A Continuum of Violence Against Forcibly Displaced Children: A Qualitative Multi-Method Study

by

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Abstract

Forcibly displaced children are at increased risk of child abuse and neglect (CAN) during each stage of their migration journey. While there is evidence exploring the detrimental impact of forced migration on unaccompanied children and displaced parents, little is known about the unique risk's displacement presents for children migrating with their families. This empirical study sought to address this gap by developing a continuum of violence model to understand different forms of violence during forced migration and the impact this has on displaced families seeking refuge in England. I report findings from a multi-method qualitative research study consisting of two research phases: semi-structured interviews with 15 service providers working with forcibly displaced families and four forcibly displaced mothers; and a thematic analysis (Braun and Clarke, 2006) of 13 serious case reviews (SCRs) relating to forcibly displaced children. The research findings demonstrate a continuum of violence for forcibly displaced children, illustrating the way in which harm is reproduced through an interplay of structural and symbolic forms of violence, sexual and gender-based violence (SGBV) and exposure to violence. I conclude this thesis with suggestions to improve policy, practice and scholarship.

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List of Abbreviations

CAN – Child Abuse and Neglect

SGBV – Sexual and Gender-Based Violence

DVA – Domestic Violence and Abuse

VAWG – Violence Against Women and Girls

NAI – Non-Accidental Injury

FGM – Female Genital Mutilation

ACE – Adverse Childhood Experience

PTSD – Post-traumatic Stress Disorder

UNHCR – United Nations High Commissioner for Refugees

NSPCC – National Society for the Prevention of Cruelty to Children

ISPCAN – International Society for the Prevention of Child Abuse and Neglect

LMIC – Low/Middle Income Country

LSCPR – Local Safeguarding Practice Review (LSCPR)

LSCB – Local Safeguarding Childrens Board

SCR – Serious Case Review

IA - Initial Accommodation Centres

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Chapter 1: Introduction

Protecting children from all forms of violence and abuse is a fundamental human right guaranteed by the UN Convention on the Rights of the Child (UNCRC) (1989). Yet child abuse and neglect (CAN) continues to pose a significant risk to children across the globe (Dubowitz et al., 2018). In addition, global conflict, persecution, and generalised violence have resulted in the forced migration of millions of people (Braithwaite et al., 2019). Recent estimates provided by the United Nations High Commissioner for Refugees (UNHCR) show that over 103 million people had been forcibly displaced by the middle of 2022 including 32.5 million refugees, 53.2 million internally displaced and 4.9 million asylum seekers (UNHCR, 2022). The UNHCR (2022) add that over 40% of those displaced during this period were children and that 1.5 million children had been born refugees.

In the UK, statistics show that almost half of those seeking asylum are children (Sturge, 2023). Many arrive from countries where they will have experienced trauma, loss and significant human rights abuses, escaping persecution, war and conflict (Walsh, 2022, 2020). Global trends show that over two-thirds of the world's refugees currently come from five countries where violence and war are commonplace. Currently, these are Syria, Afghanistan, South Sudan, Venezuela and Ukraine (UNHCR, 2022). However, an important distinction to make is that such statistics refer specifically to those who are given refugee status and therefore awarded international protection. As the same statistics show, over 70% of forcibly displaced people require humanitarian protection. For many refugee families, the cumulative effect of trauma in ever-changing, unstable contexts can have a significant impact on parenting styles and goals, well-being and child safety (El-Khani et al., 2016, 2018;

LeBrun et al., 2016a; Williams, 2012). Additionally. the journey to resettlement and safety can pose specific risks for children at distinct stages (UNHCR, 2019).

The research presented within this thesis seeks to understand forms of violence against children within the context of forced migration. Using a qualitative multi-method design, the research was conducted in two separate stages to elicit an understanding of violence within the context of displacement, its impact on families and how service providers understand, recognise and respond. Phase 1 of this study entailed semi-structured interviews with 15 service providers and four forcibly displaced mothers using vignettes and in-depth topic guides. Data was analysed using a thematic analysis (Braun and Clarke, 2006) and a critical realist approach to epistemology and ontology (Fletcher, 2017). The second phase of this research consisted of a thematic analysis (Braun and Clarke, 2006) of 13 serious case reviews (SCRs) relating to suspected CAN of refugee or asylum-seeking children. An intersectional lens (Anthias, 2012; Choo and Ferree, 2010) was applied to the findings generated through both research phases and findings were situated within a continuum of violence model (Cockburn, 2004a).

I begin this thesis by presenting an overview of the literature in Chapter 2 and an introduction to the underlying theoretical frameworks which informed my research. Chapter 3 describes the methodological approach employed to address the research aim and answer my research questions. I also outline the key challenges impacting this research. The qualitative findings from this research are then reported in Chapters 4 and 5 to reflect the two specific research phases. Within the two empirical chapters, I discuss the findings with consideration to previous literature and the underlying theoretical models. Finally, Chapter 6 concludes this thesis by

summarising my key findings and exploring the potential implications of this research

for practice, policy and future research.

Chapter 2: Background and Literature

2.1. Forced Migration

In this section, I will briefly introduce the topics explored within this thesis by exploring some evidence on forced migration. I begin with a discussion on terminology and global forced migration before outlining the UK context by discussing national policies and their impact on the lives of refugees and asylum-seekers residing in England. I will also describe the impact that the migratory journey can have on forcibly displaced people.

Forced Migrants, Refugees and Asylum-Seekers

Humanitarian protection and the legality of that protection underscores the different ways that forcibly displaced people are described and perceived (Sigona, 2018). In such discussions and throughout this thesis the terms 'refugee' and 'asylum-seeker' are used to describe those who are forcibly displaced yet the conceptualisation of these labels centres on the legitimacy of an individual's need to seek protection in a specific country (Crawley and Skleparis, 2018; De Coninck, 2020; Kyriakides, 2017; Zetter, 2007). The 1951 Convention Relating to the Status of Refugees defines a refugee as someone who has a 'well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion' (UNHCR, 1951, p. 14) and extended definitions are also in place for parts of Africa and Latin America. It is in essence a legal category, used by receiving countries to determine whether an individual should be recognised as someone in need of protection from persecution and in turn identify the need to implement durable solutions as mandated by the UNHCR. Someone who is seeking asylum on the other hand has applied for refugee status and is awaiting an outcome on their claim to protection.

De Coninck (2020) writes that the language used to describe those who are forcibly displaced shapes public opinion, with refugees being viewed more favourably compared to other migrants. Similarly, Sigona (2018) adds that the labels attached to forced migrants impact their experience of displacement and resettlement. While the use of specific terminology is important, Apostolova (2015) argues that there is a tendency to focus on these categories and their specific meaning which in turn enacts a form of 'categorical fetishism'. As a concept, categorical fetishism refers to the idea that adopting static terminology and labels to describe forced migrants fails to account for the way in which various categories interact and are perceived. Specifically, the labels used and the rights they award are socially and politically situated with the underlying discourse that some are deserving of support and protection and others are not (Zetter, 2007).

Crawley and Skleparis (2018) also recognise that the use of categories can legitimise the withdrawal of support to some individuals and not others. Thus, the application of such categories can drastically shape the life of an individual in the host country (Sigona, 2018). Indeed, De Coninck (2020) also specifies that the difficulties of being recognised as a refugee has social as well as economic implications. Zetter (2015) observes that the definition of a refugee as outlined within the 1951 Convention Relating to the Status of Refugees (UNHCR, 1951) may not accurately reflect the intricacies of displacement. Recent discussions by Abuya et al (2021) on the history of the Refugee Convention sheds light on the colonial context in which it was developed, initially prioritising the welfare of white Europeans. As noted by Crawley and Skleparis (2018), the categorisation of migrants, both forced and voluntary must be approached with acknowledgement of the political and social context within which

they are defined. For the purpose of this research, I use the terms forced migration and forced displacement interchangeably to account for the heterogeneity of those who do seek protection in a new country (Zetter, 2015). In addition, I use the terms refugee and asylum-seeker to reflect the way participants described themselves and to account for the specific implications of each category.

Forced Migration in the UK

Crawley and Skleparis (2018) suggest that the use of labels and terms to describe forced migrants awards specific rights to individuals. In the UK, as is the case for most countries, the specific legal category of a forced migrant defines their experience of resettlement. As a signatory of the 1951 refugee convention (UNHCR, 1951), the UK is obligated to protect those escaping persecution and seeking safety. However, to obtain refugee status and claim asylum in the UK, an individual must physically be in the UK or arrive via a limited number of safe routes such as resettlement schemes. Table 1 describes the resettlement schemes which operated over the course of this PhD using data from Sturge (2023) and Walsh (2022).

Resettlement Scheme	Aims of the Scheme	Years Active	Number of People Resettled
Gateway Protection Programme (GPP),	Refugees from any country	2004-2021	9939
Vulnerable Persons Resettlement Scheme (VPRS),	Aimed to resettle 20,000 Syrian refugees	2014-2021	20,300
Vulnerable Children's Resettlement Scheme (VCRS)	Aimed to resettle three thousand children from the Middle	2016-2021	1838

	East and North Africa		
Mandate Resettlement Scheme	Refugees from any country with a family member in the UK to accommodate them	1995-present	441
Community Sponsorship	Refugees sponsored by local volunteer groups	2021-Present	450
UK Resettlement Scheme (UKRS)	Combination of the VPRS, VCRS and GPP aiming to resettle five thousand refugees	2021-present	1882
The Afghan Relocations and Assistance Policy (ARAP)	To resettle Afghans employed by the British	2021- Present	11,212
Afghan Citizens Resettlement Scheme (ACRS).	Aims to resettle 20,000 people fleeing Afghanistan over a five-year period	2022-Present	7,631
The Ukraine Family Scheme	Aimed to provide Ukrainians with a visa if they have family members in the UK	2022-present	49,700 visas
The Ukraine Sponsorship Scheme	To provide a three-year visa to Ukrainians who have a sponsor within the community	2022-present	127,300 visas

Table 1: Resettlement Schemes in the UK 2018-2023 (Sturge, 2023; Walsh, 2022)

The UNHCR (2011, p. 3) defines resettlement as a durable solution consisting of 'the selection and transfer of refugees from a State in which they have sought protection to a third State which has agreed to admit them – as refugees- with permanent residence status'. Resettlement programmes are often developed as a direct response to humanitarian crisis, reflecting the wider political climate (Walsh, 2022). For example, the introduction of the ARAP and the ACRS following international withdrawal of troops from Afghanistan. Subsequently, 40% of those given refugee status in the UK in 2021 were from Afghanistan (Sturge, 2023). Similarly, following the conflict in Ukraine in 2022, specific resettlement programmes were developed to assist in resettling Ukrainian nationals. Statistics from 2022 show that,146,000 Ukrainians had sought asylum in the UK (Sturge, 2023). Importantly, the same figures by Sturge (2023) show that almost half of those resettled (49%) in England since 2014 have been children.

Statistics also show that since 2014, 130,500 people were granted refugee protection compared to 29,066 resettled through resettlement schemes suggesting that most forced migrants seek refuge in the UK through irregular routes (Sturge, 2023). It is of importance that of the different resettlement schemes depicted in Table 1, the only schemes thought to be substantially active at present are those resettling Ukrainian nationals. Despite the evidence showing that those granted asylum in the UK use irregular pathways, the process of becoming a recognised refugee is often difficult and complex (Walsh, 2020). In addition, there has been a rise in rhetoric demonising forced migrants using irregular routes despite the absence of easy safe routes. Governmental approaches are increasingly criminalises those seeking asylum in the

UK through the Nationality and Borders Act (2022) which specifically proposes prosecuting those who arrive by sea.

The Refugee 'Journey'

As demonstrated in the section above, those seeking asylum and refuge in the UK will have arrived using different routes and the precise journey of a refugee in the UK will differ substantially (Walsh, 2020; Zetter, 2015). Even where similarities exist regarding a specific route, the history of an individual prior to embarking on their journey will be different (Norris et al., 2011). In addition, patterns of travel on a specific route will also vary. For example, the UNHCR (2019, 2018) found that forced migrants arriving in Europe through the Mediterranean may have taken several different routes, through various countries and have a range of reasons underpinning forced displacement. It is of course important to emphasise that forced migration is not a straightforward process taking place between two specific countries. This idea itself is challenged by many authors (Crawley and Skleparis, 2018; Mayblin, 2019; Sigona, 2018; Zetter, 2015) who argue that the driving forces and motivations underlying forced migration and the resettlement destinations will often change throughout their journey and will vary depending on a myriad of other reasons. Through interviews with 215 migrants arriving in Greece, Crawley and Skleparis (2018) showed that individuals' journeys are often complex and ever-changing. Similarly, Vries and Guild (2019) stressed that those seeking protection in Europe often take changing migratory routes.

As noted, forced migrants are a heterogeneous group (Crawley and Skleparis, 2018). Nonetheless, many authors allude to a 'refugee journey' which broadly consists of three distinct stages; pre-migration, in flight and resettlement (El-Khani et al., 2018;

Lewig et al., 2009; Vries and Guild, 2019; Williams, 2012). Studies on mental health and trauma, for example, have stressed the impact of different stressors during each stage while recognising that the 'in-flight' experience will be vastly different for each person (Blackmore et al., 2020a). Within this thesis, I refer to the three stages of forced migration as a heuristic device to enable a deeper understanding of risk and harm and in recognition of the spatial aspects of the continuum of violence (Krause, 2015a).

The Impact of UK Policies on Forced Migrants

In the UK, some authors argue that policies and restrictions place forced migrants into poverty, enacting a form of structural violence (Canning, 2017; Mayblin et al., 2019). This is particularly the case for asylum-seekers, who are legally prevented from entering the workforce and are unable to seek employment while their asylum claim is under consideration (Mayblin and James, 2019a). Instead, some asylum-seekers may undertake unpaid, voluntary positions or apply for permission to seek the niche jobs listed on the UK 'Shortage Occupation List' if they have waited over a year for a decision. Such regulations effectively exclude asylum-seekers from the labour market (Bales and Mayblin, 2018). Upon receiving a positive decision on their application and having applied for and received a National Insurance Number, a refugee may work. However, if an asylum application is rejected, all working rights are revoked. In addition, if they are unable to immediately return to their country of origin, all welfare support and housing are withdrawn and they will be evicted from asylum housing. However, those with children must be housed and supported.

While awaiting a decision on their asylum claim, an asylum-seeker may apply for some welfare support. However, the level of support has reduced drastically in recent

years (Fitzpatrick, 2018; Fitzpatrick and Joseph Rowntree Foundation, 2015). Currently, under Section 95 of the Immigration and Asylum Act 1999, asylum-seekers are entitled to £45 a week if they can demonstrate that they face destitution. During data collection, those seeking asylum were entitled to £37.75 and the increase reflects rises in inflation. This support is expected to cover all essential needs and is based on a disputed assessment of the living costs of the poorest 10% of the population. However, there is evidence that the amount is insufficient to meet the needs of asylum-seekers forcing them to live in extreme poverty (Mayblin and James, 2019b). In addition, those waiting for a decision on their Section 95 application can access temporary support under Section 98 of the Immigration and Asylum Act 1999.

Under Section 55 of the Nationality, Immigration and Asylum Act (2002), access to support may be denied if an asylum application is not made within a period that is considered 'reasonably practicable' unless an applicant has a dependent under the age of 18 in their household. Government Guidance (2015) suggests applications must be made within three working days of arriving in the UK. Furthermore, an application to work may be refused if any delay in the asylum application process is believed to be the claimant's fault. Rejected asylum-seekers unable to leave the UK, for example, because of a lack of travel documents, can apply for support under Section Four of the Immigration and Asylum Act (1999) but must agree to leave the UK as soon as it is practicable. Given that at least 75% of rejected asylum claims will appeal the decision and almost a third of those applications will be successful (Sturge, 2023), the expectation that individuals must leave the country immediately following a decision is unreasonable. Research by the British Red Cross (Blanchard and Joy, 2017) has shown that many refused asylum-seekers are afraid to apply for

Section Four support and are instead seeking the help of others including third-sector organisations when experiencing destitution.

Waite et al (2015, p. 143) state that the destitution of asylum-seekers is 'produced and enforced through immigration policies and the structural erosion of welfare support'. Research has suggested that these precise policies contribute to the destitution faced by asylum-seekers with some scholars arguing that these policies are specifically designed to serve as deterrents rather than provide support. Mayblin (2019, 2014) suggests that most policies regarding forced migration are heavily influenced by push/pull theories of migration whereby those seeking asylum are motivated to leave a country as a result of push factors such as violence, conflict or humanitarian emergencies and are drawn to another country because of pull factors such as economic stability. Thus, by reducing the economic rights of asylum-seekers, policymakers and politicians argue they are reducing the alleged attractiveness of the UK to those seeking asylum. However, Mayblin et al (2019) show that there is no substantial evidence to suggest that employment rights and the availability of welfare support will play a role in attracting forced migrants to a country. Instead, evidence shows that asylum-seekers are motivated by a range of complex factors including the presence of existing social networks, the language spoken and the expected response from the country(Mayblin, 2016; Mayblin et al., 2019; Vries and Guild, 2019). In addition, push/pull theories tend to simplify the role of common pull factors such as employment rights which are less likely to shape the decision-making of forced migrants in the same way as those who are able to make a choice.

Other deterrents utilised by the UK include poor quality housing which is largely provided by private contractors who prioritise profit over wellbeing. Those in need of

housing are dispersed on a no-choice basis to areas where house prices are low. Often these are areas with high levels of deprivation, few social links and a higher likelihood of harassment and isolation. Bakker et al (2016) found that refugees staying in asylum housing reported weaker social networks and poor physical health compared to those living in self-arranged housing. Incidences include the widely publicised case in Middlesbrough where the doors of asylum-seekers homes were painted red, making them identifiable and thus vulnerable to abuse (Bates, 2017). Other media coverage has highlighted inadequate living conditions in which asylum-seekers are placed including dangerous, vermin-infested houses (Taylor, 2019).

Concerns around accommodation allocation and subsequent dispersal can also disrupt access to healthcare (Kang et al., 2019). In theory, healthcare is free and accessible for asylum-seekers and refugees in the UK. Asylum-seekers whose claims have been rejected are entitled to primary and emergency care and cannot be refused urgent treatment. However, evidence suggests that for some, access to healthcare is restricted and even denied (Weller et al., 2019). In addition, those providing secondary services must charge for treatment. In the UK, organisations such as 'Docs not Cops' strive to eliminate discrimination in access to healthcare and challenge the hostile environment that asylum-seekers and refugees face. A systematic review by Harrington et al (2022) found a number of issues relating to refugee access to healthcare including insufficient knowledge of health services, communication barriers including poor access to interpretation and discrimination by GP surgeries. These barriers meant they struggled to navigate a complex healthcare system. Other community research conducted in Manchester on access to GP services for refugees and asylum-seekers found that many refugees and asylum-

seekers encountered barriers and challenges relating to cost, language,

understanding, access and discrimination which had negative consequences for

health (Kang et al., 2019).

In general, asylum seekers ' experiences of violence and harassment are further

compounded by the existence of these discriminatory practices (Harrington et al.,

2022). Enforced dispersal and destitution are at odds with expectations that asylum-

seekers and refugees should integrate and instead lead to prolonged social isolation

(British Red Cross, 2021; Darling, 2016a). A recent report on destitution in the UK by

Fitzpatrick et al (2018) shows that the underlying issues contributing to destitution

amongst migrants in the UK are often longstanding. Other research by the British

Red Cross (2013) on destitution over ten years revealed that 40% of asylum-seekers

and refugees in the Greater Manchester area had been destitute for over two years.

The majority of these respondents were at the end of their asylum process and were

waiting for Section 4 support.

The everyday impact of little welfare support on asylum-seekers was explored by

Mayblin et al (2019) who reported that asylum-seekers perceived such policies as

dehumanising. They faced daily challenges compounded by a small budget that

provided them with sustenance if strategies were implemented. The harm inflicted on

refugees and asylum-seekers takes place steadily over time. Mayblin (2019)

describes this as 'slow violence' as she talks about indirect forms of structural

violence that may not be perceived as violence. Such inequalities also lead to health

disparities among forced migrants (Grace et al., 2018). Grace et al (2018) refer to this

as 'violence of uncertainty' which is especially present in the experiences of refugees

requiring healthcare in the US system. They point to three impacts of uncertainty. In

the UK, Phillimore and Cheung (2021) found that structural violence enacted through

uncertainty was intrinsic to current health policies of waiting and harmed and health

of forced migrants. Specifically, they found that women were more likely to report

poor health and the impact of waiting continued for almost two years after arriving in

the UK. As Grace et al (2018) state, 'policies of uncertainty enact the violence of

uncertainty' as they point out that these specific forms of structural violence are

apparent in healthcare provision, particularly for migrants and refugees.

Structural Violence

In 1969, Galtung (1969) coined the term structural violence as a means of

understanding the underlying social structures that contribute to the harm and

suffering of certain groups of people. He later extended his framework to include

cultural violence which identified aspects of culture that served to legitimise direct

and structural forms of violence (Galtung, 1990). This 'violence triangle' suggests that

cultural, structural and direct violence reinforce one another in a reciprocal way

(Galtung, 2015). Galtung's theory is useful as it highlights the powerful role of

informal and indirect practises in contributing to the marginalisation of refugees and

asylum-seekers, with often harmful outcomes (Canning, 2017; Phillimore et al.,

2022b).

Direct violence often involves an individual physically or psychologically harming

another person with effects that are often direct and immediate. Unlike this well-

known form of violence, Galtung (2015, 1990, 1969) suggests that structural violence

is much more subtle and is embedded within the wider systems that restrict an

individual's ability to meet even the most basic, essential human needs causing

irrevocable damage. Thus, where direct violence is more blatant and can be

observed, indirect, structural forms of violence are much harder to identify and can include a range of formal and informal practices rather than direct individual abuse. Abuse can be formal such as institutionalised policies that impede an individual's access to employment, healthcare and adequate living. But it can also manifest informally through wider cultural beliefs that allow some groups to be mistreated (Schneider et al., 2018). As these underlying structures are inherently normalised and have existed over time, structural violence remains hidden (Farmer, 2009).

Mayblin et al (2019) explored the impact of asylum support on the everyday lives of asylum-seekers in the UK and found that power, privilege and socioeconomic inequality all played a role in strengthening structural violence and the violence triangle. Thus, supporting the notion that structural violence is expressed through existing immigration and asylum regimes. As Farmer (2009) notes, structural violence is generated through socioeconomic disadvantage and unequal distributions of power. It is those who are impoverished that are more likely to suffer from structural violence and it can often do as much harm as direct physical violence over time (Schneider et al., 2018).

Of relevance to the argument that forced migrants encounter structural violence is the concept of necropolitics as described by Mbembe (2003). Mbembe (2003), in his discussion of oppression, argued that within the context of colonisation, death was sanctioned by colonial powers. Race was the primary source of subjugation that determines the social existence of groups whereby some are denied conditions that enable them to thrive and instead live in a constant state of what Davies et al (2017) described as a state of 'stark suffering' (2017, p. 1280). Dillon (1999) suggests that existing outside of what is deemed normal social and political life is in fact a central

feature of life as a forced migrant. Using the idea of necropolitics, Danewid (2017) argues that the so-called refugee crisis in Europe must be analysed within the context of Europe's history of empire, colonialism and slavery. In fact, most forced migrants seeking refuge in Europe come from countries that were until recently under colonial rule (Abuya et al., 2021).

It has been argued that current asylum policies that facilitate the unequal treatment of forced migrants are racially hierarchal as well as historically embedded. As Danewid (2017) points out, most discourse regarding refugees tends to reproduce ideas of white nationalism as they portray the Western world as a place of liberty and human rights. Yet, countries including England continue to enact harm to asylum-seekers daily (Mayblin et al., 2019). By preventing people from meeting their basic needs, asylum policies present a form of structural violence that is a continuance of colonial violence. Mayblin et al (2019) argue that ideas regarding human hierarchy, impact the everyday lives of migrants, particularly those with uncertain status such as asylum-seekers or those who are undocumented.

Schneider et al (2018) suggest that structural violence and cultural violence often go hand in hand. That is to say that structural violence and how it manifests reflect the cultural biases of a nation. These cultural attitudes and judgments within a country then shape more formal arrangements and policies. For refugees and asylum-seekers, indirect violence is a certainty during their resettlement journey (Schneider et al., 2018). This is in addition to the direct violence that many face as discrimination against migrants, asylum-seekers and refugees becomes increasingly normalised. Some authors have even suggested that refugee camps have become the ultimate site of necropolitics where every aspect of a forced migrant's life is controlled by the

state and harm or death during the migration process is an expected eventuality (Mayblin et al., 2019).

Schneider et al (2018) interviewed aid workers and Syrian refugees who had resided in refugee camps and found that forms of indirect violence including structural and cultural violence were present in refugee's everyday lives. Structural violence manifested through unmet needs as refugees identified a lack of security, healthcare, food, nutrition, education and employment opportunities. Cultural violence was described by its dehumanising effect on participants who expressed feelings of alienation. The themes identified by Schneider et al (2018) were further compounded by policies and procedures that exacerbated the harmful structural violence experienced by refugees. In fact, one participant in expressing frustration at the migration procedures, stated that life was worse upon arrival in Greece than it had been in Syria.

The consequences of structural violence can also be seen when looking at the ways in which forced migrants resort to alternative means of income that may be criminalised (Schneider et al., 2018). It can foster forms of exploitation in circumstances where people feel they have little way of making money. Walker (2017) found that migrant mothers in South Africa would sell sex as a temporary strategy enabling them to provide for their children. The study showed that women's decisions to engage in transactional sex emerged after failed employment opportunities where they reported exploitation as a result of their migrant status. The structural violence experienced by the women was often the result of intersecting experiences as mothers, migrants, and sex workers.

Summary

In this section, I have introduced the concept of forced migration and demonstrated that the journey undertaken by displaced people is often complex, ever-changing and fraught with challenges. Specifically, the policies, definitions and terminology underpinning the categorisation of forced migrants have implications for the support they receive. I argued that current policies enact a form of structural violence on those who are forcibly displaced, in turn neglecting the state's role in offering humane humanitarian protection. In the following sections, I detail the impact that structural violence and immigration regimes can have on children and families.

2.2. Understanding Child Maltreatment

The following section introduces the many ways that forcibly displaced children are exposed to violence and harm during migration. I begin by exploring definitions and evidence of child abuse and neglect (CAN) while shedding light on the prevalence of the issue both globally and nationally. I further discuss the process of child protection investigations in the UK in order to demonstrate current responses to harm where CAN is suspected. I then detail the impact that abuse, in all its forms, can have on children. I also explore the ways in which literature on CAN has been applied to the experiences of forcibly displaced children and present the limited literature exploring harm and forced migrant children. Specifically, I highlight the presence of CAN during forced migration before detailing the implications of it on children.

Definitions of child maltreatment

It is important to start by emphasising that there is a lack of consensus on what constitutes child maltreatment making it particularly difficult to interpret the scale and

scope of abuse within and between countries (Bywaters et al., 2016). Internationally, beliefs and values for parenting practices vary considerably as do perspectives on child welfare (Krug et al., 2002). As a result, understandings of CAN are often based on a myriad of factors, all of which are open to interpretation. However, most agree that it encompasses behaviour and practices that are deemed harmful to a child (Gonzalez-Izquierdo et al., 2014). To develop more effective and appropriate strategies for prevention, it is crucial that we have a working definition of child maltreatment or CAN. The World Health Organization (WHO) Consultation on Child Abuse Prevention defines child maltreatment as:

> *'All forms of physical and/or emotional ill-treatment, sexual abuse, neglect, negligent treatment or commercial or other exploitation resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.'* (WHO, 1999, p. 15)

Thus, abuse and neglect are defined not only by the behaviour of a parent or caregiver but the impact it has on a child. Most research tends to reflect the WHO (1999) definition and there is general agreement that maltreatment encompasses four specific subtypes of abuse: Physical abuse, Emotional Abuse, Sexual Abuse and Neglect (Christoffersen et al., 2013). In the UK, guidance for professionals working with children echoes this and provides more detail of the specific actions relating to each category of abuse as described below:

Physical Abuse	*'A form of abuse which may involve hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer*

	fabricates the symptoms of, or deliberately induces, illness in a child.' (HM Government, 2018, p. 102)
Emotional Abuse	*The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.* (HM Government, 2018, p. 103)
Sexual Abuse	*Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high*

	level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. (HM Government, 2018, p. 103)
Neglect	*The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:* *a. provide adequate food, clothing and shelter (including exclusion from home or abandonment)* *b. protect a child from physical and emotional harm or danger*

	c. ensure adequate supervision (including the use of inadequate caregivers)
	d. ensure access to appropriate medical care or treatment It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.
	(HM Government, 2018, p. 104)

Table 2: Categories of Child Abuse and Neglect (CAN)

Prevalence of Child Abuse and Neglect (CAN)

In all its manifestations, child maltreatment or CAN is a pervasive issue with significant life-long implications (Bellis et al., 2014; Bunting et al., 2018; Clemens et al., 2018; Shin et al., 2013; Stevens et al., 2018; Stoltenborgh et al., 2015). In the UK, the National Society for the Prevention of Cruelty to Children (NSPCC) publish an annual detailed overview of child protection data across the UK (Bentley et al., 2020, 2018). The most recent report, focusing on abuse of adolescents found that rates of abuse against adolescents were higher than for younger children and they were more likely to be subject to a child protection plan (Bentley et al., 2020). The Department of Education also publishes data on referrals to children's social care, for every twelve-month period in their *Children in Need* census (2022). The latest report shows that the number of children in need has increased by 4.1% since 2021 and is currently the highest it has been since starting the research within this thesis. During the period detailed in the report, over half of the child in need assessments were for suspected abuse or neglect (Department for Education, 2022). The recorded characteristics of children in need show that 54% were male. The largest age group

were those aged 1-9 years and of those whose ethnicity was known, 70.2% were white, 8.7% black, 9.1% mixed, 8% Asian and 3.8% were classified as other. Importantly, the majority of child protection investigations were due to neglect (Department for Education, 2022).

More globally, a series of metanalyses by Stoltenborgh et al (2015, 2013, 2012, 2011) attempted to understand the prevalence of neglect, sexual abuse, physical abuse and emotional abuse. 331 independent samples of over 9 million participants were analysed to understand the global prevalence of child sexual abuse (CSA) (Stoltenborgh et al., 2011). It was found that prevalence was much higher in self-report studies (127/1000) compared to informant studies using professionals such as child protection workers, teachers, or health practitioners (4/1000). Similar discrepancies in the prevalence of other forms of child maltreatment also exist. Emotional abuse was explored in 46 independent samples with over 7 million participants and a prevalence of 3/1000 was found in informant studies and 363/1000 in self-report studies (Stoltenborgh et al., 2012). Physical neglect was explored in thirteen independent studies of over 59,406 participants and emotional neglect was explored in 16 independent studies with 59,655 participants. The meta-analysis revealed that the overall prevalence of physical neglect was 163/1000 and 184/1000 for emotional neglect (Stoltenborgh et al., 2012). The prevalence of physical abuse was found to be 226/1000 in self-report studies and 3/1000 for those using informants, using 168 independent studies and over 9 million participants (Stoltenborgh et al., 2013). These meta-analyses provide a useful overview of the prevalence of child maltreatment according to the literature and show that most research focuses on sexual abuse. However, it must be noted that the analyses also

incorporated a comparative method across many countries. Although useful, it must be considered that countries would use their own definitions as a basis which could impact the rates reported. Furthermore, there is ample evidence to suggest that types of abuse will often co-occur, specifically in cases of neglect (Debowska et al., 2017), however, this was not explored within the reviews by Soltenbergh (2015).

In 2014, UNICEF attempted to provide an overview of the global prevalence and the scale of various types of child abuse (UNICEF, 2014). The ground-breaking report used data from 190 different countries to demonstrate that around 95,000 children and adolescents died through homicide in 2012. A quarter of girls aged 15-19 reported being a victim of some form of physical violence since the age of five, and around 120 million girls under the age of 20 have been forced to engage in sexual acts. More recent findings suggest that the number of adolescents dying as a result of violence is still high with 82,000 adolescents being killed violently in 2015 alone. Importantly, over 70% of those adolescents killed as a result of collective violence lived in the Middle East and North Africa (UNICEF, 2017).

Globally, chronic adversity is a common occurrence in the lives of children, the majority of whom reside in low/middle-income countries (LMICs), often growing up in unstable political and social contexts, extreme poverty and/or armed conflict (Kohrt, 2014). Furthermore, for those living in LMICs, child maltreatment is thought to occur at higher rates (Ward et al., 2016). However, the majority of studies seeking to understand and conceptualise CAN are conducted in high-income countries with very similar cultural norms and values illustrating a discrepancy in our understanding of global child maltreatment (Stoltenborgh et al., 2015). There have however been attempts to capture global data on child maltreatment. The International Society for

the Prevention of Child Abuse and Neglect (ISPCAN) for example provides a snapshot of child maltreatment in 88 different countries including 52 LMIC countries using surveys every two years (Dubowitz et al., 2018).

Child Abuse and Neglect (CAN) During Forced Migration

Focusing exclusively on CAN and forced migration, findings by *Save the Children* (McDonald et al., 2017) indicate that almost three million children under the age of six have known conflict and war. In addition to issues such as physical, emotional, and sexual abuse, and neglect, children living in war zones are exposed to a range of risks including forced warfare, child trafficking, sexual and commercial exploitation, child marriage and harmful traditional practices which significantly endanger the health of the child. A systematic review by Kadir et al (2019) showed that children exposed to war can experience a range of physical injuries with major long-term implications including amputation and disability. Injuries were often the result of living in a combat zone with causes such as bombing, chemical and biological weapons, and torture. The effects were often ongoing even after the conflict had ended with children being born with birth defects, increased reports of cancer and injuries sustained through landmines and unexploded ordinance. In addition, war and associated displacement have poor implications for pregnancy and birth with fewer full-term births, low birth weight and still-born birth (Reese Masterson et al., 2014).

At times of social and political unrest, young girls may be at more risk from specific forms of abuse. Research with adolescent females in refugee camps in Rwanda for example showed that material deprivation and a lack of opportunities often led to sexual exploitation in and around camps in the form of transactional sex and other forms of sexual and gender-based violence (SGBV) (Williams et al., 2018). Meda

(2017) noted that children may witness violence, aggression and death and experience forms of abuse. Studies have shown that adults who have been exposed to war and conflict are often at increased risk of neglecting their children and child maltreatment. Research with Syrian women displaced in Lebanon revealed that almost a third had experienced forms of violence, usually by military personnel, which was associated with increased levels of stress. Over 75% of displaced women who had experienced violence reported hitting their children as a result of stress (Reese Masterson et al., 2014).

A systematic evidence review by LeBrun et al (2016a) analysed 24 studies detailing child maltreatment in refugee and immigrant families and found that specific risk factors associated with immigration status and the challenges of resettlement were present. However, the review concluded that there was no evidence to suggest that refugee children were at higher risk of child maltreatment than non-immigrant children. It is important to note that only two studies (Chang et al., 2008; Ima and Hohm, 1991) included within the review, looked solely at refugee families with the remaining exploring immigrant experiences and maltreatment. LeBrun et al (2016a) noted that refugee and newly settled immigrant families will encounter unique challenges that may differ from those faced by other migrants. Thus, studies detailing the specificities of child maltreatment within minority families may not be generalisable to refugees.

The Impact of Child Abuse and Neglect (CAN)

The ramifications of abuse and neglect during childhood on an individual's life are vast and evidence continues to suggest that abuse has significant physical and psychological implications in later life, especially in the context of a dysfunctional

household (Felitti et al., 1998; Stevens et al., 2018). In the short term, extreme neglect and maltreatment can have fatal consequences (Munro, 2011). Physical abuse for example can cause substantial physical harm to a young child and is often associated with a higher mortality rate and higher injury severity score where physical abuse is suspected, particularly for infants (Davies et al., 2015; Estroff et al., 2015). Physical abuse in the form of non-accidental injury (NAI) inflicted by a parent or carer is a significant cause of major physical trauma and brain injury in young children (Davies et al., 2015; Gonzalez-Izquierdo et al., 2014; Ward and Draus, 2015). According to the NSPCC (2021), physical abuse is the second most common form of abuse reported by children to helplines.

Estimates and prevalence reports on CAN have frequently found that neglect is the most commonly reported form of abuse (Ben-David and Jonson-Reid, 2017; Long et al., 2014). It is the most common category for registration on a child protection register in the UK, however, it is under-researched compared to other forms of child abuse (Bentley et al., 2020; Long et al., 2014; Mulder et al., 2018; Stoltenborgh et al., 2015). Such an omission could be because neglect as a category is complex, encompassing many different sub-categories such as emotional neglect, medical neglect, educational neglect, nutritional neglect and lack of supervision (Long et al., 2014).

In the long term, maltreatment during childhood can have a significant detrimental effect. Over twenty years ago, Felitti and colleagues (1998) reported that ten key adverse childhood events (ACEs) were most frequently present in the lives of adults with chronic illnesses. It was found that the accumulation of these traumatic experiences which included verbal abuse, sexual abuse, physical abuse, emotional

neglect, physical neglect, mental illness, domestic violence, parental incarceration, substance/alcohol misuse and parental separation increased the likelihood of physical and mental health issues in later life. They argued that four or more ACEs resulted in what they called toxic stress over prolonged periods, especially in the absence of protective, secure relationships (Felitti et al., 1998; Franke, 2014; Murray, 2018). In the long term, children with multiple ACEs had a shorter life span, were more likely to engage in criminal behaviour, experience chronic health conditions, have lower educational and employment prospects, experience some form of mental health issue and were more likely to develop physical health problems. Since then, Felitti et al's work has been extended to the UK, yielding similar findings (e.g. Bellis et al., 2014). Importantly, these outcomes become ACEs inter-generational transmission of trauma and adversity (Narayan et al., 2021).

Serious Case Reviews of Child Abuse and Neglect (CAN)

The Department for Education describes a serious case review (SCR) as 'a local enquiry carried out where a child has died or been seriously harmed and abuse or neglect are known or suspected, and there is a cause for concern about professionals working together' (HM Government, 2018). Under such circumstances, an SCR will be commissioned by a local safeguarding children's board (LSCB) and undertaken to determine learning points to improve the way services work to safeguard children. In recent years, practice has changed in England and SCRs were replaced with Local Child Safeguarding Practice Reviews (LCSPRs) in 2019. Similar to an SCR, an LCSPR is carried out when a child dies or is seriously harmed, and abuse or neglect is suspected. Local safeguarding partners will then carry out a rapid review of the case which is sent to a Child Safeguarding Practice Review Panel with

a decision of whether they will be carrying out an LCSPR if the case is thought to be of local importance. Although procedures have changed, in essence, both SCRs and LCSPRs seek to identify points to improve safeguarding and implement improvements to practice to learn from the review.

Statutory guidance (HM Government, 2018) cites a 'child-centred approach' to safeguarding that prioritises the needs of the child when working with families and children. Underscored by the work of Munro (2011), a child-centred approach urges practitioners to understand the causes of child abuse rather than focus on challenges and mistakes. Indeed, Sidebotham et al (2011) note that SCRs can be valuable in understanding the wider world within which a child resides and can enable a necessary exploration of safeguarding practice within the context of the child. Nonetheless, some authors (Firmin et al., 2023; Preston-Shoot, 2018; Wood, 2016) have expressed concerns about the value of SCRs as learning tools. Wood (2016, p. 8)(2016) for example writes that 'the model of serious case reviews has not been able to overcome the suspicion that its main purpose is to find someone to blame'. In the same report, Woods (2016) argues that lessons and recommendations from SCRs are generally repetitive and suggests that change is seldom implemented. Preston-Shoot (2018) concurs that while learning from SCRs may seem ineffective, the context within which practitioners operate as well as the complexity of embedding learning into practice and policy should be considered. Thus, an analysis of reviews should also critically explore how wider practice impacts the ability of practitioners to adopt a true child-centred approach.

Nationally, regular analyses of SCRS (Brandon et al., 2020, 2008; Dickens et al., 2022; Garstang et al., 2021; Garstang and Sidebotham, 2019) repeatedly show the

cumulative impact of interlinked forms of harm such as economic deprivation, poor parental mental health and domestic violence and abuse (DVA). In addition, there is consistent evidence that serious cases of maltreatment take place within the home and that infancy presents a period of heightened vulnerability where complex environmental and parental factors are present. Resonating with the critique by Wood (2016), we see that learning points can therefore be repetitive. For example, the above points would suggest that preventative measures could be put into practice to prevent harm against children. Rawlings et al (2014) however observe that large-scale change is of course difficult to implement. The authors add that pressures, time constraints and the risk of perpetuating a culture of blame can also hinder change following the publication of an SCR.

In relation to forcibly displaced families, a briefing carried out by the NSPCC (2014) sought to summarise the key learning points found in SCRs relating to refugee and asylum-seeking children. The briefing specified a number of risk factors for children including social isolation, a limited understanding of the availability of services, language barriers as well as other factors relating to the families. However, the briefing also included the SCRs of children whose parents were described as 'first-generation immigrants'. It must be reiterated that collating the experiences of forcibly displaced children with those of general migrants hinders our understanding of risk, vulnerability and harm within refugee and asylum-seeking families. While children may share some characteristics, the structures and systemic factors that impact forcibly displaced children should be highlighted within any discussion on child abuse and fatal maltreatment. In order to develop effective preventative and protective strategies for children, it is important to fully understand these specific experiences.

Summary

In sum, the evidence shows that CAN, maltreatment and harm is a complex and vastly underreported issue. Within the context of forced migration, very little is known about harm and violence and its impact on forcibly displaced children. Nonetheless, research has repeatedly shown that harm and adversity during childhood can have a detrimental impact in the long term.

2.3. Risk Factors for Child Abuse and Neglect (CAN)

It is important that frameworks for understanding CAN account for the context within which CAN takes place and the multiple interlinked risk factors (Brandon et al., 2011, 2008). Looking specifically at child protection literature and practice, the term 'toxic trio' has gained some momentum (Middleton and Hardy, 2014). The term is used to describe three important risk factors that are often present in most serious case reviews; parental mental health issues, domestic violence and parental alcohol/substance misuse. Where all three risk factors are present, the likelihood of abuse is high (Brandon, 2009). Data from the latest Children in Need census (2022) showed that most assessments with additional factors identified included a history of domestic violence, mental health concerns, substance misuse and alcohol misuse.

Relevant to the present study, a systematic review of literature conducted by Timshel et al (2017) explored risk and protective factors associated with family-related violence in refugee families using an ecological model (Bronfenbrenner, 1979). Their findings suggested that individual-level parental characteristics such as trauma, mental illness, substance misuse and a history of child abuse were likely to also have an impact on the family and contribute to subsequent family violence. Thus, the

evidence concerning the intergenerational impact of CAN is relevant to the experiences of forced migrants (Narayan et al., 2021). Moreover, recent research shows that ACEs may be more common in refugee families and that living with parents with untreated trauma can have poorer outcomes for children (Bager et al., 2022; Wood et al., 2020).

Timshel et al (2017) also found that parental interactions with the child, unstable family structures and acculturation stress were also found to be key risk factors, however, positive parenting coping strategies were found to be an important protective factor. Lower socioeconomic status was identified as a societal risk factor and patriarchal beliefs were risk factors at the cultural level. Importantly, only five of the studies reviewed looked specifically at child maltreatment with the remaining looking at intimate partner violence. Timshel et al (2017) concluded that refugee families encountered a range of stressors during forced displacement including socioeconomic stress, changes in familial structures and acculturation which exacerbated existing posttraumatic stress disorder (PTSD) or depressive symptoms experienced by parents in traumatic circumstances. The authors stressed a need for interventions and strategies that encompassed both individual and family-related factors to prevent family-related violence in refugee families. The review also identified the need for research on protective factors associated with family-related violence particularly within refugee families to ultimately strengthen processes of family resilience. As Bager et al (2022) explain, the presence of additional adversity interlinks with parents mental health and other factors leading to an increased likelihood of risk for children.

Mental Health and Trauma

The link between parental mental health and CAN has been substantiated in literature with findings showing a strong relationship between contact with mental health services and allegations of child maltreatment (O'Donnell et al., 2015). In general, all types of mental health problems are associated with an increased risk of maltreatment however there are some differences in risk level with Kohl et al (2011) finding that caregiver's mood and anxiety disorders posed the most risk to children. Ongoing, continuous stress can also have a detrimental effect on parental capacity to provide adequate care for a child (Sangalang et al., 2017). Research with refugee populations has often concluded that refugees are at increased risk of psychological distress and psychopathology with many studies focusing on PTSD which has been identified as being ten times more likely within this population (El-Khani et al., 2017). Systematic reviews documenting child maltreatment following resettlement have found that the presence of specific risk factors in cases of child maltreatment in refugee families including war trauma (LeBrun et al., 2016b; Timshel et al., 2017).

