional response to child protection services and/or care proceedings, professionals may struggle to contain fathers' anger, in different ways or for different reasons than with mothers. Additionally, the prominence of domestic abuse and the threat of anger escalating to violence from men provides a backdrop and ongoing barrier to relationship-based practice with fathers (Humphreys et al., 2020).

Alongside this, fathers' related strategies for guarding against shame and social stigmatization, such as 'fighting', deflecting blame and avoidance, appear to position them quickly and often irrevocably as too difficult or dangerous to work with or as morally and/or physically absent. We highlight the relevance of research on parental non-engagement for getting beneath fathers' behaviour, rather than interpreting it solely as defiance or non-compliance. The growing evidence base for working with shame, as a central, and potentially gendered effect of trauma, we see as a particularly fruitful direction (Dolezal & Gibson, 2020; Salter & Hall, 2022; Mason et al., 2020). What we suggest is that, as well as similarities, there are gender differences that are important to attend to, as part of developing practice with fathers. These will include differences in how men (and boys) experience the original traumatic or harmful dependency relationships; how they experience or present symptoms related to complex trauma; and how they come to face different emotional regimes and acquire different relational and emotional resources that shape their adaptive strategies. Added to this, the task for professionals of challenging their own thinking, affective responses and interpretation of fathers' resistant behaviour is shaped by deep-rooted, intersectional ideas about gender, class, ethnicity and parenting. Quick and Scott (2019) make important arguments for 'normalizing' rather than pathologizing parental anger in child protection services, but again, normalizing, and containing, fathers' anger may pose a different challenge or may

require different forms of organizational support. In this way, working with fathers involved in repeat proceedings reflect and intensify long-standing challenges around father engagement (Zanoni et al., 2014).

It is important to recognize the limitations of the QL study discussed here, primarily related to the study sample. Our sample constitutes less marginalized fathers, because to be recruited, fathers had to be visible within some service. The lives of the most marginalized or 'missing' fathers involved in care proceedings remain poorly understood. Our sample is also lacking in ethnic diversity: only one father of colour. In part this was due to our limited capacity to provide translation/interpreters, but again, our recruitment via services meant we only accessed communities reached by that service. The study, whilst offering powerful stories, does prioritize the fathers' perspectives and cannot establish any settled 'truth' about any given case; this was not the aim. Nonetheless, the QL study as an element of the larger project has generated rich and pertinent insights about fathers' experiences, challenges and needs.

9 | CONCLUSION

Research with mothers and fathers who experience repeat care proceedings demonstrates the significant recovery and preventive challenges, particularly in terms of psychological, emotional and relational trauma. The knowledge base on complex trauma and the importance of reframing non-engagement offer theoretical and practice-oriented models to avoid deepening cycles of conflict between parents and professionals. To hold the balance between moving someone towards accepting accountability without annihilating their sense of moral worth and capacity for change is a central challenge for working with fathers (and mothers) who have experienced child removal. What our research with fathers also contributes is the importance of being attentive and responsive to gender difference, including the need to interrogate gendered emotional regimes, as these pertain to fathers' non-engagement and to their vulnerabilities. Without building empathy and developing a policy and practice response that *both* challenges and supports highly marginalized fathers, then recurrence and its reverberating human and economic costs is much harder to address.

ACKNOWLEDGEMENTS

Our deep gratitude is due to the 26 fathers who took part in the qualitative longitudinal study. These men generously allowed us to walk alongside them for many months, sharing their experiences of family and parental life, and of living through, and with, child protection services and care proceedings.

CONFLICT OF INTEREST STATEMENT

The authors state that there are no conflicts of interest to declare.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

ORCID

Georgia Philip  <https://orcid.org/0000-0003-4243-407X>

Stuart Bedston  <https://orcid.org/0000-0002-5635-5957>

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How to cite this article: Philip, G., Youansamouth, L., Broadhurst, K., Clifton, J., Bedston, S., Hu, Y., & Brandon, M. (2023). 'When they were taken it is like grieving': Understanding and responding to the emotional impact of repeat care proceedings on fathers. *Child & Family Social Work*, 1–10. <https://doi.org/10.1111/cfs.13061>