In addition, studies exploring the impact of conflict on children exposed to violence show that they are at an increased risk of developing poor mental health (Blanchet-Cohen and Denov, 2015; Bronstein and Montgomery, 2011; Catani et al., 2009).

For example, evidence from Syria found that children displayed common symptoms of toxic stress and post-traumatic stress disorder (PTSD) such as frequent bedwetting. In addition, the research which was conducted with over 450 participants, revealed that 80% of children showed increased levels of aggression and reported regular feelings of grief and extreme sadness (McDonald et al., 2017). Toxic stress, described as a severe persistent stress response is common among

those experiencing adverse situations (Franke, 2014). Murray (2018) also discussed the presence of toxic stress in the lives of refugee children and argued for the need for practitioners to integrate knowledge of ACEs and resilience into interventions for refugee children. Murray (2018) argued that amongst refugee children, repeated exposure to war and conflict can lead to toxic stress with potentially significant long-term implications.

As forced displacement is associated with an increased likelihood of mental health problems in both adults and children, the concurrent effect of exposure to severe violence and the complexities of becoming a refugee can leave children vulnerable to further mental health problems (Kadir et al., 2019). Studies on the psychosocial needs of children residing in refugee camps have found that children are likely to develop psychological difficulties (Bronstein and Montgomery, 2011; El-Khani et al., 2018, 2016; Khan et al., 2019). This risk is particularly high for those children who have lost family members (Khan et al., 2019). Discussions with Syrian mothers living in refugee contexts conducted by El-Khani et al (2016) found that parents struggled to manage the behaviour of their children who had become increasingly aggressive following exposure to war and showed signs of psychological trauma. Similarly, learning to parent appropriately following displacement and protecting children can be challenging (Losoncz, 2016).

During resettlement, the interaction of a range of stressors in the host country can often aggravate the effect of pre-migration trauma (Haene et al., 2010). One study assessing the long-term impact of war-related trauma found that parents experience more psychological distress than children with symptoms including depression and anxiety (Llabre et al., 2015). Adult experiences of persecution, war, oppression,

severe distress and subsequent traumatic responses can compromise their capacity to provide care to a child and act as a protective factor. Bryant et al (2018) found that the mental health of forcibly displaced children was affected by parental mental health. In addition, it was found that symptoms of trauma in parents resulted in harsher parenting.

In circumstances of unsupported parental trauma, family violence may develop (Chang et al., 2008). Poor mental health and substance misuse are well-established psychological responses to trauma and have been shown in some instances to result in the maltreatment of children within refugee families (Chang et al., 2008; Hinton et al., 2009). In addition, trauma can have a disruptive impact on parent-child interactions. Post-migration research conducted with refugee parents living with PTSD revealed that their own experiences of childhood maltreatment can merge with recent traumatic events and ultimately shape their caregiving style (Riber, 2017). Furthermore, the cumulative effect of trauma in ever-changing, unstable contexts has a significant impact on parenting approaches and goals, well-being, and child safety. Qualitative research shows that conflict and war can shape parenting practices leading to negative disciplinary methods including corporal punishment (El-Khani et al., 2016).

Studies have also been conducted on the effect of maternal mental health on children following forced displacement. In the US, Sangalang et al (2017) explored the longitudinal impact of maternal distress on the children of Southeast Asian refugee women. They found that maternal distress had a negative effect on family functioning including on communication, conflict, family cohesion and involvement. Parents interviewed by El-Khani et al (2016) detailed the impact of conflict on their

own well-being which was perceived as having a direct effect on the way they parented their children. Parents reported adopting negative parenting methods which included shouting and hitting. In refugee camps in Rwanda, conflict between caregivers and young people often impacts young people's decisions to seek and identify support following experiences of violence (Bermudez et al., 2018). The findings also showed that both young people and adults were reluctant to access support, which has been reiterated by other studies which show that positive relationships with caregivers can help facilitate disclosures of abuse even where there is stigma and shame (Augusti and Myhre, 2021; McElvaney et al., 2014).

Domestic Violence and Abuse (DVA)

Evidence suggests that domestic violence and abuse (DVA) in the home can be higher following humanitarian emergencies and forced displacement. For example, McDonald's et al (2017) found that domestic violence had increased amongst refugee populations in Syria since the war had started. In addition, research increasingly shows that incidences of domestic violence can be common in displaced families (Phillimore et al., 2022b).

Witnessing or hearing instances of violence in the home is known to be harmful to the emotional well-being of a child and has been associated with difficulties in social, behavioural and emotional development and mental health problems in later life (Holmes, 2013; Miller et al., 2014). However, as a form of emotional abuse, witnessing DVA continues to be widely underreported (Rubenstein et al., 2017). In addition, research on child deaths from maltreatment indicates that DVA is usually a common occurrence in the child's life (Middleton and Hardy, 2014). Evidence also suggests that households, where women are experiencing domestic abuse, are likely

to physically punish children (Guedes and Mikton, 2013). Violence against children can often occur concurrently when there is violence against women in the home particularly when there is exposure to conflict (Rubenstein et al., 2017).

Research conducted on intimate partner violence in refugee families can provide some insight into family processes and structures to provide a deeper understanding of the environment in which the child resides. Lewig et al (2009) found that incidences of physical abuse would occur in families where domestic abuse was common, where issues arose. Further findings by Black et al (2013) revealed that male refugee children were often exposed to family violence and tended to be recipients of abuse from fathers. Fernbrant et al (2013) further showed that fathers were considered the most powerful figure within a family and exerted the most authority. Thus, the prevalence of patriarchal beliefs within a family may be a cause of DVA and consequently, child maltreatment in families where traditional family roles and gendered expectations are altered. The loss of the "breadwinner" role as a key dimension of male identity is known to increase the likelihood of substance misuse. For fathers misusing substances the use of culturally sanctioned physical discipline may increase (Black et al., 2013; Chang et al., 2008; Fisher, 2013). In fact, where families leave countries with pervasive patriarchal beliefs, family violence can increase following forced displacement (Thomas et al., 2019).

Structural Inequality and Daily Stressors

Poverty and structural factors can also have a detrimental impact on family functioning and child wellbeing which can become a more salient issue amongst refugees and asylum-seekers. Financial and economic hardship has long been associated with child health (Wickham et al., 2016). For example, early research by

Aber and Bennet (1997) emphasised that children in impoverished neighbourhoods had poor health outcomes such as low birth weight. These early conclusions resonate with other data from high-income countries including England which shows that socioeconomic status is associated with child mortality (Sidebotham et al., 2014a). As statistics show that 1.5 million people in the UK lived in absolute destitution in 2017 including 365,000 children, exploring the impact of socioeconomic status is a pressing concern (Fitzpatrick, 2018). Some work has also shown links between austerity policies in European countries including England and child health. Specifically, Rajmil et al's (2020, 2018) work shows that high levels of austerity had a detrimental impact on child health outcomes and perinatal outcomes such as low birth weight.

Other studies on economic deprivation have consistently found a significant relationship between rates of neighbourhood poverty and child maltreatment (McLeigh et al., 2018). In the US, Eckenrode et al (2014) found correlations between income inequality, child poverty and rates of child maltreatment. Drawing on a range of studies, Conrad-Hiebner and Scanlon (2015) also argued that child physical abuse was more likely to occur in poor economic conditions. Their findings showed that families experiencing long-term economic hardship were more likely to encounter child physical abuse compared to those facing temporary economic distress. Thus, the authors called for more recognition of the link between poverty and physical abuse. While such explicit links have yet to be made in the UK, studies do indicate that neglect and other forms of maltreatment are driven by structural risk factors such as poverty and poor housing (Baldwin and Spencer, 2005; Bywaters et al., 2018, 2016; Featherstone et al., 2019). For example, Sidebotham et al (2014b, 2011) and

Brandon et al (2020) have repeatedly stressed that factors associated with poverty are most often present in cases of severe child maltreatment and suspected non-accidental deaths.

Findings from the UK also echo research from the US confirming a link between living in areas of deprivation and a child's chances of becoming the subject of formal state intervention (Bywaters et al., 2016; Featherstone et al., 2019). Recent work by Bywaters et al (2022) found that families from areas of high deprivation were more likely to experience child welfare interventions in England. Similarly, Drake and Jonson-Reid (2014) present evidence to suggest that not only are poor children over-represented in reported cases of child maltreatment but that poverty is explicitly related to child maltreatment. However, Scott et al (2016) point out that common approaches to child protection often fail to account for the role of structural risk factors and instead focus on individualised factors such as psychopathology. An evidence review by Bywaters et al (2016) exploring poverty and child maltreatment and neglect in the UK suggests that poverty is not an isolated factor resulting in child maltreatment, instead its effects interact with a range of other factors including parental behaviour, availability of resources, parenting capacity and the wider environment to contribute to child maltreatment. In addition, Taylor et al (2000) call for a deeper understanding of parenting that recognises the impact of the social and economic context of a family. Specifically, Taylor et al (2000) explained that shifting norms and perspectives have impacted how parenting is deemed 'good enough', particularly in relation to socioeconomic status. Since then, other findings have shown that positive relationships are more important to children's subjective well-

being than material deprivation and lower socioeconomic status (Haanpää et al., 2019).

Some work shows social disorders such as high rates of violence in poor neighbourhoods have a more significant effect on the use of physical abuse in families compared to structural disadvantage (Freisthler and Maguire-Jack, 2015). Such findings could suggest that while structural inequality could impact types of abuse, social processes and interactions may be much more influential, particularly in cases of physical abuse. Freisthler and Maguire-Jack (2015) go on to argue that more positive social interactions in such neighbourhoods could reduce the use of physical abuse. However, more recent work by Maguire-Jack and Font (2017) found that such social processes were only protective factors for physical abuse and neglect in high-income families. They concluded that structural and social factors that were present in the lives of impoverished families acted as risk factors for maltreatment.

Ongoing, continuous stress in families with poor socioeconomic resources may have a detrimental effect on the parental capacity to provide adequate care for a child (Sangalang et al., 2017). McLeigh et al (2018) argued that the specific structural characteristics of poorer neighbourhoods increased stressors in the lives of parents and caregivers that can impact levels of child maltreatment. Loss of income, economic distress and cumulative material hardship are known to have an adverse impact on family well-being and child maltreatment (Conrad-Hiebner and Byram, 2020). While studies exploring the complex relationship between child maltreatment and poverty often follow socioecological models, some utilise a family stress model which argues that low income and economic insecurity places a great deal of stress

on parents and families, leading to harsher parenting and child maltreatment (Barnett, 2008; Cancian et al., 2013; Conrad-Hiebner and Byram, 2020; Conrad-Hiebner and Scanlon, 2015). Studies supporting this perspective have also specified that maltreatment and mental health as a result of stress go hand in hand (Rodriguez-JenKins and Marcenko, 2014).

Evidence has also shown that amongst low-income families, finding and obtaining adequate child care can cause stress, increasing the likelihood of aggressive and neglectful behaviour (Ha et al., 2015; Olds et al., 2013). In a series of studies, Olds (2008) found that regular visitations from nurses resulted in fewer incidences of child abuse compared to a control group with no nurse visits. In addition, women held fewer child-rearing beliefs associated with maltreatment (Olds, 2007). Drawing on socio-ecological theory, Olds (2007) also noted that the Nursing Family Partnership (NFP) was successful in preventing crime and delinquent behaviour among children in later life. It must however be noted that these findings are specifically related to low-income, teenage mothers. A summary of these findings by Olds (2013) also reiterated such points.

Of the different types of child maltreatment, it is neglect that is frequently and most strongly associated with socioeconomic poverty (Brandon et al., 2020). However, through discussions with parents, Gupta et al (2018) found that the impact of poverty was rarely acknowledged by professionals assessing families for child maltreatment including neglect. The authors also drew attention to the general tendency to attribute CAN to individuals or interpersonal dynamics with little consideration for the broader role of poverty. In some ways, poverty remains a relatively under-studied yet complex topic within child maltreatment and Featherstone et al (Featherstone et al., 2019)

point out that to fully understand its role we must also focus on the wider role of inequality within society.

Sidebotham et al (2014a) also found that the complexity of factors relating to socioeconomic disadvantage often interacts with other risk factors such as parental smoking or substance and alcohol misuse. In families where such risk factors are present, familial dysfunction may be more prevalent and forms of emotional abuse may take place. This can include exposure to domestic violence. Devaney (2008) specifies that in homes where children are exposed to domestic violence, socioeconomic deprivation is often a salient factor.

Unlike the general population, government policies intentionally place forcibly displaced families in poverty as part of their hostile environment strategy (Weller et al., 2019). In addition to past trauma, the experience of adapting to a new country can create additional stressors. In the post-migration phase, refugees face a complex asylum system with no clear processes or timelines meaning they often live in a state of protracted uncertainty which undermines mental health (Phillimore and Cheung, 2021). Some findings suggest that stressors associated with settlement exert the more impact on mental health than pre-migration experiences (Norris et al., 2011). Mann (2012) found that Congolese refugee children in Tanzania were often more concerned about their current experiences as refugees rather than their past experiences of war. Upon resettlement, families will often face poverty, language barriers, unemployment and unstable housing arrangements (Losoncz, 2016). Access to healthcare may be limited and can impact on children's access to services to support both physical and mental health concerns (Robertshaw et al., 2017). After resettlement, families may also face familial separation and changes in social and

cultural roles. Disruptions to family life were cited as a key stressor during resettlement for young refugees in Canada (Blanchet-Cohen and Denov, 2015).

A considerable amount of evidence exists on the issue of destitution amongst asylum-seekers, the impact of policy on effectively enforcing refugee and asylum-seekers into poverty and the links between migration, ethnicity, and poverty. In addition, we know that these factors will interact with pre-arrival and forced migration trauma to compound any experiences of poverty. To understand child maltreatment within this context, such links are important for several reasons. As studies show that poverty has a deleterious effect on child well-being, maltreatment and neglect (Bywaters et al., 2022), it is increasingly important that the effects of structural violence on forced migrants and their children is explored. Much attention has been paid to psychological dysfunction in refugee families and the impact this has on parenting. Yet these psychological concerns are strongly linked to economic and sociocultural factors (Blackmore et al., 2020a; Jolly, 2018a). Thus CAN in refugee or asylum-seeking families may be related to low income, poor socio-economic circumstances and unstable structural factors even in high-income countries.

For refugee and asylum-seeking families, there is no doubt that poverty and social disadvantage interact with other factors that are prevalent in the lives of forced migrants. In relation to child health and mortality, Phillimore et al (2010) found that women facing destitution and uncertainty encountered many problems with accessing services for pregnancy. In addition, Phillimore (2016) points out that migrant women in the West Midlands were unlikely to receive antenatal care. It was also noted that immigration status can affect whether an individual is able to access health services. Other criticisms of the current asylum system include that it is

essentially adult-centric and thus fails to fully protect children and understand their experiences (Crawley, 2011).

As noted, neglect is associated with poverty, however, Seddighi et al (2019) suggest that very little work has been done on understanding neglect in humanitarian crises. Similarly, Rubenstein et al (2017) point out that work on maltreatment in humanitarian settings has had a tendency to focus on 'high profile forms of violence'. Instead, Rubenstein et al (2017) state, most violence takes place in the home and expectedly, limited income is associated with household violence. During humanitarian emergencies, poverty in (the form of low socioeconomic status and limited access to shelter and food has been found to be key predictors of violence against children by parents (Seddighi et al., 2019).

Many studies also imply that mental health problems amongst forced migrant populations resulting from exposure to war and conflict are the result of direct violence. However, Kostelny and Ondoro (2016) report that children experience psychological distress stemming directly from structural violence present on a daily basis, even after displacement. In the UK, restrictions on financial support for asylum-seeking families mean that most are unable to meet their basic needs and families are unable to afford food for themselves and their children (Dexter et al., 2016; Pinter, 2021, 2012). Similarly, limited support and delays in accessing it leaves many children in unsafe living conditions including housing that was 'unhabitable' and sleeping on floors (Refugee Action, 2017). Thus, financial instability and subsequently hunger are some of the factors known to be common features in the lives of refugee and asylum-seeking children whose needs remain unmet. Such

findings are emphasised in academic literature (Jolly, 2018b) which has also shown that instability harms family well-being.

Similarly, work with refugee families by Sim et al (2018) showed that parents highlighted their inability to meet their children's basic needs and socioeconomic hardships as key factors that drastically changed their parenting methods following war and displacement. Both parents and children within the study often cited the daily stressors of life as a refugee as contributing to psychological difficulties among parents. Such changes also reduced the quality of life of children leading to more psychological distress in children. Somalian refugees in the US described how poverty and residing in impoverished neighbourhoods contributed to conflict between parents and children (Betancourt et al., 2015). This issue also became prevalent as families discussed their loss of status as a result of financial difficulties upon arrival to the US. Miller and Rasmussen (2010) also point out that stressors after resettlement such as financial hardships are more frequently associated with depression than exposure to war which is more closely related to PTSD. Drawing on numerous studies, they concluded that stressors associated with daily life increased the likelihood of poor mental health and psychiatric dysfunction amongst those exposed to war and conflict.

Such issues can also contribute to marital conflict and the use of violence against children. Eggerman and Panter-Brick (2010) for example had found that poverty and overcrowded housing lead to frustration and anger amongst men which in turn contributed to intimate partner violence and child maltreatment in pre-migration, conflict settings. Timshel et al (2017) also found that low socioeconomic status after resettlement was a risk factor for child maltreatment in refugee families in a range of

studies. The authors argued that low income may aggravate the psychological distress associated with pre-arrival trauma and potentially feelings of status loss amongst men. Importantly, the use of excessive violence as described by the children in the study by Sim et al (2018) highlighted the way in which physical discipline contributed to emotional difficulties among children and resulted in the children using violence and aggression as coping strategies. The findings demonstrated the possibility of intergenerational transmission of violence. However, Sim et al (2018) found that parents were keen to adapt to changes in their economic conditions to improve the quality of life of their children. The same study showed that increasing economic resources enabled a sense of agency and enabled more positive parenting. Similar results have been demonstrated in the US amongst low-income families where increasing the amount the child support a low-income family is entitled to, reduced instances of child maltreatment (2013).

Cultural Conflicts and Parenting

Parents interviewed by Losoncz (2016) specified that a cultural conflict between their values and norms and those of the host country Australia often led to generational conflict. However, community leaders and youth workers felt that the conflict was due to varying levels of acculturation. As Losoncz (2016) notes, the goal of strict authoritarian parenting styles following resettlement is to ensure that children are responsible and deter them from participating in negative behaviour. However, this can be detrimental to the wellbeing of children particularly in a new, confusing environment as they try to adjust. Acculturation was also found to be a factor contributing to physical abuse in refugee families in Australia (Lewig et al., 2009).

Evidence suggests that dedicated support from families can mediate the impact of war and conflict and reduce the distress experienced by children. Within the context of war, strong parental support can represent an important protective factor for a child's mental health outcomes, however, in some situations, the family can also be a source of risk. As survivors of war and trauma, parents may not have the capacity to provide the care and support required in normal settings (Blanchet-Cohen and Denov, 2015).

Summary

There is extensive literature showing the risk factors for harm for forcibly displaced children with evidence repeatedly showing that children are exposed to harm through each stage of their migration journey. However, very little is known about the mechanisms of harm within families and how children can be protected.

2.5. Protective Factors and Promoting Resilience

Despite exposure to trauma and the development of toxic stress, many children may develop positive mental and physical health. Resilience, or the ability to thrive in such adverse circumstances is often dependent on the presence of protective factors (Murray, 2018). Where risk factors can lead to adverse events and poor life outcomes, protective factors can help ensure that a child is safe and able to develop appropriately. A range of factors are associated with resilience include protective and supportive relationships with caregivers and teachers, appropriate parenting, community support, and access to education and health (Franke, 2014). Stability within the family and environment can help mitigate the effects of toxic stress. It has also been found that the mechanisms of resilience will differ following chronic

adversity compared to a single adverse event (Ben-David and Jonson-Reid, 2017). This section will discuss the concept of resilience before moving on to describe key protective factors that are present in the lives of refugee and asylum-seeking families.

Resilience

The concept of resilience is often used to refer to the ability of an individual to adjust to life following adverse life experiences, trauma or stressful life events (Sleijpen et al., 2017). As such, most conceptualisations of resilience account for the fact that an individual must be exposed to significant adversity and overcome and adapt positively following these life experiences (Luthar et al., 2000). Within these definitions, the assumption is that an individual can only be deemed resilient following negative life events and threats to positive psychological well-being. Generally, resilience is often discussed within the context of protective factors leading to positive outcomes (Betancourt and Khan, 2008)

While old conceptualisations of resilience stem from empirical research on psychopathology and describe resilience as a behavioural trait (e.g. Garmezy, 1993; 1996), newer work utilises an ecological perspective and identify that positive well-being following adversity is dependent on a range of factors at the individual, familial and structural level. Even Garmezy (1993) notes that the recovery of an individual is shaped by wider support factors. Thus, theories of resilience tend to highlight the role of protective factors in enabling positive adaptation. Indeed, Rutter (2003) argues that resilience is simply a form of adaptation which happens based on the availability of appropriate resources. According to Werner (2000), protective factors can include individual behaviours, familial capacity, and socialisation amongst others and these

impact the capacity of individuals to cope with a range of stressors. Similarly, Luthar (2003) notes that for an individual to be deemed resilient, three types of protective factors can be present.

However, Masten (2018, 2014) notes that resilience and positive well-being are dependent on the context and therefore argues for a person-focused, contextualised approach to resilience. Just as the impact of specific risk factors is dependent on the context and the individual's experience, the efficacy of protective factors is highly contextual (Masten, 2014; Rutter, 2003). Similarly, Ungar (2013) argues for decentralisation whereby the focus is on recognising and changing the environment in which a child's ability to be resilient can be hindered. Consequently, it is argued that individual factors that are thought to impact resilience are largely influenced by the environment in which a child resides. In their model of risk and resilience, Titterton and Taylor (2018) similarly propose the use of a contextualised approach to resilience within a socioecological framework.

Ungar (2013) calls for recognition of cultural differences in resilience and increased knowledge in the way in which protective factors can manifest in different contexts. When talking about the ability of refugees and asylum-seekers to adapt positively despite their circumstances, an understanding of the mechanisms of resilience and protective factors that are at play can be useful. Betancourt and Khan (2008) use an ecological framework to the different protective factors and processes that can support children exposed to war and trauma. According to the authors, similar to risk factors, protective factors sit at the individual, micro, meso and macrosystem. Other work on resilient processes by Sleijpen et al (2017) found that young people in the Netherlands employed a number of resilience strategies to help cope with traumatic

experiences which included support from parents and peers, participation in society and schools and acting autonomously. Such studies show that resilience can comprise both protective factors and processes.

Protective factors

Families can play a vital role in protecting children as evidence suggests that strong support from families can mediate the impact of war and conflict and reduce the distress experienced by children by providing a sense of safety (Bermudez et al., 2018). Focus group discussions with young people who had resettled in Canada following the war showed that they often relied on the notion of family as a source of support, even when their traditional family structures had been disrupted through war (Blanchet-Cohen and Denov, 2015). This is especially important when considering the impact that acculturation-related stressors can have on the well-being of adolescent refugees as well as parents (Lincoln et al., 2016).

El-Khani et al (2017) explored the coping mechanisms utilised by refugee parents caring for their children in pre-settlement contexts. Interviews took place in refugee camps and humanitarian contexts in Turkey and Syria and were conducted with displaced Syrian mothers caring for children and two aid workers. The study concluded that parents struggled in providing care for their children in pre-settlement contexts, however, they adapted to new norms, sought support when required and maintained mental health using faith as a coping mechanism. Additionally, it was noted that more psychologically informed approaches are needed that take into account beliefs, perspectives and values to support families. Additional work by El-Khani et al (2018) also found that parents were keen to receive advice and support to improve the well-being of their children although they lacked the resources. They

also noted the importance of reaching out for support when required and adapting to their changing norm. Such protective factors can also be utilised to ensure children are protected from the negative impact of war and conflict.

Betancourt et al (2015) sought to understand the factors which influence refugee families, caregiver-child relationships and mental health in the US. The findings showed that Somali refugee children and families utilised five distinct protective resources which mitigated the impact of stressors associated with acculturation and resettlement. These included faith, health communication, the presence of support networks and peer support. Thus, an important protective factor for positive mental health outcomes for a child was found to be the provision of strong caregiver support. Even in the absence of parental support, maintaining attachments and building social support networks has been found to be important for unaccompanied asylum-seekers and refugees (Wade, 2011). As noted by Blanchet-Cohen and Denov (2015), young people might seek informal social networks in brutal circumstances as a means of survival prior to migration and following resettlement. This can be in the form of actively seeking support when forcibly removed from families to join the militia or informal support through other families once settled. Korbin (2002) highlights that extended social networks can act as a protective factor for children. However, Blanchet-Cohen and Denov (2015) also recognised the vulnerability of young people and the risk of seeking social support when alone.

Summary
While research has repeatedly highlighted risk factors for forcibly displaced children, little is known about the resilience and protective factors that families may employ to mitigate the impact of harm.

2.5. Theoretical Framework

In this section, I introduce the key theoretical approaches which frame this research and discuss the way in which my thesis will engage with the concepts. I begin by describing the underlying model which influenced the initial conception of this project before exploring the emerging role of theories of violence in understanding violence against children and young people within the context of forced displacement. Specifically, I draw on theories of violence that account for different forms of abuse across settings and time. I also explore how scholarship rooted in critical feminist approaches can enable a deeper understanding of how harm is reproduced through power inequalities and structural violence during forced displacement (Canning, 2017). It is important to note that while gender is not the focus of this research, it remains an important feature for understanding the experiences of children and young people as determined earlier in this chapter (Ashbourne and Baobaid, 2019). As noted, violence and how it impacts children in both private and public settings across the stages of forced migration is closely interlinked with VAW and can be a form of SGBV (Dekel et al., 2019).

In this section, I begin by describing the socio-ecological model (SEM) initially developed by Bronfenbrenner (1979) and expanded by other theorists (Cicchetti et al., 2000; MacKenzie et al., 2011; Sidebotham, 2001). The SEM serves as an important basis for understanding CAN and integrates the complex factors that can contribute to violence (Cicchetti and Valentino, 2015). I then explore the continuum of violence model (Cockburn, 2004b) which is used as the key organising conceptual framework for this research. Finally, I introduce the concept of intersectionality

(Anthias, 2012; Choo and Ferree, 2010; Crenshaw, 1989; McCall, 2005) and extend its use to understanding harm against displaced children and young people.

The Socio-Ecological Model of Child Maltreatment

Approaches to understanding and preventing CAN must take into account the multifaceted and interactive factors that contribute to the likelihood of harm to children (Nadan et al., 2015). According to Nadan and Korbin (2018), explanatory frameworks must also seek to acknowledge the diverse experiences of children regarding the impact of overlapping social categories and the way they interact to heighten child vulnerability and risk (Nadan and Korbin, 2018). Within this thesis, I use the SEM as the underlying basis for my research in recognition of the complex, dynamic factors which may exist at various levels within a child's environment. Such factors may interact to heighten or mitigate the risk of harm during displacement (Scharpf et al., 2021).

Traditionally, ecological models have been used to understand the context within which child maltreatment takes place (Williams, 2010). Based on the work of Bronfebrenner (1979), ecological models of child maltreatment propose that maltreatment takes place within the context of multiple factors which exist within the individual, the family and the community and the wider society (Figure 1). Factors at each level shape and influence one another reciprocally (Bronfenbrenner, 1979). Such models can account for the complexities of child abuse and recognise the dynamic factors that can lead to an abusive situation (MacKenzie et al., 2011).
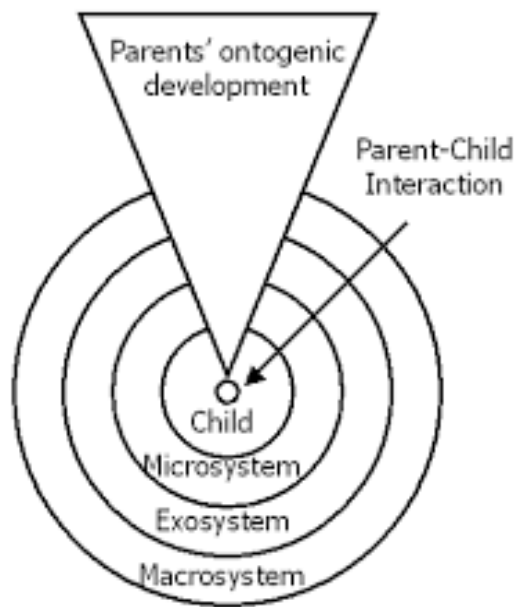
Figure 1: Socio-ecological Model of Development (Bronfenbrenner, 1979)

Scholars using the SEM embed risk within the social ecology of a child and describe various levels or stages which are associated with specific characteristics (Kilanowski, 2017; Maternowska and Fry, 2018; Pells et al., 2018; Scharpf et al., 2021; Sidebotham, 2001). The ontogenic development of the parent, according to Bronfenbrenner (1979) could account for the intergenerational transmission of child maltreatment as the model encompasses the parent's own experiences and responses to harm. The microsystem involves the immediate context of the child which includes interactions and relationships with family, close peers, and the household. Characteristics such as age or ethnicity as well as the child's health and behaviour are included within the microsystem. The exosystem refers to the larger social systems within which the family resides, accounting for factors such as social class, housing, income, social support and schooling. Finally, the macrosystem includes overriding cultural beliefs and values encompassing the role of the family and parenting attitudes as well as the structural and political environment. How harm

is constructed as multi-faceted and multi-layered within the SEM allows for a useful framework to recognise the risk of harm against children in all aspects of the child's environment (Maternowska and Fry, 2018). In addition, it is a well-established model within the field of CAN (Kilanowski, 2017) and has for example been adapted and used by WHO (Figure 2) when developing preventative interventions targeting the risk of CAN.
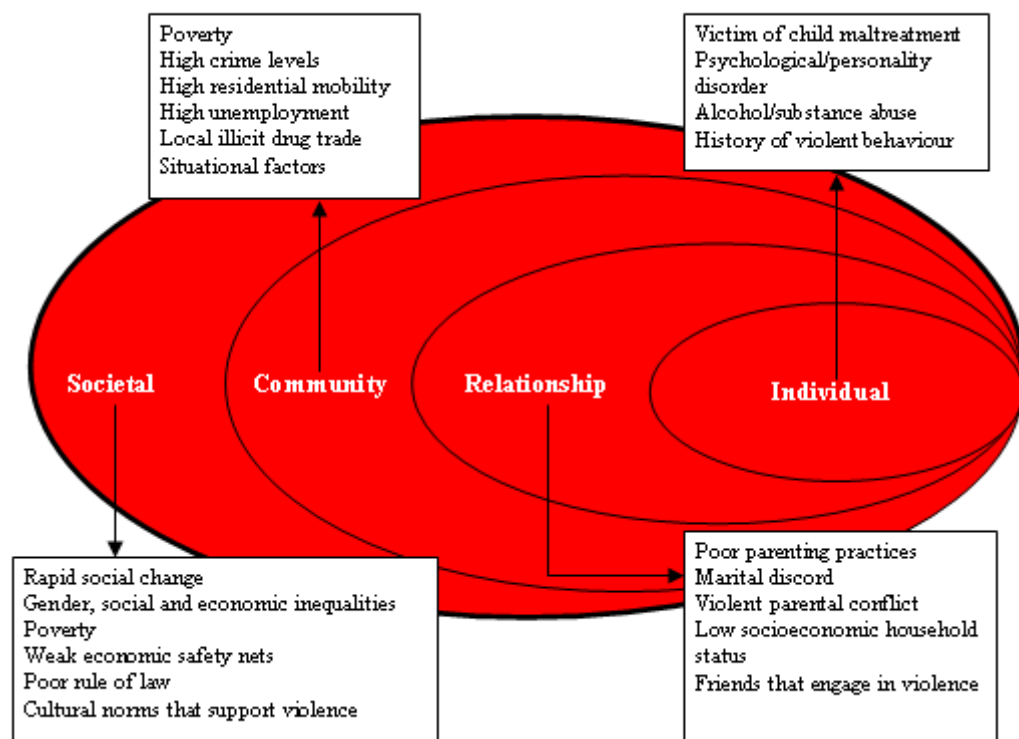
Figure 2 Ecological Framework of Interpersonal Violence (WHO)

Other variations of the ecological model which attempt to understand child maltreatment include the ecological transactional model (Cicchetti et al., 2000; Cicchetti and Lynch, 1993; Cicchetti and Rizley, 1981). In line with the underlying arguments made by those using the SEM (e.g. Sidebotham, 2001), Cicchetti and colleagues (2000; 1993; 1981; 2015) propose that child development is

simultaneously shaped by the characteristics of the child, the caregiver and the environment with all reciprocally influencing one another. Within this framework, maltreatment can occur based on transactions between risk factors which are divided into two categories: potentiating factors and compensatory factors. Potentiating factors are factors which increase the likelihood of abuse and compensatory factors reduce the risk. Furthermore, there are both transient and enduring factors within both categories (Brandon et al., 2011, 2008; Cicchetti et al., 2000). In the UK, Brandon et al (2011, 2008) have specifically used ecological-transactional models to understand serious case reviews conducted when a child is seriously harmed or dies as a result of maltreatment.

There have also been attempts to integrate the socio-ecological model into theories seeking to understand the experiences of refugee families (Williams, 2012, 2008). Williams (2010) however argues that the categories within the ecological framework are inapplicable to the refugee experience and fail to capture the nuances and transient nature of the refugee experience. Instead, Williams (2010) proposes a holistic ecological model specific to refugee families resettled in Australia (Figure 3) which incorporates risks in different settings depicted through four stages to understanding refugee parenting:
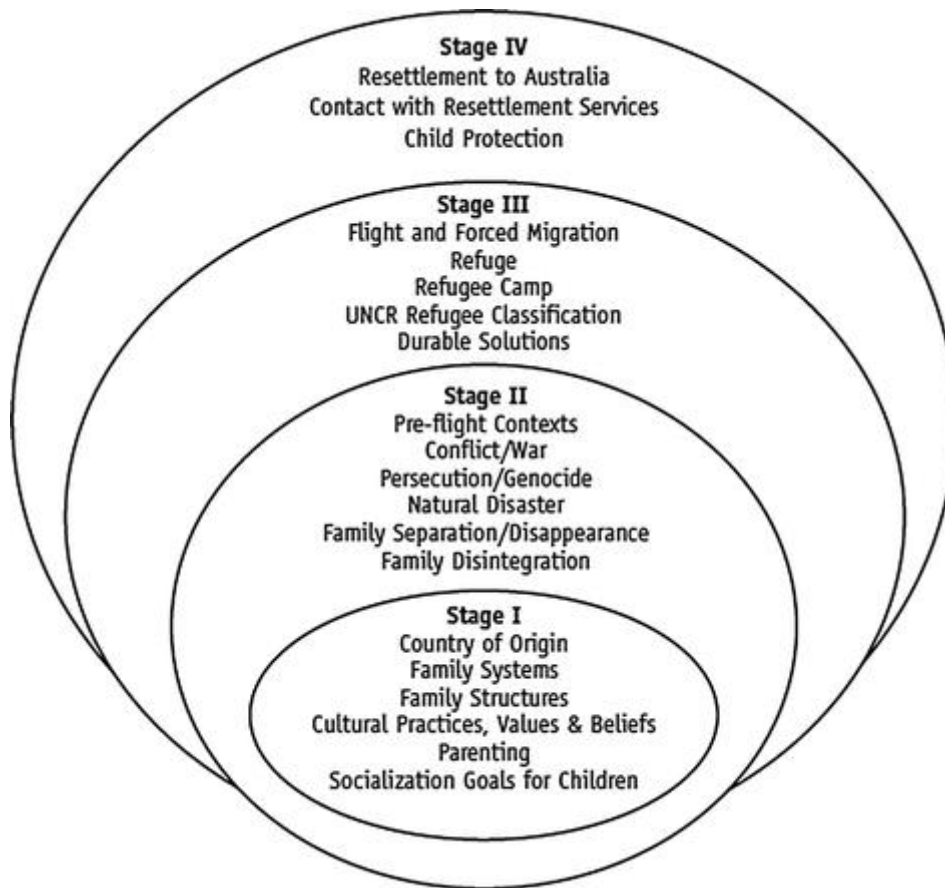
Figure 3: Stages of Resettlement and Parenting (Williams, 2010)

This model also provided the basis for the development of pre-settlement parenting educational programmes to prevent child harm (Williams, 2012). These programmes were established in Australia as a form of early intervention to protect the welfare of children and prevent involvement from child protection services (Williams, 2012). Williams (2010) also drew on the macrosystem stage of the ecological model (Bronfenbrenner, 1979) to better understand the pre-settlement parenting experiences of refugees and how these may change in refuge. Specifically, it was noted that the ecological context of parents would shape their child-rearing practices, impacting their level of engagement with service providers. The model does however have some shortcomings as more consideration must be given to the impact of

structural violence during periods of forced displacement in the absence of official resettlement schemes (Artero and Fontanari, 2019; Hourani et al., 2021; Williams, 2010).

While the SEM and its various iterations are useful in providing an underlying framework upon which to build a theoretical model, it may be more beneficial to incorporate theories that specifically account for discrepancies of power and the interactions between *all* forms of violence (Canning, 2017). Within this thesis, I recognise that the risk of harm for children and young people exists at all levels of their social ecology (Pells et al., 2018), and this persists through all stages of displacement (Scharpf et al., 2021). As such, I use the SEM to acknowledge that a myriad of factors can interact to create specific situations where violence against displaced children can occur (Maternowska and Fry, 2018). Similarly, I emphasise that violence itself can cooccur at all levels of the SEM. However, as Nadan and Korbin (2018) observe, there is a need to understand the way in which structural forms of violence may interact with other causes of violence to harm children across the stages of displacement. While beneficial to our understanding, the SEM may only provide a static interpretation of CAN which may not account for the overarching impact of movement and the related structural and institutionally-embedded forms of violence (Murphy et al., 2023)

In the case of the SEM and its various iterations, violence at all levels may also exist on a continuum (Sullivan et al., 2021). That is to say that forms of violence may be interlinked across time and space through the multiple stages of the SEM. Drawing out the specific stages of displacement and in recognition of the processes involved (Goodson et al., 2021), I adopt a temporal theoretical model which conceptualises

violence as part of a continuum of harm (Cockburn, 2004b; Krause, 2015b). The notion of a continuum adds value to the existing theoretical underpinnings of this study which recognise that risk and harm are intertwined at all levels within the child's social ecology (Pells et al., 2018). Within the continuum of violence model, gender is an integral concept and permeates through all levels of SEM, shaping interactions and the likelihood of harm (Hardesty and Ogolsky, 2020; Murphy et al., 2023). Similarly, the model emphasises the impact of structural and symbolic forms of violence (Canning, 2017; Hourani et al., 2021).

Within this thesis, I emphasise the value of theories of violence that recognise the temporal, interconnected nature of harm with a central focus on hierarchies and inequalities of power. Within the context of forced displacement, the idea of a continuum of violence has been used as an important conceptual tool to discuss the multiple ways in which SGBV impacts women for example (Gray, 2019; Kostovicova et al., 2020). Specifically, authors have argued that there is a continuum of violence consisting of different forms of violence across conflict and post-conflict settings in both private and public realms shaped by structural factors (Gray, 2019; Hourani et al., 2021; Phillimore et al., 2022b). Evidence continues to show that violence against children in different settings is closely interlinked with SGBV (Dekel et al., 2019; Fulu et al., 2017). Thus, within the context of forced displacement, Singh et al (2021) attest that research grounded in feminist values can help address the impact of policies and systems which reproduce inequality including those that harm children. In the next section, I introduce the continuum of violence model in more detail and argue for its use within this research.

The Continuum of Violence

Current conceptualisations of the continuum of violence are heavily influenced by the work of Kelly (1987) with women who had experienced sexual violence. Kelly (1987) proposed that prevailing understandings of sexual violence were underpinned by an assumption that incidences of sexual violence were single, episodic events. She argued that such observations were inadequate in capturing the full scope of violence and its impact on women across the life course. Instead, Kelly (1987) argued that forms of harm against women were intrinsically linked and needed to be recognised as part of an ongoing continuum of violence situated within wider patriarchal structures.

As a conceptual framework, the continuum of violence can also be used to understand the harmful experiences of women within the context of forced displacement. Similar to Kelly's (1987) initial argument that violence against women takes place on a complex continuum not as separate phenomenon, many scholars have argued that violence against forced migrants similarly exists on a continuum across conflict and post-conflict settings (Cockburn, 2004a; Ferris, 2007; Gray, 2019; Kostovicova et al., 2020; Krause, 2015b; Pertek et al., 2023; Phillimore et al., 2022b). Cockburn (2004a) for example defines the continuum of violence as one that takes place prior to conflict and continues post-war. Such theorisations recognise that displaced women will face diverse types of violence take place across time and place.

Krause (2015b) adds to these conceptualisations and emphasises the structural forms of harm that impact women's experiences of violence across settings. Here, it is argued that the interconnected prevalence of violence that takes place prior to

displacement, during transit and post-conflict is the result of three important components which intersect to affect displaced people at each stage. Gender, according to Krause (2015b) determines the nature and type of harm during displacement and in countries of refuge. Second, inadequate law enforcement and ineffective legal protection for forced migrants further contributes to the continuum of violence encompassing the impact of structural violence (Artero and Fontanari, 2019). Finally, the psychological impact of traumatic experiences during conflict, displacement and refuge can have an enduring effect even after displacement as symptoms of trauma such as increased aggression or anger have been cited as contributing to interpersonal violence at all stages (Fegert et al., 2018; Krause, 2015b).

An Important feature of the continuum of violence is the recognition of how multiple forms of violence can interact in any given context. Structural and symbolic forms of violence during displacement can therefore interact to create specific conditions that enable interpersonal violence (Canning, 2017; Hourani et al., 2021; Sullivan et al., 2021; Tastsoglou et al., 2021). Cockburn (2004a) specifically draws on the work of Galtung (1969) to highlight the role of structural violence and Hourani et al (2021) point to the presence of symbolic violence describing it as a form of violence stemming from the behaviours and ideologies that enable power relations. Both symbolic and structural violence can underpin the violent experiences of displaced women (Krause, 2015b). Structural violence may for example be evident prior to displacement as Cockburn (2004a) describes economic distress in times of armed conflict leading to a rise in hegemonic gender norms. Post-conflict structural violence is evident through policies in countries of asylum that maintain the unequal treatment

of forced migrants (Phillimore and Cheung, 2021) or by failing to recognise and respond to the needs of women (Ozcurumez et al., 2020). Pertek et al (2022) found that experiences of SGBV were interlinked with the experiences of being a forced migrant and reinforced by structural violence enacted through complex asylum systems in countries of refuge. Specifically, it was found that these experiences intersected in five ways to cause harm to women through a lack of support during displacement, encouraging exploitation through what the authors termed 'violent dependency', enacting trauma through the asylum process, providing unsafe accommodation and finally inadequate SGBV support.

Gray (2019) also criticises policies which fail to recognise the way in which forms of SGBV are linked in conflict and post-conflict settings. In addition to structural violence, Grey (2019) suggests that the everyday harms experienced by forcibly displaced women are masked by an overriding focus on extreme forms of SGBV during war. By separating the extreme experiences of violence during war and conflict from the harm perpetrated in private spheres such as domestic violence, there is an inadequacy in recognising, understanding and responding to the true extent of violence and its impact on displaced women (Gray, 2019). Using this argument, we can theorise that the continuum of violence can evoke similar inadequate responses when working with children or families. For example, by failing to recognise the connectedness of all types of violence through different spaces, practice and policy may offer insufficient protection to children. The UN has for example published a detailed report describing a continuum of violence and how it impacts displaced children (Office of the SRSG on Violence against Children, 2020). Drawing on multiple studies, the report notes that children experience violence and

harm throughout their migration journey. In fact, violence is described as 'a constant companion during a child's journey' (Office of the SRSG on Violence against Children, 2020, p. 16) and is described as being present prior to displacement. It concludes that there is a need to implement a 'continuum of protection' and recommends that family environments must be protected following displacement (Office of the SRSG on Violence against Children, 2020). The report additionally sets out distinct principles to prioritise this complex 'continuum of protection' showing the various ways it could be implemented through the different stages of displacement underpinned by a children's rights approach.

The continuum of violence allows for a deeper understanding of the way in which the gendered experiences of women will intersect with the violence of being displaced creating a context for the continuum of violence to persist in refuge (Hourani et al., 2022; Phillimore et al., 2022b). Additionally, it encourages researchers to adopt an intersectional lens when seeking to understand forms of harm during migration. For example, by underscoring that the continuum of violence will not affect all forcibly displaced families in the same way (Garner, 2010). Within this thesis, I use the continuum of violence with an intersectional understanding to account for the identity-based oppressions that also impact forcibly displaced families. Thus, the continuum of violence also intersects with oppressive regimes through the stages of displacement creating the specific situations detailed within the findings chapters of this thesis. In the next section, I provide an introduction to the concept of intersectionality and its roots in critical feminism before discussing the value of using the concept to understand the experiences of children and young people.

Applying Intersectionality to Explore Child Abuse and Neglect

The concept of intersectionality was coined by Crenshaw (1989) who argued that the experiences of women were intrinsically shaped by race, gender and class as interconnected rather than distinct, separate categories and these intersections contributed to complex forms of disadvantage. More recent understandings of intersectionality have emphasised the way in which aspects of identity interact with wider systems of structural inequality to mutually impact the unique social positioning of an individual (Hankivsky, 2014). It is therefore argued by intersectional theorists that the complexity of structural inequality cannot be reduced to one single factor but rather it is the impact of numerous intersecting identities and wider macro processes and structures (Anthias, 2013; McCall, 2005). Similarly, one social category cannot be given precedence over others when seeking to understand the unique needs and experiences of individuals.

Nonetheless, intersectionality has some shortcomings with critics pointing out the over-reliance on identity and the fact that it does not provide a rigid approach for analysis (Choo and Ferree, 2010; Nash, 2008). For example, intersectionality does not serve as a distinct theory but rather puts forward some key assumptions about power relations, disadvantage and social structures (Veenstra, 2011). Intersectionality can be used as both a methodological framework (Cho et al., 2013; McCall, 2005) and a conceptual tool for analysing experiences (Choo and Ferree, 2010). Even amongst theorists, some differences emerge in relation to the focus of intersectionality and its analytical applications. Crenshaw (1989) for example, specifically looked at race and gender as a source of marginalisation. Other authors such as Anthias (2012) view intersectionality as a process through which certain social positions become the norm. Commonly, most conceptions of intersectionality

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will give precedence to the role of racial identity and country of origin and how these intersect with experiences of oppression (Erez et al., 2009). The way that such identities can impact those who lack a secure immigration status and indeed those who are labelled refugees is particularly important as intersectionality can highlight the specific forms of discrimination, inequality, and structural risk that families can be exposed to.

Anthias and colleagues (2013, 2012; 1983) introduced the idea that intersectionality could be used to explore migration, particularly in relation to social positioning. Intersectionality can provide an important lens for understanding the way in which categories of identity and social structure intertwine. As Anthias (2012) notes, research in migration will often focus solely on ethno-national markers of identity rather than recognising the complexity of migrant identity. Thus, by applying intersectionality to the study of forced migration there is potential for a nuanced understanding of the way in which social categories, identity and structure can impact and shape the experiences of refugees and asylum-seekers.

It has also been argued that the labelling of a person as a refugee or an asylum-seeker has a profound impact on identity formation as the terms are politicised (Crawley, 2011; Crawley and Skleparis, 2018). Studies have shown that the cumulative impact of intersecting individual and structural factors on individuals who lack secure immigration status can be particularly harmful. Pittaway and Pittaway (2004) for example, found that women in refugee camps in Kenya experienced forms of sexual and physical violence and concluded that the intersecting labels of being both a refugee and a woman imposed a specific idea of extreme vulnerability. In such situations, women lacked legal protection and were exploited. Work by Vervliet et al

(2014) also showed that migration policies were often at odds with the perspectives of unaccompanied teenage refugee mothers. Specifically, the women interviewed felt that their identity as a mother dominated their experiences, yet this was relatively unimportant from a policy standpoint whereby the women were simply defined by their refugee status. Ayoub (2017) has shown that the experiences of Syrian refugee women in Egypt cannot be simplified to one generic 'refugee woman' experience but instead, women show diverse experiences of agency that are interwoven with the availability of socioeconomic resources and their specific neighbourhoods. Social categories are in fact dynamic and their impact differs across contexts while intersections between categories can privilege as well as oppress (Vervliet et al., 2014). An intersectional lens can help shed light on the experiences of refugees and asylum-seekers, in different contexts by enabling a focus upon intersecting aspects of oppression and how they overlap to create specific harmful situations.

Yacob-Haliso (2016) argues that much research on refugees fails to account for the diversity of refugee women's experiences. Chulach and Gagnon (2013) applied intersectionality to understand the experiences of pregnant HIV-positive refugee women and examined a range of complex issues that sat at the intersections of gender, refugee identity, being HIV-positive and pregnant. For these women, the cumulative impact of the categories generated structural inequalities. Similarly, Koirala and Eshghavi (2017) showed that the multiple forms of systemic discrimination faced by Iranian refugees in the US intersected with their religion, ethnicity and language and other factors. Such intersections were shaped by the wider political climate of the country where xenophobia was perceived as becoming normalised. Perhaps more relevant to the present study is intersectional research

looking at the impact of individual and structural factors on refugee families. The young women interviewed by Vervliet et al (2014) specified that intersecting categories of age, gender and refugee status directly impacted their position as a mother. Another study found that various forms of structural inequality that impacted refugee families made them much more susceptible to forms of violence suggesting that it is the intersection of various contextual and structural factors that can impact the context within which a child lives (Rees and Pease, 2007).

Within domestic violence literature, intersectionality has sought to analyse and situate women's experiences within the context of multiple levels of structural inequality and subsequent violence. Lockhart and Mitchell (2010) suggest that an individual's culture of origin, and their place in the physical, political and social world can come together to influence how people experience violence or abuse and the options available to them following this abuse. The impact of such factors coupled with a long history of both overt and institutionalised racism can impact the likelihood of women accessing appropriate support. In addition, Erez et al (2009) argue that migrant status can intensify women's vulnerabilities to DVA and prevent them from seeking safety. Siddiqui (2018) adds that insecure migrant status affects the likelihood of a woman leaving an abusive relationship, particularly when doing so would risk destitution and hinder child safety. Importantly, findings show that child maltreatment and exposure to DVA are closely interrelated (Etherington and Baker, 2018; Guedes and Mikton, 2013).

Lockhart and Mitchell (2010) suggest that responses to domestic violence are based on the assumption that all experiences are similar and that despite the socio-political and cultural context of a woman, the same strategies are implemented by service

providers. As previously noted, such essentialist notions are inadequate in addressing the experiences of diverse groups of women. Understandings of domestic violence have since extended to include and recognise that women's social reality will intersect with a range of other factors to compound trauma and may reinforce gendered disadvantage (Siddiqui, 2018). The idea that additional structural factors can shape the experience of women is reiterated by Thomas et al (2020) who found that women who are forcibly displaced will experience gender-based violence throughout their journey, the impact of which is exacerbated by structural factors faced upon arrival to the UK. The idea that migrant women face specific barriers to accessing services has long been observed however, the existence of multiple specialist services (e.g., Southall Black Sisters) shows that practice responses to DVA are increasingly influenced by an intersectional approach. However, such specialist services have emerged specifically as a response to the harm caused by structural violence and sparse service provision.

While an intersectional approach has been used to understand the experiences of survivors of domestic violence and abuse (Day and Gill, 2020; Gill, 2018), it has received relatively limited attention in the study of child maltreatment, risk and vulnerability. Etherington and Baker (2018) argue that this may relate to the tendency to give precedence to the category 'child' over other social categories in Western countries. However, Crawley (2011) suggests that what it means to be a child differs substantially across countries and cultures and current understandings of what constitutes childhood are embedded in Western norms. Therefore, in order to fully understand child maltreatment, some argue that service providers must recognise their own role in perpetuating forms of bias and must instead recognise the lived

experiences of children in relation to race, gender and age (Konstantoni and Emejulu, 2017).

The application of an intersectional approach to the study of childhood, child maltreatment, risk and other issues has been explored by many authors (Etherington and Baker, 2018; Konstantoni and Emejulu, 2017; Nadan et al., 2015; Nadan and Korbin, 2018). Etherington and Barker (2018) draw on the work of Nadan et al (2015), to point out that there is limited application of intersectionality as a framework for children's experiences. With a specific focus on exposure to intimate partner violence, the authors note that children are often treated differently based on the intersections of specific characteristics, an issue which may come into play when child maltreatment is suspected. Konstantoni and Emejulu (2017) suggest that intersectionality has potential within the study of childhood when it is used to highlight power relations, inequality, gender, race and other axis of difference.

Of importance to the present study is the contribution made by Nadan and colleagues (2015; 2018; 2018) who argue that intersectionality and the cultural context of a child can provide an important lens for understanding vulnerability. Nadan et al's (2015) application of intersectionality is especially important as it draws upon notions of gender, age and socioeconomic status to understand cultural factors that can contribute to child maltreatment. They argue that an intersectional approach can be used to better understand child maltreatment by challenging myths of homogeneity, highlighting the impact of power differences and recognising that individuals might occupy multiple spaces. In addition, Nadan et al (2015) point out that intersectionality can be applied at both the micro (to understand an individual's

own experiences of identity) and macro levels (to understand the structural inequality and sources of bias) simultaneously.

More recently, Nadan and Korbin (2018) have used an intersectional approach to understand the context within which children may become vulnerable to different risks with a specific focus on cultural context. Nadan and Korbin (2018) note that intersectionality can add to understandings that explore the specific cultural context of a child by adopting a strengths-based approach that can benefit policy and practice. Nadan and Ganz (2018) also use an intersectional approach to explore the perspectives of Orthodox Jewish children in Israel regarding risk. They showed that children's ideas of protection from risk and harm risk were shaped by a range of factors including religion, culture, and the wider socio-political context. As Nadan and Korbin (2018, p. 12) state 'taken together, contextual and intersectional approaches enhance the potential of planning meaningful actions to improve the safety and well-being of vulnerable children, families and communities'. For forced migrant children, an intersectional approach offers the opportunity to understand the way in which structural factors intersect with the identities of a child to impact and shape child maltreatment. The illustration below shows how the continuum of violence model utilised within this thesis is informed by intersectionality and a socioecological understanding. It therefore shows my proposed continuum of violence against children model.
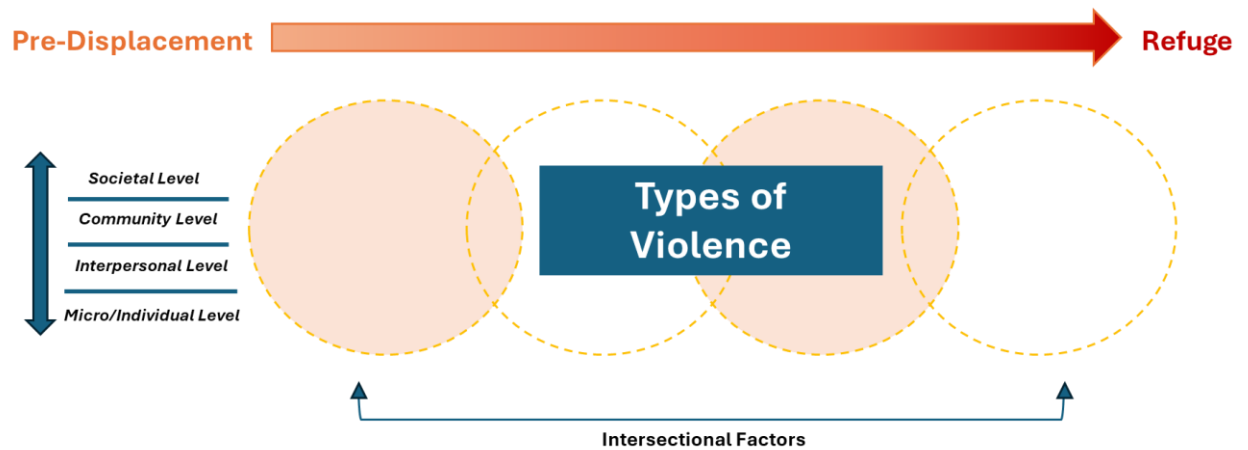
Illustration 1: A proposed continuum of violence model for displaced children

2.6. Conclusion

In this chapter, I presented the research landscape relating to forced migration, families and forms of child abuse. In each subsection, I described key issues identified within the literature that related to forcibly displaced children. It was found that while there is extensive research detailing risk factors for CAN and structural violence against forced migrants, very few studies have sought to specifically explore the complex interplay of such factors on children. Building upon the gaps identified within scholarship, my thesis will attempt to address current shortcomings in our understanding of violence against children during displacement. I concluded this chapter with a discussion of the underlying theoretical frameworks which informed the development of this research. This chapter therefore also served to theoretically situate the aim of my research and the subsequent findings reported in this thesis. In the next chapter, I describe the methodology employed within this research to address the research aim and questions.

Chapter 3: Methodology

3.1. Introduction

In the previous chapter, I showed that the journeys of those who are forcibly

displaced are often fraught with risk, traumatic experiences, loss, and violence at

various stages. In this section, I describe the research objectives and aims for each

phase of the study and outline the methodology used to answer the research

questions. I will begin by outlining my position as a researcher and the underlying

philosophical assumptions adopted within this study before discussing the ethical

concerns arising from conducting sensitive research. I will then describe the methods

used to obtain and analyse the qualitative data, paying particular attention to the

process and techniques utilised.

3.2 Research Aims and Objectives

In this thesis, I sought to understand a continuum of violence against children during

forced displacement and the impact this has on refugee and asylum-seeking families.

To address this aim, I formulated two research questions to be answered through the

empirical findings discussed in the next two chapters:

1. How do service providers recognise and respond to harm when supporting

   displaced families in England? How do these responses impact the continuum

   of violence?

2. How does the continuum of violence impact families seeking refuge in

   England?

For phase 1 of this research study, I used semi-structured interviews with forcibly displaced parents. In addition, I interviewed practitioners, service providers and professionals employed in third-sector organisations who worked closely with forcibly displaced families or children. At the initial planning stage of the research study, it was also anticipated that phase 1 would involve semi-structured interviews with children. However, as the research commenced, a number of challenges prevented me from recruiting and interviewing children and as a result an additional phase was developed to elicit an understanding of risk factors in cases of severe maltreatment. Phase 2 consisted of a secondary qualitative analysis of existing SCRs concerning forcibly displaced children and families. The difficulties while recruiting participants will be described in more detail in section 3.6 as I reflect on the design of this research and the decisions made. In the next section, I begin by discussing my role and perspectives as a researcher and the way my position could shape the research design. According to Creswell and Poth (2016), acknowledging the researcher's experiences and views is an often overlooked stage of social science inquiry. I then discuss the epistemological and ontological positioning of this research.

3.3. My Position as a Researcher

Creswell and Poth (2016) posit that the starting point of any qualitative inquiry is an understanding of the perspectives and experiences of the researcher. The findings presented within this thesis are interpreted based on my standpoint, views, and subjective experiences. As a female researcher from a BAME background, I was aware that my background and beliefs influenced the lens applied to this thesis, specifically my decision to use intersectionality. As a result, the decision to foreground aspects of identity and analyse the role of structural violence on families

was based on my ontological belief that the lives of forced migrants were shaped by their specific social categories and other tangible realities such as DVA or war.

At the forefront of research with those who are considered vulnerable including forced migrants is the need to understand any power disparities between participants and the researcher (Kassan et al., 2020). I began this research with an awareness of my own privilege as a researcher and as someone who held power. I understood that these power differentials could impact all social interactions with potential participants and influence the interview conversations. There was for example a possibility that participants may feel uncomfortable disclosing certain information or that they might be reluctant to share their experiences in a research setting. On the other hand, my identity as a female from a BAME background enabled me to build rapport with participants. While there were cultural differences between my upbringing as a first-generation British Pakistani and participants who took part, I shared the same religious background as three out of four mothers which allowed me to connect with them on a more personal level. After one interview, a participant laughed and shared stories about her family's Eid traditions and expressed excitement that I shared similar traditions. Another spoke about her love for chai and expressed a desire to bake traditional biscuits for me to thank me for listening to her. On these occasions, it was necessary to maintain an element of formality. Nevertheless, I was born in a safe country and have never known the struggles that participants described. My life experiences were in many ways vastly different to those presented within this thesis and I was an 'outsider'.

Moreover, I considered my position as an 'outsider' when interviewing different practitioners and NGOs. Having never worked with forcibly displaced people, I was

unaware of the intricacies and challenges that different professionals encountered

while providing support. At the same time, participants were familiar with academic

research and many viewed me as a peer. The perception that participants had of me

allowed them to talk more openly during informal discussions which continued into

their interviews. For example, one participant shared her experience of female genital

mutilation (FGM) with me while others expressed their frustration at what they

deemed poor professional practice. With consideration to my position as a female

from a BAME background, once again, participants who occupied similar social

categories were keen to assist and support the research by sharing study

information. One participant remarked prior to her interview that she was especially

keen to help another 'minority woman' in academia.

3.4 Ontological and Epistemological Underpinnings

As qualitative researchers familiarise themselves with their own position within their

research, Creswell and Poth (2016) suggest that it is crucial to explore questions

relating to the ontological and epistemological basis of a research study. According to

Denzin and Lincoln (2017), the ontological and epistemological beliefs serve as a

guide influencing the way in which research findings are interpreted. As the

underlying foundation of a qualitative investigation, ontology and epistemology

influence and shape the research design and process (Creswell and Poth, 2016;

Denzin and Lincoln, 2017; Willig and Stainton Rogers, 2017). Thus, when developing

a research study, a detailed exploration of the ontological and epistemological

positioning of the research can help to identify the key concepts through which a

study is developed.

Ontology within the social sciences refers to the existence of reality and seeks to understand the different perspectives of individuals and how reality is viewed. Epistemology on the other hand explores issues relating to the nature of knowledge and how knowledge can be learnt (Fletcher, 2017; Grix, 2002; King and Horrocks, 2010; Ritchie et al., 2013). In this section, I detail the way my ontological and epistemological stances have guided the methodology I have adopted. Broadly, I employ a critical realist approach to ontology that recognises the existence of a social reality while also acknowledging that reality can be understood through our interpretations and individual meaning (Creswell, 2014; Ritchie et al., 2013). Thus, in line with critical realist teaching, I use a constructivist approach to epistemology that highlights the importance of subjective constructions and perceptions when attempting to understood various levels of reality and the underlying mechanisms.

A Critical Realist Approach

Social science inquiry has been dominated by two opposing ontologies, relativism/interpretivism and positivism/realism (Denzin and Lincoln, 2017; Willig and Stainton Rogers, 2017). Put simply, positivists argue that most human behaviour is governed by cause and effect which can be observed empirically and analysed statistically. Interpretivists however argue that behaviour and experiences are shaped by the perception and meaning attributed by individuals and their own interpretations (Willig and Stainton Rogers, 2017). Thus, ontologically, interpretivists argue for the existence of different social realities contingent upon context and human experience. Conversely, positivism argues for the existence of an objective reality independent of human interaction and perception. It is beyond the scope of this thesis to explore the differences between positivism and interpretivism and the brief explanation presented

oversimplifies two complex philosophies. Nonetheless, both represent extreme ends of the ontology continuum ascribing to rigid versions of reality. For the purpose of this exploratory study, positivism was deemed unsuitable for the qualitative nature of this study. Similarly, forms of interpretivism such as a constructionism were considered incompatible with my own ontological beliefs that reality exists outside of a subject's experiences. Thus, non-realist approaches were deemed inadequate in capturing the tenets of forced migration that were identified as the focus of this doctoral project, namely child protection. While some elements of social constructionism could be useful, it was noted that the focus on discourse, subjectivity and language would present an incomplete picture. In addition, such relativist viewpoints would fail to adequately capture the existence and impact of real underlying mechanisms that impact forced migration and child protection such as structural inequality and racial prejudice.

Instead, as noted earlier, this study is rooted in the ideas of critical realism as put forward by Bhaskar (1989). Critical realism has emerged as a philosophical alternative to positivism and interpretivism to address the shortcomings of the two opposing approaches (Fletcher, 2017). It rejects the claims made by realists that what we observe is reflective of reality. Instead, critical realists agree with elements of interpretivism, that human perception and interpretations are central to our understanding of the social world. However, it is argued that social structures do exist outside of these interpretations. Moreover, critical realists argue that the claim that there is one observable, objective reality is incorrect as reality and human experience is complex.

Drawing on the work of Bhaskar (1989), it is argued that our way of understanding the world is contingent upon three levels of reality, the empirical, the actual and the real. According to critical realism, the empirical domain consists of observable events and experiences which are understood and negotiated through human interpretation and perspectives. The actual domain refers to events that can occur regardless of whether they are observed. Finally, the real domain consists of the underlying social structures and mechanisms that can shape and influence the occurrence of events in the empirical and actual domains. Fletcher (2017) presents this as an iceberg (see Illustration 1). Furthermore, critical realism is concerned with the relationship between social structure and human agency. That is, a critical realist's position sees individuals within a social system have some form of agency over their behaviour and choices yet this is constrained by the structural systems within which they occur. In addition, critical realists argue that human agency can shape and produce the specific social conditions in which empirical patterns occur.
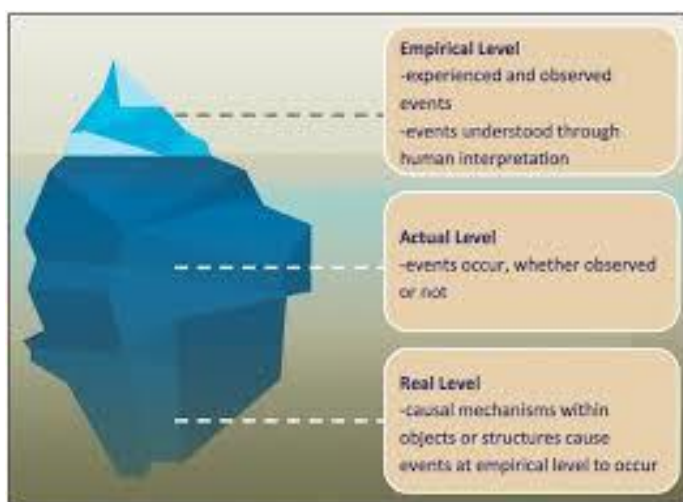
Illustration 2: Critical Realist Depiction of Reality (Fletcher, 2017)

Within the context of this PhD study, issues pertaining to child protection may be observable at the empirical level through interactions with child protection services and other support services. At the actual level, the ability to protect children from forms of abuse and exploitation may be compromised as people's right to safety and protection is legally rejected. Underlying both these domains are the social structures and systemic processes that enable and perpetuate the empirical and actual aspects of reality. In addition, parental agency to access support for their child will be constrained by factors within a social system such as the availability of access to appropriate support and/or fear of some services. As discussed in Chapter 3, the experience of child maltreatment and the provision of support for those who are forcibly displaced is influenced by many factors and must be viewed through an intersectional lens that recognises the socio-political context and structural underpinnings of harm while displaced. Indeed, critical realism has also applied to understandings of intersectionality, inequality and migration (e.g. Dy et al., 2014) and is evident in studies and theories on child maltreatment that consider the impact of social structure while also viewing the role of human agency (Firmin, 2015).

Critical realism has been used to analyse a range of behaviours, attitudes and situations including homelessness, anti-social behaviour and feminist thought (Clegg, 2016; Fitzpatrick, 2005; Parr, 2009). For example, Parr (2009) has argued extensively that existing approaches to understanding and conceptualising anti-social behaviour are solely inadequate. Instead, she suggests that critical realism could add depth to current understandings, enabling researchers to look at more than just descriptive social constructions of behaviour. Similarly, Fitzpatrick (2005) uses critical realism to critique existing explanations for homelessness. Instead, it is suggested

that critical realism could be used as a more appropriate way of understanding homelessness bridging the gap between 'individual' and 'structural' explanations. Clegg (2016)also suggests that critical realism can provide an essential and important ontological lens for feminist work as it enables us to look at the structures and mechanisms that produce inequality at all levels. Importantly, Fitzpatrick (2005) and Parr (2009) appear to suggest that critical realism could be an alternative to social constructionism.

When exploring the experiences of forced migrants, critical realism can provide a deeper understanding of the structures and mechanisms impacting forced migrants (Iosifides, 2017; Patel and Pilgrim, 2018). Critical realism, according to Iosifides (2017) accounts for interactions between individual, structural and discursive mechanisms and their outcomes on various dimensions of reality. It therefore allows researchers to uncover both observable and unobservable facets of reality. Using migration as an example, Iosifides (2017) argues that qualitative research using critical realism can assist in demonstrating various layers of reality and their impact on migrants. Patel and Pilgrim (2018) further illustrate the use of critical realism in displaced populations by applying critical realism to experiences of supporting asylum-seeking survivors of torture in the UK. They concluded that critical realism enabled an understanding of the structures and mechanisms behind experiences of torture and the role of interpretation.

From an ontological standpoint, critical realism also offers scholars the tools to understand intersecting forms of structural inequality recognising that causal mechanisms of inequality exist at unobservable levels of reality (Dy et al., 2014). Thus, critical realists advocate for an understanding of the power of social categories

and their outcomes (Dy et al., 2014; Gunnarsson et al., 2016). Critical realism has therefore been utilised in discussions on intersectionality and domestic violence (Clegg, 2016; Dy et al., 2014; Gunnarsson et al., 2016; Price, 2014). For proponents of intersectionality, there is value in applying a framework that recognises the significance of social categories while simultaneously understanding the wider implications of positionality (Clegg, 2016; Dy et al., 2014; Gunnarsson et al., 2016). Price (2014) suggests that critical realism can also offer a deeper understanding of DVA moving beyond a socio-ecological model by exploring wider global or historic issues such as colonialism and their role in perpetuating violence.

A critical realist approach to qualitative research seeks to explore three key areas: experiences, events and causal mechanisms (Fryer, 2022). Using the research within this thesis as an example, a focus on experiences seeks to understand the way in which forced migrant families experience displacement. The specific events experienced by forced migrants would be harm and the causal mechanisms could be the factors resulting in harm during the experience of displacement such as enforced poverty. Houston (2023, 2022, 2010, 2001) for example has also talked extensively about the contribution of critical realism to social work

Just as ontology refers to the study of being, epistemology describes the study of 'knowing' (Creswell, 2014; Denzin and Lincoln, 2017; Ritchie et al., 2013). Epistemology therefore explores questions around how knowledge about reality is obtained and generated. However, drawing on the works of Bhaskar (1989), Fletcher (2017) acknowledges that reality exists beyond a subject's knowledge. From this standpoint, knowledge is fallible and interpreted through the perceptions of individuals. While using critical realism, it is important to also avoid the pitfalls of what

Bhaskar terms 'naïve realism'. Just as non-realist epistemological approaches were considered inadequate, naïve realism or the assumption that reality is understood and communicated through objective perceptions that are bias-free was thought to be insufficient (Losch, 2009).

Bhaskar (2020, 1998) also explores the issue of 'epistemic fallacy' whereby questions of ontology are deduced to epistemology. Specifically, he notes that researchers can conflate the existence of a specific concept with the knowledge that they have regarding it. Instead, critical realism has sought to differentiate between ontology and epistemology by merging aspects of positivism with relativist thought (Fletcher, 2017; Fryer, 2022; Willis, 2022). Specifically, critical realism draws on epistemological relativism which recognises that our understanding of any given phenomenon is open to change across different contexts (Pilgrim, 2019). As Willis (2022) reports, critical realism offers an explanatory opportunity for qualitative researchers to understand the causal mechanisms and their specific outcomes while acknowledging the fluidity of knowledge. Within this thesis, a critical realist perspective was particularly useful as it allowed for an understanding of the context of forced migration and its impact on the perspectives and experiences of participants (Pilgrim, 2019).

Some criticisms of a critical realist perspective include its adoption globally. Bhaskar's version of critical realism is primarily used in the UK where it originated, and its use is less developed in other countries. However, as the findings within this thesis are generated specifically within the context of the UK demonstrating the specific structural realities that exist for those displaced in England, the use of critical realism could be particularly helpful. As critical realism continues to gain traction,

many authors have tried to offer some methodological guidance for those engaging with this particular perspective making its use and utilisation in qualitative research much simpler (Fletcher, 2017; Fryer, 2022; Willis, 2022).

Finally, critical realism can be a particularly helpful approach when moving beyond the barriers imposed by discipline-specific research (Danermark, 2019). At its core, this study is interdisciplinary and merges aspects of social policy, law, sociology, psychology, child development, nursing and applied health care. It is therefore appropriate that my underlying approach would be based upon the core belief that reality is complex and experiences and perspectives are ever-changing.

3.5 Research Design

In the following section, I describe the methods adopted within this research study reflecting on the two phases of data collection. I begin by briefly outlining the benefits of using two different qualitative research methods within this study. I then discuss the use of semi-structured interviews and vignettes as a form of data collection for phase 1 of the research and describe the rationale for using these techniques. I also present some of the central issues I faced when attempting to explore the experiences of forced migrants and sensitive issues including child maltreatment using qualitative methods. As well as discussing the study design, I also outline the specificities of data collection including participant recruitment and reflect on the way the research study was impacted by external factors such as the Covid-19 pandemic. Finally, I describe the process of conducting a secondary analysis on SCRs for phase 2.

Multimethod Qualitative Research

In recent years, the integration and value of using quantitative and qualitative methods in research studies have been described extensively (Clark and Ivankova, 2015; Creswell, 2021, 2016, 2014; Creswell and Clark, 2017; Morse, 2016). However, the use of mixed qualitative methods in research or multimethod research is much less coherent (Morse, 2010). Multimethod research refers to the use of multiple forms of either qualitative or quantitative methods within a single research study differing from general mixed methods research which tends to combine quantitative with qualitative data in either a sequential or embedded design (Clark and Ivankova, 2015; Creswell, 2021; Creswell and Clark, 2017; Denzin and Lincoln, 2017; Morse, 2016). In research, more emphasis is being placed on the relatively underutilised qualitative multimethod research design in mixed-method research (Hesse-Biber and Johnson, 2015; Morse and Cheek, 2015, 2014). As Frost and Bailey-Rodriguez (2020) note, mixed methods research should seek to combine methods that appropriately meet the research objectives rather than focus on data type. For Morse (2010), multimethod research combining qualitative designs can be more advantageous than the mixture of quantitative and qualitative designs as the core research challenges are removed. Similarly, Morse and Niehaus (2016) argue that complementary mixed-method research can be less challenging to carry out where both elements of the research abide by the same paradigms.

The use of multiple qualitative methods in a single research study can take many forms but Bailey-Rodriguez (2021, p. 4) specifies that 'A dominant qualitative element may be supplemented by a secondary qualitative element in order to gather a multi-perspectival understanding of a phenomenon from those involved in it' or that 'multiple core qualitative methods might be combined with equal use and status to

gain more holistic insight into the layers of an experience'. The first design whereby a second qualitative method is used to complement the core qualitative research has been used on work with forced migrants showing that multimethod research enabled a more in-depth understanding of participants (Dewaele et al., 2023). There is value, according to Bailey-Rodriguez (2021) in utilising multiple methods to capture the complexities of human experience and reality.

Traditional mixed methods research can be criticised for incorporating different, incompatible paradigms into one research project. By using solely qualitative methods, this thesis adheres to my underpinning epistemological and ontological beliefs, thus improving the quality of the research (Creswell and Clark, 2017). As Mik-Meyer (2020) argues, collecting multiple forms of qualitative data enables an analysis that closely reflects the complexity of reality. The use of multiple research methods within this thesis is therefore in line with critical realist thinking.

Another advantage of multimethod qualitative research is that it can also support the triangulation of data, as data is obtained from different sources (Flick, 2018; Mertens and Hesse-Biber, 2012). Thus, the use of multiple methods can strengthen the quality and the validity of a research study. Within this research, an emergent sequential mixed methods design was used whereby Phase 2 of this research was developed during interview data collection to provide additional insights into the interview findings (Hesse-Biber et al., 2015; Morse, 2016). Mik-Meyer (2020) also highlighted the value of combining interviews with qualitative analysis of documents as research designs using different qualitative elements can strengthen initial findings and provide additional information. In the following sections, I discuss the

emergent sequential multimethod design in more detail beginning with an overview of the use of semi-structured interviews for the first phase of the research.

3.6. Phase 1: A Qualitative Interview Study

Semi-Structured Interviews

Within health and social sciences, interviews are the most commonly used tool for qualitative data collection (Bradbury-Jones et al., 2017; DeJonckheere and Vaughn, 2019; Dempsey et al., 2016). Research interviews are often characterised as a verbal exchange between a participant and a researcher offering important insights into specific topics including under-researched areas of study (Creswell and Poth, 2016; Denzin and Lincoln, 2017; Leavy, 2020; Willig and Stainton Rogers, 2017). According to Brinkmann (2017; 2020), research interviews sit on a continuum ranging from mostly structured to unstructured. Unstructured interview consists of little questioning from the researcher and are driven by the participants enabling them to discuss specific topics that are important to them. Interviews that are primarily structured on the other hand are led by the researcher who controls the interview process, determines specific questions and a fixed rigid topic. However, Brinkmann (2020) does note that qualitative interviews are unlikely to be completely structured and usually take a more conversational approach. Semi-structured interviews offer a middle ground for qualitative researchers seeking to implement the flexibility of unstructured interviews while maintaining control over the direction of the interview.

According to Dempsey et al (2016), qualitative interviews are primarily designed to produce in-depth data that yields powerful insights into experiences and perspectives that would otherwise remain hidden. Thus, qualitative interviews enable interviewers

to delve into the personal aspects of an individual's life (Dickson-Swift et al., 2007). From an ontological and epistemological perspective, qualitative semi-structured interviews would allow for the use of a critical realist approach which advocates for the use of methods that provide an in-depth understanding of social structures (Fletcher, 2017). The primary aim of qualitative semi-structured interviews is to produce rich data on complex issues (Dempsey et al., 2016; King and Horrocks, 2010). For the purpose of this research, semi-structured interviews would help facilitate discussions on the intricacies of forced migration and provide some insights into the risk and harm that displacement presented to children.

Guidance on conducting interviews suggests that in-depth interviews require much more than simple 'interview skills' and researchers are encouraged to be mindful of minimising any harm and ensuring that participants feel safe (Dempsey et al., 2016; McGrath et al., 2019). Vitale and Ryde (2016) for example note those conducting interviews with refugees should be aware that refugees may find some difficulties when talking to those who are perceived to have some authoritative status. Protecting participants is therefore critical in conversations on harm and trauma. Building trust and rapport is therefore crucial to fostering an open discussion where participants are able to report traumatic experiences (Dempsey et al., 2016; Dickson-Swift et al., 2007; Keyel, 2020). Researchers must also be attentive to any non-verbal cues including signs of distress from participants and be willing to respect the needs of those being interviewed (King and Horrocks, 2010).

When conducting semi-structured interviews with vulnerable people on complex topics such as violence and displacement, the process of interviewing can be affective for both the researcher and the participant. Hlavka et al (2007) for example

found that women were reluctant to discuss their experiences of abuse in great detail and had strong emotional responses to questions regarding traumatic experiences. It is therefore important as a researcher to ensure that participants feel supported and respected during the interview and are provided with sufficient information on additional support after the interview. Dempsey et al (2016) describe additional therapeutic skills required for qualitative researchers interviewing participants on emotive issues which prioritise the well-being of those taking part. Specifically, they highlight the importance of using conversational skills, empathic listening and developing a distress protocol. For the first phase of this research study, a distress protocol was developed and was utilised during the interviews.

Qualitative semi-structured interviews are well suited for research seeking to understand sensitive and often traumatising experiences. Ashton (2014) writes about her experience of conducting sensitive semi-structured interviews as a novice researcher and states that participants saw much value in participating in interviews. Similarly, Elmir et al (2011) found that women who had been traumatised following emergency hysterectomies found that sharing their story through an interview was a cathartic experience. The women interviewed also added that the experience of partaking in an interview was positive. Studies in primary care have shown that semi-structured interviews can be a valuable research tool to understand the beliefs, perceptions and thoughts of service users (DeJonckheere and Vaughn, 2019). The therapeutic value of participating in a qualitative interview must also be highlighted as participants often cite the benefits of discussing their experiences in a confidential interview setting while helping others by sharing their perspectives (Taylor et al., 2013). The reflective process of participating in an interview when telling their life

experiences can be a rewarding and positive experience for participants. It has been suggested that doing so can bring closure, encourage a sense of relief and promote psychological healing (Perry and Bigelow, 2020).

The focus on participant welfare, minimisation of distress and using therapeutic skills while discussing complex experiences presents clear strengths of semi-structured interviews. However, it is also important to consider the risk of vicarious trauma to researchers especially when conducting emotionally charged research on sensitive issues (Taylor and Bradbury-Jones, 2011; Dickson-Swift et al., 2007; Keyel, 2020; Rager, 2016; Taylor et al., 2016). Keyel (2020) discusses his experience of secondary trauma while embarking on qualitative research with refugees and describes vital steps that can be taken to mitigate the mental health impact on researchers. The recommendations by Keyel (2020) were implemented when conducting the interviews and included seeking support and debriefing with friends and other networks as well as engaging in self-care and therapeutic work when needed. The emotional burden of conducting semi-structured interviews can be perceived as a disadvantage and the implications on the researcher must be carefully thought through. However, the emotional burden of qualitative interviewing continues to be a pervasive issue in exploratory qualitative research in general and it must be noted that this particular issue is not unique to the semi-structured interview method. Nonetheless, the implementation of steps to protect my own mental health while conducting interviews was especially important during the data collection period which took place during the Covid 19 lockdown in 2020.

Another advantage of using semi-structured interviews was that it allowed me to guide discussions while being mindful of previous literature and the study aims while

allowing participants opportunities to discuss issues that were important to them. As McGrath et al (2019, p. 1002) state, 'qualitative interviews afford researchers opportunities to explore, in an in-depth manner, matters that are unique to the experiences of the interviewee, allowing insights into how different phenomena of interest are experienced and perceived'. Moreover, interviews can also be combined with other qualitative methods including focus groups or document analysis making them a valuable research tool for the research described within this thesis (Bailey-Rodriguez, 2021; Knott et al., 2022; Morse and Cheek, 2015).

Other strengths of using a semi-structured interview include evidence that the method can be advantageous when talking to parents about sensitive issues. It has for example been argued that by understanding parents' experiences and perspectives towards support services, services can be improved (Bouma et al., 2020). Smithson and Gibson (2017) for example found through semi-structured interviews that parents involved in the CPS in England were keen to talk about the changes they felt needed to be made to children's services. Parental views in this sense can offer a valuable form of evaluation for services and provide insight into their needs. A more recent article by Bouma et al (2020) found that the trust parents had of professionals within the Dutch child protection was influenced by their unique experiences thus providing additional information on the necessary outcomes that can improve CPS. Thus, semi-structured interviews can have implications for policy recommendations in line with critical realist beliefs (Fletcher, 2017).

Similarly, research on primary care for refugees and asylum-seekers shows that interviews are commonly used as a method in qualitative research (Robertshaw et al., 2017). Some authors have shown that interviews are an ideal method when

researching a sensitive topic (Dempsey et al., 2016; Taylor and Bradbury-Jones, 2011). Campbell et al (2009) add that qualitative interviews are particularly suited and often utilised when conducting research with survivors of violence.

For the reasons cited above, I felt that semi-structured interviews would be a suitable method to use with parents and those who work with forcibly displaced families. Specifically, the first phase of this research study sought to use semi-structured interviews to understand the experiences of forced migrants in two supplementary stages. First, interviews were carried out with practitioners, NGOs and charity workers who work regularly with forced migrant families. Second, semi-structured interviews were conducted with refugee and asylum-seeking parents. As specific research goals were developed relating to each group, data would be collected using different research topic guides. All interviews were conducted remotely and lasted between 1-2 hours. Two interview topic guides were developed to steer the conversation while being flexible and allowing the participant to control the narrative (Dempsey et al., 2016). The topic guides centred on the three stages of resettlement and questions were developed to invoke insights into each stage and the particular risks that families and children could face. In addition, vignettes were used to facilitate discussions with practitioners, NGOs, and charity workers which I discuss in more detail in the next section. Thus, the present study sought to allow interviewees to describe and discuss their journeys in an open-ended, exploratory manner.

Using Vignettes to Facilitate Discussions

In research, vignettes are described as short scenarios that are often presented verbally or in written form to participants to elicit views and beliefs (Bradbury-Jones et

al., 2014; Sampson and Johannessen, 2020). According to Tremblay et al (2022), vignettes can assist in improving our understanding of common issues that professionals might encounter in practice. During the interviews, vignettes were specifically used to prompt discussions with those who work with forced migrant families and this method has been utilised by other researchers who have used vignettes in various ways. Taylor et al (2009) for example used vignettes to explore practitioner's assessments of parenting. Stokes and Schmidt (2011) used vignettes to assess the role of race and poverty in decision-making in child protection cases. In migration research, vignettes have been used to understand the ways in which officials assess asylum claims (Kask et al., 2023; van Veldhuizen et al., 2017).

There are many benefits to using this research tool (Sampson and Johannessen, 2020). According to Bradbury-Jones et al (2014), vignettes can provide research participants with the opportunity to discuss potentially traumatic experiences while minimising the likelihood of psychological distress. For the purpose of this doctoral research project vignettes were developed that centred on some key issues that could require child protection interventions in the UK and participants were asked several questions about the situation depicted in each vignette which could provide insight into 'bad practice'. Using vignettes would enable participants to provide more honest perspectives while remaining distant to the experiences described.

It was initially expected that vignettes would be developed to reflect the stories and experiences shared by forcibly displaced parents and children. However, difficulties ensued with collecting such data. Instead, in order to develop these vignettes, I drew on previous literature to create stories depicting some common safeguarding concerns (Sampson and Johannessen, 2020). Participants were then asked to

comment on these short scenarios and describe how they would work with that

family. For those participants who worked with families rather than solely children,

they were asked to reflect on the situation and its effects on the whole family.

Illustration 2 is a vignette that was used within this research and the accompanying

questions that were asked.

'Ali is 14 years old. He lives in a small two-bedroom house in England with his parents and three younger siblings. They moved there from Syria three years ago. His parents are well educated and in Syria, both worked high-paying jobs but since moving here they have struggled to find suitable employment. Ali misses the life his family had in Syria before the war began. He knows it is safer for him here however, he is often frustrated and angry at the changes in his life and misses his old friends and family. On several occasions, Ali has gotten in trouble at school as a result of his anger. This is worrying and stressful for his parents who are increasingly concerned about his behaviour and the impact that it is having on their other children. They have tried to discipline him in different ways and will often shout at him. Out of frustration, his father has even hit him to discipline him.'

- How would you work with this family?
- What specific support or approach would help you work with this family?
- What are some of the key issues you would face when working with this family? How would you overcome them?
- What would be helpful for the family? How would you engage this family?

Illustration 3: Example Vignette used for Interviews.

Participant Recruitment and Challenges

Before describing the data collection process for the interview component of this

research, it is important to discuss a core challenge that influenced and ultimately

resulted in changes to the initial planned study. Prior to recruiting participants for the

interview stage of the study, it was anticipated that semi-structured interviews would

be conducted with forcibly displaced young people and children who migrated with

their families. An interview topic guide was developed with consideration for the

intricacies of doing qualitative research with children and young people and ethical

issues were carefully thought out (Betancourt et al., 2016; Bradbury-Jones and Taylor, 2015; Powell et al., 2018). Table 4 illustrates the initial research design and the changes made resulting in the final research design.

Planned Research Design	Final Research Design
Phase 1a: Qualitative Semi-Structured Interviews with Forcibly Displaced Children and Young People	**Phase 1a:** Qualitative Semi-Structured Interviews with Practitioners, Service Providers and NGOs Working with Forcibly Displaced Families
Phase 1b: Qualitative Semi-Structured Interviews with Forcibly Displaced Parents	**Phase 1b:** Qualitative Semi-Structured Interviews with Forcibly Displaced Parents
Phase 2: Focus Groups or Interviews with Practitioners, Service Providers and NGOs Working with Forcibly Displaced Families using Vignettes	**Phase 2:** Thematic Analysis of SCRs of Forcibly Displaced Children and Young People

Table 3: Research Design

Initially, the research was intended to be carried out sequentially with in-depth semi-structured interviews being conducted with children, young people and parents first. The findings from these interviews would then inform the development of vignettes which would be used to facilitate focus groups or interviews with practitioners, community workers and others who work with families who have forcibly migrated. For each phase of the study, I aimed to recruit between 10-15 participants. Initially, it was expected that participants for this study would be recruited primarily using face-to-face methods through various voluntary and community-based groups and some social networks.

Before commencing with the initial data collection, specific recruitment strategies were developed and are shown below. As part of this initial recruitment strategy, I liaised with third-sector organisations specialising in providing support to forcibly displaced families and attended workshops, events and conferences to meet potential participants and gatekeepers. To ensure a level of transparency and build

trust, I also explained my role as a researcher to interested individuals and groups. My visibility at community settings resulted in being invited to additional events including an art exhibit, a film screening and a community dinner.

There are of course challenges to recruiting forced migrants in research and in engaging children and young people. Work by Fete et al (2019) for example illustrated the barriers that researchers might encounter when recruiting migrants in research. Drawing on findings from research with migrants with precarious status in Canada, they found that difficulties included a fear amongst potential participants surrounding confidentiality, challenges identifying participants and concerns around understanding the purpose of research. A systematic review by Enticott et al (2017) found that engagement with underrepresented groups was key to ensuring interest and potential participation. Strategies implemented by Fete et al (2019) explicitly included interpersonal skills such as clear communication, clear guidance on participation and visibility of the research.

However, as I began to build relationships with organisations and individuals, the COVID-19 pandemic was beginning to impact countries and a national lockdown was implemented in March 2020. During this period, there was much uncertainty and all third-sector organisations were at capacity with most unavailable to facilitate participant recruitment. I attempted to engage in more diverse methods of recruitment including social media and existing social networks. However, it became apparent that most groups supporting young people and children would be unable to help initiate contact with participants and most gatekeepers specified that families were unable to take the time to participate due to the ongoing challenges they faced during the pandemic. As a result, I decided not to interview children and young

people. As restrictions were lifted, I attempted to recruit participants in informal face-to-face settings. On two occasions, I organised a socially distanced coffee morning for refugees and asylum-seekers and although the necessary precautions were taken, there were no attendees. The lack of incentive was specified as a reason for disengagement. Unfortunately, due to a limited budget and financial constraints within this project, it was not possible to provide potential participants with an incentive.

Initially, I had planned to obtain data using a sequential method whereby the data collected through interviews with parents would be used to provide the basis for the vignettes. However, as I continued to encounter difficulties trying to recruit displaced participants, I decided to interview practitioners and service providers first. It was anticipated that those who took part in the interview would also act as gatekeepers and provide access to potential parents.

Although I had expected to conduct focus groups with practitioners and service providers, I decided that internet-facilitated interviews would be conducted instead with all participants. Furthermore, as I faced difficulties finding parents and children to talk to as part of this study, I decided that interviews with practitioners would be conducted first. This decision was largely due to the fact that service providers and practitioners had expressed interest in this study and could potentially act as gatekeepers. As a result, the initial interviews also enabled me to build trust with service providers who were much more open to sharing the study information and identifying potential families to contact. Thus, participants who had taken part in the research were able to act as gatekeepers.

The use of gatekeepers is often essential to social research as they can facilitate access to potential participants (Singh and Wassenaar, 2016). However, McFadyen and Rankin (2016)note that the use of gatekeepers can present some issues for researchers, particularly by limiting the contact that researchers can have with participants. The authors identified a number of factors that impacted the responses they received from gatekeepers when recruiting adolescent participants in a sensitive study. However, they emphasised that positively engaging with gatekeepers throughout the research process and sharing all information ensured a more supportive response from gatekeepers. For the purpose of this doctoral research project, I ensured that I was clear and transparent about the aims of the study as well as highlighting the potential for distress and the ways that this would be mitigated. As some gatekeepers were also participants in this research project, they displayed support and enthusiasm for the research project and its importance.

Additionally, the subsequent need to recruit participants remotely meant that all participants for this study were found using purposive sampling as well as a snowball sampling techniques. Within qualitative research, purposive sampling is oft utilised in research that seeks to provide depth to a specific topic area rather and participants will be recruited based on the knowledge that they might hold (Cleary et al., 2014; Palinkas et al., 2015; Robinson, 2014). Similarly, snowball sampling can be used to access participants who are considered hard to reach (Noy, 2008; Robinson, 2014). Undoubtedly, these forms of sampling can introduce a level of researcher bias to the study. Further, participants found using a purposive sampling technique for example may not necessarily be representative of a population. Another practical aspect of this doctoral research project that must be considered is that all interviews were

conducted virtually. I previously discussed the significance of identifying non-verbal cues when conducting sensitive qualitative research, however, given the virtual nature of this study, doing so could be difficult in such circumstances. As a result, I sought to conduct all interviews using video call software such as Zoom, Microsoft Teams, Skype and WhatsApp video to ensure that I could pick up on some cues and observe facial expressions. Nonetheless, some participants chose to participate in telephone interviews instead. Finally, four interviews were carried out with mothers and 15 with practitioners, service providers and charity workers.

3.7. Phase 2: A Secondary Analysis of Serious Case Reviews (SCRs)

In qualitative research, analysis of existing qualitative data from different sources such as reports, records and notes can provide a different perspective on a research area (Heaton, 2008; Tate and Happ, 2018). Irwin and Winterton (2011) specify that secondary qualitative analysis has the potential to improve our understanding of specific experiences and can be complementary when used with other details. This form of analysis can also produce richer knowledge on sensitive areas of research with hard-to-reach populations (Irwin, 2013; Long-Sutehall et al., 2011; Tarrant and Hughes, 2019). As COVID-19 limited my ability to collate primary qualitative data through interviews, a secondary analysis of existing data was suggested as an alternative method of generating supplementary perspectives remotely. There is value in analysing existing data which can be a time and cost-effective endeavour for researchers (Tarrant and Hughes, 2019; Tate and Happ, 2018).

In the previous section, I discussed the challenges I faced in recruiting refugee and asylum-seeking children to participate in this research. I also highlighted the

difficulties of trying to generate interest amongst forcibly displaced parents who were reluctant to take part in research. Both these challenges, amplified by the restrictions imposed due to covid resulted in much less interview data than initially expected. As this was a qualitative interview study, the combined smaller sample size was considered sufficient in reaching data saturation. Some suggest that data saturation can be achieved at 9 interviews and more than 16 interviews are enough to provide in-depth, rich data (Guest et al., 2006; Hennink et al., 2017; Vasileiou et al., 2018). However, as analysis of the interview data commenced (see section 3.6) I decided that integrating additional data into this qualitative study would be beneficial in providing further insights into the experiences of forcibly displaced children who encounter harm and the way services and practitioners respond to risk. Early interview data suggested that a deeper understanding was needed on practice responses to forcibly displaced families and it was felt that SCRs could potentially provide that perspective.

Using the triennial analysis of SCRs (Brandon et al., 2020; Dickens et al., 2022) as a blueprint, SCRs were analysed to identify patterns and themes relating to the harm of a refugee or asylum-seeking child. The SCRs considered within this analysis were initially identified through the national case review repository by the NSPCC and LSCB Association of Independent Chairs using the following search terms: 'Refugee', 'refugees', 'asylum-seekers', asylum-seeker', 'migrant' and 'migrants'. For the SCR to be included in the analysis, the following inclusion and exclusion criteria were applied:

1. The SCR must specifically investigate harm against a child with either one or both parents described as refugees or asylum-seekers. For example, any SCR

that centres on the experiences of a migrant child or parents with NRPF were

excluded.

2. The SCR must investigate an incident within a family context. Extra-familial

   forms of abuse such as gang violence were not included.

3. The child described within the SCR is not an unaccompanied or separated

   child.

Chapter 1 of this thesis showed that there is limited evidence on forcibly displaced

children and child protection services. It was therefore decided that all available

SCRs would be included within this analysis and a specific time period for publication

would not be applied as a criterion for inclusion. The SCRs included in the analysis

had been published between 2007 and 2020. As all reviews that were included had

taken place before the implementation of Serious Practice Reviews (SPRs), no SPRs

were found. Figure 4 depicts the search and screening process. Some SCRs were

unavailable on the NSPCC national case review repository and in such cases, I

conducted a search on the relevant Local Safeguarding Children's Board (LSCB)

website and contacted the LSCB manager if necessary. For the three SCRs that

were unavailable, some descriptive information was found through relevant media

stories and abstracts.
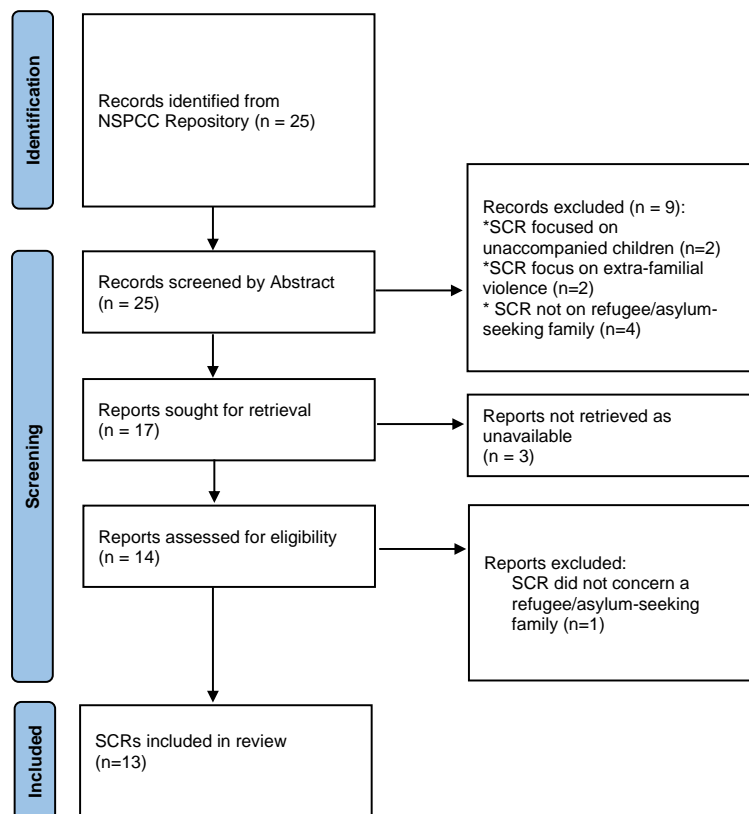
Figure 4: PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) flow diagram

It is important to also note that SCRs are subject to criticism with Wood (2016) specifying that the purpose of SCRs appears to be blame allocation rather than learning from practice. Others have argued that the content within an SCR may be too descriptive with insufficient detail about the child. Recent work by Firmin et al (2023) for example shows that a shortcoming of SCRs is that they provide limited information on the context within which a child is harmed. Any practice recommendations therefore risk missing a contextual understanding of the child. However, Dickens et al (2022) note that the critique against SCRs could be interpreted as a critique of practice instead. For example, questions around

insufficient contextual information could be a reflection of practitioner's responses. There is however value in exploring SCRs to identify points for learning (Garstang and Sidebotham, 2019). As criticisms of SCRs are centred around the aims and conduct of a review, they are less applicable to the analysis within this thesis which aimed to learn from an existing novel source of information. The process of analysing the SCRs will be discussed in more detail in the next section and the findings will be reported in the next chapter.

3.8. Data Analysis

In this section, I detail the approach taken to qualitatively analyse the data obtained from phase 1 and phase 2 of this study. Specifically, I describe my use of thematic analysis as detailed by Braun and Clarke (2019, 2006). I begin this section by describing the advantages of using a thematic while also discussing my rationale for adopting this analytic approach. I then explain my analytic process for both phases of this research.

Thematic Analysis

Braun and Clarke (2006, p. 77) described thematic analysis as a 'poorly demarcated and rarely acknowledged, yet widely used qualitative analytic method'. Over a decade later, in their reflexive commentary, Braun and Clarke (2019) stress that thematic analysis has developed into a well-established analytic approach. It is an analytic technique that requires researchers to identify meaningful patterns or themes across datasets. While the process of identifying themes is used across various qualitative analytic approaches, the advantage of thematic analysis is its compatibility with different ontological and epistemological positions.

As an analytic method, thematic analysis awards researchers a flexible and versatile way of interpreting data that is free from paradigmatic constraints (Braun and Clarke, 2006). As the technique is not associated with any particular theory or philosophical standpoint, it is an ideal technique for exploratory research (Clarke and Braun, 2013). With consideration to the critical realist underpinning of this thesis, critical realists do support a grounded theory approach when carrying out qualitative research. However, some authors have proposed using critical realism with thematic analysis instead (e.g. Fryer, 2022; Wiltshire and Ronkainen, 2021). Fryer (2022) for example proposes a critical realist approach to thematic analysis, providing a step-by-step guide for analysing data. Similarly, Wiltshire and Ronkainen (2021) suggests that a thematic analysis can complement a critical realist approach when conducting exploratory research.

It was therefore decided that a thematic analysis would be used to code and analyse the data obtained from the research interviews. All interview data from this research project was audio-recorded and transcribed verbatim. Transcripts were then analysed individually using Nvivo 12. The overarching method of analysis for the findings was thematic analysis as described by Braun and Clarke (2006). Using the approach detailed by Braun and Clarke (2006), the stages of conducting a thematic analysis were followed as shown in Table 6.

Stages of a Thematic Analysis	Phase 1: Qualitative Semi-Structured Interviews	Phase 2: Qualitative Analysis of SCRs

Step 1: Familiarisation with data	Familiarisation with interview data began during the transcription stage. As transcripts were produced and proofread, a final read-through was carries out and some notes were made.	To familiarise myself with the data, I read each available SCR.
Step 2: Developing Initial Codes	Initial descriptive codes were developed. The codes were then reviewed and edited to reflect a more standardised approach	Initial descriptive codes were developed using NVivo and Microsoft Word. The initial descriptive codes were reviewed and edited.
Step 3: Identifying Themes	Initial codes were grouped together and themes were developed reflecting the theoretical frameworks discussed in chapter 2. Notes and summaries were made on the initial themes	Codes were grouped to reflect themes at different levels of the socioecological model.
Step 4: Reviewing Themes	Themes for all interviews were assessed, reviewed, and synthesised. Quotes were also reviewed to ensure they accurately reflected the themes.	Themes were reviewed and assessed.
Step 5: Defining and Naming Themes	Final themes were developed, and overarching themes were named.	Final themes were refined and named.
Step 6: Producing the Report	Findings were summarised, written and are reported in Chapter 5.	Findings were summarised and are reported in Chapter 4.

Table 4: Thematic Analysis Process

I initially chose to use a thematic analysis to code and analyse interview data from mothers as a separate dataset to that of service providers. A secondary thematic analysis was then conducted using all transcripts to synthesise the findings and identify overarching themes that were present in the perspectives and experiences of all participants. These findings were presented visually using an adapted version of Williams's (2010) framework which was described in Chapter 2.

Previous analyses of SCRs (Brandon et al., 2020; Dickens et al., 2022; Garstang et al., 2021; Garstang and Sidebotham, 2019) have utilised a thematic analysis as a useful analytic method for reviews. Thus, identified SCRs were also analysed using a thematic analysis (Braun and Clarke, 2006) and coded using NVivo 12. As part of the screening process, all SCRs were read, and initial notes were made regarding potential codes before a full analysis was carried out. The identified themes are discussed at different levels of the socioecological model to inform our understanding of the interactions between complex risk and protective factors from the individual to the structural level. Specifically, the findings from the analysis are structured at the individual, interpersonal, community, and societal levels. As noted earlier in this thesis, a socioecological perspective can enable a deeper understanding of the context within which children reside. The next chapter will describe the findings from phase 1 of this study.

3.9.   Ethical Considerations

It is important to highlight that the decisions underpinning the research design and any related challenges centred on the sensitivity of the topic area. In this section, I discuss the challenges in conducting a sensitive research project which aimed to

foreground the experiences of vulnerable people. In addition, I describe some of the complexities that arise when investigating the topic of child abuse, harm and risk amongst forced migrants.

Sensitive research is often defined by its association with difficult and taboo subjects however as noted by Powell et al (2018), the term 'sensitive' is used to encompass a wide range of topics including substance misuse, domestic violence and abuse, sexuality and incarceration. They argue that understandings of sensitive research should encompass not just what sensitive research is but also why it is considered sensitive and to whom. Conversely, the notion of sensitive research is used in conjunction with ideas about vulnerability, particularly when working with those who might be considered vulnerable (Taylor and Bradbury-Jones, 2011). From that standpoint, much literature on sensitive research focuses on the ethical challenges that arise from research seeking to make visible marginalised experiences while balancing disparities of power. Researchers are encouraged to carefully analyse all factors impacting potential participants and recognise the reasons for viewing a subject as sensitive (Powell et al., 2018).

I approach the methodology within this study through the view that CAN, protection and safeguarding are difficult and often taboo topics. In addition, many studies characterise forced migrants as vulnerable. Thus, any issues concerning the sensitivity and vulnerability of the topic area are underpinned by a commitment to share hidden experiences carefully. Importantly, the possibility of participants sharing traumatising experiences was approached with caution particularly when discussing complex and less understood constructs that may not be considered central to their journey. For example, the literature on forced migration will often cite trauma as a

defining feature of the collective refugee experience. However, as I found when talking to practitioners and forced migrants, there is no specific word for 'trauma' in the Arabic language and the therapeutic benefits of sharing traumatic experienced may not be shared by all cultures. As such, the way in which terms and concepts relating to issues such as trauma and child protection were framed was important when attempting to create a safe environment where participants could share their experiences.

In the early stages of developing this research project, I felt that it was important that the experiences of children and young people were brought to the forefront within this sensitive research study. Thus, I began this PhD project with the aim of ensuring that children and young people would be included as participants and that their insights would provide the central findings. However, as the study developed, I felt that a family centred approach which shares the stories and experiences of parents and children would provide more insight into how risk and child protection are managed.

Ethical approval for this research was obtained in February 2020 from the University of Birmingham research ethics committee. Following ethical approval, leaflets and flyers detailing the research were circulated. Interested participants were then provided with a participant information sheet and given the opportunity to discuss the research in more detail before consenting. An initial discussion with displaced parents was especially important as it provided an opportunity to address any concerns that they might have while also allowing me to assess the appropriateness of their participation. For example, an interested mother who had arranged a phone conversation to discuss the research revealed that she had difficulties understanding English and would therefore prefer her young daughter to translate. Due to the

sensitivities of carrying out this research, there were many ethical considerations to

reflect on and it was decided that her participation would be difficult for her daughter.

Further, the possibility of conducting the interview in a different language was not

possible due to project-related constraints. It is of course important to note, that the

requirement to speak English excluded research participants who were already

socially excluded due to their migration status.

As previously discussed, protecting participants from further harm was at the

forefront of this research design and acknowledged within the context of the

qualitative design which had potential to cause psychological distress. However, it

was also important that participants felt protected from any risks resulting from their

migration status. There were questions from participants regarding the confidentiality

of the data and the danger of revealing information that could harm their asylum

applications. Participants were reassured that all data would be anonymised

identifiable information would be removed from transcripts. Furthermore, consent

forms and data would be stored separately. It was equally important to ensure that

service providers taking part in this research would be protected particularly where

they would reveal 'bad practice'.

3.10. Conclusion

In this chapter, I described the qualitative methods utilised within this research and

outlined the underlying philosophical basis of the research design. I explored the

various challenges which emerged as the research progressed. I specifically

described the challenges I faced in recruiting participants during the height of the

COVID-19 pandemic and the changes made to the research as a result. In the

following two chapters, I discuss the findings from each phase of the research

beginning with a thematic analysis of semi-structured interviews.

Chapter 4: A Thematic Analysis of Qualitative Interviews

In this chapter, I offer an explanation and discussion of the findings from the first phase of this research study described in the previous chapter. Specifically, I explore the themes that emerged from a thematic analysis (Braun and Clarke, 2006) of semi-structured interviews conducted with four mothers and 16 service providers who provided support to refugee and asylum-seeking families. I draw upon the central tenets of the theoretical model which informed this research and engage with the core aim of my research. My study sought to understand a continuum of violence during forced displacement and the impact this has on refugee and asylum-seeking families in the UK. To explore this aim, the findings from this chapter are devised to address two research questions:

3. How do service providers recognise and respond to harm when supporting displaced families in England? How do these responses impact the continuum of violence?

4. How does the continuum of violence impact families seeking refuge in England?

I begin this chapter by providing short participant profiles to assist our understanding of the narratives put forward by the mothers interviewed in this research study. By introducing the mothers and their lives, I hope to contextualise the excerpts used from their interviews and provide additional insights into the impact of a continuum of violence on forcibly displaced families. In addition, I note that the professionals interviewed had worked with refugee and asylum-seeking families and had encountered varying degrees of harm in families, enabling them to share their

experiences and perspectives of recognising and responding to violence across various sectors.

I continue this chapter by exploring the themes identified through my analysis. This chapter is therefore structured to reflect the four overarching themes: 'Seeking Refuge,' 'Recognising Risk', 'Responses to Risk' and 'Refugee Resilience'. The theme titled 'Seeking Refuge' explores the experiences of displaced families as they seek refuge and encompasses their pre-migration experiences, unsafe routes to safety, and their attempts to resettle in a country of refuge. This theme highlights the presence of a continuum of both gendered violence and child harm at all stages of the migration journey. I then discuss the second theme which centers on 'Recognising Risk'. This theme explores how risk manifests in the daily lives of displaced families living in England and the impact of this harm on families. In this theme, I expand on the identification of all forms of violence and how recognition of risk can prevent further escalation and a continuation of harm. Building on the identification of harm, the third theme explores 'Responses to Risk'. Through this theme I describe the responses of various service providers to all types of violence when they are identified and any potential risks. I additionally explore parental responses to risk when a continuum of violence is identified. The third theme therefore highlights how current practice and service provision can be strengthened to prevent harm. Finally, the fourth theme 'Refugee Resilience' brings to the forefront the various ways that parental resilience and strength are displayed in the interviews. This theme is also used to show the benefits of incorporating resilience within a strengths-based framework to improve practice and service provision. Furthermore, the theme also stresses the need to improve the resilience of service providers who

work with displaced families to ensure that professional responses can adequately prevent a continuum of violence.

Within this chapter, I will also seek to situate these findings within my theoretical framework and therefore discuss my themes in relation to the continuum of violence model and through an intersectional lens. Furthermore, I present my analysis in relation to the previous literature described in Chapter 2 and extend the position of my findings to academic understandings of forced displacement, child protection and SGBV. I conclude each theme with a discussion of how an intersectional reading of this data can contribute to our understanding of a continuum of violence during displacement. This chapter will end with some concluding remarks and a brief summary of these interview findings.

Participant Profiles

1. Wajida arrived in the UK 9 years ago from Asia with her two children. Her asylum claim was successful after some years and she now works as an advocate for other migrants. She left her country with her family as a result of political persecution and generalised violence and arrived by plane before claiming asylum.

2. Malaika is a mother of four children. She has lived in England for seven years and is still awaiting a decision on her asylum claim. She was recently reunited with her husband after a significant period of separation. Her eldest son has severe mental health needs which are attributed to his journey as an unaccompanied asylum seeker and periods of detainment. Her husband left

his home country due to his political affiliations and both started a new life in a second country. She left the second country with her younger children due to violence and threats from authorities and spent some time in a refugee camp. She arrived in the UK with the assistance of human traffickers travelling in a freezer.

3. Maria is a mother of three who arrived in England with her family a year ago. She is currently awaiting a decision on her asylum claim. She left her country due to conflict and lived in a second country for some years where she had her children. They left the second country due to fears of violence and travelled to the UK via plane before claiming asylum.

4. Sonia is a mother of two children and arrived in England 8 years ago while pregnant with her first child. As a family, they have lived in two cities and are currently awaiting a decision on their asylum case. She has a young child with complex needs health needs. She left her home country due to gender-based violence and spent some years in a second country before the perpetrators of violence found her. She travelled to the UK with the assistance of human traffickers in a freezer.

4.1. Theme 1: Seeking Refuge

In Chapter 1, I outlined the three stages of forced migration and argued that while simplistic, this model can serve as a heuristic device to enable a deeper understanding of violence during forced migration (BenEzer and Zetter, 2015; Vries and Guild, 2019). Conscious of the impact that prior experiences can have on risk in refuge (Carlsson and Sonne, 2018; Mesa-Vieira et al., 2022; Miller and Rasmussen, 2010) and in recognition of a continuum of enduring harm during displacement (Cockburn, 2004a; Krause, 2015b), I had also sought to understand risk before, during and after forced migration. The narratives of interviewees pointed to four subthemes within an overarching theme of 'Seeking Refuge' which represented a core focal point for participants as they discussed recognition, responses to and the impact of violence. As I expand on this theme and explore the related subthemes, I stress that all forms of violence were present as forcibly displaced families sought safety and as a result, this theme presents an exploration of the continuum of violence and what it looked like for those who are displaced.

Pre-Migration Experiences of Violence, Abuse and Risk

As a theoretical concept, the continuum of violence stresses that violence occurs over time and places including prior to migration (Cockburn, 2004a; Kostovicova et al., 2020; Krause, 2015b; Pertek et al., 2021). There is also recognition that previous experiences and the history of an individual can impact the likelihood of risk and harm later in life (Wessels, 2014). While talking about SGBV for example Krause (2015b) argues that violence post-migration is intrinsically linked to pre-migration experiences. Using the concept of violence as part of a continuum as the central focus for participants, a starting point for discussions was life prior to displacement.

Previous literature supports the view that pre-migration experiences can have a detrimental impact on the mental health of those who are displaced (Carlsson and Sonne, 2018; Mesa-Vieira et al., 2022). Research also suggests that the migration histories of women in particular are fraught with SGBV (Freedman, 2016; Pertek et al., 2022; Phillimore et al., 2022b). Unsurprisingly, interviewees stressed that there was a need to consider the significant role that pre-migration experiences played when understanding risk in refuge and providing eventual support to displaced families. With consideration of the feminist underpinnings of this research (Bradby et al., 2023; Cockburn, 2004a; Krause, 2015b), the interviews generated important discussions regarding the gendered causes of forced displacement. Specifically, variations of SGBV were described as participants recalled their lived experiences and the impact of such violence on their forced migration. As they described domestic violence, FGM, sexual violence and honour-based abuse, participants linked these forms of violence to displacement and cited them as causal factors for movement. The mothers added that a general lack of safety for women was often a core cause of displacement for women. Sonia, a mother of two, reflected on conflicting feelings of fear, detachment and powerlessness as a woman in a patriarchal country as she described her experiences of gender-based violence by her partner and her father. In detail, she described her attempts to seek safety in different countries after leaving her abusive partner and being held captive by her father. Although distressed, below, she summarised her emotions while being held captive as she reiterated her detachment from a continuum of violent experiences.

All the memories from when I was locked in a room came in… If I was killed today… I was happy because any point my father could kill me, any point [pauses, crying] it

happened so many things in my life so now even when I speak these things it's like I'm speaking for someone else (Sonia, Asylum-seeking Mother)

While Sonia appeared to demonstrate an acceptance of death, others discussed a continuous fear of death before migration. This fear of death was a recurring theme often conflated with a lack of safety which characterised living in unstable areas of conflict. Participants emphasised that the threat and likelihood of death was in fact, another key factor that influenced their decision to seek safety elsewhere. Displaced families had witnessed abductions, disappearances and the death of loved ones and family members which shaped their overall perspective and need for safety.

Participants detailed their thoughts and anxieties relating to parental fears as well as the instinct of parents to protect their families. In the excerpt below, Wajida, a recent refugee describes her daily fear after a family member was abducted which eventually led to her family leaving their home country. Although this theme focuses solely on pre-migration experiences, I also present two additional excerpts from later in the interview when Wajida discussed her fears while being an asylum-seeker in England and recently, her children's inability to leave her home due to racialised violence. Although the experiences underpinning the anxiety differ as does the context it is important to highlight that fear and anxiety appeared to characterise all stages of her displacement experience showing evidence of a continuum.

You couldn't go outside it's like you don't know who is killing who so it was really horrible there so when we came here… it's like we escaped all things like at night if my husband goes out I don't know if they will take him and he will not come back and do you get it? It's not just him, it affects the family and I've seen all his family how

they all went through what they went through when his brother was missing (Wajida, Refugee Mother)

To be honest, I remember the worry … it's scary, not knowing (Wajida, refugee mother)

My kids started to be really scared to go to the playgrounds, just we will be looking from the window (Wajida, Refugee Mother)

In relation to the aforementioned death and related fears, what remained less evident through these interviews was the impact of familial death or the risk of death prior to displacement on children. However, recent research with forced migrant mothers indicates that children may internalise the trauma of loss leading to a heightened mental health impact (Rizkalla et al., 2020). While the mothers interviewed for this thesis reflected on the impact loss had on them individually and their eventual displacement, service providers were able to provide some additional insights on the impact of familial death on displaced children. Jane, a former social worker who was now employed in a third-sector organisation providing support to young people, highlighted the prevalence of witnessing and experiencing profound loss amongst the young people she supported in England. In the quote below, she shows the impact of violent familial loss on young people and the way in which a continuum of violence is maintained in refuge through an institutional normalisation of loss, trauma and violence during migration amongst services. Specifically, she highlights how pre-migration experiences had an impact on the mental health of forcibly displaced young people which was reproduced through the symbolic violence of limited support.

If I'd had a citizen young person who'd come into care because they've perhaps seen
their parents murdered or they've perhaps seen their mother raped, they would have
no end of support, the support would be endless because everybody would be so
shocked at what had happened to this child… but for young people coming in, a lot of
them have had the same experiences okay it might be in a different setting but
they've seen people die in front of them, they've seen their parents murdered, they've
seen their mother raped, they've seen their brothers and sisters killed but they're
expected to just get on with things and when they do start saying they're having
trauma, it's really difficult to get them some kind of support here. It's just not available
in the same way, you have to really fight for it and then it's often not specialised
enough anyway (Jane, Third Sector)

Systematic reviews have emphasised the need for timely and effective support when
children lose a caregiver in order to prevent an escalation of psychological distress
(Bergman et al., 2017). Although the provision of such support, may not be available
in pre-migration settings, the discussion with Jane reiterated the need for
immediately accessible support in England. Similarly, just as the experience of losing
a family member prior to displacement was normalised, so was the likelihood of
sexual violence amongst displaced women and girls. Sexual violence was described
as the most common form of abuse experienced by women in areas of conflict and
its pervasiveness was emphasised by both mothers and service providers.
Participants recognised that those supporting forcibly displaced women should be
informed and aware of the intricacies of working with survivors of sexual violence
beyond a superficial acknowledgement of its existence. Service providers who were
former refugees felt that sexual violence in most cases, was directly related to war

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but also added that it was important to consider the impact of non-recent childhood sexual abuse on mothers. Indeed, two mothers had drawn on their own childhood experiences and how these shaped their ongoing desire to protect their children as well as their approach to parenting as shown in the quote below.

When we used to go to visit anyone I used to put their clothes like the vest inside the underwear and the high neck inside in a different technique to see if they go to play anywhere someone touch them I'll know maybe because as I told you, I had this bad experience when I was child in my childhood maybe that made me concentrating about old mistakes… For this reasons, I put my family the only target in my life, the how do you say it, the holy target in my life. Nothing more important than them. My job to protect them from any dangers, any dangers (Malayka, Asylum-seeking Mother)

In addition, service providers had elucidated as demonstrated in the quote above by Jane, that young people and children sometimes witnessed violent attacks on family members including sexual assaults however, services provided limited support for survivors. Rosaline, a trauma specialist emphasised the prevalence of sexual violence as she discussed her experience of organising creative storytelling workshops for forcibly displaced mothers. In the quote below she notes her surprise at the severe violence that women had encountered.

Everyone in that room had been raped. In that room that night, they'd either been raped or witnessed being raped or witnessed members of their family being killed. They'd all been on the receiving end of extreme violence (Rosaline, Mental Health Specialist)

Such findings support previous research which shows that women and girls are susceptible to sexual violence across the continuum of violence including pre-migration (Adebayo et al., 2023; Canning, 2014; Hourani et al., 2021; Phillimore et al., 2022a). As discussions of sexual violence focused on the pre-migration experiences of mothers as well as young women, it is important to recognise that sexual violence can have an impact on parenting and familial relationships (Vervliet et al., 2014). As demonstrated in the quote below, SGBV was interlinked with experiences of war, heightening the vulnerability of women.

Most of them will have good upbringing, especially childhood but a lot of them when they were teenagers then there were war in their countries, world become upside down. A lot of them had sexual violence in the past, came through irregular immigration trafficking coming from one country to another. And that itself makes women become so vulnerable (Mia, Third sector)

Further discussions which centred on experiences of forced migrants in their home country highlighted the diverse, complex reasons that underpinned forced displacement. While SGBV had been discussed, interviewees also discussed interlinking factors such as civil war and forms of political violence. Such violence was common in the narratives provided by mothers and two interviewees also described how a destabilised political climate had resulted in their displacement twice. For example, Malaika had left her 'mother' country due to her husband's political affiliations and eventual persecution. After his imprisonment and torture, Malaika's husband had resisted any political involvement and both parents had focused solely on providing their children with a safe upbringing in a second country. While she noted that her family was safe from political persecution, as noted below,

she described the racism her children suffered and her own experience of being treated as a 'second class citizen'. Such experiences resulted in her family being forced to flee after her son's life was threatened. Such discussions showed that safety and improvements to wellbeing were key reasons underpinning migration as shown in the quote below.

The kids used to go to private school because we are [nationality] there is like racism there. We are Arab, Muslim but because you are [nationality], you are like the second level, you are not the same. They used to call the kids 'you are [nationality]' as a swear you know. (Malaika, Asylum-seeking Mother)

Malaika's story also showed how experiences of persecution were widespread amongst those who were forcibly displaced which could have an enduring impact on children through spaces and time. With regards to the existence of a continuum of violence during and after displacement, such findings show the violence of prejudice which prevailed through countries leading to repeated persecution. Indeed, all women had detailed a complete absence of safety and threats of severe violence to family members. For example, while Wajida had not disclosed direct forms of violence, she was fearful that her husband could be abducted after a family member was taken hostage. As previously noted, her account underscored a sense of fear and helplessness that characterised daily life prior to displacement. However, there was recognition that conflict and political persecution prior to displacement could have an enduring effect even in refuge. As discussed by Jane, her experiences of providing support to young people who were politically persecuted revealed challenges in understanding the impact of pre-migration experiences on post-migration threats. She explained that pre-migration experiences of violence can

impact young people in many ways including mental distress and trauma, fears for the safety of family members who remain in their home country and by causing ongoing threats to their safety even in England. In the quote below she explains her experience of supporting a young person and his family and the threats to the safety of families even in countries of refuge.

Authorities had chased him over and got him and they'd blown up the car and he'd lost both legs… I think that was just beyond my understanding really, it was something that sort of happens in films and no no he's just being paranoid you know and I think that these young people are genuinely scared that what they've done will follow them and I think in some cases that can happen. Obviously, some of it is unfounded fear but some of it is, I mean these were high profile families we were talking about you know they weren't ordinary families, they'd been high up in the political system but that kind of thing he was very you know that was a real risk (Jane, third sector)

As participants emphasised that some decisions to seek asylum were directly related to war, political unrest, and related fears, others had similar levels of disbelief at the experiences shared with them as emphasised in the quote above. It was also felt that the experiences adults had prior to and during migration had a long-lasting impact on parents and the lives of children once in the UK. One service provider specified that parents' experiences impacted their ability to support the mental health needs of their children leading to long-term unaddressed and undiagnosed mental health concerns. As a former asylum seeker, she now managed a third-sector organisation that provides support to migrant women including those who are forcibly displaced. Drawing on her own experiences as well as those of the women she supported she

noted that mothers struggled to address the mental health impact of pre-migration trauma which impeded their ability to recognise and support their children as shown in the quote below.

You want to block all your past… you don't want to go there. You don't want to know, even if your self had a panic attack as a result of what happened to your parents, your ?? has been killed, your mum's been raped in front of you. Your aunties have been raped. You don't want to know, you block that that part of the brain and you want to move on, and that that goes on… you deny someone many things that happened in your household so many things that happened to your children. You don't want to know. You don't want to go there. You don't want to talk about the past, you just want a move on that's, that's all you want to do (Mia, Third sector)

Her account additionally shows the way in forms of violence can have an intergenerational impact causing distress to children who might not have encountered conflict or violence. The intergenerational aspects of violence were also explored as specific forms of intergenerational gender-based violence were described by participants. This included FGM and honour-based violence perpetuated by family members with both forms of violence cited as secondary, underlying issues for mothers claiming asylum who primarily discussed war and conflict. While gender-based violence in this context was related to prior experiences, it continued to have a significant impact on the mental health and well-being of women in need of support. Forced marriage for example was defined as a complex form of abuse interlinked with sexual and familial abuse where young people were violently excluded from their families and care was withdrawn. As described in the

quote below, the threat of forced marriage was accompanied by severe violence leading to trauma.

Another girl… she wasn't allowed to eat the same as what they were, she was treated badly and eventually, she'd been sold to a fruit farmer in return for fruit and had been quite brutally raped and she was really quite traumatised (Jane, Third Sector).

In the present study, it was found that the risks associated with marriage at a young age were known to participants. For example, practitioners had discussed their experiences of supporting young women who had been forced to marry as well as mothers wanting to protect their children from early marriage. Similarly, FGM was identified as a risk for young girls as participants talked about the eagerness of mothers to break intergenerational cycles of intrinsically cultural forms of violence with FGM being provided as an example. mothers sought support when FGM was a risk for their daughters and would often seek protection orders if needed as described in the quote below. Thus, the violent experiences of mothers had shaped the way they responded and protected their children and in doing so sought to break intergenerational continuums of violence.

we've been approached by women that have said to us well actually we want some support to protect my child from FGM and actually I've got some worries that the father may have intentions of making this possible so we've had to take out things like FGM protection orders (Nafisa, Third sector)

This quote also demonstrates differences in perspectives between mothers and fathers in discussions of cultural forms of violence such as FGM. Such findings are in

line with previous research which shows that women's decision-making in households and autonomy can lead to the prevention of cultural practices such as FGM (Boyle and Svec, 2019). Recent work by Newton and Glover (2022) also found that women who had experienced FGM felt empowered by helping other women and advocating for change. Although such violence was primarily discussed as a gendered issue, there was recognition during the interviews that young men had encountered forms of familial violence. Participants had described in length the experiences shared by refugee and asylum-seeking women, yet young men were also thought to have experienced forced marriage, exclusion, and physical violence within the family. Thus, Jane also detailed her experience of providing emotional support to a young person who had experienced high levels of emotional and physical abuse within his family before being displaced. Similar to the situation depicted earlier, Jane detailed the way in which the young boy had been neglected by his family resulting in severe psychological trauma in later life.

This boy had a different father, he wasn't allowed to live in the same part of the house as the family and he wasn't allowed to go to school and he wasn't allowed to eat at the same table, and the trauma that that had had on him, the pain that that had caused him was quite great (Jane, Third Sector).

Such discussions were accompanied by a sentiment that supporting those who had faced violence facilitated by family members was much more challenging than supporting those who had survived intra-familial. Anecdotally, some practitioners reflected on their experiences of support provision and observed that those who had described pre-migration violence within the family displayed higher levels of social isolation, distrust and in some cases trauma when in the UK. Service providers

concluded that families played an instrumental role in influencing levels of psychological trauma as participants argued that a positive family environment could enable recovery from traumatic experiences. Those who had worked as social workers described the significant impact that a familial support system could have on recovery from trauma. From their experiences, there appeared to be a distinct difference in the mental health and support needs of children and young people who had a positive family environment during their displacement whereby families were considered a protective factor. Further, the subtle differences in trauma caused by family members and by war was also identified as observed by a social worker with experience of working with displaced families as shown below.

The need was certainly smaller in terms of mental health because the fact that they've been together as a family unit was very often healing in itself, you know, and they didn't display as many difficulties or challenges and in terms of the emotions and emotional well-being, particularly children… they were much more settled emotionally (Lauren, Social Worker).

The journey

Interviewees also discussed the trajectory of becoming displaced as mothers talked in detail about their journey to seek safety. While two mothers had arrived in England on tourist visas before seeking asylum, two recalled their experience of using traffickers. Both Malaika and Sonia recalled travelling to England in unsafe conditions, namely hidden in a large vehicle. At the time, Sonia was heavily pregnant and recalled the risk she had taken to ensure her unborn child was safe. Malaika, as the only mother who had spent some time in a refugee camp also described her

journey through several countries with her two youngest children. During her interview, Malaika was visibly distressed as she talked about her fears that her children may die during this difficult journey and the related guilt she felt at exposing her children to such risks. This is captured in the excerpt below.

I used to go outside and check kids breathing you know, put my fingers under nose because their colour became a little bit blue, the lips. I was like in very difficult situation because I'm all in my mind I will lose some one and it will be like a mistake from my life… Two tries to come to the UK by lorry. First time they put us in a big fridge with 17 person, it was very cold, I'm very grateful to God that police arrested us because we stayed there for two hours and a half. He used to turn of the fridge, the freezer we had the jackets, two trousers but it was very, very cold, I thought if we carry on inside, definitely we will not arrive safely to the UK. (Malaika, Asylum-seeking Mother)

In both Sonia's and Malaika's accounts, traffickers had expressed concern for both mothers and had tried to help them. Malaika acknowledged that for her, it was unusual to view human traffickers as helpful, but she described their empathy when helping her family reach safety and similarly Sonia detailed the help she received from a trafficker once she arrived in England. However, such empathy appeared to only apply to the mothers as Malaika additionally described the dangers her young son faced as an unaccompanied young person. Malaika had been separated from her older teenage son who embarked on his journey alone and she drew on his experience to underscore the dangers faced by young people and children. In particular, she talked about her son being attacked by a trafficker in a refugee camp and widespread alcohol and substance misuse as noted below.

He had like many problems with the traffickers, you know he was like teenager and they are like drinking alcohol so they fought with him, they swear at him, he swear back so one of them try to stabbing him in the neck by knife so he left the camp and he was to sleep for few days under the light on the motorway (Malaika, Asylum-seeking Mother)

Moreover, service providers who supported young people had added that illegal employment was considered a necessary solution for them to debts owed to traffickers. They emphasised that even in refuge, young people would work long hours for very little pay yet this was considered vital by young people to prevent destitution and meet their needs. The risk of criminal exploitation in the form of transporting drugs and participating in county lines activities was briefly mentioned by participants as was the risk of exploitation from religious extremists in refugee camps. Strikingly, throughout the interviews the risks associated with the economic exploitation of children and young people relating to trafficking, centred primarily on the experiences of young men suggesting that forcibly displaced adolescent boys are at higher risk of this form of exploitation. The interviews therefore yielded an important point for discussion which was that young men faced exploitation risks even when accompanied by their families. Such findings must be considered in line with recent findings by the UNHCR and The British Red Cross (2022) which show that young people who are exploited are unable to disclose these experiences, leading to enforced criminality and inefficient risk assessment which fail to comply with Modern Day Slavery Statutory Guidance. Further, the recent 'illegal migration' bill (2023) reduces access to vital support magnifying the vulnerability of young people. Taken together, it is evident that changes in policy and poor practice

increase harm against young people experiencing economic exploitation resulting from trafficking. Effectively, this form of structural violence contributes to a continuum of violence against young displaced people.

On the other hand both Wajida and Maria had arrived in England on tourist visas and described their experience of seeking asylum. While Wajida had sought asylum sometime after her arrival, Maria discussed being detained at the airport and separated from her children. During the interviews she talked about the fears of being separated from her children permanently as she witnessed police officers taking her young children away from her. Her fears were amplified by her limited understanding of her current predicament. Similarly, service providers had emphasised the way in which the initial arrival could lead to immediate trauma. For example, below Jane discusses the experience of a young person who had been trafficked to the UK. The young person distinctly recalled his journey in a vehicle which impacted his physical health and meant that he had feared for his life. However, upon arrival to the UK his poor health was given very little consideration by border officials and instead he had been detained at the port. This initial dehumanisation was central to the perceptions he had of his journey as well as his poor mental health later.

It put him through unnecessary trauma which he seems to remember more than the journey, his arrival in England was so traumatic for him because he was so ill and he thought he was dying and nobody even asked him or checked him over (Jane, Third Sector Manager)

The accounts put forward by participants also showed the ways in which escaping pre-migration violence and seeking safety in England was not a linear process. Like

others who are forcibly displaced, Sonia had spent time in other countries before eventually arriving and attempting to resettle in England. Just as Sonia had felt unsafe, service providers also detailed the ways in which violent experiences and a lack of safety in other countries impacted individuals arriving in England. For example, passage through some countries was described as inherently risky due to the likelihood of exploitation as noted in the quote below. James, worked specifically with displaced children and young people and therefore recalled the risks that young people in particular faced prior to arriving in England.

In terms of the journey on the way here, I've heard lots of different stories, especially for example, people coming out of Africa may having been made to work so young people coming out of Africa, having been made to work in Libya especially if they made the journey from Eritrea, have been made to work in Libya for long periods to pay for the journey to Italy and being forced to work and then some of them was physical sort of maltreatment (James, Third Sector)

Evidence suggests that passage through Libya represents one of the most dangerous routes for displaced people due to reduced right and increased risk of forms of exploitation (Reques et al., 2020). Previous work by Amnesty International (2015) supports the view that young people are equally at risk of human rights violation in Libya and additional support must be provided to those who survive. In addition, there have been calls to stop governments from working collaboratively with the Libyan government to prevent further abuse (Amnesty International Ltd, 2016).

Policies of harm

For the mothers interviewed, displacement was considered an inexorable solution to dangerous and harmful circumstances and was consistently referred to as the only option for safety. Still, participants talked about their own complicated feelings towards this 'decision' as they detailed feelings of regret and guilt relating to two key aspects of their ongoing journey. Specifically, participants expressed feelings of sadness when discussing the decision to undertake a dangerous and potentially life-threatening journey and while detailing their eventual life in the UK. While the reasons underpinning displacement had varied between participants, most shared similar feelings of grief and anger while simultaneously describing an appreciation for the safety they now had. Overall, such discussions illustrated the complex emotions underlying displacement. Wajida for example described how she instils a sense of appreciation when talking to her children about seeking asylum and later discussed the challenges of raising children in a foreign country as she stressed her need for safety as noted below.

We are asylum-seekers, we are building ourselves slowly… we have a roof, we have food, and we have to be grateful for that… you're better here you're safer here. We came here for safety not for anything else (Wajida, Refugee Mother)

As discussions continued to provide insight into the lives of families in the UK, participants specified that there were challenges inherently connected to life as an asylum-seeking parent. Mothers for example felt that the financial constraints of receiving minimal asylum support and restrictions on employment significantly impacted their ability to provide their children with an adequate quality of life. Women therefore showed concerns that they may be perceived as 'bad parents' with life-long repercussions for their children. Such fears and anxieties stemmed from their need to

provide their children with stability, safety, and financial security. With consideration of the perspectives of parents within this study and the likelihood of structural neglect, the concept of 'good enough parenting' may be applicable. According to Taylor et al (2009), good enough parenting encompasses an exploration from relevant practitioners of how all factors including social, structural, psychological, and of course economic can impact parenting.

For the mothers, financial insecurity was thought to have an impact on the subtle everyday aspects of parenting. Sonia for example talked about her children only wearing old clothes and Maria discussed her sadness at not being able to buy her children small inexpensive toys. In some cases, the financial limitations experienced by the families presented a contrast to the lives that the families had in their home countries. The mothers discussed their own upbringing as well as the way in which their children would often reflect on the material things that they missed in their home including toys, technological devices as well as their friends. For mothers, this contributed to feelings of guilt demonstrated in the quote below.

they ask you to celebrate their birthday and you don't have money to celebrate their birthday, you can't afford to buy a cake for them even if it's £5 from Asda or Tesco whichever supermarket you go. Or they see their friends because our kids they don't dress the same way. My daughter, she's 7, once because it was a donation from a charity called Zakati Foundation and that was the first time my daughter wears brand new clothes from Primark. That was the first time. She's always been wearing donation clothes (Sonia, Asylum-Seeking Mother)

Practitioners also recalled the difficulties they felt in providing support to families and indeed individuals who received limited financial support as well as those housed in initial accommodation centres (IA). While asylum applications were under consideration, families were initially housed in these centres before being dispersed on a no-choice basis. However, accommodation was described as unsafe and inappropriate in meeting the basic needs of families. Importantly, there remains a dearth of literature exploring the impact of life in IA and notions of safety. However, a recent report by Jones et al (2022) specified that a lack of access to necessary support and poor conditions in these centres contributed to poor mental and physical health among asylum-seekers. Within my research, practitioners likened IA to refugee camps and identified risks that were similar to those described by those who had spent time in camps. Amelia, a health care professional, stated that women felt particularly unsafe in this environment and had reported that large groups of men gathered in the communal areas and bathroom facilities. Her description of the concerns that women had were identical to those described by women being supported by another participant, Claire, in a refugee camp in Greece. Specifically, the lack of safety in shared facilities and the potential risk for sexual violence that was alluded to by women accessing support. I include both quotes below to demonstrate the similarities in experiences that women encounter during displacement and in refuge. In doing so, the continuum of violence and the interlinked way in which violence remains in different contexts is evident.

There's like lots of single men hanging around and there's just a general feeling that it's not a safe place for, that's the sort of impression I get from a lot of the women I would look after… women reported like men peeking over at them over the top of the,

you know, the back of the bathroom toilets and feeling like they couldn't leave the room, especially if they if they were if they were single women or your access any of the common rooms because there was just like groups of men sitting around (Amelia, Health Professional)

There were concerns I suppose from the women that were kind of said to me informally I suppose about going to the toilet, they just wouldn't go to the toilet at the camp by themselves… they would go in twos and that fear so you kind of inferred that things had happened to them or that things had happened to people who they know enough to make them you know very wary and fearful (Gemma, Social Worker)

Families in IA also stated that these centres were incompatible with the needs of children and prevented them from being able to thrive. Not only were children exposed to the dangers described above but they were unable to attend school, had few distractions, and were provided with food with very few nutritional benefits. Although IA is temporary housing, there were concerns that families were being kept in IA for prolonged periods with some being dispersed to other IA accommodations thus continuing to live in poor, overcrowded conditions.

if you're a family it'll be in like one room… the accommodation tends to be really dirty, there's no provision for children at all because you're sort of waiting for dispersal…. from a safeguarding point of view it is actually really worrying because the IA centres are not they're not good places for children's needs especially if… it's like a protracted period in that situation where you have like just no formal provision for children… that's like that can be really damaging (Penelope, Health Professional).

As families were dispersed on a no-choice basis, it was important for participants to highlight that their new living conditions were also inadequate. Families were often placed in economically deprived areas where they reported feeling unsafe amidst widespread criminal behaviour and a general feeling of not being welcome. Darling (2016a) writes that asylum seekers are often dispersed to areas affected most by austerity measures and adds that the privatisation of accommodation fails to address the needs of forced migrants. Qualitative work by Jolly (2018a) with undocumented migrant families in the UK shows that specific policies exhibit a form of statutory neglect by preventing children from living in a safe environment. Subsequently, home-related issues can harm child welfare and development. Previous work by Allsop et al (2014) also specified that experiences of dispersal intersect with poverty and increased social isolation to have a negative impact on the lives of forced migrants. Recent reviews add that poor housing can also impact access to other services such as health care (Kaur et al., 2021). Thus, it appears that dispersal policies specifically harm the well-being of children and families. As Phillimore (2021) states, the context and local area within which families are dispersed can have clear implications for levels of integration and therefore their health and well-being.

 The findings supported the view that specific areas that families were placed in continued to be incompatible with the needs of children and were described as being of a very low standard. A participant described visiting the home of a young new mother and finding she had no hot water, again demonstrating statutory neglect (Jolly, 2018a). She stressed that there was no adequate way of dealing with housing-related issues which was shared by other participants who had discussed the poor living conditions that families are exposed to. Mothers also reported living in unsafe

areas and accommodation that was often unsatisfactory. Sonia for example had detailed being attacked in her accommodation and ongoing harassment by her attackers, eventually resulting in her being moved. Harassment was also reported by Wajida before obtaining a successful asylum claim as she discussed her children had experienced bullying while housed in substandard accommodation.

The quality and the standard of the accommodation that people are provided with is really really bad…. people living with like pests in the house and just really unclean or unsafe conditions. And like it's difficult to report them and get a response because it goes through so many layers that no one seems to have accountability for that… It still seems to be the case that even, even where someone has children, it's not necessarily the case that issues with accommodation will be sorted out on that basis or there'll be any real priority given to people, even though children may be living in sort of unsafe or unsuitable conditions (Dave, Third Sector)

Other participants reported that the areas where families were living were believed to be unsafe due to criminal behaviour including underage alcohol abuse and substance misuse. For some families, children were witnessing and being exposed to such behaviour for the first time leading to many parents highlighting their concerns that such behaviour may be normalised. In addition, participants felt that children were unable to thrive and make use of outdoor spaces and were instead restricted to playing indoors in houses that parents felt were of poor quality. Such living conditions played a role in contributing to a general feeling of helplessness heightened by their inability to work and provide a better quality of life for their children. While parents were adamant that they wanted to work and contribute, participants felt that the system enacted a form of enforced poverty and over-reliance on welfare making

parents feel helpless, frustrated, and powerless. A pervasive theme underpinning interviews with mothers was the lack of agency amongst those seeking asylum. Women in particular were described as feeling a sense of powerlessness akin to living in their home countries. Sonia for example, drew on the strong gender roles in her home country and patriarchal norms that prevented women from having any meaningful agency in their lives. For her, the lack of agency of an asylum-seeker was no different from the patriarchal control that had been exerted over her in her home country.

This looks like (home country) because we can't make choices in our life for a moment and because we cannot choose where to live or what to do because we are not allowed to work and till that point hopefully when we get leave to remain, it looks like little bit like (home country) now (Sonia, Asylum-seeking mother)

Indeed, the impact that financial and economic restrictions had on families was a consistent theme throughout the interviews. First, the women lambasted the asylum support they received as it often failed to meet some of their basic needs. Asylum support was explicitly described as a 'joke' by Sonia who later cited her financial concerns as the central challenge for forcibly displaced families. Mothers had expressed a desire to provide a satisfactory quality of life to their children. At several points in the interviews, the women reported an eagerness to be employed and financially provide for their families. Underpinning this desire was an implicit understanding that lack of money also meant that parents were unable to provide stimulation to their children including activities for them to enjoy. Often, children had expressed an interest in various activities that could alleviate some of the isolation that they had reported. Moreover, asylum support was considered inadequate in

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covering most living costs, service providers added that some young people engaged in illegal, exploitative work. Jane for example talked about how young people could work for very long hours for very little pay or would be engaging in illegal work such as sex work or drugs. Most often, illegal work was attributed to unpaid debts to traffickers and it was unlikely that they would receive any support due to the legalities around this work. The mothers had also expressed concerns that the financial restrictions were leading young people to access illegal employment and the risk of being exploited. Maria talked about her awareness that other asylum-seeking families were seeking employment through such means, however, she reported her anxieties about such actions impacting her asylum claim and thus hindering her children's chance at a better life. On the other hand, Malaika noted that her older children had recently sought employment that paid below the minimum wage despite them working long hours.

They used to work like illegal way like in carwash or shisha or you know these places but for £3 an hour so it's very low income. They are like teenagers, they need clothes, shoes, to go out. It was like very difficult to carry on your life with £5 (Malaika, Asylum-Seeking Mother)

During the interviews, participants discussed the risk of exploitation, with most citing the regularity of economic exploitation amongst young people and displaced parents. Participants described informal, unregulated forms of employment that took place across various sectors including hospitality. Economic hardship and an inability to meet their basic living needs were perceived as a driving factor causing forced migrants to seek such exploitative work. It was deemed a form of survival suggesting that current restrictive policies directly influenced the exploitation of forced migrants

through enforced poverty. Indeed, a recent report on forced labour in the UK, by The Lift the Ban Coalition (2020) recommends that a crucial step in reducing economic exploitation is by providing those seeking asylum access to employment. Similar conclusions have been drawn through studies on forced labour in the UK as findings continue to echo the sentiment that restricting employment rights explicitly causes people to seek exploitative forms of employment (Hodkinson et al., 2021; Lewis and Waite, 2015; Lewis et al, 2015; Waite and Lewis, 2017).

While those interviewed appeared to show autonomy over their decisions to engage or not engage in unregulated forms of employment, it is important to note that there remains an exploitative element. As Waite and Lewis (2017), note transactional, informal work within this context is often coercive and exploits the vulnerability of displaced people. According to Hodkinson et al (2021) forced migrants lack the financial means to meet their essential living needs and may enter exploitative situations with little or no pay and a lack of legal protection. The illegality of their employment renders them vulnerable to further exploitation as their precarious socio-legal status can force individuals to remain in exploitative situations. Once granted refugee status, the hostile environment continues to facilitate the victimisation of displaced people as individuals face barriers preventing them from entering the workforce including those stemming from gaps in their CV while awaiting an outcome on asylum claims (Hodkinson et al., 2021; Lewis and Waite, 2015). Mayblin (2014) points out, such policies can also contribute to dependency on welfare and can prevent integration, a point which will be discussed in more detail later in this chapter.

Within the present study, the presence of such policies impacted children and young people in two ways. First, by rendering young people vulnerable to exploitation, and

second by exposing them to destitution and poverty. Due to their migration status, young people were unable to access employment and were instead secretly seeking unregulated, informal forms of employment, often with very little pay. Service providers who had also supported separated and unaccompanied young people had added that illegal employment was considered a necessary solution to debts owed to traffickers. Similarly, for young people in families, participants emphasised that young people were working long hours for very little pay yet this was considered vital by young people to prevent destitution and meet their needs. The risk of criminal exploitation in the form of transporting drugs and participating in county lines activities was briefly mentioned by participants as was the risk of exploitation from religious extremists in refugee camps

Ongoing Journey

As they reflected on their experiences, it was evident that the mothers were unprepared for the realities of life as an asylum-seeker or refugee. The decision to seek asylum for example had long-term ramifications on the families, however, the decision to apply for refugee status had often been quick. For example, Sonia described her regret about becoming an asylum-seeker as she described how she had initially applied to seek asylum in England. She described arriving in England alone with no support or language comprehension. For the women interviewed, the decision to come to the UK was influenced by a myriad of factors including language, having family nearby, and in the case of Sonia, being in a country that would be difficult to reach for her partner and family. However, upon her arrival alone while pregnant, she was advised by a trafficker to go to the Home Office and seek support. Language comprehension had also impacted the decisions made by Sonia regarding

her asylum application. Later in the interview, she continued to stress that she had not appreciated the long-term ramifications of seeking asylum in England and had not disclosed important information when it was necessary. In the following excerpt. she again emphasised that she had not understood the basic definitions of the words highlighting the exploitative aspects of the asylum system.

He said there is a Home Office you can go now ask there for support and you can claim asylum but the way it is in [home country] we use that word for old people house, houses where they don't have family or they decide to go and live with other old people so in [home country] it means that so when he said to me to claim asylum and I said do I look that old, they gunna accept me and he said no no no, it's not like that but you can understand it in the future, don't ask any more questions ask for help …. I didn't even know the meaning of the word… I didn't know what's gunna happen, how it's gunna be, how long it will take, I didn't know anything about it. Because it was things I didn't tell in my interview because I was scared if they gunna send me back. I didn't mention so many things in the interview because I didn't know I have to mention everything what happened in my life so I hide so many things which I didn't tell them which maybe will help me (Sonia, Asylum-Seeking Mother)

Wajida had also reported simply signing forms that she didn't understand as well as being given information without an interpreter present which she noted would have been beneficial. She explained that her family had sought asylum after being advised by a doctor to do so while accessing health services for her daughter. During this period, her family had been living in a hotel room, were now running out of all money, and were told that they were illegally residing in the country. Throughout these conversations, the mothers talked about their attempts to hide or disguise some of

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the realities of being an asylum-seeker from their children. It seemed that mothers had come to terms with the significant changes associated with being forcibly displaced, yet their children expressed difficulties in adjusting. Further, there appeared to be some negative connotations associated with being an asylum-seeker with the term being viewed as highly emotive for children as shown below. The mothers detailed how they would have some tough conversations regarding any life changes.

It's embarrassing to be named asylum-seeker to them, for me it doesn't matter to be honest it doesn't make any problems, I don't have any problems because I've never been shy to say that I was an asylum-seeker… but for kids it's not the same, you know especially for my eldest one, the other little ones they are born here but not for her, do you get it? It's like why do I have to have this free, why do I have to have it so she was all the time asking me questions what does this mean asylum-seeker (Wajida, Refugee Mother)

Participants alluded to the notion of survival during these discussions. Generally, this was talked about in relation to the journey of forced displacement and the multiple experiences that individuals would have encountered prior to arriving in the UK. However, survival was increasingly used as a term to describe the experiences of refugee and asylum-seeking families who were in the process of having their claim to asylum analysed. It had been stated by many seeking support that the process of seeking asylum was an added stage in their journey to safety and was the most detrimental to the mental health of those seeking asylum. The impact of this prolonged stage of enforced poverty and hostility was that most forcibly displaced adults were described as experiencing extreme mental distress. An example

provided by Amy, a service provider supporting women which encapsulates the severe psychological impact of the current asylum system is described. She recalls the experience of a woman who had been awaiting a decision on her asylum claim for many years and the eventual acceptance of her claim resulted in a mental health crisis. Amy described this as surprising yet referenced how the current asylum system infantilised those accessing support and resulted in a significant loss of independence. An over-reliance on the very little support that was available and loss of identity over a long period accumulated to result in the eventual mental health crises described above. She felt that for refugees and asylum-seekers, the idea of eventual safety acted as a buffer protecting their mental health during their journey to the UK. Upon arrival and with no specified end to this reliance on support, mental health was compromised. Thus, the stage between arrival to the UK and receiving a successful asylum claim was a critical stage where most were susceptible to severe mental health problems. In discussions regarding the specific journeys, participants added that refugees and asylum-seekers encountered an additional journey, the journey through the asylum system.

The asylum process and the uncertainties around that so actually that becomes a part of the journey so if I don't know if you can imagine for example like coming into the UK in the one of the most horrific stories I've ever heard you know it was an awful journey coming into the UK but actually once they got here, it was almost as if that became an add on to their journey because of how difficult it was to then navigate around the immigration system and you know how difficult it was being an asylum-seeker and not being recognised as a refugee so that sort of becomes a part of the journey after they've sort of arrived here (Amy, Third Sector)

Generally, research on the mental health of forcibly displaced people has asserted that rates of PTSD and depression are high and continue to last beyond displacement (Blackmore et al., 2020a) and that post-migration stressors contribute to the development of PTSD in refugee populations (Minihan et al., 2018). Evidence on the impact of waiting in particular, while a decision is made on an asylum claim can be surmised as a period of violent uncertainty (Grace et al., 2018). As the findings from this thesis showed, the fear and lack of security during a period of prolonged waiting resulted in distress among parents and children. Indeed, findings by Blackmore et al (2020b) similarly found that depression and anxiety were more common in children and adolescents with refugee status than those with insecure migration status. Importantly, evidence on the mental health of forced migrants has emphasised that such post-migration stressors can cause more psychological harm than pre-migration trauma, a point that was reiterated by interviewees (Bryant et al., 2018; Miller and Rasmussen, 2010; Minihan et al., 2018).

However, many participants also felt that refugee and asylum-seeking families faced challenges when given their refugee status. Participants for example explained that often individuals who were considered 'resilient' previously, expressed difficulties when adjusting to life after being an asylum-seeker. In addition, negative outcomes of asylum claims would expectedly impact mental health. Participants suggested that additional support was needed to help forced migrants adjust to all decisions. In particular, the expectations and changes associated with being a refugee and having access to employment and housing were considered a difficult adjustment.

Conclusion

In this section, I discussed the first of my qualitative themes which centred on the following research question:

How does the continuum of violence impact families seeking refuge in England? In seeking to answer this question, I drew on my analysis of semi-structured interviews and previous literature to identify the ways in which the continuum of violence was present in the narratives put forward by participants. In attempting to present a temporal journey of forced migration, participants disclosed a wide range of violent experiences across all levels of the socio-ecological model and discussed how such violence was interlinked with their experiences in refuge. I began by discussing the pre-migration experiences of families and highlighted the impact these experiences had on the mental health of families in refuge which was often amplified by structural violence. I also discussed the way in which participants reflected on their journey to refuge and how this was constructed as an ongoing journey. Participants were not considered safe and now continued to encounter varying degrees of structural violence and statutory neglect.

I conclude this section by discussing the way in which an intersectional reading of this theme can contribute to a deeper understanding of the continuum of violence against children during displacement. Drawing on the concept of intersectionality and its use as a lens within this research, the findings presented within this theme showed how experiences of violence while seeking refuge were magnified by an intersection of oppressive systems. Specifically, it was shown that the macro-level immigration policies perpetuated the marginalisation and abuse of displaced families heightening the existing disparities of power stemming from gender, socioeconomic status, ethnicity, and migration status. I unpick this further in the next theme which

presents a more in-depth exploration of the specific risks and how they may present in refuge.

4.2. Theme 2: Identifying and Understanding Risk

In this next section, I discuss the second theme which was identified through my analysis. This theme refers to the way in which violence was understood by service providers and parents and how harm was recognised. Thus, this theme builds on the specific forms of risk that children, young people, and families encountered and how those experiences were rooted within a continuum of violence. Along with identifying risk and the role of underlying intersectional factors, I argue through this theme that the findings show a need to understand the complex interplay of risk and violence within the context of displacement.

Exposure to Violence

As interviews continued to focus on violence, practitioners and service providers gave clear examples and descriptions of what they perceived as abusive experiences in the lives of forcibly displaced families. Often, such descriptions focused on parental experiences of overt forms of abuse such as sexual violence and physical abuse with some discussing violence against young people. However, participants also talked about the impact of displacement related to psychological harm on children and young people. Several respondents noted that children had witnessed extreme violence and abuse during displacement yet the specificities and indeed impact of such exposure were unknown. Further, the findings indicated that exposure to extreme violence was rarely conceptualised as a specific form of violence. As discussions continued to centre on parental experiences of violence, participants

described the lack of clarity they often had about the extent to which children had observed or witnessed the abuse and the eventual impact that this could have on children. As a result, participants felt that it was important to recognise children witnessing violence as an implicit and complex form of abuse within this context as noted by Rosaline:

The other aspect of it is that the children may have heard their parents talk about or may have been witnesses themselves if they'd come over if they were more what we call fresh arrivals new arrivals and they themselves would have experienced quite traumatic journeys, and they would have been what we call in trauma work, we would say they were bystander witnesses. They were witnessing events that were way beyond what a child could really assimilate (Rosaline, Mental Health Specialist)

Children's exposure to violence throughout displacement was an important theme within this study and related to all stages of forced migration including within the family in countries of refuge. Participants discussed the likelihood of children witnessing DVA in the home which often intersected with poor parental mental health and wider structural stressors. Indeed, forms of DVA were explicitly described as an outcome of asylum policies and restrictions. The interview findings described earlier in this chapter showed that restrictions on employment left many mothers vulnerable to exploitation and meant that women felt unable to leave violent partners, having a direct impact on their children. The risk of domestic violence within this context was thought to be high and the complexities of it were also recognised by interviewees. Indeed, experiences of SGBV have consequences for the mental health of survivors (Keygnaert et al., 2012).

The true impact of witnessing severe violence remained a misunderstood aspect of support provision as participants recognised that children may not be able to articulate their experiences. The findings within this study reiterated the idea that mothers had experienced SGBV at different stages of displacement by different people and this continued in England. The challenge for service providers was understanding the impact that such violence had on children. Such findings could indicate a form of vicarious abuse (Cuomo, 2019) whereby children and young people display signs of trauma by witnessing forms of SGBV in private settings. Although current scholarship on the vicarious nature of abuse tends to centre on the experiences of those supporting survivors (e.g. Molnar et al., 2020), recent work by Howard (2021) explains that children can be vicariously traumatised through simply learning about the traumatic experiences of others. As my research suggests that children not only learned about their family member's trauma but often directly witnessed it, there is a need to give further attention to exposure to harm as a distinct type of violence.

Moreover, if we are to apply the continuum of violence model to the experiences of displaced mothers, it's also crucial to consider the fact that children and young people would have witnessed and indirectly experienced each form of harm. For example, interviewees stressed that children may have witnessed the exploitation of mothers and they addressed the challenges of engaging with families to provide adequate support. Again, there is a scarcity of research on the impact of witnessing domestic violence on children and young people and the few studies that do exist focus solely on the impact of pre-migration violence (Scoglio and Salhi, 2021).

Generally, research has shown the negative impact that domestic violence or parental experiences of SGBV can have on children and young people. Children exposed to interpersonal violence for example are more likely to be diagnosed with depression compared to those exposed to other forms of trauma (Vibhakar et al., 2019). Within the context of displacement and within my findings, the impact of such experiences is interlinked with children's own experiences of trauma, conflict, and violence which can result in internalisation as noted by Wajida below as she discussed the experiences of the friends of her friends who felt unable to disclose their experiences of peer-on-peer abuse with their parents.

Some parents don't understand that, they think that yeah you are better than in our country so you have to be grateful that's it, you don't complain so the kids they don't have choice just they are suffering in school, they don't tell parents (Wajida, refugee mother)

In relation to children's exposure to SGBV, there is a plethora of evidence on SGBV during forced migration and its implications. Yet, very little policy attention is paid to the issue and its consequences for children (Phillimore et al., 2022b). Indeed, Canning (2020) describes the current policy landscape as a form of coercive control that further victimises survivors of violence. Thus, while some authors have criticised the gendered analyses of violence against forced migrant women and attempted to simply discuss violence against forced migrants (e.g. Ozcurumez et al, 2019), it would be a disservice to discount the role of gender as women are disproportionately more likely to have experienced harm (Pertek et al., 2022, 2021). In fact, work with destitute migrant women by Dudhia (2020) showed that gender appeared to be a present factor for over three quarter of the women included in the study who had

experienced violence. For my participant Sonia, migration to the UK was the result of both IPV and family violence which had followed her to her first country of safety evidencing recent work by Cochrane and Wolff (2022) found that asylum-seeking women were driven to undertake unsafe, irregular journeys as a result of pre-migration experiences of family violence. The argument could be that this participant and others like her are persecuted for their gender, yet narrow definitions of persecution make it especially challenging to provide sanctuary and legal protection for such women under current conceptualisations of refugee protection (Canning, 2020).

As discussed in previous themes, a key issue that was identified by those providing support to refugee and asylum-seeking families as well as parents was poverty and economic exclusion. For service providers, the continual effect of exclusionary policies was that women with economic instability were driven into abusive and controlling relationships. Here, the impact of such relationships on children was known as children were witnessing domestic violence or were similarly controlled by their mother's abusive partner. Participants also acknowledged the complexities that mothers in abusive relationships faced as they recognised the danger of being with an abusive partner yet felt unable to leave due to limited financial security. Pertek et al (2021) refer to this as 'violent dependency' and is described as a form of SGBV rooted in asylum policies in the UK. Thus, some displaced women and consequently, their children, were trapped in abusive and violent homes as described by Amy.

Women that have maybe been in relationships that they wouldn't otherwise be in because of that person's ability to provide for them, whether that's in a practical sense like a house or food or money or it is quite often in an immigration sense …it

means that you've got women and children living in homes that aren't safe and some

of these people are abusive, lots of controlling behaviours and like really entrenched

gender roles as well controlling people's communications and controlling people's

access to services as well… children are then living in unsafe environments or really

controlled environments (Amy, Third Sector)

Within this thesis, the findings showed that women were vulnerable to domestic

violence and abuse at various stages of the asylum process and this vulnerability

was heightened by structural processes and economic inequality in the UK.

Additionally, access to services was limited. To address violence within the context of

forced displacement, it is important that policy makers and service providers consider

the likelihood of previous and ongoing experiences of violence in all its forms

including symbolic and structural.

Sexual and Gender Based Violence (SGBV)

As evident in the previous section, SGBV played an important role in most

discussions. Participants had also explored the connections between childhood

abuse, fleeing war and domestic violence in the UK showing the breadth of their

continuum of violence. These intersecting issues were talked about as service

providers detailed their experiences of working with families affected by DVA and the

heightened vulnerabilities of refugee and asylum-seeking women. Incidences of

SGBV were a common feature of many practitioners' descriptions of risk and harm

following displacement in addition to the pre-migration experiences discussed

previously. Participants described a wide range of behaviours that varied in their

severity, ranging from threats of FGM to physical violence. The following excerpt

describes common incidences of domestic violence that were reported to a service provider who worked specifically with displaced survivors of SGBV.

I've had cases where women have said you know I left my home country and was bought to the UK via my partner and actually I'm now in an abusive relationship, I've left him for this reason and there's no way I can go back to my family because actually this could have implications for me in terms of their safety, in terms of you know becoming disowned, in terms of honour based violence (Nafisa, Third Sector)

Work with destitute migrant women by Dudhia (2020) showed that gender appeared to be a risk factor for over three quarter of the women included in the study who had experienced forms of violence. Furthermore, recent work by Cochrane and Wolff (2022) found that asylum-seeking women were driven to undertake unsafe, irregular journeys as a result of pre-migration experiences of family violence. For one interviewee, migration to the UK was the result of both IPV and family violence which had followed her to her first country of safety. My analysis suggests that participant and others like her were persecuted for their gender yet narrow definitions of persecution make it especially challenging to provide sanctuary and legal protection for such women under current conceptualisations of refugee protection (Bradby et al., 2023).

For those working primarily with women and families, it was important to remain vigilant as incidences of domestic violence and abuse were not always disclosed. Practitioners explained that women had concerns that sharing the nature of their experiences might lead to their own deportation. Such fears imply that women experiencing forms of domestic violence and abuse were afraid of being punished

rather than supported. As previously noted, service providers added that single women were at risk of being exploited if they entered a relationship where there was an apparent power disparity stemming from differences in migration status. That is to say that women with an insecure migration status may be pressured to stay in abusive relationships leading to a form of entrapment (Pertek et al., 2021). Further, the risks that these issues raised for children was also highlighted.

The worst the situations that are where the perpetrator may be a British citizen or may have indefinite leave so there's like a disparity in the power that lies there because of the immigration situation…. she had been a victim of domestic abuse and there was quite extensive evidence of that and she was in a refuge and her case was refused by the Home Office. They didn't accept that there was sufficient evidence of domestic violence and we challenged that decision. But in the interim, the person who we'd supported our client was saying 'Oh, well maybe I will have to go back to that perpetrator then because that's the only way I'll be able to stay in the UK, because I'll be able to apply as their partner' and so that dynamic is worrying (Dave, Third Sector)

Similar stories were discussed by other practitioners giving prominence to the issue of gender-based exploitation from partners. The recurring theme within these discussions was that there was a power discrepancy borne from differences in migration status and a related need for financial security. Practitioners also highlighted how perceptions of what constituted abuse differed between families and those providing support. For example, participants expressed concern that some forced migrant women were unable to access funds in joint bank accounts once

again demonstrating gendered violent dependency (Pertek et al., 2022) as shown below:

They were refugees so they'd had access to public funds and the gentleman went back to [country] for some healthcare issue and left his wife and his child here…. that would leave her with any financial help for five weeks… I think it was just like he hadn't let her have a bank account up until this point, so she couldn't finish the universal application… a lot of it comes down to like if you're granted refugee status together, I suppose, as a family, then, only really one of you needs a bank account to have access to public funds they can use like a joint account I suppose and I guess it's just difficult then no one really is there to police that, they sort of I suppose, people can be exploited then (Dave, Third Sector)

Harmful Parenting

Interviewees also explored the changing dynamics within families arising from various levels of acculturation providing support to previous findings exploring the challenges of parenting while displaced (Betancourt et al., 2015; Deng and Marlowe, 2013; El-Khani et al., 2016; Lewig et al., 2010, 2009). As the analysis showed, aspects of 'cultural bereavement' (Berry and Taban, 2021) were common in the experiences of forcibly displaced people as mothers spoke about the need to maintain both their religious and their cultural identities within a threatening and unfamiliar environments. Importantly, aspects of identity within this context were important for resilience and when resisting the challenges that mothers faced. This will be explored further in the final theme presented in this chapter. In England, there remains a distinct lack of scholarship on the concept of culture within the context of

parenting while displaced. As such, I apply findings from other settings for example, Australia (Lewig et al., 2010) and Sweden (Baghdasaryan et al., 2021). Recent findings do indicates that refugee parents require assistance when navigating two cultures and that these challenges are often intertwined with difficulties arising from financial constraints (Baghdasaryan et al., 2021). Specifically, qualitative research by Baghdasaryan et al (2021) showed that loss of identity associated with socio-economic changes and a new cultural setting posed a significant threat to perceptions of parenthood. Importantly, the notion of culturally situated disempowerment has been highlighted in previous literature (Kouta et al., 2022).

The findings from my thesis reported within this section seek to provide updated additional insights to previous explorations of parenting in refuge (Deng and Marlowe, 2013; Lewig et al., 2010, 2009) by sharing the complex intersecting reasons that underpinned cultural conflict in families. Practitioners had for example highlighted how children were expressing autonomy, independence and adapting to life in the UK at a different rate to parents. This cultural change was sometimes difficult and upsetting for parents who expressed many challenged when seeking to assimilate. Practitioners cited the profound impact that a lack of choice and minimal control during forced migration had on parent's feelings towards their new life. One interviewee who specialised in providing trauma support added that small changes including a difference in accent amongst children was considered symbolic of the increasing differences between parents and children. Such subtle changes and their impact on quality of life and maternal emotional wellbeing was discussed in the quote below as Rosaline recalled the conversations she had with mothers during a workshop on refugee parenting.

The mothers did talk about their children and how they how they were just intergenerational gap was getting wider and wider… You've just made this journey. You've lived on the most extraordinary hardship and then you arrive and you live in an island and within a few months, your children are now speaking in an accent. This causes so much distress… the children would sit on a table and chair and look down on their parents to say why you're behaving like peasants. It's so nuanced because it's like you can't imagine if you came by choice and that's the word I say a lot, we didn't come by choice. Yes, they made a choice to make the journey and to be here, but they're not really here by choice. (Rosaline, Mental Health Specialist)

The emphasis on the word 'choice' during this discussion was echoed through several interviews, shedding light on the reasoning behind the distress expressed by the mothers in the quote above. The process of forced migration represented a loss of both control and choice, and this seeped through the perspectives that mothers had on their family life, again, demonstrating elements of disempowerment (Baghdasaryan et al., 2021; Kouta et al., 2022). The mothers interviewed had similarly discussed the issues they faced and their feelings regarding the challenges of parenting in the UK. Specifically, ensuring their children's safety could be difficult. The mothers drew on examples in their lives to demonstrate situations where their ability to protect their children could be compromised. This included children's exposure to swearing and behaviour that was deemed overtly sexual in their local area shown in the following excerpt:

When my kids start to little bit grow up, we had playground just nearby so when they used to go there some teenagers used to come and steal their toys or steal their balls or talk it's like the f word and things like that… when you don't have the language,

you can't go, I know those words till now I know those words but I can't swear

(Wajida, Refugee Mother)

Such discussions suggested that mothers felt a significant lack of control over the perceived dangers that children were exposed to. For example, Wajida also proceeded to discuss tensions with her children's schools after her young child had been taught sex education without her parental consent. Although, she recognised that sex education and similar modules were important she had felt that exposing her children to videos and images was inappropriate. This situation resulted in significant tensions between her and the faculty at her children's schools resulting in her being deemed 'difficult'. It is important to note that although Wajida was a refugee at this stage, such perceptions were believed to have implications for an individual's asylum case.

The concept of control also impacted the way in which mothers disciplined their children. The mothers participating in the study touched upon the notion of shared parental responsibility and collective parenting as they talked about the differences in parenting in the UK. As women came from cultures where the community and extended family could share the responsibility of parenting young children, displacement had resulted in some diminished support. Maria for example spoke about the added pressure associated with individualistic parenting in a new country where she described a lack of community support.

In our traditional my brother, if found my son do something wrong, he makes that one for him [gesture cheek pull] or he slap him in his hand, or he give him punishment,

you stay here for long time. I will not give you that one (Maria, Asylum-Seeking Mother)

As Lewig (2010) notes, in the absence of collective, community support, displaced parents are further disempowered. As the mothers interviewed detailed their experiences of parenting in different settings, they also highlighted that their parenting practices had to change as they adapted to life in a different country. In doing so they identified some of the differences in parenting prior to displacement and according to western-centric norms. Specifically, mothers were hesitant to say or do the 'wrong' thing when disciplining their children due to concerns that it could inadvertently result in interventions from social services. An example of this was Maria who felt that any form of punishment including reducing screen time could lead to her children telling teachers that they were un-happy leading to misunderstandings. Later in the interview she discussed situations in which social service involvement had led to children being removed from their parent's care. This included stories that had been shared with her as well as an interaction between an asylum-seeking mother and a bus driver in her initial accommodation centre. In the incident described by Maria, a bus driver had threatened to report an asylum-seeking mother to social service after she was seen shaking and shouting at her toddler. As social services were an unfamiliar service to families and used as a threat, it was perhaps unsurprising that mothers expressed a fear of any statutory involvement.

I cannot push them, because I say to you, we are afraid from social worker. So social workers here. Yeah, the reputation for them is not good… When I listen that mom hit her son and there is one son I see them, one video they send, there is one son he call 'my mom hit me and my dad'. When the social worker take him first time, the son

return to the home after staying with that [foster] family three days when come back home and the social worker come again to take him he cry, he don't want to go. I don't want anything happen for them [her children] (Maria, Asylum-Seeking Mother)

In relation to parenting, generally, research has suggested there is an association between harsh parenting stemming from PTSD and children's mental health in refugee populations (Bryant et al., 2018; Sim et al., 2018). Such findings tend to support the view that displaced parents will implement stringent parenting technique (Lewig et al., 2010). Others have however noted that changes in culture and additional challenges can result in parents expressing more empathy for their children and demonstrating lax parenting skills (Kouta et al., 2022). Indeed, Maria had added that the guilt she reported due to displacement and their current living standards interlinked with her fear of statutory involvement to cause more leniency with her children.

Findings by Sim et al (2018) in Lebanon also reflect the core interview findings within this study which suggest that displacement due to war impacts parenting at various stages of the displacement journey and in different countries. Through interviews with Syrian refugees in Lebanon, Sim et al (2018) concluded that economic restrictions impacted the ability of parents to meet the needs of their children, struggles with mental health lead to harsh parenting and finally parents feared host communities and therefore exercised more control over their children. Similarly, El-Khani et al (2016) found that displacement had an immediate, direct impact on parenting with parents.

For some practitioners, it had been apparent that the mother could benefit from additional support to appropriately parent their children. Interviewees working with families had stressed the need to understand the nature and dynamics within a family and it was considered important to show the ways in which older children could exploit their parents' lack of knowledge regarding certain systems. Throughout these interviews, there was an awareness that older children would use their parents' fear of authorities and social services to avoid discipline and to continue engaging in behaviours without repercussions. This is discussed in the quote below as Mia emphasises how older children would threaten their parents if challenged which was considered particularly problematic due to parents own traumatic experiences with authorities in their home country.

We will work with other teenage children who are actually using social service and the police as a way of shutting their parents down…. And she is from Syria and has that experience of what it's like being forced with the police. The children using their parents fear of authority because of their past experience of what authorities do to them is horrendous. It's really horrendous, children can be cruel sometimes, and they use this a way of doing what they want (Mia, Third Sector)

Furthermore, as previously discussed, interviews with service providers detailed their experiences of working with mothers in relation to discipline and punishment. While parents were afraid of social service involvement, hitting or slapping their child as a form of chastisement was believed to be common and described as a culturally situated practice.

Part of the culture for mothers to beat the children. And they felt victimized that this could be considered illegal an illegal practice and it was a sensitive subject, it's part of an accepted form of discipline, discipline. They felt hugely victimized by English culture that they were not allowed to do that…I discovered that this is a really common issue with the women and partly because a lot of them said there are no men there to do the discipline (Rosaline, Mental Health Specialist)

The above quote captures another consequence of changing family dynamics on family life and that was the way in which mothers had to adapt to single parent households which could result in the potential for physical maltreatment as a form of parenting. Participants had reported familial separation and the role of displacement and refuge in eventual marital breakdown. Mia, had for example explored the possibility of changing gender roles and their impact on marriages. Specifically, that refugee status, increased economic opportunities and related independence resulted in women leaving their relationships. Such findings indicated that by removing the structural violence enacted through asylum restrictions, power relations shifted resulting in women being empowered. This sentiment was shared by Wajida who regularly gave advice to other refugee mothers. She did however add the impact that marital breakdowns could have on children, their mental health and their ability to disclose and difficulties. This is shown in the following quote:

It's a lot of divorce nowadays especially refugee and asylum seekers. When they come here it's like most of the time the husband doesn't want the woman to understand her rights… after that when the woman find out or he's treating her not well or something like that so they divorce do you get it? Then suffer between them so they have kids between them, they suffer (Wajida, Refugee mother)

Later in the interview she added the specific ways in which children and young people could potentially exploit such situations resulting in a need for parents to be more vigilant. Further the following quote expresses a form of blame on mothers wh might thwart expected gendered norms.

Because the mum is working now, she wasn't working before or she's studying because the husband isn't with her anymore do you get it? But it's like in our culture the woman stay home like especially after kids are back from school, look after them, do you get it but I've seen some ladies were complaining about their kids having boyfriend or like at an early age do you get it? I said to them you have to, you didn't give them that, you weren't there for them as friends, you were not there for them so they looking for something else (Wajida, refugee mother)

It had previously been emphasised by participants that in such situations, there was a need to understand the normalisation of harsher forms of discipline. Thus, those interviewed felt that additional support could be beneficial for those engaging in parenting practices that were abusive. A similar sentiment was shared by a service provider who provided an example of mothers tying their children to keep them safe while they partook in daily chores. The intent behind such measures was safety and protection however, there was an awareness that from the perspective of child protection practitioners in the UK, such actions could be deemed abusive. Practitioners therefore felt that the way in which changes to parenting were framed was crucial. For example, rather than criminalising and contributing to feelings of discrimination, an approach that had been successful was providing mothers with different options to safeguard their children as noted by Mia.

The other things that came out was parents were tying their children's feet somewhere to make them safe when they go to kitchen and cook and that's something we do in Africa you know when mothers are busy and cleaning, the child two years old, who run around because the house is open sesame anyone can come in and out so the risk of your child will walk out to the street is very high so what they do, they tie the children into somewhere a chair or tree so the child don't go into difficulties. Then when they safe she will come back and take the children, child with them. That can work in places that you know you don't have electricity around and things like that. So, some of them were able to show, you know, this cot, the children's cot where they, the play cot in the living toom so when you are working put in there. None of them didn't know that kind of facility exist where they can safely can put in there and the child would be safe so that those kind of things are pure tips that family can do in order to minimize a harm of child hurting themselves in the house (Mia, Third Sector)

Impact of Forced Migration on Mental Health

When discussing the experiences of refugees and asylum-seekers, practitioners had emphasised the link between forced displacement and poor mental health. It was believed that understanding the diverse ways in which mental health issues could manifest in children and young people was particularly important. For example, it was identified that those who had travelled to the UK through a range of different countries may experience sleep difficulties which ranged from sleep terrors to disrupted sleep patterns. Interviewees suggested that it was therefore important for those who worked with displaced families to enquire about sleep even where an individual appeared to be adjusting and coping well in the UK. Jane, for example,

discussed the way in which she developed a deeper understanding of the sleep issues young, displaced, people experienced as she began to foster young asylum-seeking children. She noted her lack of awareness surrounding sleep difficulties and their impact.

I realised that on their journey of course, the months they'd been on their journey they'd become nocturnal because they didn't move in the day it was always in the night they moved, the traffickers, so they slept in the day and I don't think I really appreciated that their clocks had completely changed and also there was a fear of darkness as well... I don't think that's really understood, the impact of that journey on children, we don't really understand that. (Jane, Third Sector)

As participants discussed the way in which those in need of support may be unaware of the way in which sleep could be indicative of psychological trauma or poor mental health, it was suggested that most new arrivals including parents could benefit from specialist support for sleep related issues which could be treated in isolation to their broader mental health needs and traumatic experiences. The physical embodiment of poor mental health was therefore recognised by participants, however, it was generally agreed that there was a limited understanding of the physical impact of trauma on an individuals. This lack of understanding was reflected through the way in which displaced people discussed their physical health and in practice. Such issues were explored by participants who had provided refugees and asylum-seekers with general health related support. The development of somatic symptoms as a response to traumatic experiences was examined as participants identified the association between physical and emotional responses to experiences. Lauren for

example, discussed her role as a social worker attempting to engage with young displaced children about their mental health.

They wouldn't accept that maybe mental health service would be appropriate here. And then when we talked, for example, I mentioned the pain and if I would then raise the question, Do you think there could be to do with your emotions, your feelings, then no no no no no no no. Something is wrong with my leg and I noticed that a lot, that the young people, I was working with wanted to be seen by a doctor you know, but not so much a talking about feelings about emotions. (Lauren, Social Worker)

Macintyre (2021) refers to the 'somatization' of mental health in refugee populations and notes that there may be barriers to effectively recognising and supporting multiple symptoms. Other work has shed light on the specific somatic symptoms that might manifest among displaced populations with a history of trauma (Morina et al., 2018). Pollard and Howard (2021) do note that recognition of mental health symptoms could represent a key barrier suggesting a need for further understanding of the way in which various aspects of poor mental health might manifest within this context.

The psychological and emotional implications of forced displacement were also described by the mothers interviewed. Specifically, mothers recognised that seeking asylum had a significant impact on them leading to changes in their behaviour and personality. For example, both Malaika and Sonia talked about the way their experience of displacement had changed them and the way they approached challenged. When addressing their own mental health needs, mothers continued to build on the notion that protecting their children was of the utmost importance. Where

mothers had accessed support, they specified that their priority had been to support their children. Symptoms of depression and anxiety were common and had rendered mothers somewhat vulnerable. Malaika in particular, talked about her own diagnosis of depression and the way that accessing support had been beneficial as it enabled her to provide support and stability to her children.

I couldn't carry on like this anymore, no power, no power. And I even I can't have just the space to cry and be awake alone, I couldn't have this. There's four, I have to support them, I have to stay behind… it was difficult to like disappear or change to be another one. He used to see me the hero so I used to carry on like this. (Malaika, Asylum-Seeking Mother)

Practitioners had added that symptoms of depression and anxiety were commonly reported and were often attributed to wider problems including poor living conditions and a perceived reduction in quality of life. However, it was considered that unless individuals felt that they were in a period of crisis, pathologizing symptoms of poor mental health as indicators of a psychological disorder was challenging. It was added that despite the clear negative impact of displacement, discussions of mental health and potential diagnoses continued to be viewed as taboo. The risk for practitioners and service providers was that children and young people with mental health difficulties could struggle in silence. Such discussions raised questions amongst participants regarding the cultural applicability of current approaches and understandings of mental health within the context of displacement.

I think it's Arabic, but also in Somalia, there is no word for trauma… what they did what they've said to me was that they didn't want their experiences to be diagnosed

or classified as a psychiatric disorder, as a mental health disorder and that by the time we'd explain that trauma is just, the origins of it is where you've been wounded in different ways. They could relate to that, they could relate to the lived experiences that felt more like a wound, rather than a diagnosis. (Rosaline, Mental Health Specialist)

It should also be considered that treatments for many psychological conditions are rooted in Western conceptualisations of mental health. A key finding from this study was that there was a need to reframe our understanding of mental health and the type of support offered to displaced people. The analyses highlighted the need to not only understand the way in which mental health presents itself within this context but also identify the ways in which it is perceived and conceptualised by refugees and asylum seekers. Using culturally appropriate definitions of common types of mental health problems may be more useful. For example, there was a recognition that individuals would relate more to discussions on psychosomatic symptoms rather than a specific psychological symptom.

A recent scoping review emphasised the need for specialist mental health services for refugees and asylum-seekers and argued that current asylum policies prevented displaced people from receiving mental health support that they needed (Pollard and Howard, 2021). Earlier work by Majumder (2019) and colleagues (2015) found that some approaches to mental health support provision could risk re-traumatising displaced people. Instead, Taylor et al (2022) argue for the use of culturally adapted interventions to incorporate the needs of forcibly displaced people into service provision. However, the authors acknowledge that there is limited scholarly evidence

on the effectiveness of interventions for mental health amongst displaced populations in the UK.

Similarly, practitioners described the precise symptoms of trauma that many forced migrants would present with as they recalled their own experiences of working with individuals with perceived trauma. As previously noted, disturbed sleep was commonly discussed and was specified as evidence of psychological trauma in children. In such cases, disturbed sleep was accompanied by memories or flashbacks at night, preventing children from sleeping. Participants additionally explored the role of teachers in identifying the presence of traumatic symptoms and difficulties with mental health in children or young people. It was for example suggested that trauma related symptoms such as aggression could be misinterpreted as general behavioural problem resulting in some children not receiving the specialist support they required. Although, it was noted that such difficulties could also be due to difficulties in adjusting to a new environment and a new country. One participant however, drew on her experience of working in a primary school and suggested that professional curiosity should be a prerequisite for teachers seeking to understand both the child and the parents. She provided an example of a young child who would hide under a table when he heard loud noises.

Why he goes under chair table when he hear the car passing? He was born in a war zone. So, you know the sound of the weapons he will go quickly under and he crawls because that's how they stay low all the time…. This is something that schools don't understand the children who are joining in came from and born in a war zone. And that they will have that reflection of the noise that coming up. Staying low, going under the table and getting frustrated especially when they draw, they will draw

different. They will reflect on when they see bullet points, blood things like that and it's the language difficulties that they face (Mia, Third Sector)

The participant continued to emphasise the need for schools to understand and recognise the impact of previous experiences on forcibly displaced children arriving in the UK. The view was reiterated throughout several other interviews with one participant discussing her work with teachers and parents. She reflected on the experiences teachers had shared with her regarding the behaviour of forcibly displaced children and an absence of knowledge within schools regarding the role of trauma on displaced children and learning. She added that the behaviours described by teachers were often symptoms of trauma and recognised a need for teachers to identify the behaviour within that context.

When they came to live in a 'safe' inverted commas environment, the hyper vigilance, or the distress of the parents and the child was still quite marked and so children would be displaying what the teachers, why they asked me to come in and do the training was they wanted the staff to be able to identify some of the notable signs of a trauma response because the children were still showing signs of trauma… children were unable to concentrate, a lot of restlessness, hyper vigilance probably angry outbursts. And then you have to sort of recreate that that is that within the range of a normal child's response (Rosaline, Mental Health Specialist)

Another participant who had previously worked as a midwife with newly arrived women talked about the need to address the physiological aspects of trauma and its potential impact on child development. She specifically spoke about the anxiety and stress that many women encountered during pregnancy and the role that such

distress could play in aggravating post-natal depression as well as hindering their ability to form a healthy attachment and bond with the child. It was felt that recognising and preventing distress in the perinatal stage was particularly important as participants talked about situations where poor maternal mental health could have far-reaching consequences. Where mothers were thought to lack the capacity to provide adequate care, there was a risk of young children being removed from the care of their mothers. Indeed, it was specifically stated that the current asylum system was failing to meet the complex needs of pregnant women.

Stress in pregnancy should be avoided because, you know, the more stress hormones that you release, the more cortisol you produce, and that can actually have an impact on like the baby's brain development … if the baby and the mother don't bond because of this psychological issue like that affects the baby's development… there is a physiological kind of need to have, appropriate and adequate housing….the asylum system is particularly I think inappropriate to the needs of pregnant women. (Amelia, Health Professional)

Given that the global prevalence of displacement continues to rise, affecting more children, it is crucial that receiving countries are able to address the mental health needs of children (Scharpf et al., 2021). However, findings from the present study showed that most areas lacked the capacity to provide specialist mental health support for children. Such findings point to a larger issue within the UK which is the limited capacity of services to provide adequate and timely mental health support. The most recent review of children's mental health services (2021) showed that children were unable to access necessary mental health services and experienced long waits for support. Such challenges will have unequivocally heightened in a post-

covid world. Evidence does show that building trust with refugee children can facilitate the sharing of their stories (van Os et al., 2020). However, within the context some services, building trust can take time and resources thus hampering the ability of professionals to build meaningful working relationships to provide appropriate support. As the NHS long term plan shows a commitment to prioritising the mental health of children and young people in England it is important that the mental health needs of displaced children must be considered.

Mental health support provision must also take into consideration the need for counsellors and therapists who not only have a cultural understanding of displaced people but are able to communicate and understand them. In a therapeutic setting, using interpreters can limit the ability to build rapport between a practitioner and a service user. Further, there is a need for more therapists who come from a BAME background as limited cultural sensitivity from service providers was identified as a barrier for those accessing a specific service. Within this thesis, it was highlighted through numerous interviews that a lack of understanding from service providers in relation to culture had a significant impact on families. Examples were provided within the interviews of service providers such as social workers misunderstanding cultural cues leading to poor communication and engagement. Failing to understand the cultural intricacies of the way in which people behave and communicate can have serious implications for refugees and asylum seekers and can have negative consequences for their asylum claim as found through the interviews.

There is of course a need to consider the appropriateness of talking to a stranger or counselling as a form of therapy, particularly for those who have a limited understanding of English. While recruiting participants for this study, a significant

challenge that I faced was finding potential participants who were proficient in English. Thus, even where counselling is available, the English speaking abilities of most refugees and asylum-seekers may limit what they are able to share. Further, mothers within this study expressed a preference for medication to deal with mental health struggles and others suggested more creative forms of therapy such as art therapy for children or young people.

Conclusion:

In the preceding section, I elaborated on my second theme which primarily focused on the way in which risk can be identified and recognised. In doing so, I provided further insights into the way in which assessing and recognising risk for harm can be improved and provided data to support both research questions. The findings showed a range of violent experiences in refuge including SGBV and showed the way in which mental health could be impacted. For the subthemes, I additionally explored the complex interplay of structural violence and the way it magnified the risks identified.

The findings further showed the way in which intersectionality was present in these experiences, calling for an intersectionally informed framework for recognising risk. The findings showed for example that risk and forms of violence were often identified in isolation of one another suggesting that the way in which overlapping forms of oppression and their role in risk production were often missed in practice. The findings presented further evidence for the way in which belonging to multiple groups contributed to the presence of risk with participants highlighting the role of gender, socioeconomic status and culture. For mothers, gender was especially pronounced

as a risk factor and combined with socio-economic uncertainty and migration status to produce risks of SGBV. Further, culture intersected with migration status to magnify the risk of potential safeguarding concerns. It is instrumental that those working with displaced families recognise the way in which overlapping factors can be bolstered by structural violence to create additional risks. In the next theme, I explore how responses to risk were discussed in the interviews.

4.3. Theme 3: Responding to Risk

In the previous theme, I explored the specific ways in which risk and violence presented itself in refuge to shed light on the ways it could be identified. Further to identifying and recognising violence within the context of forced displacement, interviewees highlighted the various ways that services could proactively respond to risk. Here, it was acknowledged that current practice may be inappropriate and instead there was an urgent need to explore the perspectives of displaced families to identify their attempts at responding to risk and working accordingly. Furthermore, this theme begins by exploring how parents responded to risk when it was identified and also discusses the role of schools in mitigating and responding accordingly to harm. Unlike the previous two themes, I will attempt to include an intersectional analysis within each subtheme.

Protective Parenting

During the interviews, the mothers talked extensively about their duties as mothers and defined motherhood as a protective role synonymous with self-sacrifice and defence. Protecting their children was conceptualised as an extension of their motherly responsibilities as they explained the extent to which they were willing to go to ensure their children were safe. As a requisite of being a mother was ensuring that

your children are safe, conversations consistently centred around the notion of protection with mothers citing it as the foremost reason for seeking safety and asylum in England. While the specific circumstances leading to displacement varied for each family, mothers highlighted their underpinning goal to protect their children from harm. An example of this was Malaika who had left her home country because of threats directed at her children from authoritative figures which included attempts to kidnap her daughter and attack her son.

They try to shoot [son] … and they have like a big, big knife with them as well. So we were lucky, they couldn't, the gun they didn't like shoot…. After that we, they like they threatened my husband, we will kill your sons and we will kidnap your daughter as well, you will see (Malaika, Asylum-Seeking Mother)

The remaining mothers echoed the general sentiment about striving to provide a safe place for their children, situating their desire to protect their children as their main priority. This theme illustrated that mothers' own needs and desires were considered secondary to their childrens. Such findings have been reported in other studies exploring experiences of parenthood during displacement (El-Khani et al., 2018). However, interviews were also marred by feelings of guilt and regret. As they reflected on their journey, the mother's stressed further lack of control, this time in relation to the perceived dangers that children had been exposed to. Risks included the likelihood of death on their journey, peer-on-peer abuse, isolation and structural instability in England. In the excerpt below, Malaika describes her distress at witnessing the impact of her journey through a refugee camp.

It was very difficult time… I felt sorry for kids because they didn't do anything wrong to have this experience you know. It was very difficult for them... I was crying, they told me mamma don't cry… I said forgive me, I put you in that situation, maybe it was like wrong decision but they understand they told me mammy don't cry, you didn't do anything wrong, you tried to find like a safe place, you try to find like a nice future for us. (Malaika, Asylum-Seeking Mother)

However, service providers felt that mothers were particularly hesitant when discussing their children's experiences of harm and exposure to risk. Multiple reasons were provided for the perceived hesitancy as service providers detailed the complex experiences of families. For example, there was a fear amongst displaced families that sharing information with service providers would lead to their child being removed from their care. The interviews therefore touched on the notion that families may hide certain aspects of their experience from practitioners and service providers. Given that parents had often fled their country of origin in search of safety and protection for their children, practitioners also recognised that parents may have difficulties accepting that safety may have been compromised.

The woman and the child has been in the same property, whilst the mums being exploited and then they escaped in whatever way and have come to the UK and are now safe and there's been quite a few families that I've worked with in that situation and the conversation is always when it feels appropriate, do you know if anything happened to your child during that time, because by nature of what was going on, the mum and the child were separated and I've never managed to make what I feel is progress with a family on that matter. It's so horrific the thought of what could have happened that the mums that I've worked with have been adamant that nothing

happened and then, or even not just that nothing happened to the to the child

themselves, but that the child didn't know what was happening in that environment

(Amy, Third Sector)

Here, parenting and responses to risk were interwoven with parents own attempts at mental resilience. While mothers were often aware of the risks and the specific forms of violence that occurred, their hesitancy to access support or indeed disclose was closely linked to a fear of service responses. Thus, for children, who relied on parents to access support, this presented a form of marginalisation rooted in their dependency on parents. Age was therefore linked to migration status to further compound the long-term impact of harm during displacement. Previous research shows that engaging with children to facilitate disclosure of any violence could assist in empowering them and ensuring agency (Lavoie et al., 2022; McElvaney et al., 2014).

Service Responses

When responding to questions about harm and the potential for child maltreatment during forced migration, service providers drew on their knowledge of the refugee journey to describe some of the experiences that had been disclosed while providing support. Collectively, there was agreement that the varied journeys of refugees and asylum-seekers posed particular risks for children and adults alike and practitioners shared the need to approach support with the assumption that violence or abuse had occurred prior to arrival in the UK. Despite the varied roles that interviewees occupied, all had stressed the need to recognise and believe the stories shared by those in need of support. Without explicitly stating so, service providers had adopted,

at least in part, a trauma informed approach to support provision which was important in all interactions with forcibly displaced families. However, participants had expressed concerns that most social workers operated within a culture of disbelief and could be apathetic towards the plight of forcibly displaced families. For example, mothers who were exposed to domestic violence were often not believed and the stories and experiences of those in need of support were often questioned. It appeared to interviewees that there was a tacit requirement for those providing a service that asylum-seekers and refugees had to prove their vulnerability to social workers. The increased utilisation of such requisites in interactions with families made many believe that social workers were behaving in a way reminiscent of their experiences of the Home Office and immigration workers which were thought to be negative. Jane discussed the way in which this clash in values impacted her decision to eventually change careers.

As a social worker, the biggest challenges that I faced really was the fact that social work values were expected to be compromised and I couldn't go back into the local authority now I'll be perfectly honest with you because I think they work too closely with the Home Office… Social workers are not always seen as anything different from immigration officers (Jane, Third Sector)

The commonality of such viewpoints amongst service providers and parents also showed the way that social work values were conceptualised. The Home Office and social services were perceived as organisations that inherently criminalise displaced people rather than provide support. Featherston et al (2019) previously reported that biases could impact decision making in social work. More recently, Bussey et al (2022) have emphasised the need to implement anti-racism training into social work

practice to ensure that all forms of bias are addressed. It is important to note that the research was conducted in the US, however, research by Cane and Tedam (2023) noted the need for similar work in the UK. Through qualitative research with newly qualified social workers, Cane and Tedam (2023) stressed the challenge of dealing with racism in practice. It is important to consider the impact that biases can have on displaced families who belong to specific ethnic groups and may encounter racism when accessing support. Biases may then be present in all aspects of service provision and delivery leading to a form of racialised structural violence that would negatively impact some families.

During the interview with Jane, it had been specified that there was an insidious prevalence of prejudiced views amongst social workers. This was particularly problematic as it impacted the way that families were supported as well as the decisions made regarding the outcomes of support. Overt prejudiced views amongst social workers were cited as being a deciding factor that resulted in Jane leaving her career as a social worker and instead working for a third sector organisation working with young refugees and asylum-seekers.

The awful thing about it is it's happening within the service, it's happening within you know social work services, it's very scary the prejudice that is seeping in really … the reason why I left my past job and moved on to another one is because a manager was heard to be saying who was actually inside an asylum team oh they only come over here for the education and the trainers we know that… That was the manager, I mean what goes on is really scary and you have to fight that all the time (Jane, Third Sector)

Furthermore, as participants had described the various routes that refugees and asylum-seekers would have taken when attempting to seek safety in the UK, they had specified the risks that were present prior to arrival in the UK. However, the majority of interviews focused on life in the UK and as such, shed light on the continuum of violence during displacement in refuge. Interviewees emphasised the role of statutory services and wider systemic problems that led to severe psychological trauma and hindered the wellbeing and recovery of many refugee and asylum seeking families through structural violence (Hourani et al., 2021; Mayblin et al., 2020). It was also a common aspect of the accounts put forward by the four mothers that the current asylum system and displacement was enacting harm on children and young people. It was felt that the current system was punishing children resulting in vulnerable children with mental health needs. Malaika for example, shared a distressing experience as her son had attempted suicide in the presence of her younger children. Her sons mental health has remained the central focus of her family life and her own mental health needs were considered secondary. She continued to describe her difficulty in knowing how to respond to her sons increasingly distressed state in the presence of various triggers and then way her younger children responded to his needs. For Malaika, her son's attempts to take his own life were shaped by his experience of being arrested as a result of his failed asylum claim. She specified:

You treat with us like we numbers in a file. These are people, lives, souls. If you keep us here, if you can't send us back, give us the minimum of the good lives… Don't care about me, care about kids or about the future of this country. When you damage

him, when you destroy him what do you expect from him after (Malaika, Asylum-Seeking Mother)

Schools

As previously discussed, practitioners repeatedly referenced the significant role that teachers played in recognising and responding to risk. Firstly, it had been emphasised that for parents, educational success and attainment was an important goal. However, the impact of living with such high expectations was thought to be detrimental to the mental health of children and young people. It was also reported that, for children, schools were a large part of their lives and it was therefore important that teachers were able to understand the experiences of refugee and asylum-seeking children and identify symptoms of trauma. Generally, there was agreement that it was essential for schools to build a strong relationship with families, however participants also highlighted that working effectively with parents became much more challenging as children grew older and that currently primary schools were better at recognising and responding to risk. Below is a situation described by Adeel, a former youth worker who now worked with young displaced children in the third sector. He highlighted that teachers within a primary school had identified signs of physical abuse and taken the necessary steps needed to help protect that child including liaising with the family directly.

Allegedly, the father had slapped or given injuries to his child, child had gone back to primary school and teachers had noticed that sons got marks or son had said that he hit me, safeguarding procedures kicked in and father was spoken to and advised and said, look, this is what your child has said (Adeel, Third Sector)

However, in schools, there was also scope for misunderstanding. In the situation described above, for example, the lack of control and fear of social services involvement resulted in the father fleeing the country. While the above depicts an extreme reaction to the identification of abuse, it was felt that with little communication between parents and teachers, there was a concern that risk may be identified even where it may not exist. For example, Mia reflected on her experience as a teaching assistant before she began managing a support organisation. She spoke of teachers misunderstanding symptoms of trauma as signs of child maltreatment and neglect. While doing so signified that teachers were able to recognise the potential risk factors for child maltreatment and were keen to take a proactive approach, it was stressed that the lack of communication and understanding was detrimental to the well-being of parents and children.

I asked the teacher, what did you write in this book when his mum comes and while you're watching this child. She said, oh, I'm building a case about the child and his treatment. I say what treatment… I say why don't you ask the mother…. Eventually, after weeks she accepted that we should call the mother and we call and we spoke with the mum. She cried…. And I was so scared what will she say and she said we from [country] and she say, my husband died two months ago. A child, his father died when he was in this school. The teacher didn't know... This mother's grieving. (Mia, Third Sector)

The findings showed the impact of displacement and related trauma on children's abilities to engage with their education and suggest that families and children may require considerable resources to thrive in schools. As families are dispersed to areas with low resources, schools may be ill-equipped to provide the specialist

support that children require (Darling, 2016a). Of course, the inability to support families through education impacts levels of integration and inclusion. Madziva and Thondhlana (2017) found that the level of inclusion felt by refugee children in schools was facilitated by a number of factors including their ability to speak and understand English. Furthermore, the perception that neighbourhoods can increase the vulnerability of displaced children is documented as early work by Spicer (2008) emphasises the important role of building social networks in facilitating integration. Similarly, research on the mental health and well-being of refugee children suggests that bullying is a risk factor for children and that positive social networks can be a protective factor (Samara et al., 2020). In schools, Fazel (2015) suggests that the emotional well-being of forced migrant children can be addressed through socialisation and the development of friendships.

More knowledge was provided by a participant had organised workshops for parents and teachers described the underlying concerns that both parents and teachers had which ultimately showed a turbulent relationship with little communication. Specifically, she detailed strong emotions felt by teachers who felt that children were prevented from integrating. However, these emotions were underpinned by a lack of consideration and understanding for the cultural background of both children and families leading to further misunderstanding. For her, and for multiple participants, there was a need for schools and particularly teachers to understand the role of culture in the lives of newly arrived children. Thus, it was also felt that schools could represent a place of conflict for both parents and teachers and improving dialogue between parents and teachers would enable a better understanding of the experiences and lives of refugee populations. A similar sentiment was shared by the

mothers interviewed who again drew on their cultural bereavement (Berry and Taban, 2021). The transition to a new country signified a period of loss for mothers who talked about the differences between their values and the values taught in England. During such discussions, there appeared to be a general sense that schools undermined the beliefs and values of parents. For example, Maria talked about her feelings towards her children being exposed to different religions and being made to participate in activities that were thought to go against her beliefs and Wajida had encountered some hostility when challenging the policies implemented within her children's schools regarding compulsory sex education. These discussions shed further light on the way that schools were perceived by some mothers as parents felt unable to make choices regarding their children's schooling. The mothers talked about how they were often housed in economically deprived areas meaning the specific catchment areas that children resided in covered schools that were thought to be inadequate. Here mothers drew comparisons between schooling in the UK and schooling in their home country. For example, Wajida reflected on her children's ambitions and private education prior to displacement.

We asylum-seekers you're not allowed to choose a house so what they do, they bring you to a really, really cheap area where the schools are not outstanding (Wajida, Refugee Mother)

Furthermore, mothers speculated that the specific area in which they lived had poor educational standards which was difficult for parents who had high aspirations for their children. One mother talked about her own post-graduate qualifications and how her children had attended private schools prior to displacement. She proceeded to discuss the importance of ensuring her children had a high-quality education and

referenced her desire for a better life for her children. Darling (2016a) specifies that deprivation in areas of dispersal does have an impact on the education of displaced children. Another important issue that arose out of discussions on schools and education was the likelihood of peer-on-peer abuse and bullying in schools. Practitioners had talked about the support they provided to families where bullying was identified as an issue and similarly, parents described the experiences of their children being attacked in schools. It was evident that there was conflict and in some cases, animosity between parents and teaching staff as parents felt that their children were unfairly discriminated against and that their own wishes as parents were not respected.

The mothers also reported that refugee and asylum-seeking children were severely bullied in schools with Malaika describing her children being attacked by other children and being threatened with knives. For her, it was disheartening to hear that her children's school had instead punished her children and described them as 'aggressive'. She discussed in detail the racist underpinnings of the abuse her children experiences in schools and noted that through discussions with other families and teachers, there were feelings of animosity from teachers towards forcibly displaced children. Such concerns were also emphasised by service providers who had worked extensively with parents and had reported severe bullying. Discussions around the treatment of refugee and asylum-seeking children by their peers reflected the wider rhetoric on racism and prejudice as shown below. Indeed, other participants also stressed that the schools had a limited understanding of the specific cultural needs of forcibly displaced families.

She used to wear scarf from the first day we arrive here so some girls talk to her in a very bad way like you are terrorist, go back to your own country, why you are here… When they left the class, she pulled S from the scarf and she punch S here on her neck. S try to like defend herself but teachers keep them away… They said S wrong, I said S just defend herself, what do you expect she will say okay come and beat me on the front of the school she will not allow to do that (Malaika, Asylum-Seeking Mother)

Safeguarding

A key issue that was identified by participants was the tumultuous relationship between refugees and asylum-seekers and social workers. It was recognised that social workers played a significant role in shaping the journey and indeed perceptions of families with children however, they often lacked the capacity to provide the support that families required. In addition, it was noted that there were many pre-conceptions and misinformation that existed in refugee and asylum-seeking families as well as amongst social workers which contributed to an overall feeling of distrust. Such findings add depth to previous research suggesting that a key challenge to providing social work support is distrust in social workers due to experiences of trauma (Birger and Nadan, 2022). Thus, experiences of trauma are interwoven with levels of trust in services.

It was felt that amongst refugees and asylum-seekers, trust was compounded by a lack of understanding regarding the work that social workers did. Those interviewed felt that generally social services were well placed to provide families with additional support if needed, however, the support aspect of social care was something that

families were often unaware of as this information was not always readily available. Participants felt that more could be done to share the relevant information to families and to appropriately provide this support when needed. The interviews with mothers also showed that it was important for families to understand the role of social workers. Sonia for example further elucidated the importance of understanding the purpose of statutory services relating to children's safeguarding. Drawing on her own involvement in an advocacy group for migrant women, she clarified that through meetings and workshops with social services, families such as hers were now aware that the service could offer support. Her comments below highlighted the important role of community engagement in order to build positive supportive relationships between forcibly displaced families and support services.

my neighbour had some issue with social services and was crying and I said you don't have to cry they are not there just to take you, they are there to support you in so many ways if you are afraid to accept that help which is one of the biggest questions I ask her the girl who mention to involve social services and I said no I don't want to involve them because they will take my kids and she said no they are not there just to take your kids, they are there to support you or offer you help. And a few days after this happen we had a girl who she was a social worker who come to our advocacy and she explain everything what support they offer and it was amazing because people always get afraid when they hear the name which is not to be
(Sonia, Asylum-Seeking Mother)

The quote above shows that involvement from social services was often met with fear and anxiety as participants stressed that they had met many families who felt that social workers would simply remove their children. This fear was partly believed to be

due to rumours and misinformation amongst existing communities but also the fact that social services were a new statutory service for asylum-seekers and refugees who had often migrated from countries where safeguarding, child protection and social services were non-existent. As such when there was social service involvement, families could make extreme decisions that were often detrimental to the wellbeing of children as well as their relationship with statutory services. As described previously, Adeel described how an asylum-seeking family had fled the UK and returned to their home country after they were reported to social services by the child's teacher as the child had disclosed being slapped by their father:

He just thought right that's my child, not going to let the government have this because they're hearing stories and perceptions of people that told them children get taken away, etc. And you know they did the drastic thing and then fled the country (Adeel, Third Sector)

It was believed that the prevailing misconceptions, fears and anxieties had led to a culture of secrecy amongst some refugee and asylum-seeking families who were afraid to access support and help for their children even when it was needed. For example, a participant discussed how a refugee mother had been afraid to contact the police after her underage son had gone missing as she was concerned that social services would be involved and her parenting abilities would be questioned. Similarly, women had disclosed their fears of accessing medical support after children sustained general injuries and again, continued to remain in abusive relationships. In fact, a key issue highlighted by participants was that social services would often focus on issues rather than adopting a strengths-based approach which

would help to engage families and encourage them to view such services as a support service as captured by Mia.

Things women say when my children have accident, I tell them it will heal rather than go to the GP and the question was, why would you not go to GP? Because they will refer us to the Social Care and think I've ever done something to my child. There's bruise, we use figs, you know hot water, etc. And this fear of social services was so intense, you know, to the point where, like even some of the woman, things they share with us was so horrendous that women are saying we live in an abusive relationship, we scared to ask for help, we lose our children. That's all we have and all of those kind of fear of we do this this will happen to us makes so difficult for anyone to actually comprehend how do you help this family then (Mia, Third Sector)

It was particularly important that families were able to engage with social services as it was noted that poor engagement or miscommunication could lead to poor outcomes for families. For example, a participant talked about how an asylum-seeking mother with poor mental health had had her daughter removed from her care and her relationship with the social worker had been strained which effected the likelihood of her child being returned. In this situation, it was highlighted that the mother and child had a much better outcome when the social worker working with her had a cultural understanding of the mother and child and was able to understand them. Underpinning these discussions was agreement that an important first step was to ensure families understood the purpose of social workers as noted below.

Not understanding what social services because of cultural differences and perhaps not having social services in their home countries, not knowing what that system is I

think maybe not appreciating the power that social services have and this need to engage with them… things like that, it just completely changes the course of someone's journey, especially with things like child protection issues so her daughter had been removed so getting a social worker on side in those cases is imperative and in that case, it didn't happen until she had a black social worker who understood her better than any white social worker did so I think it can be make or break (Amy, Third Sector)

Such a view resonated with Shim's concept of cultural health capital (2010) which posits that communication and interpersonal skills must be culturally situated to ensure optimal service provision. It was emphasised that social services needed to take important steps to improve the way they engaged with forcibly displaced families. In general, most encounters with families were considered wholly inadequate with participants suggesting that social workers regularly provided displaced families with incorrect information, leaving vulnerable people distraught. It was also felt that there appeared to be a wilful lack of knowledge among social workers about the needs and experiences of asylum-seekers and refugees as such families were considered too complex to work with. Specifically, displaced families were thought to have specific social needs as well as pending immigration applications leading social workers to express a reluctance to take responsibility for these families and provide them with the necessary support despite their statutory duty. Participants did recognise that the reluctance to work with asylum seeking and refugee families would impact the experience-based knowledge social workers would have to work with when attempting to engage similar families in the future. This is

represented in a quote from my interview with Dave who worked with displaced families.

Sometimes as well social workers can say to people, we only have a duty towards your children and we don't have a duty to you, our duty only extends as far as your children and obviously, under section 17, the ability and the requirement to support parents exists as well. So sometimes it's just about, you know, restating that to the social worker so okay yes the duty is to children but actually, where it's going to benefit those children, you should support parents as well (Dave, Third Sector)

In a number of interviews, participants had stated that social workers provided women and families with misinformation and did so in a way that was considered demeaning and dehumanising leaving service users feeling judged and victimised. In addition, participants cited interactions with social workers that families had reported as hostile and dismissive, once again showing evidence of bias (Bussey et al., 2022). These discussions were juxtaposed by the experiences provided by those who supported families through third-sector voluntary organisations, highlighting a difference in the way in which voluntary services and statutory services approached their support provision. In the quote below, Nafisa expresses her frustration at supporting women who had been treated poorly by social workers.

I worked with a woman who was told by a social worker that she needed to go back to her country you know and that's obviously not a very nice thing to say so you know, I guess it was around providing support for the woman and saying to her that actually we don't as [organisation] we don't feel that that's the case at all and actually had to comfort her around some of the feelings that that bought about for her she

then, later on, decided that she wanted to complain against a social worker and that
was something that we were able to support her with and also because actually, this
specific social worker had said some things in the presence of staff as well (Nafisa,
Third Sector)

In order to overcome these challenges participants provided examples from their own line of work of supporting refugee and asylum-seeking families. Suggestions were provided to alleviate the concerns felt by families such as specialist training for social services and the local authority regarding the unique needs of forcibly displaced families. Some interviewees talked about implementing workshops and working collaboratively with statutory services to benefit both service users and service providers. Participants had expressed sympathy towards social workers and their limited capacity to provide the necessary thorough, continuous care asylum-seeking and refugee families may have required. It was felt that local authorities operated under pressure and lacked the funding to adequately support families. As a result, social workers simply did not have the time that was needed to provide rigorous support. Similarly, it was felt that the high caseload impacted the likelihood of building rapport and trust between social workers and those most in need of support which accounted for the fractured relationship that most people had when dealing with child protection services. As Dave notes, there was a recognition that lack of funding impacted the ability to provide optimal services. It was again emphasised that the social workers and those within the local authority had tried to provide as much support as possible.

Social Work and social services are also really under-resourced and really stretched
so I think even social workers who are good social workers and have really good

intentions as well and really do want to help people, their ability to do that is also compromised (Dave, Third Sector)

Similarly, participants expressed concerns about their duty towards both mothers and children especially where child protection concerns were present. For those interviewed, ensuring that both mothers and children were safe was a key goal and where clear child protection concerns were present it was necessary to report an encounter to social services. For service providers, doing so was considered challenging as it could impact the trust that they had built with parents. In the quote below, a service provider described her encounter with a child who disclosed physical abuse. The excerpt encapsulates the conflicting thoughts practitioners and service providers had in regard to their statutory duty to report safeguarding issues while trying to support mothers.

The daughter told me that her mom is physically abusive and that's really challenging because you're told in a setting that's not secure to start because you're in a drop-in and so you have to navigate that you also have to inform the mum that you have a duty to go to social services and report that... it's not easy, by any means, but obviously, you do it anyway. But it is really it is really tough and you can damage those relationships and I personally don't feel comfortable... it kind of puts you more an edge with the family (Amy, Third Sector)

Conclusion

Through this theme, I sought to address the research questions devised for this research. By providing an analysis centred on the specific ways in which risk and violence were dealt with by a variety of professionals who work with displaced

families, I provided insights into the way in which a continuum of violence is maintained. For example, the biases and prejudiced views held by some professionals impacted the level of support provided to families and at times prolonged their asylum case (Mayblin et al., 2020; Phillimore and Cheung, 2021). Further, these experiences were intersectionally embedded in multiple sources of oppression which sat at the macro level with a cascading impact on all levels of the social ecology of children and mothers, resulting in a continuum of violence. In the next and final theme, I discuss the way in which refugee and service resilience can be reinforced to improve outcomes.

4.4. Theme 4: Refugee Resilience

In discussion areas for improvement and strengths, participants had highlighted the resilience of displaced families and emphasised the need to focus on this clear strength. As previously explained, participants felt that there was a tendency for services to focus solely on the negative aspects of refugee parenting with great emphasis on the challenges, difficulties and hurdles that families faced. Participants felt that there was a need for services to adopt a strength-based approach to optimise refugee resilience.

Capacity to Cope

As mothers shared their experiences of navigating displacement and parenthood, they cited their hurdles as factors that contributed to a sense of resilience. Sonia for example described her reaction to her son receiving a diagnosis of autism spectrum disorder (ASD). For her, the absence of a visible emotional reaction was considered strange to her neighbour, however, Sonia described a need to prioritise the practical aspects of her son's needs and acknowledged that a strong emotional reaction would

not be beneficial for her family. She further suggested that her previous experiences and the hardships she had faced had ultimately changed her and discussed the ways that she had adapted after a significant period of being a single parent seeking asylum in the UK.

I've been through so many things so whatever happens now it doesn't affect me like sometimes people say to me do you have a heart or do you have a soul, which one do you have…I don't know what to say and she say why your eyes doesn't have tears, I said I finish crying, I need to move not to cry (Sonia, asylum-seeking mother)

Malaika also suggested that the unstable and distressing situations that her family had faced after several years of being asylum-seekers had had a substantial impact on her behaviour and personality. After her recent reunion, Malaika noted that her husband had recognised and acknowledged the changes. Her comments also touched on the mental health impact of displacement and the detrimental way in which the journey had shaped her as she disclosed her own diagnosis of depression.

Now I'm a bit aggressive I don't have that patience or that power to talk and be like quiet and nice, I change a lot. I used to be like all the time optimistic, all the time, that's my character, smile, laugh, make nice atmosphere, my friends always invite them to my house, cook nice food and make some cakes and some biscuits, I'm very good at this so everyone like found me like optimistic in his life, I used to give that but I feel like inside myself I change to become no more, like a depression person, not that kind I change a lot. Even my husband said what happened to you. (Malaika, Asylum-Seeking Mother)

The mothers participating in the study also touched upon the notion of shared parental responsibility and collective parenting as they talked about the differences in parenting in the UK. As women came from cultures where the community and extended family could share the responsibility of parenting young children, displacement had resulted in some diminished support and fewer social networks. Phillimore (2021) notes that the development of social networks can support positive integration. Findings within this thesis showed that social networks did play an important role for mothers. Women who participated in community groups were able to utilise the knowledge that existing refugees had on the availability of services and general migrant rights. The findings showed that building supportive, social networks was beneficial in two ways. First, in targeting the loneliness and isolation felt by many forced migrants. Second, by participating in formal and informal social networks, forcibly displaced mothers had the opportunity to obtain support and information. Work with survivors of DVA has shown that informal support networks can be beneficial for women and they can promote emotional well-being and safety (Goodman et al., 2016; Wachter et al., 2021). Wachter et al (2021) noted that social support enabled refugee women to access services for DVA through information sharing.

Discussing the role of community support and integration is of course important as Phillimore et al (2022a) report that certain factors can facilitate recovery from violence and provide protection to survivors. An example is the risk of homelessness if mothers left partners or being moved in poor quality and unsafe accommodation. However, look specifically at integration, it is important to consider wider discussions on refugee integration versus assimilation. While there is no agreed definition of what

integration entails, generally, scholarly work points to specific markers of integration which include housing, education, health and employment (Ndofor-Tah et al., 2019). With regards to the findings within this study, all key markers for successful integration were thwarted by policy such as restrictions on employment, barriers accessing health services, poor education standards and unsafe housing.

Furthermore, as culture was found to be a source of resilience for women, the loss of cultural identity was a threat to their well-being. Berry and Taban (2021) suggest that current policies adopt an assimilation focused framework that discounts the specific identities of forced migrants and specifically prevents integration and therefore recovery from trauma or violence. Similarly, Gangamma and Shipman (2018) argue that service providers should consider the importance of maintaining ones cultural identity. Both papers point to the significant role of state sanctioned cultural bereavement (Berry and Taban, 2021; Gangamma and Shipman, 2018) supporting the notion that countries including the UK have an important role to play in enabling recovery and protection from violence while supporting the integration of forced migrants (Phillimore, 2021).

On the theme of parenting, mothers also talked about the isolation and loneliness caused by their asylum status which was compounded by their deteriorating mental health. For example, women highlighted that there were very few people with whom they had a close relationship, and this also extended to their children. M detailed her sons struggles to make friends which was attributed to the family's inability to exert effort to maintain such relationships. She later described some of the requirements that she felt were needed to make friends and emphasised that their current life was incompatible with this. Three of the four mothers were practicing Muslim and

therefore talked about the importance of raising their children in ways that were compatible with their religious beliefs. It was important to maintain aspects of their cultural and religious traditions which included reading Arabic and having faith that things would improve. Faith was ultimately considered important to maintaining a positive outlook when participants encountered challenges. Linked to faith was the important of instilling a sense of gratitude into their daily lives. Such findings support previous research which shows the powerful role of religion in protecting the mental health of displaced women (Pertek et al., 2023). At several points in their interviews, the women identified that things could be worse and in doing so expressed gratitude for their safety and lives. The mothers were keen to encourage this appreciation when interacting with their children however, this was sometimes difficult.

Vicarious Trauma in Practice

An important aspect of resilience which appeared through these interviews was the need to support and bolster the resilience of service providers. Due to the nature of work and the support that individuals provided, forms of vicarious trauma were not unusual. Below, Amelia, who had worked within the NHS talked about the support she received after having to take a period of respite due to vicarious trauma after providing health support to victims of sexual trafficking. For Amelia, the psychological toll of having to support survivors of extreme violence, some of whom continued to be victimised was immense. While the support she eventually received from the NHS had been useful, she added that there was a tendency within healthcare to address the support needs of practitioners later rather than take a preventative approach.

It's just horrible you know because desperate people like sobbing and breaking down, because of the system there's only so much you can actually do to…. I developed really like severe vicarious trauma because I had so many sex trafficking cases… like, pregnancies through multiple rape or like forced prostitution… On top of that you have when you have like, sort of back to back clinics with people with these like stories. And then you've got, you know, this feeling of helplessness that you cannot like, there's nothing in your power to alleviate that pain is like it's just can, yeah just kind of create an explosion in your head really where you just like hit a wall (Amelia, Health Professional)

Importantly, addressing the psychological impact on service providers is central to being able to provide an adequate and appropriate support service. Previous research indicates that vicarious trauma is common among health workers supporting refugees (Dodds and Hunter, 2022). Furthermore, it has been found that vicarious trauma and related experiences of distress such as compassion fatigue can also shape the delivery of a service and have an impact on decision making (Kim et al., 2022). It is therefore crucial, that those supporting displaced people are equally supported. Such a sentiment was also shared by Rosaline who proposed the need to implement trauma-informed training specifically for those who support displaced families. She presented the following question for those seeking to develop such support:

How would we be able to avoid the pitfalls of burnout, compassion fatigue and vicarious trauma, which is the most dangerous trauma, which is because when one starts to feel indifference or cynical about very groups that you're intending to help (Rosaline, trauma specialist)

For Amelia and many others there was a general feeling of helplessness and an understanding that they were restricted in only being able to provide a certain amount of support which could feel ineffective. Such feelings were thought to play a role in aggravating vicarious trauma and influenced the career related decisions made by some service providers who eventually left their jobs. In fact, it was identified by a number of participants that working within the third sector was much more beneficial as they felt they were able to shape the systemic changes that were needed to alleviate the trauma and distress felt by so many refugee and asylum seeking families. Additionally, participants talked about their fears surrounding their own desensitisation to the experiences of refugees and asylum-seekers. It was speculated that in some cases, it was a necessary mechanism to avoid trauma and continue to provide a level of aid as noted below.

The sad thing is that you can kind of become, you should never really become kind of desensitised to that… when you work within the area of, I guess, working with people going through the immigration system. When you see something once or twice, five times 10 And your kind of reaction that you have to it changes… I mean, although you're still outraged at the fact that people can be put through this or you understand that the injustice of it and it's happening so regularly that like It's difficult (Dave, Third Sector)

4.5. Summary

In this chapter I described the findings from a thematic analysis with forcibly displaced mothers and service providers. Throughout the interviews, participants expressed a thorough understanding of the unique needs of refugee and asylum-seeking families in relation to a continuum of violence and the way in which these

were interlinked to intersecting sources of oppression. Reflecting on their own experiences and drawing on examples from practice, service providers shed light on the way in which they identified and responded to common risks and emphasised the need to understand mental health and develop a trusting relationship with families. In doing so, participants stressed that all practitioners required a deeper understanding of the experiences of forcibly displaced families. Participants also discussed the challenged they faced working within a hostile system that was oriented towards dehumanising refugees and asylum-seekers. Through this chapter I showed the everyday violence of seeking refuge in the UK and as such emphasised the role of structural violence. In the next chapter, I describe the findings from the 2nd phase of this study and focus more on responses to cases of suspected CAN.

Chapter 5: Analysis of Serious Case Reviews (SCRS): A Thematic Analysis

In the previous chapter, I described the findings relating to the experiences of service providers who had encountered various forms of harm in displaced families. I also provided an analysis of four in-depth interviews with mothers to understand the daily harm they experienced. In this chapter, I provide insight to the experiences of severe violence against children and present the qualitative findings drawn from a sample of 13 SCRs relating to harm against a refugee or asylum-seeking child. I specifically use a thematic analysis (Braun and Clarke, 2006) to identify key themes and factors that were prevalent across the cases included in this analysis. The purpose is to examine and collate crucial learning points to determine factors that can improve practice while seeking to explore the presence of any risk factors. Additionally, I use the continuum of violence (Cockburn, 2004b) as a basis to develop a theoretically informed interpretation of each theme and to answer the following research question:

- How do service providers recognise and respond to harm when supporting displaced families in England? What impact can these responses have on the continuum of violence?

By situating these findings within a theoretical framework that foregrounds structural and symbolic forms of violence (Hourani et al., 2021; Krause, 2015b), I am able to develop recommendations for practice and policy that are contextually embedded. I discuss these recommendations in Chapter 6 of this thesis. In this chapter, I begin by providing summaries of the cases included within this analysis and the key learning points obtained from each case. Following this, I discuss three key themes that were identified through the thematic analysis and expand on the literature and theoretical discussions presented in chapter 2 of this thesis. The three overarching themes are

vulnerable parents, the (in)visible child, and structural and symbolic violence. Each

theme is supplemented with excerpts from the SCRs. Table 5 describes the cases

included in this analysis with key learning points.

SCR 1: Year of review 2020

Review conducted after the death of an 11-month-old child from a head injury while

in the care of a female child-minder. Much of the review focuses on the child's

mother who was an asylum-seeker and had been working illegally. The mother had

reported poor mental health, previous experiences of persecution and violence,

trafficking and had been economically exploited.

SCR 2: Year of review 2019

The SCR centred on the accidental death of a one-year-old child by drowning in

the bathtub while unattended. The SCR described the mother's previous traumatic

experiences in her home country and history of seeking support for a mental

illness. Both parents were asylum seekers with poor mental health and some

history of domestic violence. They were found to be living in what was described as

'neglectful conditions'. Specifically, the SCR reported a lack of furniture, food, and

unhygienic living conditions.

SCR 3: Year of review 2018

A two-year-old child was found dead in her home with her mother. The mother had

a failed asylum claim and had no recourse to public funds at the time of her death.

Further, she had a chronic medical condition which resulted in her being afraid to

return to her home country due to stigma. The mother and child were described as socially isolated and afraid of building networks due to her fear of being detected by the home office. In addition, family members asserted that the child's mother had been manipulated by her father who was a British Citizen and she was wholly dependent on him.

SCR 4: Year of review 2018

The SCR concerns a 2-year-old child who was abducted by her parents while under the care of the Local Authority. Both parents were under a large-scale investigation for their involvement in trafficking Iranian nationals to the UK and money laundering. The mother had additional children in care due to concerns regarding her capacity to parent.

SCR 5: Year of review 2017

The SCR refers to a 14-year-old child who was born in the UK after her mother arrived from Uganda having escaped persecution. The child and her four younger siblings were placed in care four times for a range of issues including neglect and the mothers deteriorating mental health. While her mother was detained under the Mental Health Act, the child was reportedly sexually assaulted by her mother's partner.

SCR 6: Year of review 2016

The child was 13 months old when she died because of multiple fractures. The Child's mother had sought asylum in the UK and was living with her sister's family

when she presented to maternity services while pregnant with her child. The mother was believed to be suffering from post-traumatic stress and had shown symptoms of trauma, depression and anxiety while pregnant. They then lived alone in accommodation for 11 months before the child's father and four siblings arrived in the UK. The family were moved four times within a short period within four different boroughs which impacted the level of service provision. The family were not known to many services and during the court proceeding following the death of her child, the mother discussed fear of her husband which prevented her from accessing support for the injuries.

SCR 7: Year of review 2014

Death of a three-year-old boy as a result of non-accidental injury (NAI) while in the care of his father. His family had been separated for some years due to civil war. The child's parents were reunited two years after his birth when the mother arrived in the UK to live with her husband and his extended family. At the time, the child and his two older siblings remained in Africa. When he arrived in England, various professionals including a health visitor and social worker observed that he had bruises on his face and marks on his body. In addition, there was a reported history of domestic violence and as a result the family been involved with professionals. The mother spent some time in a women's refuge and had reported physical abuse.

SCR 8: Year of review 2013

Death of a 14-year-old boy from hanging while in residential care. Since arriving to the UK, four years earlier, he had received support from 20 different services in

four different local authorities. He was eventually accommodated by the Local Authority as his mother struggled with his increasing behavioural problems, gang involvement and youth offending. The child had stated that he had been exposed to physical abuse, war and political conflict in his home country although his mother disputed some of this.

SCR 9: Year of review 2011

Child was arrested for a serious sexual assault. He had sought asylum in the UK with his mother and had been known to various agencies over the years. Referrals had been made to Children's Social Sare for additional support including requests from his family to accommodate him. His mother and stepfather were known to the police and probation services due to criminal behaviour and substance misuse. Concerns had therefore been raised regarding the family including reports of domestic violence, suspected poor attachment and parental mental health. The child was in receipt of support from a range of services prior to the incident including Special Education Needs Services and Health Services.

SCR 10: Year of Review 2011

The SCR was conducted following the death of a two-year-old boy who presented with multiple injuries due to NAI. His mother was a failed asylum seeker who had died and he was currently being cared for by his father and stepmother when injured.

SCR 11: Year of Review 2011

The SCR concerns two children aged four and two years old when who were found dead in their home with their mother. Their father was found hanging in a local

park. The father of both children had described severe anger problems, depression, anxiety and post-traumatic stress and he had sought support from his GP. In addition, the mother was diagnosed with depression and had been prescribed medication. The mother of both children had disclosed to family members that she was being hit by the children's father. In addition, there were police reports of severe domestic violence incidences including two where mother was found with injuries to her face and neck while pregnant and an attempt to set her on fire. During the many incidences of domestic violence between the parents, neighbours had expressed concerns and contacted the police. Although agencies believed that the relationship had ended there was ongoing contact and confirmation post-death that both were covertly in a relationship and living together.

SCR 12: Year of Review 2010

Death of a pre-school aged child from injuries to the torso and a corrosive liquid. The mother claimed that she had arrived with her child from an African country and had claimed asylum. However, the asylum claim was later found to be a fabrication as the mother had lived in Europe since childhood and her child had been born there. Concerns regarding the mother's mental health and the safety of the child had been made several times by relatives and residents in her accommodation.

SCR 13: Year of Review 2010

Two children aged four and two years old were found dead by their mother next to their father. It was established that they had died due to strangulation and notes and videos were found of the father instructing the children to say goodbye to their mother. The mother described domestic violence including frequent emotional and

physical abuse, attempted rape and feelings of financial dependency. The mother also presented as homeless while 7 months pregnant.

Table 5: Summary of SCRs included for analysis

Theme 1: Vulnerable Parents

In this section, I discuss the conflicting ways in which parents were perceived by service providers. I note that there were two distinct categories used when describing parents in the SCRs which impacted the responses of service providers. Parents were either constructed as 'Vulnerable Parents' and therefore entirely characterised by this perceived vulnerability or they were viewed as 'Active Abusers' and therefore villainised. I expand on these two perceptions and argue that the way in which parents were perceived had a detrimental impact on the way services engaged with families, the level of support provided to children and the ability of services to avert a continuum of violence. In addition, I consider the way that these constructions can be used to evoke sympathy or villainise displaced parents.

Early in Chapter 2 I briefly introduced the notion that the language used to describe migrants impacts the way that they are viewed and therefore treated (De Coninck, 2020). While my previous discussion centred on the legal definitions used to describe those who are displaced, I argue that the prevailing narratives when describing the actions of displaced parent's centres on one of two types. Parents are either considered vulnerable refugees who are deserving of support or abusive and therefore deserving punishment (Welfens, 2023). When discussing cases of harm it can be disadvantageous to families to adopt such tropes similar to the categorical fetishism discussed earlier (Crawley and Skleparis, 2018). I therefore approach the following section with caution and establish that parents who may have engaged in

harmful behaviour and enacted severe forms of violence were *still* vulnerable. I address this complexity later in this chapter, when discussing the themes of structural violence and symbolic violence.

Vulnerability and it's various conceptualisations tend to broadly centre on the susceptibility of an individual to harm and the likelihood of that harm occurring (Brown et al., 2017; Mendola and Pera, 2022). As a concept, it has gained much prominence in discussions on forced migration, oft used in conjunction with ideas of risk and harm at structural and individual levels (Gilodi et al., 2022). Indeed, many humanitarian frameworks operationalise vulnerability in response to displacement (Freedman et al., 2017). As a result, discussions on vulnerability in relation to forced migrants seek to account for the way in which ideas of vulnerability are embedded in asylum policy. For example, its use in social policy will determine the level of protection awarded to groups (Smith and Waite, 2019). Thus, the use of vulnerability in policy has implications for practice. While migrants in general, are categorised as a vulnerable group by international aid organisations (Gilodi et al., 2022), additional factors are usually considered when assessing the perceived vulnerability in countries of refuge. As a result, constructions of vulnerability do shift over time and place, as does the way in which they are embedded in both practice and policy (Smith and Waite, 2019).

In Chapter 2, I determined that forcibly displaced families were at risk of harm due in part to their increased vulnerability. I established that the journey to refuge placed additional strains on families and exposed them to a range of risks which heightened their vulnerability to harm. Several research studies and literature reviews identified factors such as parental mental health and SGBV as key domains of vulnerability

(Bürgin et al., 2022; Phillimore et al., 2022b). In seeking to analyse the ways in which parents were perceived and discussed within this analysis, it is important to consider the various factors that influenced their perceived vulnerability. When approaching my analysis, two important aspects of vulnerability emerged from my reading of the data. There was for example clear evidence of factors such as poor mental health that rendered parents vulnerable. However, in a minority of cases, there appeared to be professional misconceptions regarding parental vulnerability which stemmed from little to no evidence. SCR 12 for example detailed the death of a child from NAI and revealed that the mother's history of mental health which had been interpreted as shock resulting from traumatic experiences in her home country had been fabricated. While this review showed a complex situation and severe untreated mental health problems, it also showed the risk of simply attributing poor mental health to trauma with little investigation into the multiple concerns that had been raised by the mother's family and neighbours. An important learning point established from the review process was that:

> *'Whilst the mother was very protective of the child, there was insufficient attention given to the impact of her mental health upon her parenting capabilities. Unqualified opinions were made and accepted which resulted in there being no assessment by mental health professionals and a failure to safeguard the child' (SCR12, pg 11)*

In addition to highlighting the need to fully understand the mental health needs of parents, the review also suggested that appropriate mental health assessments are pertinent to safeguarding children and young people. The review therefore showed the importance of using evidence to make informed decisions beyond assumptions of

vulnerability. Despite such reservations regarding the power of assuming vulnerability, all reviews showed evidence of poor parental mental health including anxiety, general stress, depression, PTSD and psychosis which had an impact on parents levels of vulnerability. While poor parental mental health is not unique to forcibly displaced families, the SCRs provided context to the underlying factors that were thought to contribute to parental mental health and compound existing issues. For example, many reviews cited migration related concerns and employment issues as underlying causes of anxiety and stress. Importantly, parents in some cases had NRPF which thwarted their ability to meet the needs of their child demonstrating extreme forms of structural violence. While anxiety and related stress are unlikely to cause significant violent harm to a child, the presence of parental stress, uncertainty and anxiety can present some insight into the issues present in the lives of forcibly displaced children. The mother in SCR 1 for example frequently cited home office related issues when discussing her ongoing mental health struggles suggesting that her immigration status had a significant effect on her mental health and wellbeing as shown in the excerpt below. While there is substantial scholarship supporting the impact of such issues on mental health (Carlsson and Sonne, 2018; Jolly, 2018a; Mayblin et al., 2019; Miller and Rasmussen, 2010), it appeared that reviewers were at times unaware of this. The quote below reports on conversations and input from the mothers IAPT therapist providing a clear description of her experience of living with anxiety.

> *She discussed her ongoing immigration issues and said that her future aim*
> *was to get these issues 'sorted out' so that she could work in order to provide*
> *for herself and her baby… Mother went on to say that she had started to*

experience anxiety symptoms, nightmares and a 'sense of suffocation'. She

added that during the day she was distracted from her thoughts because she

was busy with the baby, but at night, or when alone, she felt very anxious

(SCR 1)

Later in this SCR, it was suggested that the mother's anxiety could be mitigated through immigration support and important clarification regarding the availability of support offered through third sector organisations. Similarly, with regards to financial constraints and employment difficulties when displaced, the father in SCR 2 had disclosed to his GP that he was under a lot of pressure and feeling stress resulting from financial constraints. Although his emotions were described as being 'appropriately' explored, the review indicated that this disclosure was not perceived as a 'cry for help' and therefore additional support was not offered. Additional information was not provided regarding the way in which the disclosure had been explored, however, the lack of follow up and support suggests that more explorations were needed. Here, it may also be important to consider the gendered aspects of vulnerability (Welfens, 2023) which perhaps shape the lack of support provided to this father and others in the SCRs. The quote below for example explicitly shows multiple disclosure of poor mental health from a father as well as information regarding his social situation. While support was offered, the SCR continues to note that there was a distinct lack of follow-up from health practitioners and again, an inaccurate assessment made regarding the safety of the child.

Tells his G.P. of his concerns at "feeling angry all the time". He reports being

frustrated at not being able to work. The G.P. records that the child is "safe"

but there is no explanation for this judgment. In a second visit to the G.P.

practice later that month Birth Father 2 reveals that he suffered trauma in his own country when serving in the Army and afterwards. He states his family are angry at his relationship. He had wanted to be a doctor or teacher prior to joining the army and he is feeling guilty about his involvement in a road traffic accident. He stated he felt very low and told of the domestic violence incident. A professional in the G.P. practice provided advice about Domestic Violence and Post-traumatic Stress Disorder and referrals were made for counselling and anger management. Birth Father 2 was prescribed tranquilisers. He failed his next appointment with the G.P. but was sent information in the post about Assist, a health agency specifically set up to provide support for asylum seekers (SCR 11, pg 36)

Despite the clear mental health needs of the father, it is again important to highlight that the fathers perceived vulnerability heightened the level of risk and thus the vulnerability of his child. Specifically, the SCR again shows evidence of the way in which perceptions of parental vulnerability can result in practitioners overlooking the actual vulnerability of children in their care. In doing so, we see an intergenerational continuum of violence impacting the children of displaced parents with little recognition from service providers when the vulnerabilities of parents risk clouding professional judgments.

 Another repeated feature identified throughout the SCRs was the suggestion that mental health support was seldom provided for displaced parents who reported general stress stemming from practical or structural issues relating to their migration status. The limited support offered could also be a reflection of the limited visibility of the impact of structural harm on vulnerability. Drawing on prominent ideas of

vulnerability in forced migration (Gilodi et al., 2022; Smith and Waite, 2019; Spathopoulou et al., 2022; Welfens, 2023), it is evident that both risk and the capacity of an individual to cope with risk are encapsulated in academic understandings. However, the analysis showed that misinterpretations regarding individual's capacity to cope heightened the presence of risk in families thus impeding their ability to protect their children. While structural stress did not occur in isolation, it was one of many important factors prolonging a continuum of violence and enacting harm on families in precarious circumstances as noted in the quote below.

(father) attended his GP for hay fever but did disclose that he was suffering from stress due to having a new baby and issues at work (SCR 2, pg 4)

It did however appear that symptoms associated with trauma and depression were better recognised in the reviews analysed and in those situations, forms of support were offered. An important point to consider however, is the appropriateness of the support for example prescribing tranquilisers to the father in SCR 11. Similarly, the mother in SCR 1 had described in great detail ongoing nightmares which caused poor sleep and was subsequently prescribed medication to help. However, the side effects of the medication included significant drowsiness and headaches which had a detrimental impact on her daily life, causing the mother to eventually stop use. It seems therefore that the treatment provided to parents suffering from trauma must be considered within the context of parenting in difficult circumstances. For example, in SCR 1, engaging with treatment would cause drowsiness, headaches and nausea and disengagement resulted in consistently disturbed poor sleep. For parents with young children both situations can cause significant stress, amplifying existing issues

and for those who are awaiting a decision on their asylum claim, somatic symptoms arising from medication may impact the way they are perceived by professionals.

Thus, symptoms associated with depression including low mood, difficulties sleeping, hopelessness and a desire to self-harm were explored as a cause for concern in most cases. Similar to those presenting with symptoms of anxiety, parents with depression had touched upon underpinning feelings of stress relating to their living conditions and migration status and hopelessness when separated from their children. Moreover, current and historic post-natal depression was discussed in some reviews suggesting a need to fully assess the perinatal mental health needs of displaced women. While pregnancy was identified as risk factor for domestic violence in some SCRs, an issue which will be explored in more depth further in this chapter, it remains that increased mental health needs during this period were not considered by service providers. Literature suggests that displaced women encounter unique challenges when seeking access to maternal care and are at risk of mental distress during the perinatal period (Giscombe et al., 2020; Heslehurst et al., 2018; Phillimore, 2015; Rees and Fisher, 2023). As improving mental health outcomes during pregnancy can have positive implications for child development, attachment and even child maltreatment (Howard and Khalifeh, 2020), it is important that mental health risks are fully addressed during this period. As a period of vulnerability for both child and mother (Ayers et al., 2019; Giscombe et al., 2020), care should be taken by all service providers to identify all risks including those arising from general stress and anxiety. In addition, this analysis raises concerns that structural inequalities are amplified during periods of heightened vulnerability such as the perinatal period and women and children are exposed to additional harm rather than protected. These

risks continue beyond the perinatal period as most SCRs revealed poor maternal mental health including depression which were compounded by elements of social isolation as families navigated a new country.

Due to the particular experiences of those who are forcibly displaced, it is not surprising that feelings and symptoms associated with trauma were repeatedly highlighted in the case reviews. This included nightmares, trouble sleeping and other 'trauma like' symptoms. For example, SCR 6 provided details regarding the mental health of a mother during the perinatal period yet noted that the family were not known to services despite the Healthcare Trust reporting that she had symptoms of trauma, depression and anxiety and had refused the support that was offered. The SCR did note that there was no indication that the child was at risk of serious harm, in this case death by suspected NAI and specifically noted that the mother had in fact been offered support and was provided with help. It continues to add that the mother chose to not accept support highlighting the importance of autonomy for displaced parents. The SCR does however raise important issues regarding support provision for those who are identified as being vulnerable. Two important aspects of vulnerability do emerge from this SCR that were also present in others. In summarising the case, it is specified that:

> *In 18 months, the family moved on four occasions and lived in four different London Boroughs. It is clear from this review that there are several obstacles to ensuring that continuity of universal service provision is achieved for vulnerable families with young children across London. This family, which was mother alone with one child for most of this period, was potentially vulnerable*

as asylum seekers; the mother and child may have been vulnerable as they

moved further from extended family members (SCR 6, pg 3)

It is evident therefore that continuity of care is paramount when working with displaced families who are considered vulnerable. For those who are displaced, care may be disjointed which impacts the ability of service providers to recognise risk and identify support needs. There may be multiple reasons for this lack of continuity such as dispersal or fear of being removed by authorities while overstaying a visa. Importantly, limited care also prevented practitioners from understanding the historic experiences of parents and the ongoing impact of these on the family. For example, SCR 6 additionally highlighted lack of knowledge regarding the family's history prior to arriving in the UK as a potential challenge for recognising risk or support needs. Similarly, other SCRs stated that parents had experienced various traumatic experiences in their home country which were thought to impact their mental health and therefore their vulnerability. In order to further our understanding of the continuum of violence within the context of forced displacement, it is important that the role of migration history is acknowledged by those providing support (Kim et al., 2019). For parents in the SCRs analysed, limited information regarding their history was shared between services limiting the level of support provided and heightening the vulnerability of families. Furthermore, it was often that the history of an individual in relation to violence made them vulnerable. By not knowing or understanding the causes of an individual's perceived vulnerability, service providers are unable to provide appropriate responses (Daoust and Dyvik, 2022). For example, through the process of conducting the serious case review, a history was compiled of the mother

of the children showing persecution, imprisonment, violence and death. The SCR noted that:

> *The fullest information about the mother's past life in (home country) was obtained by her then-solicitor in December 2016 and shared with her key worker. This indicated that the mother may have experienced considerable trauma as a result of the arrest of her husband and herself and their treatment whilst in detention which apparently led to the death of her husband. Mother may also have experienced separation and loss arising from leaving her two older children and her parents... The IAPT triage assessment of mother in May 2017 found that she met the criteria for PTSD. She was offered CBT but only one session took place – in August 2017 – before she was discharged from the service. She was also prescribed an antidepressant… Mother also disclosed a previous history of postnatal depression to her health visitor which she was reported to have self-managed. She said she was experiencing postnatal depression following the birth of Baby (SCR 1, pg 47)*

By understanding the migration history of a vulnerable mother, practitioners can help mitigate the vulnerabilities of her children and prevent a continuum of violence (Rees and Fisher, 2023). Related to the need to explore migration histories and a continuum of violence, the SCRs also revealed a need to obtain a general health history of parents. As depicted in the excerpt above regarding SCR 1, the SCR process showed the full health history of the mother which included her history with mental health and previous post-natal depression. While it is challenging to obtain a full health history, the analysis showed that the health of parents impacted their vulnerability. Within this context and analysis, it is important to understand the

physical health of parents as well as their mental health. There were for example parents who had health conditions associated with shame and stigma and others who had previous health problems which impacted their mental health and ability to care for their child. SCR 2 for example specifically looked at the mental health of the mother but specified that her GP felt that she was no longer in need of mental health support and as a result, her mental health was not thought to have impacted her capacity to care for her child. However, the SCR history showed that the mother had three consecutive unsuccessful pregnancies within one year followed by the premature birth of a child who spent four months in a neonatal hospital. Two months after the child was discharged, the mother presented to her GP as pregnant. Taking into consideration the mother's previous history of trauma, severe mental health and pregnancy history as well as the father's disclosure of stress, more support should have been provided. While the death of her child was an accident that caused both parents much distress, it appears that both parents required some support as evidenced in descriptions of their home being neglectful. The SCR specified:

> *Mother has a history of mental illness, this dated back to 2003 and she had received both in-patient and out-patient treatment up until around 2008 when she felt well and no longer sought support from mental health services. There is no evidence that Mother's mental health history had any impact on her ability to parent her children. There was though, no communication of the mental health history between the GP and maternity services. Knowledge of this history taken together with the repeated maternity problems that Mother experienced may possibly have led to more support being offered (SCR2, pg 9).*

In such cases, I stress that a better understanding of the life experience of parents before arrival to the UK would be beneficial when providing support. The review process often revealed a history of complicated mental health relating to their migration history and clear evidence of the continuum of violence. For example, mothers who had experienced the loss of a child in their home country and the subsequent impact of this on parenting and attachment would have been important to consider when providing support. Generally, discussions on mental health concluded on the ability of parents to adequately care for their children. However, support provision and appropriate responses should take a more nuanced approach to mental health with more consideration for the impact of mental health within the context of displacement. Indeed, work by Hynie (2018) suggests that refugee mental health is intrinsically linked to stressors in the post-migration context which can cause significant harm to those who are displaced. If we are to consider the vulnerability of displaced parents when discussing risks to children, we must also consider the impact of harm in countries of refuge. With consideration to the continuum of violence, several reviews also showed evidence of DVA in post-migration settings. Earlier in this thesis, I set the argument that there is a need to understand violence against women as part of a gendered continuum and stressed that domestic violence in countries of refuge was intrinsically linked to histories of violence during and prior to displacement (Freedman et al., 2017). I continue to emphasise the heightened vulnerability of women to forms of violence using a gendered perspective as simply being female could be a risk factor for harm.

Research has shown that refugee and asylum-seeking women are at risk of sexual and gender-based violence (SGBV) throughout their migration journey (Freedman,

2016). Qualitative work by Goodson et al (2020a; 2020b) for example found that forced migrant women in the UK reported violence in the private spheres in the form of intimate partner violence which would intensify as a result of resettlement. Similarly, Dudhia (2020) found that many displaced women in the UK had sought safety due to violence in the home and by the state. Importantly, Dudhia (2020) also found that policies leading to destitution had a direct impact on the increased vulnerability of women leading some to experience further violence in the UK. Further, previous national analyses have highlighted the prevalence of DVA in cases of children being harmed (Brandon et al., 2020) and this analysis revealed similar findings. The findings also showed how domestic violence was linked with mental health.

Elements of DVA were recorded in most cases analysed through various pathways including police records, women's refuges and through observations made by practitioners or nursery staff. For example, in SCR 11, reports had been made to the police by concerned neighbours after overhearing loud arguments in the presence of a child and later, nursery staff had noticed bruising on the mother's eye. The case showed 9 incidences of domestic violence and concluded that the needs of the children were not considered by services. It was noted within the SCR that the children were not perceived to be at risk suggesting that domestic violence was not considered as a marker of vulnerability for children.

In relation to the discussions regarding parental stress, the SCR also showed that the mother had previously physically abused her child from a previous relationship when struggling to cope and the father had disclosed anger problems and stress. Specifically, it was ascertained that most domestic violence related incidences arose

from feelings of stress associated with the father's migrant status and financial constraints. Again, I iterate that while stress may not necessarily be considered a risk factor for harm against children, the SCR showed a situation of heightened stress stemming from a range of factors, mental health problems, a continuum of violence and a history of traumatic experiences. Further, the reported incidences of domestic violence had occurred in the presence of the children. In fact, it was commonly reported in the SCRs that service providers maintained that children were considered safe if they were not direct recipients of violence. As depicted in the excerpt below from SCR 13, the impact of parental violence on children was not considered.

> *There is no suggestion in (mothers) statements to the police that the children were subject to violence from their father. However, it is likely given their accommodation, that the children will have heard or seen aspects of the abuse. (Mother) reported to a housing officer that the children had heard some of the verbal abuse. (SCR 13)*

In this particular case, the mother had experienced different forms of violence in the home including financial abuse. The complexities of understanding the risk that domestic violence presented to children was identified in such reviews where domestic violence had been an issue. However, it was often the case that those working in close proximity with such families would often assess the risk based on current incidences of domestic violence rather than explore the role of historic violence and the likelihood of it occurring it again. In addition, there were often efforts to support the women with very little acknowledgement of the impact of violence and the risk of violence to children. The risks of DVA to children includes exposure to violence and the potential for the child to be emotionally and physically abused. In

the SCRs analysed, such issues were highlighted in cases where NAI and physical abuse were suspected. In addition, the incidences of DVA must be considered within the context of previous parental experiences of trauma and mental health as DVA often coexisted with poor parental mental health.

To address violence within the context of forced displacement, it is important that policy makers and service providers consider the likelihood of previous and ongoing experiences of violence in all its forms in private settings as well as public. According to Kaur and Atkin (2018) there is a need to recognise the distinct complexities of domestic violence within the context of forced migration. While their work is predominantly based in Australia, there is a case to apply the recommendations to England. For example, the notion that social workers can play an important role in recognising intersecting factors and their impact on women and children. Ozcurumez et al (2020) add that very few studies have sought to understand the context within which gendered violence occurs, the way it intersects at various levels and that the focus is often solely on pre-migration experiences of domestic violence.

I stress a need to understand previous experiences of domestic violence and abuse and emphasise the importance of recognising violence and its impact on children. In SCR 7 for example, it was explained that practitioners working with the family had not assessed the likelihood of the children being physically abused when there was ongoing evidence of domestic violence. Domestic violence in intimate settings is of course complex and often made more complicated when survivors are unable to recognise their own victimisation (Afrouz et al., 2018; Lockhart and Danis, 2010; Ozcurumez et al., 2020; Thomas et al., 2020) as was the case within this SCR. It was documented that both parents denied that previous DVA had taken place making it

particularly challenging for social workers trying to engage with the family and offer relevant support. When women are considered vulnerable to violence, it is important that those seeking to provide support establish an understanding of the woman's beliefs and approaches to relationships and seeking safety (Afrouz et al., 2018). From an intersectional perspective, gender was interwoven with culture and ethnicity, shaping disclosures and hep seeking. As part of the review process, the role of culture was examined in shaping the responses of women to domestic violence. It was for example specified that the parents had sought support from elders within the Somali community after incidences of domestic violence. Regarding the contributions made by a voluntary organisation to the review, the review team stated:

> *It gave an insight into the intervention by the 'community' regarding Mother's reporting of domestic violence. In particular, it suggested that Mother's situation must have been extreme and desperate for her to flee the marital home, thus seriously flouting family and community norms (SCR 7)*

This analysis therefore shows that voluntary organisations providing cultural support or those who have a cultural understanding can provide additional support to women and enable protective factors that are specific and appropriate to the families. Thus, a cultural understanding of the continuum of violence and how it continues in countries in refuge may enable the development of more appropriate support or guidance. Femi-Ajao (2020) suggest that help-seeking for domestic violence in ethnic minority populations can be facilitated by self-perceived impact of abuse as well as the impact on children. In addition, they note that immigration status can be a barrier for support seeking as can the attitudes of service providers. In relation to women from minority backgrounds who are displaced, service providers should seek to understand the

complexity of domestic violence while displaced. Of course in situations of DVA, social isolation can also impede help-seeking behaviour and the analysis showed that women were isolated following dispersal and constant movement (Fineran and Kohli, 2020).

It must also be noted that SGBV as a specific form of violence during and after displacement can impact the way survivors engage with specific services (Thomas et al., 2020) and allowances must be made to ensure that psychological trauma is mitigated. Phillimore et al (2022a) found that survivors of SGBV were afraid of men, resulting in a reluctance to participate in certain activities and services. Service providers in all sectors should therefore strive to provide women with female service providers which was an important issue identified within this SCR analysis. In the case of SCR 1, language related issues continued to compound the level of support provided to a family. In this instance, the mother was provided with male interpreter even where a female had been requested which impacted her experience of discussing past experiences such as sexual violence. SCR 7 had similarly advised against the use of male interpreters when working with women who had experienced male perpetrated violence as noted below.

> *The representative from the Development Group was also helpful in matters*
> *such as advising against the use of male interpreters with women in Mother's*
> *circumstances (something which had happened uniformly in this case, due to*
> *the lack of available female interpreters). (SCR 7)*

Responding to the needs of vulnerable women without considering their previous history of SGBV in this way may re-traumatise survivors of violence or prevent them

from disclosing their current needs (Pertek et al., 2021; Rees and Fisher, 2023). When forms of gendered violence continue to prevail even in countries of refuge, caution must be taken to ensure that practical steps are taken which support vulnerable women rather than add to the continuum of violence. Furthermore, caution must also be taken to ensure that all interactions with those who are displaced are trauma informed and their vulnerability and past experiences are considered (Freedman, 2016). SCR 2 for example states the following regarding the reaction of the child's father to police intervention for extra-familial reason:

> *The SCR has noted that his response to the police attending his house might have been influenced by his experience of government interventions in his life in his country of origin. (SCR 2)*

Another important feature identified was the presence of domestic violence in cases of physical abuse and suspected NAI which heightened after family reunion. In the SCRs, the mothers were described by practitioners as thriving and adjusting well to life in the UK prior to being reunited with their husbands. Although the reunion of a family can be a joyous occasion, for some of the cases analysed it presented new risks to children. The SCR's highlighted that a family reunion can also heighten the level of stress within a household putting both parents and children at risk of violence and/or poor mental health. As discussed in SCR 7, there were concerns regarding overcrowding and stressful family relationships as shown in the quote below.

> *The changes for the family included significant overcrowding and new and stressful family relationships – not least the management of three small*

> *children aged 3 years and under. All of these were indicators of increased risk*
>
> *of harm to Mother and the children (SCR 7)*

Within the context of forced displacement, controlling behaviour including financial abuse as noted earlier in this section should be explored by those supporting families (Canning, 2017, 2014; Hourani et al., 2021; Phillimore et al., 2022b). Additionally, risks associated with reproductive control was noted in the analysis. While reproductive control was not explicitly stated as a concern, there were some references to pregnant women reporting that their partners had wanted to terminate a pregnancy. This was somewhat concerning in situations where domestic violence was known to be an issue such as the case of SCR 3. The quote below depicts a situation of exploitation and a form of abuse that displaced women may experience.

> *Mother confirmed that she was from Uganda and reported that her partner of 5*
>
> *years had demanded that she have an abortion. When she refused he*
>
> *threatened to report her to Police and trigger her removal from the UK. (SCR*
>
> *3)*

Reproductive control in this form could also be concerning in situations where women were reported to have had multiple back-to-back pregnancies while being in relationships that were reportedly abusive such as SCR 13. The SCRs had also shown that pregnancy resulted in added stress for families and highlighted a period of vulnerability and heightened risk for women and children as explained earlier. There was evidence of domestic violence during pregnancy as well as general domestic disputes that required involvement from the police in some cases. In the case of SCR 6, the specific incidences of DVA included a severe assault from her

partner while being pregnant; an incident that was later denied. The notion that women are at increased risk of DVA during pregnancy was also stressed in the SCR relating to SCR 2.

While I have stressed the gendered aspects of vulnerability specifically in relation to domestic violence, it is important to also explore the way in which women as mothers were active in the harm enacted against their children. Of course, the view that parents who are vulnerable could also be complicit in abuse or harm against a child is riddled with complexities. It is important to highlight that only one SCR showed a case where a mother had purposely harmed her child, and this appeared to be the result of a serious undiagnosed mental health problem evidenced in SCR 12. The remaining showed accidental deaths and where NAI had caused the death, it appeared that it was perpetrated by the father. SCR 6 for example which described the death of a child from NAI showed that the family composition had changed from a mother and her child to a family of 5 within a short period. After the death of her child, the review found that the mother shared that she had been afraid to seek help for her child's injuries suggesting that there were aspects of control and fear within the relationship as noted in the excerpt below.

> *Mother had told a friend she was concerned about the pain Child S was experiencing; she told her friend that she was worried and wanted to take the child to see the GP. On one occasion, the mother took the child to see the GP but she did not mention the child's arm injury but only mentioned chest problems. In her own statement, mother told Police that father prevented her from taking the child to see the GP and she was frightened to challenge him about this (SCR 6)*

As aspects of control and fear were also present as was the indication that mother had attempted to seek some medical help for the child, it is evident that the mother may have equally been at risk of severe violence. However, by focusing solely on the vulnerability of parents, many practitioners failed to recognise the vulnerability of the child or the harmful behaviour of parents. It is of course important to add that markers of vulnerability should not be viewed as causal factors for harmful or violent behaviour. For example, by suggesting that symptoms of trauma such as aggression may cause interfamilial violence. Doing so assumes that violence or harm takes place external to wider structural issues impacting families. As noted in SCR 7:

> *Domestic violence does not happen in isolation; families are often facing other, very real challenges and disadvantages. In this case, these were associated with endeavouring to hold a family together in a context of forced migration and separation due to civil war... The case therefore raises vital questions about how effectively our child protection system is working to provide a timely and effective response to children living in situations of domestic violence, in a context of migration where family members, both adults and children, have been separated by civil war and later reunited. (SCR 7)*

Conclusion

In this section I offered an analysis which sought to partly answer the following research question:

- How do service providers recognise and respond to harm when supporting displaced families in England? What impact can these responses have on the continuum of violence?

I explored the various ways that professional responses to risk were and continue to be shaped by two influential tropes of displaced parents as inherently vulnerable or as active abusers. In doing so I also presented a range of factors within the SCRs that contributed to professional perceptions of vulnerability. Vulnerability was explored as multidimensional and while it can seem paradoxical, it concurrently existed with active abuse. Those who were viewed as vulnerable were also complicit in the harm against their child. Equally, I argued that parents experiences are much more complex and the discourse used to describe parental experiences must capture the nuances of forced displacement. Indeed, the intersections of gender, ethnicity, mental health and refugee status played a role in heightening vulnerabilities. In the next section, I describe my second theme identified through this analysis as I seek to discuss the children who were harmed.

Theme 2: The (In)Visible Child

In this section, I discuss the second theme which emerged from my thematic analysis and that is the visibility of the child and his/her world in the SCRs analysed. If such reviews are said to reflect practice, we see that the voices of displaced children remain hidden even in practice. Like the previous section, I expand on the literature described in Chapter 1 and highlight the various ways in which recognition and responses to risk were influenced by a limited understanding of the child. I add that

the parental focus within professional responses contributed to a continuum of violence and fostered an intergenerational continuum of harm.

In Chapter 1, I emphasised the need to implement a 'child-centred approach' to safeguarding (HM Government, 2020) and drew on the work of Munro (2011) who urged practitioners to understand the causes of child abuse to prevent harm in vulnerable families. In explaining Theme 1, I extensively discussed the various domains of parental vulnerability which contributed to harm against children. The SCRs provided ample information about the lives of displaced parents, however, very little was known and explained about the child at the centre of the reviews. This disparity in knowledge is also reflected in this thematic analysis as much less data informed theme 2 than theme 1. It seems therefore that perceptions of parental vulnerability hinder the ability of practitioners to adopt a truly child-centred approach to the protection of displaced children. SCR 6 cites the Laming report (2009) quoting:

Professionals can find it very difficult to take the time to assess the family environment through the eyes of a child or young person..... Staff across frontline services need appropriate support and training to ensure that as far as possible they put themselves in the place of the child or young person and consider first and foremost how the situation must feel for them. (SCR 6, pg 13).

The limited understanding of children was evident in most cases and most information was shared and collated during the review process. It must be stressed that understanding the experiences of young children can be especially challenging and infancy is considered a period of vulnerability (Broadhurst et al., 2018). Keddell

(2023) writes that the voices of children in child protection are represented and interpreted by adults. For the young children in the SCRs, all interactions with professionals including health care practitioners following injuries were mediated by adults. In some cases, these were the same adults causing significant harm to the child.

Just as parents may be considered vulnerable, that perception of vulnerability must also be extended to children. I previously stressed the need to include explorations of parental migration history for those who are supporting displaced families. I additionally emphasise a need to consider the migration history of the child when providing a service or support. By understanding and referring to the child's unique history prior to arrival in England, service providers may be better equipped to understand the impact of existing issues on the family(Bürgin et al., 2022; Wessels, 2014). It is therefore key to consider the impact of familial changes, uncertainty and previous violence on children from the perspective of children. In chapter 2, I discussed the prevalence and likelihood of violence during and prior to displacement from a gendered perspective. It is also important to explore the likelihood of violence against children resulting from displacement. SCR 8 for example noted that the 3-year-old child had arrived to the UK after being separated from his parents with bruises and marks on his body suggesting some form of violence prior to arrival. Age-appropriate professional curiosity from social workers and health visitors who observed the injuries may have enabled some understanding of any violence in his life. Furthermore, following physical injuries against the child's siblings, a child protection medical examination was conducted for the child and the SCR recognised the following errors:

An interpreter was booked for the medical examination but did not arrive, meaning that Father – the possible 'person of concern' – acted as the child's interpreter and spokesperson. This effectively gave the child no independent voice, as would be expected in a CP medical. These circumstances were repeated at two later CP medicals (SCR 7, pg 25)

The issue of allowing adults to vocalise the interests of children is further compounded by the ability of children to communicate effectively in English. Language and communication issues were raised in the SCRs however, this was often relating to the challenges of supporting parents and therefore specifically a feature of parental vulnerability. Much research on language as a barrier for displaced children centres on education and social integration (e.g. Gagné et al., 2018; MacLeod et al., 2020; Paradis et al., 2020). However, as discussed by Van Os et al (2020), language can also act as a barrier for children disclosing their experiences prior to arriving in countries of refuge which can impact levels of knowledge needed to provide effective support. Research with families additionally asserts that language barriers can disadvantage children (Sawrikar, 2016; Sawrikar and Katz, 2014). Limited understandings of children and their lives can contribute to a continuum of violence for displaced children who are deterred from seeking help by practical barriers. As found by Phillimore et al (2022a), forcibly displaced survivors of SGBV who were unable to speak the language in countries of refuge risked isolation and were dependent on their abuser. My findings suggest that for children who are already dependent on adults to communicate for them, limited language comprehension can exasperate their existing vulnerability and heighten risks.

It was also found within the SCRs that children were exposed to the same risks as their parents in the UK. Specifically, factors that increased parental vulnerability also heightened the vulnerability of children. Yet, children were often overlooked by service providers even in cases of domestic violence. It was especially notable that social isolation was identified as a unique feature in some SCRs caused by dispersal policies or a fear of immigration authorities. Isolation in this sense was also recognised as rupturing the care that practitioners could provide leading to many missed opportunities to share knowledge and explore risk factors. For children, irregular movement and limited continuity of care had an impact on the ability of practitioners to identify and respond to potential risks and recognise its true impact. Increasing the visibility of vulnerable children to services is recommended to identify risk. However, the SCRs showed the challenges of doing so with displaced families. SCR 3 provided insight into the impact of movement on a vulnerable parent and child and noted that she had been entirely dependent on her partner who was described as 'manipulative' within the SCR. It continued to note that social isolation was a central issue as described below and identified the role of friends and social circles in identifying risk.

> *Mother's apparent rejection of her family in the UK and extremely limited network of friends served to compound her ever-present fear of being detected and removed from the UK…. By the time of placement… mother and daughter were almost wholly alienated from family and friends (SCR 3)*

In relation to the visibility of children and presence of their voices and stories in the SCRs prior to the SCR incidences, more details were known about older children. Four of the cases analysed focused on children over the age of 12 and showed that

they had complex mental health and behavioural problems. In all four cases, there was evidence that the children had a history of childhood trauma, parents with complex mental health needs and involvement with various agencies including CAMHS and Special Educational Needs Services, Youth Offending Services and Parental Mental Health Support throughout their lives. The cases perhaps depicted a continuum of harm for vulnerable children in later life who live with a range of risk factors including poor parental mental health, domestic violence, crime and issues relating to displacement. SCR 8 for example was conducted after the death of a 14-year-old boy by suicide who had received support from 20 different services in four different local authorities. The SCR showed that providing support at this stage was complex and there was a poor understanding of his life prior to arriving in the UK as noted in the following excerpt.

> *Child was known to behave in an angry and impulsive way when thwarted or frustrated. The therapist in the residential unit had made this the focus of much of her work with Child but it remained a central feature of his behaviour. He may also have been more at risk of suicide and self-harm than other young people because of the impact of abuse, violence or some other trauma in his past. However, professionals received contradictory information about this and were never able to establish reliable accounts of what his life had been like before coming to the UK (SCR 8)*

The passage above also recognised that a history of traumatic experiences could heighten the risk of self-harm or suicide even when in receipt of support. The SCRs concerning older children did highlight the amount of involvement from services as was also evident in SCR 5 which showed repeated social care involvement over an

11 year period including being placed on child protection plans for neglect. The excerpt below shows that practitioners were insufficient in recognising the impact of parental mental health and the factors that contributed to the mother's mental health and the neglect that was identified.

> *The professionals did not seem to consider how her (mothers) long-standing mental health issues might lie beneath the neglect, or on her ability to make the required changes. The family were provided with a range of practical support that mother saw largely as an intrusion rather than a solution… In the two and half year timeline, the children were looked after by the LA, made the subject of CP plans, their cases stepped down to child in need services then escalated back to CP and finally looked after by the LA for a fourth time. Their cases moved in and out of services and up and down the thresholds (SCR 5)*

> *The eldest child also visited the same GP practice, and expressed concern about the amount of stress the family were under and put this down to the involvement of CSC. The GP felt she was 'sensible beyond her years', and wrote a letter to CSC expressing his concerns about their involvement (SCR 5)*

I also include the second quote from the SCR to show that the child's perception of social care involvement was negative and not viewed as support suggesting that practitioners' treatment of families is crucial for engagement. In addition, the quote from the GP could indicate a form of bias, specifically the 'adultification' of children of colour by service providers (Davis, 2022; Koch and Kozhumam, 2022). At various stages of the SCR it was stressed that the child was also caring for her younger siblings, yet little consideration was given to the fact that she is a child. Davis (2022)

notes that adultification of Black children leaves children at risk of further harm. We must also perhaps consider the role of race inequality and the potential for increased visibility of minority children in child protection systems with some being over represented (Bywaters et al., 2020). For children in displaced families, repeated involvement from authorities could risk retraumatising especially when there is already little trust.

Conclusion

In this section I presented a key theme identified through a thematic analysis which centred on the visibility of children in services and in reviews. Repeatedly, reviews have emphasised the need to amplify children's voices. However, my analysis showed that children's voices remain hidden and in some cases were silenced by those causing harm. This invisibility is also evident in my analysis and the level of detail provided for this theme in contrast with the previous theme regarding parental experiences. Often their invisibility was confounded by their age, race and culture and as such I argue that practitioners adopt an intersectional approach to risk recognition.

I argued that responses to risk that account for and consider children were repeatedly deemed inadequate due to the complexity of recognising the vulnerability of children. Thus, I have again sought to answer the following research question.

- How do service providers recognise and respond to harm when supporting displaced families in England? What impact can these responses have on the continuum of violence?

In the next section I provide more insight into the third theme identified through this analysis which centred on structural harm and the way it shaped the experiences of parents, children and those providing support.

Theme 3: Structural and Symbolic Violence

Earlier in this chapter I discussed the multiple inherent vulnerabilities of forcibly displaced families. I then discussed the impact that such vulnerabilities can have on children if responses are inadequate and recognition of risk is over- shadowed. In this section I highlight the numerous ways in which structural violence was present in the cases analysed and the impact that it had on heightening the vulnerabilities of parents and children and impeding the responses of service providers.

Structural violence is a key feature of theorisations of the continuum of violence which tend to recognise all forms of gendered violence and the way in which it intersects to harm displaced women (Canning, 2017; Freedman, 2016). General conceptualisations of structural violence recognise it as a form of daily violence which enacts physical and psychological harm through systemic subordination and inequality (Farmer, 2009; Hourani et al., 2021; Jolly, 2018a). The SCRs showed repeated evidence of structural harm in daily life demonstrable through descriptions of financial constraints, stressful housing conditions, neighbourhood crime, precarious immigration statuses and dependency on abusive partners. Further, they demonstrated much uncertainty and instability amongst parents who were often moved around frequently. All structural factors were repeatedly cited as key causes of poor mental health and recognised and increasing the likelihood of risk to children.

Specifically, the interlinked impact of poverty and lack of adequate housing was discussed in some SCRs. For example, in some instances lack of toys to stimulate a child in the home as well as housing related issues such as buildings falling apart were detailed. In addition, where families were reunited which was noted in theme 1 as a period of potential vulnerability, there were additional concerns regarding overcrowding and its impact on parental mental health as well as the general wellbeing of the family. SCR 6 for example showed that the overcrowded housing was an indicator of increased stress. SCR 2 suggested that housing providers could be well placed to identify and recognise risks that indicated struggles within families. The SCR specifically stated that financial difficulties and employment related issues impacted the level of support provided as shown in the excerpt below:

> *The housing service had a high level of contact with the family primarily about the continuous failure to pay the rent. However, no home visits were made. Had this happened there may have been opportunities to identify the neglect that was building up after father had lost his job and mother was pregnant again. Professional curiosity by thinking how the family coping with two very young children was when unable to pay the rent may have helped. (Child I)*

In addition, families often resided in areas of socioeconomic deprivation and while some SCRs noted that neighbourhoods and the community could be an important resource in recognising risk, there was the potential for harm in some neighbourhoods. SCRs relating to older children did for example highlight child involvement in petty crime and some gang involvement as shown in SCR 8.

Within this analysis, it is important to consider the overarching role that poverty played in some cases as it was found to be a feature in every case analysed and in specific cases was cited as being a direct cause of harm to the child. Parents were driven to seek employment where their asylum claims were under dispute or where their needs remained unmet such as SCR 1. It is important to note that within these cases the mothers were described as being protective over their children and were keen to provide for them. The mother in SCR 1 was illegally employed in a nail salon and had to utilise the services of a childminder for her infant daughter. Tragically, her daughter died as a result of a head injury while under the care of the unvetted babysitter. Were asylum seekers provided with the financial means to appropriately provide for themselves and their children, parents would not be forced to work illegally or make unsafe childcare arrangements. Importantly, the babysitter was also seeking asylum and was offering her services as a way to provide for her own child. As noted in the SCR:

> *Arguably poverty drove mother to work illegally which necessitated leaving baby in the care of an unregistered childminder also working in the illicit economy in which the framework of standards, inspection and scrutiny do not apply. (SCR 1)*

In some cases, the direct impact of poverty and inadequate housing was explicitly discussed particularly where it played a key role in the death of a child. An example of this is a publicised case where a child under the age of 1 had died as a result of malnutrition and dehydration as his mother had been unable to feed him due to a brain infection which resulted in her death a few days later. In SCR 10, the mother had relied on inconsistent payments which made it difficult for her to manage her

children and their health needs. Prior to the deaths, the mother had been unable to access benefits and housing and such shortcomings were highlighted in the review. Similarly, SCR 2 highlighted a range of factors relating to poverty including parental stress as a result of unemployment, poor housing and neglectful living conditions before the child accidentally died. Thus, the accommodation of children provided by authorities directly exposed them to harm. Qualitative work by Jolly (2018a) with undocumented migrant families in the UK shows that specific policies exhibit a form of statutory neglect by preventing children from living in a safe environment. Subsequently, home related issues can have a negative impact on child welfare and development. Previous work by Allsop et al (2014) also specified that experiences of dispersal intersect with poverty and increased social isolation to have a negative impact on the lived of forced migrants. Recent reviews add that poor housing can also impact access to other services such as health care (Kaur et al., 2021). Thus, it appears that dispersal policies specifically cause harm to the wellbeing of children and families. As Phillimore (2021) states, the context and local area within which families are dispersed can have clear implications for levels of integration and therefore wellbeing.

Drawing on ideas of neoliberalism, some authors connect neoliberalism with anti-migrant sentiment and restrictive policies in countries of refuge (Darling, 2016b; Green, 2020; Mulvey and Davidson, 2019). Darling (2016b) for example discusses the privatisation of asylum accommodation and dispersal policies leading to the construction of asylum seekers as mere commodities. Within a continuum of violence model, the inherent dehumanisation of those who are displaced enables structural violence to take place. Forms of symbolic violence can also be perceived in such

discussions. Earlier in this thesis I briefly introduced the concept of symbolic violence and what it can offer to our understanding of the continuum of violence. Within this analysis I also identified dimensions of symbolic violence which were interwoven through the previous themes. It specifically emerged during discussions of gender in the SCRs which alluded to the concepts of hegemonic masculinity and female disempowerment and through discussions of race and ethnicity.

The concept of hegemonic masculinity refers to the way in which gendered attitudes and behaviour perpetuate the subordination of women (Jewkes et al., 2015). As a form of symbolic violence, hegemonic masculinity was present in cases of domestic violence whereby women were described as being manipulated by their male partners and a fear of violence prevented them from protecting their children. Further, symbolic violence may have presented in the potential revictimization of individuals who had experiences violence and were expected to navigate a system that did not consider their trauma as was the case in SCR 1.

In relation to ethnicity and its role in the day to day lives of children from diverse background, one SCR concluded that '*the implications for the day-to-day lives and experiences of the children are not explored and spelled out by social workers and other practitioners. What these factors mean for day-to-day life reflects a wider challenge for all children's cases not just those from minority ethnic groups*'. For the SCRs included within this analysis, it was felt that a range of factors stemming from race and ethnicity such as language comprehension impacted access to support. As a result, strengthening cultural competent practice with children from minority backgrounds was suggested in SCR 7.

All agencies need to consider how they can promote and strengthen practice that is 'culturally competent' so that children from minority ethnic backgrounds are not disadvantaged. When a child who is part of a family seeking asylum is suspected to be at risk of significant harm or becomes looked after the local authority should always seek information from UKBA as part of its assessment process (SCR 7)

Similarly, SCR 11 cultural issues were central to the needs of the family in SCR 11and any support offered should take this into consideration as the father disclosed his issues with culture and had on some occasions expressed his negative views towards British culture. Such views and perceptions would have undoubtedly impacted his dual heritage children. The SCR others recognised that the way in which a child's ethnic background, beliefs and identity shape their daily life is an important aspect of child protection work, particularly in relation to behaviour change. For SCR 5, the SCR panel identified a reluctance amongst practitioners to understand the mother's background and instead assumptions were made which affected assessments. The importance of understanding the identity and beliefs of families was stressed:

Without such an understanding, at best ill-informed services are provided and at worst groundless assumptions can be made. Being fearful of asking curious questions about past experiences, culture and beliefs for fear of being seen as overly intrusive or, in the case of families from BME groups for fear of being seen as racist, has a significant impact on the ability of professionals to make assessments and provide services. It is an approach that seriously hampers the way children from all racial and cultural groups are safeguarded and as

this finding has shown, has particular implications for children from BME groups (SCR 5)

With regard to dispersal policies, it is important to note that the SCRs included within this review referred to cases which took place over an 11-year period. We must therefore consider the changing landscape and shifts in policy that could impact the experiences reported within the SCRs. Since 2012, the UK has seen an emergence of policies stemming from the 'hostile environment'. Central to these policies is the notion that living in the UK should be difficult; something that was identified within the SCRs analysed. In SCR 3, the mothers fears regarding potential deportation and her NRPF impacted her ability to engage and indeed access services. As a result, the review panel directly referenced the organisational responsibilities of immigration services under section 11 of the Children's Act (2004) to safeguard children. Indeed, the SCRs recommended that border staff should be invited to safeguarding training. It must be noted however that the NRPF policy has recently been updated to ensure that the home office must not impose NRPF if an individual would not be able to meet the needs of their child. Furthermore, specific policies regarding asylum-seekers undoubtedly exasperated the stressors that were present in the lives of some children. For example, children and families were regularly moved on a no-choice basis to different parts of the country causing significant disruptions to their care and social networks. The quote below show that punitive employment policies were thought to impact the mother's eventual decline.

Mother (an accomplished graduate) was prohibited by law from working and entirely dependent upon the small allowance provided for food and other necessities. Some of her behaviours in 2016 (GP registration and seeking a

> *top-up of her gas card) suggest forward planning; others e.g. ceasing to buy*
>
> *food imply 'shutting down' and giving up. (SCR 3)*

Findings from the SCR analysis reiterated the point that the psychological difficulties reported in Theme 1 could be alleviated by addressing structural factors stemming from hostile, restrictive policies. Indeed, Pollard and Howard (2021) emphasise that the UK government has a significant role to play in reducing the significant mental health problems experienced by those who are forcibly displaced. As Eruyar et al (2018) suggest, collaborative working with all agencies involved in the lives of displaced families can help support young people and children. Ultimately, providing security and stability to displaced children can prevent the development of poor mental health (Davies et al., 2017; Grace et al., 2018; Phillimore and Cheung, 2021).

Conclusion

In seeking to answer research question 1, this chapter explored structural violence as an overarching theme which emerged from my thematic analysis. The structural harm reported and described within the SCRs centred on financial difficulties and employment challenges stemming from restrictive policies. In addition these structural factors were identified as being interwoven with the findings reported in themes 1 and 2. Specifically, structural violence played a role in heightening the vulnerability of children and parents by diminishing their mental health and by creating situations of dependency. Symbolic violence additionally was found to play an important role in maintaining the continuum of violence which harmed children in displaced families.

Concluding Remarks

This chapter detailed the findings from a thematic analysis of SCRs relating to refugee and asylum-seeking children. It showed that refugee and asylum-seeking children face a range of factors that exacerbated their vulnerability to risk, harm and maltreatment. Specifically, the cumulative impact of structural and interpersonal factors resulted in substantial stress which ultimately caused significant harm to children and adults alike. The underlying causes of harm were particularly difficult to address as the issues raised were deeply embedded in policy. For example, social isolation was reported to be a result of dispersal.

It could be argued that the findings from this analysis reveal that forcibly displaced children experience risk and harm like other families within the UK. For example, parental mental health and domestic violence are well documented as markers of risk for children within the wider context of research on child maltreatment (Austin et al., 2020). However, despite such commonalities, the specific structures that dominate the lives of forcibly displaced families are different to those of the general population. The experiences detailed within the SCRs showed that war related trauma was a common feature as was a feeling of uncertainty when domestic violence occurred. Further, structural and symbolic forms of violence took place on a continuum enacting further harm to vulnerable families.

In order to protect vulnerable children, evidence and learning from past cases must be transferred into practice and inform policy. Based on the findings from this analysis, I argue that a crucial factor in addressing the risk to refugee and asylum-seeking children is to address the economic deprivation cultivated by current policy. In addition, promoting mental health and wellbeing services for refugee and asylum-seeking parents as well as advice and support for domestic violence and abuse in a

culturally competent and appropriate manner is important. As Munro (2011) notes, a

child centred approach must prioritise our statutory duty to protect all children.

Chapter 6: Conclusion

Within this thesis, I presented findings relating to one overarching research aim explored through two study phases. This research aimed to understand the continuum of violence during forced displacement and the impact it has on refugee and asylum-seeking families. To explore this aim, this research sought to answer two questions:

1. How do service providers recognise and respond to harm when supporting displaced families in England? How do these responses impact the continuum of violence?

2. How does the continuum of violence impact families seeking refuge in England?

In Chapter 2, I explained that a gap was identified in the existing literature relating to different forms of violence and families seeking refuge in the UK. I specifically determined that there was a lack of literature pertaining to the needs of children and young people who are displaced with their families (Timshel et al., 2017). Drawing attention to the broader literature on forced migration (Canning, 2017; Mayblin et al., 2019; Pertek et al., 2021) and academic understanding of violence against children (Nadan et al., 2015), I concluded that there was a need for research to understand the intricacies of harm against children and families who are displaced in the UK. I additionally emphasised the importance of theoretical frameworks rooted in societal level understandings of harm to better understand all forms of violence when seeking refuge (Cockburn, 2004a; Krause, 2015b; Nadan et al., 2015; Pells et al., 2018). In this chapter, I conclude my thesis by integrating my key findings and highlighting how these arguments can help address the gaps in knowledge identified in Chapter 2. I additionally discuss the empirical, theoretical and methodological contributions of my

thesis before reflecting on the limitations of my research and offering potential areas for future research. Finally, I discuss the implications of my research for academic understandings of violence during refuge, policy and importantly, service provision.

The key arguments that I make through this final chapter reflect the overarching study aim and the two research questions. I begin this chapter by exploring the specificities of violence during displacement with a particular focus on the three main types of violence that were identified through all study phases: SGBV, children's exposure to violence and structural and symbolic violence. My research provided an in-depth understanding of the impact of these forms of violence on forcibly displaced families and how these experiences equated to a continuum of violence. I then discuss how service providers understand, recognise, and respond to this continuum of violence. Through qualitative interviews and a detailed analysis of practice, as shown through SCRs, I argued that recognition and understanding of violence within the context of displacement are flawed leading to inadequate responses from those providing support. Finally, I discuss how an intersectional reading of these research findings can help us understand a continuum of violence during displacement. Through this, I demonstrate the conceptual contributions of my central arguments and findings before detailing the limitations of my research. The key overarching arguments made within this thesis are summarised in the model of violence below which shows the way in which violence continues in refuge:
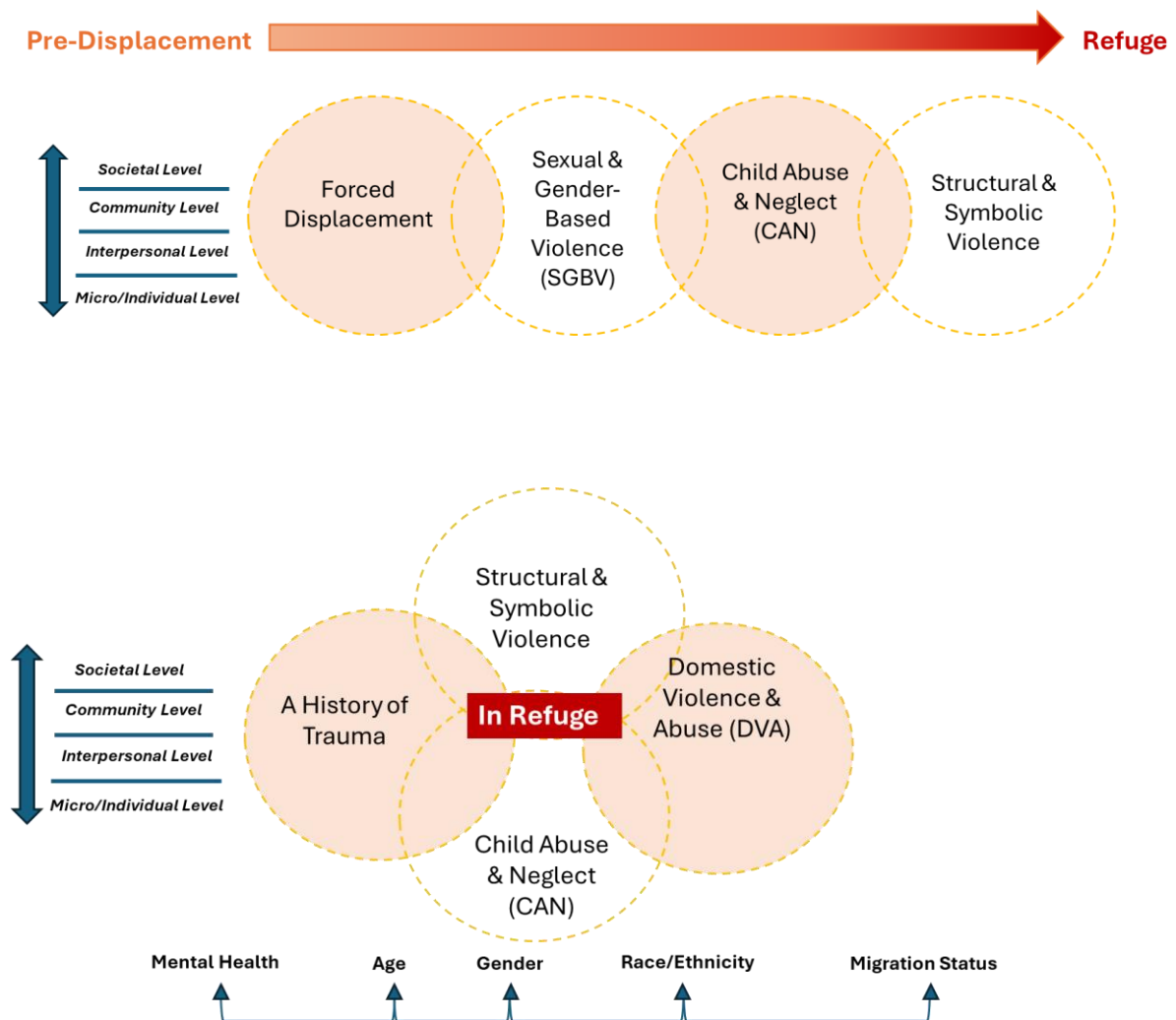
Illustration 4: A Continuum of Violence Against Forcibly Displaced Children

The Violence of Seeking Refuge

In seeking to contribute to the lack of literature identified in Chapter 2, the findings generated from this empirical study emphasise the violence of seeking refuge for families. While the continuum of violence has been used as a theoretical framework to understand SGBV during forced migration (Krause, 2015b; Pertek et al., 2022;

Phillimore et al., 2022b; Roupetz et al., 2020), my research represents a novel contribution to scholarship by empirically demonstrating for the first time, a continuum of violence against forcibly displaced children in England. Reflecting upon my use of the continuum of violence model as a theoretical framework for this research, a key finding from my research was the assertion that there are multiple forms of interconnected violence which impact displaced children in countries of refuge. First, by drawing on the underlying feminist research which informed the development of a continuum of violence model (Cockburn, 2004a; Kelly, 1987; Krause, 2015b; Sullivan et al., 2021), my analysis reiterated the gendered aspects of forced displacement (Canning, 2017; Pertek et al., 2021) and the inequitable way in which mothers are impacted (El-Khani et al., 2018, 2017, 2016; Pertek et al., 2021; Zamir et al., 2020). In particular, findings from semi-structured interviews with mothers and service providers in Chapter 4 showed that women were at risk of DVA in countries of refuge and often had a complex history of SGBV before arriving in England. My analysis of SCRs in Chapter 5 provided additional insights by showing the risk of physical abuse against children where DVA was suspected in the home. In doing so, my findings highlighted the intergenerational impact of a continuum of gendered violence within the context of forced migration. In attempting to understand a continuum of child abuse during forced displacement, I also discussed how children and young people directly experienced gendered violence in countries of refuge and before displacement.

More prevalent in my findings was the argument that children and young people experience a continuum of violence in complex ways. Beyond the direct forms of violence discussed such as SGBV, I argued that children and young people in

families were at an increased risk of witnessing violence throughout their lives which was found to have a detrimental impact on their mental health. Through these findings, I argue that there is an urgent need to reconceptualise exposure to violence and harm as a specific form of abuse requiring support, particularly for forced migrants. Theoretically, research seeking to explore harm against children should prioritise this distinct form of indirect violence. With consideration of the literature on child maltreatment discussed in Chapter 2, it was found that most perspectives on risk towards children tended to centre on intra-familial forms of violence or direct violence (Ager et al., 2011; Dalgaard et al., 2019; Dekel et al., 2019; Timshel et al., 2017). Instead, I reported in Chapters 4 and 5, that mothers often displayed high levels of protectiveness and were keen to keep their children safe even where child abuse was reported. Such findings have clear implications for support services seeking to strengthen the resilience of forcibly displaced families.

In Chapters 4 and 5, I expanded my focus on structural violence which was introduced in Chapter 2 to also discuss symbolic violence (Hourani et al., 2022, 2021). Such forms of violence were borne at the societal level of the socioecological model (Pells et al., 2018) and had a cascading impact on levels of risk at the community, interpersonal and individual levels for children and mothers. As per the Continuum of violence model (Cockburn, 2004a; Krause, 2015b), it was found that SGBV and violence against children were interconnected in all phases of seeking refuge and maintained by harmful policies, neglectful organisational structures and patriarchal norms. In Chapter 4, my interview findings showed that punitive policies, prolonged periods of uncertainty and stringent economic restrictions resulted in what has been termed 'violent dependency' (Phillimore and Cheung, 2021) causing a

great amount of harm to the mental health of families. Chapter 5 reiterated these findings by illustrating this mental health impact on parents which then increased levels of risk against children. Again, I stress that my argument is not that structural violence causes parents to harm their children but instead that my findings showed that structural and symbolic violence against parents, shaped children's abilities to thrive in refuge. It additionally, resulted in a form of statutory neglect (Jolly, 2018a) by exposing children to living conditions that would under any other circumstances require intervention and additional support. These findings contribute to a growing area of research describing the impact of harmful policies on families but highlight a specific impact on children and their well-being (Jolly, 2018a; Kostelny and Ondoro, 2016; Mayblin et al., 2019; Walker, 2017). This thesis therefore contributes to a sparsity of research looking solely at the harmful experiences of children and demonstrates that current asylum and immigration policy continues to undermine the protection of forcibly displaced children. My interpretation and analysis of different sources specifically add a new perspective to theories highlighting the impact of structural harm during forced migration including the concept of slow violence (Mayblin et al., 2019). The interview data for example demonstrated the slow violence of policies on the wellbeing of children, young people and parents.

It is suggested through this study that policy-level recommendations are crucial in minimising the continuum of violence and supporting families. In relation to the living conditions of forced migrants and their quality of life, there are many recommendations to be made to policymakers. The support offered to families under section 17 should be increased to improve the well-being of families and reflect increases in the cost of living. Similarly, those seeking asylum should be offered

employment opportunities to prevent economic exploitation and prevent an over-reliance on welfare. In addition to the right to employment, forced migrants should also be offered training or educational opportunities. Removal of economic restrictions and increasing the support that asylum-seekers receive would significantly reduce the risks detailed within this thesis.

Moreover, the safety of families in asylum housing and initial accommodation should be prioritised. Housing providers should be fined for neglectful conditions and effective processes should be implemented concerning any issues. For families residing in initial accommodation before dispersal, well-being and health should be prioritised. There should be provisions for education, safety and access to healthy food. More support is also needed for those transitioning from being categorised as asylum-seekers to refugees. A period of adjustment should be introduced to help mitigate the detrimental impact of this transition. A commitment is additionally needed to reduce the time taken to process asylum claims.

Over the course of this PhD, many changes were made to governmental approaches to forced migration. Most recently, the introduction of the Illegal Migration Bill (2023) aims to criminalise forced migrants. As discussed in Chapter 2 of this thesis, to apply for asylum in the UK, forced migrants must be in the country. However, the bill (2023) seeks to detain those who arrive using irregular routes such as boats or lorries. Furthermore, it is important to highlight the current scheme to send migrants to Rwanda. Both approaches are detrimental to the safety of forced migrants, especially children. Not only is this bill a violation of human rights but it also contradicts the promises made as co-signatories of the refugee convention and breaches children's rights. If we are to prevent enacting harm to children, there is a need to implement a

more humane asylum system. While the government has specified that current plans to detain migrants in Rwanda will not include children, the risk posed to children due to inaccurate age testing and the potential for exploitation must be considered. It is evident that current government policy fails to account for the welfare of children despite guidance for home office staff.

Recognising and Responding to Harm

Another empirical contribution made by this study is a consideration of how service providers across a range of sectors recognise and respond to harm. Analysis of the SCRs and interviews with parents painted a critical picture of services that were unable to understand all forms of violence and often failed to account for the impact of structural violence on perceptions of harm. Interviews with service providers in Chapter 4 reiterated the impact of structural violence while acknowledging that this continuum of violence had an enduring impact on children. There was recognition that responding to risk when working with 'complex' cases was challenging within the remit of most public services. The demand to provide support was then placed on third-sector organisations who at the time of interviews could not provide sufficient support during a pandemic. A clear suggestion from these findings is the need to allocate funding to better equip service providers to fulfil their statutory duty, however, such a suggestion may seem superficial when my research findings suggested that many services simply lacked the knowledge to understand risk within forced migration. It is urgent that all services and practitioners working with displaced families in any capacity should understand this continuum of violence during forced migration. In particular, there is a need for basic recognition of structural violence and

its impact and the effects of all previous experiences including the legitimisation of traumatising behaviour by Home Office officials.

I have argued throughout this thesis that currently, responses to harm across sectors fail to understand the intricacies and nuances of harm enacted against children during displacement. Analysis of the SCRs in Chapter 5 for example noted that service providers were often inept at recognising the risk that violence in the home could present to children despite the plethora of research which shows a link between DVA and violence against children (Kaur and Atkin, 2018). Both Chapters 4 and 5, demonstrate a lack of congruence between recommendations made in research and their implementation in practice. There is therefore a clear need for education, training and ongoing dissemination of knowledge. In Chapter 4, interview participants highlighted the benefits of services engaging directly with displaced parents to explain their support provision, build trust and prevent misinformation. Through these findings, I restate the importance of fostering ongoing communication between displaced communities and local services such as Children's Social Care. There are two ways that education and up-to-date training can be implemented to ensure that productive communication is maintained. First, I suggest that statutory services embed regular training to ensure that service providers understand forced displacement, the risks it presents and their statutory duties. Second, I suggest that regular outreach workshops are conducted in conjunction with third-sector organisations to speak directly to displaced communities. Doing so would enable individuals to better understand the support available and access the necessary support if required. It would also allow services to identify potential risks and consider implementing additional support. As a key barrier to accessing support was the fear

that sharing information could harm asylum claims, it should be made clear that providing support would have no impact on asylum claims.

Under Section 17 of the Children Act (1989), I also believe that all forcibly displaced children should be offered support as a child in need, especially those seeking asylum. Doing so would enable families to have regular contact with services to identify any specific needs while providing specialist support. While there was an understanding amongst participants that services are under pressure and simply lack the resources to provide adequate support, it is critical that families in need receive the necessary support to thrive, not just those with the most complex needs. However, more support is needed for practitioners who are working closely with forced migrants. Perhaps, individualised updated guidance should be circulated for different service providers that provide additional information regarding the risks following displacement including DVA.

The findings reported in Chapters 4 and 5 are critical of current policies and service provision for children and as such, I recognise that complex, long-term changes are required to ensure that displaced families are supported. Such changes must be embedded in policies which currently fail to account for the rights and safety of children. Any suggestions made within this chapter for improvements to practice are therefore done so with the recognition that true change cannot be fully achieved through arbitrary small changes and instead, an overhaul of policy is fundamental to protecting families. Still, I have continued to stress that evidence-based, ground-level changes to how services respond to harm can improve engagement with services, removing some barriers to support.

I have also emphasised through all phases of this research that displaced families in the UK require different forms of support to counter the impact of the continuum of harm. Yet, as noted above, many faced barriers when accessing or indeed understanding the availability of specific support. It was, for example, an important finding that the mental health of children and young people is significantly compromised as a result of the continuum of violence. The evidence enclosed in chapters 4 and 5 shows that there is a need for specific mental health support for forcibly displaced children as well as parents and that this mental health support should be catered to the practical, cultural and age-specific needs of individuals. For example, therapeutic interventions such as talking therapies may not be suitable for parents whose mental health needs stem from practical issues. Future research is needed to identify the support needs of displaced parents and develop and implement preferred mental health interventions. Such interventions must be created with the help of displaced parents who have lived experience of mental health distress through co-production or advisory roles.

There is also a need to provide immediate psychological support to new arrivals. In such situations, my findings call for a form of psychological first aid to identify existing harm and prevent a long-term impact from the arrival trauma identified in Chapter 4. Providing immediate relief and help may enable forced migrants to better cope with the initial challenges they face, equipping them for life in a new country. Similarly, ongoing psychological support and regular well-being checks should be offered to all forcibly displaced parents in the UK to ensure they can cope with the challenges of parenting while displaced and identify any additional concerns. Those providing support could consider alternative approaches to psychological support and mental

health and take a more holistic approach. Furthermore, culturally specific understandings of mental health should be integrated into all psychological services and any conversations. Recognising the impact of asylum policies, slow violence and enforced poverty on symptoms of depression, anxiety and associated disorders could enable individuals to signpost or provide necessary support.

For children, my findings show that it would be beneficial to implement mandatory mental health support for all displaced children and young people seeking refuge in England. As schools were identified in both findings chapters as an important place for individuals to recognise harm and implement necessary interventions, I believe that some mental health or wellbeing support should be provided through schools. As my findings suggest, there is also a need to reframe mental health support as general well-being and health support to maintain engagement with forcibly displaced children and young people who might be resistant to suggestions of poor mental health. Again, I emphasise that based on the findings reported there is a need to fully understand the perspectives of young people and children towards mental health and support provision and develop relevant interventions with input from individuals with lived experience.

Chapter 4 also contributes to current understandings of recognition and responses to violence and risk in schools and therefore many recommendations can be made from this research. As the number of forcibly displaced children continues to rise in England, schools also must ensure that teachers can identify trauma responses amongst pupils as noted in Chapter 4. Specific training for teachers and other practitioners who might support children in schools could be beneficial alongside regular check-ins or the assignment of a designated support worker. My empirical

findings proposed a need for teachers to also understand the full continuum of violence to identify the potential impact it could have on children and learning. Schools can also play an integral role in assisting the social integration of displaced children which can also reduce the risk of ongoing loneliness. It could be beneficial to implement annual events for pupils to understand their displaced peers and their experiences. Loneliness and peer-on-peer child abuse were identified as concerns for parents and responses from schools were described as inadequate with little to no investigation.

This thesis does present a key empirical contribution towards understanding harm and violence against children and young people within the context of forced displacement. Methodologically, it is to the best of my knowledge, one of the first studies to qualitatively analyse existing reviews to understand violence within the context of forced migration. While SCRs have been analysed to identify patterns and trends in child maltreatment, using them in conjunction with traditional qualitative research methods to integrate knowledge from different disciplines enabled a truly interdisciplinary exploration of violence and a form of triangulation. Investigating complex experiences such as forced migration within a Continuum of violence model, requires equally complex methods. Thus, the mixed methods approach of my research (Hesse-Biber et al., 2015), lends itself to the interdisciplinary underpinnings of this research and my recognition of the complexities and challenges in addressing harm against children. Moreover, by using examples from real practice, I demonstrated how a continuum of violence is maintained and at times produced through policies and practice. While SCRs are no longer used in practice, future research in the study of migration seeking to explore practice responses or other

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trends would benefit from using existing secondary data which can add much value to our knowledge of violence.

An Intersectional Understanding of the Continuum of   violence

This research has drawn heavily upon feminist explorations of SGBV, in particular the continuum of violence model which brings together feminist insights on violence against women and how it interconnects across settings and time (Cockburn, 2004a). I have also sought to incorporate critical feminist scholarship into the interpretations and conclusions offered through Chapters 4 and 5 through my use of intersectionality as a lens to understand the findings. As explored in Chapter 2, the use of intersectionality when seeking to understand the experiences of displaced women is now new (Anthias, 2012). However, the use of intersectionality within the context of safeguarding is a relatively novel area, only gaining traction in recent years (Etherington and Baker, 2018; Konstantoni and Emejulu, 2017; Nadan et al., 2015). Reflecting on the work of Etherington and Baker (2018), I argued that using intersectionality can enable a better understanding of how some factors intersect to contribute to regimes of oppressive experiences through structural violence and SGBV leading to a continuum.

In Chapter 2, I introduced the concept of intersectionality and described its use in critical feminist scholarship rooted in social justice (Cho et al., 2013; Crenshaw, 1989). As a conceptual lens, it accounts for interlinking systems of oppression such as sexism, ageism, classism and racism and how these intersections might contribute to the marginalisation of individuals, causing situations of violence. Building on the insights discussed in Chapter 2, I found that the experiences of

mothers were interconnected to their gender, ethnicity and migration status. Similarly, it was found that children occupying multiple spaces were at risk of multiple forms of abuse in private and public settings. As a lens, intersectionality allowed for a more critical understanding of how different sources of oppression enabled the harm of children in countries of refuge (Etherington and Baker, 2018)

Using intersectionality as a lens, my findings also showed that there were several overlapping factors leading to harm to children. For example, in Chapters 4 and 5, I showed that gendered inequalities in relationships stemming from patriarchal beliefs intersected with poor mental health which is considered a disability if it has a long-term impact on the daily life of an individual. Both factors then intersected with structural violence of wider migration policies and practice responses that were shaped by biased perceptions and beliefs regarding refugee vulnerability and deservedness of support. These factors intersected to contribute to violence against women in the home and public spheres due to racism and sexism. All of these caused unique situations of marginalisation for children and young people.

Future research should seek to explicitly consider intersecting oppressions and how they may interact to cause specific experiences of harm for children and young people. While my work attempted to bridge this gap and begin to present an intersectional understanding, much more must be done. As previously noted, intersectionality is gaining much prominence in social work practice and other sectors. However, there is a need to ensure that intersectional understandings are appropriately understood and that it is used as more than just a 'buzzword' to ensure longevity in service improvements (Etherington and Baker, 2018).

If we are to apply an understanding of intersectionality to the experiences of mothers, we see that several interlinked categories also impact their children. Specifically, the increased likelihood of VAWG, the risk of exploitation and forms of entrapment in violent relationships. As emphasised, a key learning point from my study was that even where children may not be direct recipients of violence, they are exposed to violence. However, by considering exposure to violence as a distinct form of abuse, there is a risk of criminalising parents who are in need of support. The interview findings presented in Chapter 4 for example, provided evidence of concerns amongst parents regarding parenting practices, and discipline and identified distinct intersectionally situated support needs.

Reflecting solely on the experiences of children and young people as illustrated through the SCRs and through discussions with mothers and service providers, we see that intersectionality can help us understand their experiences better. My findings similarly showed that children experienced harm in the home due to their age which also shaped their ability to access support. Their age intersected with their gender to result in specific forms of violence which ranged from either SGBV or exploitation during migration. Both age and gender then intersected with racism resulting in peer-on-peer abuse which was also heightened by the structural violence caused by migration policies causing them to attend schools in deprived areas. Racism was also present in service responses and the dulcification of children and young people. Finally, all factors intersected with migration policies pushing young forcibly displaced people into exploitative work and causing irrevocable damage to their mental health. My findings clearly illustrate how intersecting forms of oppression at all levels of the

socioecological model interact throughout a Continuum of violence to maintain this continuum in countries of refuge.

Limitations and Avenues for Future Research

Throughout this chapter, I have attempted to situate ideas for future scholarship while discussing the contributions of my findings. Within this final section, I add some additional points for future work and begin discussing the gaps that remain within my study. I set these limitations within the context described in Chapter 3 and the research constraints amid a pandemic. Despite the contributions outlined within this chapter, there are some limitations to the study. In this section, I will briefly describe these limitations and outline steps that could be taken to resolve similar issues in future research. First, despite the attempts made within this thesis and my initial assertions to include the perspectives of children and young people, this research did not generate primary qualitative data from children and young people. I maintain that any future research should seek to prioritise the voices of children. While there are challenges and ethical risks to consider when conducting research with children, there are many ways to include their views and perspectives in research, ethically. Future research should seek to incorporate more participatory methods to elicit the views and perspectives of children and young people on sensitive areas of research.

As this thesis showed, there is still limited empirical research on violence and harm against forcibly displaced children. If we are to provide children with adequate and appropriate support, we need to develop a better understanding of the risks that they face when displaced and utilise their understanding of harm. There is value in using less direct methods of data collection and instead incorporating participatory or

creative research designs. Methods include the use of artwork or forms of storytelling to facilitate discussions or share experiences. For children and young people, using a method that requires engagement could be less intimidating in comparison to participating in an interview. It is important to recognise that the use of interviews to elicit sensitive information could reflect the power dynamics that forced migrants encounter in other settings including immigration interviews. Therefore, the use of interviews with forced migrants could be viewed as a limitation if careful consideration is not given to issues of power (Singh et al., 2021).

In Chapter 3, I sought to outline some of the methodological limitations of this qualitative research. For example, I outlined the challenges I faced attempting to recruit participants and build relationships with potential gatekeepers during the pandemic which resulted in a smaller sample. Although all COVID-related restrictions have been lifted, I believe future research would benefit from a longer period of planning to account for any challenges that would require remote data collection. As a qualitative researcher, I believe there is value in giving primacy to secondary data when understanding complex issues. For example, qualitatively analysing online forums or social media could provide insight into the perspectives of young people outside of research settings.

As mentioned earlier, any future work within the context of forced migration in the UK should prioritise the use of advisory groups to assist in co-producing research. Specifically, I urge researchers to make use of specialist young person's advisory groups which could add value in the developmental phase of research planning and ensure that any conceptualisations of harm and developed tools used are appropriate. Methodologically, including input from forced migrants, might provide

additional insights into improving research designs and optimising recruitment strategies.

Another potential limitation is that the focus of this research was specific to the UK which impacts the generalisability and applicability of my findings to different settings. While there were attempts to explore experiences of displacement prior to arriving in the UK, the data and information provided were limited. Future research should seek to explicitly identify risks for children and families at all stages of displacement and explore differences in approaches to protect children across different countries. It is also important to consider that the tendency of participants to discuss harm and risks during 'resettlement' reflected the type of support they provided. For example, most provided immediate practical or emotional support whereby attempts to explore previous experiences were thought to be inappropriate. Furthermore, the exploratory nature of this research could be deemed a limitation as is the use of a small sample.

This research also identified the vital role of schools and educators in identifying and mitigating harm against displaced children. However, more research is needed to understand how teachers identify risk and the support that is provided to children within schools. Linked to the recommendations for practice detailed in the next section, I propose a need to evaluate and develop support-based interventions within schools. Working alongside teachers and schools to understand their experiences of supporting forced migrants would provide much more knowledge on the way in which harm manifests in the daily lives of children. Similarly, the research showed that parents were concerned that their children were attending schools in economically deprived areas so any research must be developed carefully as schools may already have limited resources to provide additional support and facilitate data collection.

Another issue identified within this study was the general lack of research on violence within forcibly displaced families. There appeared to be limited research exploring the impact and prevalence of family violence. While the research within this thesis provided a better understanding of causation, there is still a need to understand the prevalence. Through phase 2 of this research, there was an attempt to understand patterns among incidences of harm against forcibly displaced children. However, more data is needed on prevalence and trends. While this is a qualitative research project, future research could consider implementing a mixed methods design to better understand the prevalence of harm against forcibly displaced children and service use. Moreover, integrating quantitative measures could enable a better understanding of the impact of forced migration on children and young people.

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Appendices

Appendix 1: Participant Recruitment posters

If you're a refugee or asylum seeker with children, find out about our

Research with Refugees & Asylum Seeker's

This research will help improve services and support for young people who have encountered risky, unsafe or abusive situations

All you have to do is take part in one confidential interview

If you're a refugee or asylum seeker with children, please get in touch!

Contact Rafiyah Khan on RXK869@student.bham.ac.uk

Appendix 2: Participant recruitment leaflets

Panel 1 (top-left):

FOR FURTHER INFORMATION PLEASE CONTACT Rafiyah Khan ON RXK869@STUDENT.BHAM.AC.UK

Panel 2 (top-middle):

About the study

This is a doctoral research project funded by a global challenges Scholarship at the university of Birmingham

The study aims to understand the journey of refugees & asylum seekers to improve support services. Specifically, we are looking at risky or abusive situations that children or young people will have experienced

We want to conduct focus groups with practitioners, NGOs & charity workers who work with refugees & Asylum seeking families

Everything you tell us will be confidential

Panel 3 (top-right):

RESEARCH WITH PRACTITIONERS, NGOs & CHARITY WORKERS

HAVE YOU WORKED WITH REFUGEE OR ASYLUM SEEKING FAMILIES? GET IN TOUCH!

Panel 4 (bottom-left):

FOR FURTHER INFORMATION PLEASE CONTACT Rafiyah Khan ON RXK869@STUDENT.BHAM.AC.UK

Panel 5 (bottom-middle):

About the study

This is a doctoral research project funded by a global challenges Scholarship at the university of Birmingham

The study aims to understand the journey of refugee & asylum seeking families to improve support services

We want to interview refugee & asylum seeking parents about their child's safety

Everything you tell us will be confidential & Anonymous

Panel 6 (bottom-right):

RESEARCH WITH REFUGEE & ASYLUM SEEKER PARENTS

ARE YOU A REFUGEE OR ASYLUM SEEKER WITH CHILDREN? GET IN TOUCH!

Appendix 3: Participant Information Sheets

Understanding Child Protection on the Journey to Resettlement

Participant Information Sheet

You are invited to take part in a research study exploring the experiences of refugee and asylum-seeking families and their journeys to the UK. Before you decide to take part, please read this document carefully, it contains important information about the research. This study is funded by the Global Challenges scholarship fund at the University of Birmingham and has received approval from the ethics committee. The study will be conducted by Rafiyah Khan as part of her Doctoral thesis under the supervision of Professor Julie Taylor and Professor Jennie Phillimore.

If you have any further questions, please do not hesitate to contact Rafiyah Khan at RXK869@student.bham.ac.uk

Aims of the Study

The study aims to understand ways to protect children at different stages of the resettlement journey. Specifically, we want to know more about the experiences of refugee and asylum-seeking families who have resettled in the UK and explore some of the unsafe, risky or abusive situations that they might have faced. This will help us develop the most appropriate interventions to support families like yours

What do I have to do?

If you decide to take part in the study, we will arrange an interview at a time and location that suits you. The interview will take between one to two hours and can be face to face, over the phone or online using skype. We will ask you questions about your journey to the UK and any risky, unsafe or abusive situations that your child has encountered along the way. We would also like to know about your family life, the support you have received and what you need in the future. We understand that it might be upsetting to talk about these experiences but just remember that you do not have to answer every question and you can stop the interview at any time. Your wellbeing is our priority. You will also be asked to sign a consent form which we will go over together. This is needed to show that you understand what your participation will involve.

What happens to the Information I provide?

This interview will be audio recorded to enable us to create a written transcript. All the information you provide will be kept in password protected files on secure devices or in a locked cabinet at the University of Birmingham. Access to this information is restricted to the research team. We will include quotes from your interview in the final PhD thesis submitted to the University of Birmingham. We might also use your data in future journal articles and conference presentations.

Please note that your name will not be used and we will remove any information that could identify you.

Is this confidential?

Anything you tell us during the interview will be kept entirely confidential. We would only ever break this if we believe there is a serious threat to your or your child's safety, however, we would discuss this with you first. When reporting our findings, we will make sure that identifiable information such as names are removed.

What if I change my mind?

Your participation in this study is entirely voluntary. This means that the decision to take part is yours and you can change your mind at any time without providing a reason. After the interview, if you decide that you no longer want us to use your data, you can contact us up to two weeks after the interview and we will remove your interview data.

Thank you for your time!

Understanding Child Protection on the Journey to Resettlement

Participant Information Sheet

You are invited to take part in a research study exploring the experiences of refugee families and their journeys to the UK. Before you decide to take part, please read this document carefully, it contains important information about the research. This study is funded by the Global Challenges scholarship at the University of Birmingham and has received approval from the ethics committee. The study will be conducted by Rafiyah Khan as part of her Doctoral thesis under the supervision of Professor Julie Taylor and Professor Jennie Phillimore.

If you have any further questions, please do not hesitate to contact Rafiyah Khan at RXK869@student.bham.ac.uk

Aims of the Study

The study aims to understand child protection at different stages of the resettlement journey. Specifically, we want to know more about the experiences of refugee and asylum seeking families who currently reside in the UK and explore some of the unsafe, risky or abusive situations that they might have faced in their home country, along the way and since arriving in the UK. We will also be focusing on the support the refugee families have received and would like to know about the experiences of practitioners and charity workers who provide support to refugees and asylum seekers.

What do I have to do?

If you decide to take part in the study, we will arrange a focus group with other practitioners and charity workers who have provided support to refugee and asylum-seeking families. This will be at a time and location that suits all. This focus group can take between one to two hours and will be face to face. We will ask you questions about the service you provide, any experiences you have of working with refugees or asylum seekers and any form of abuse and the challenges and barriers you face. We will also use short scenarios to better understand how you would work with some families. You do not have to answer every question and can skip any question that you aren't comfortable with.

What happens to the Information I provide?

The focus group will be audio recorded to enable us to create a written transcript. All the information you provide will be kept in password protected files on secure devices or in a locked cabinet at the University of Birmingham. Access to this information is restricted to the research team. We will include quotes from your interview in the final PhD thesis submitted to the University

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of Birmingham. We might also use your data in future journal articles and conference presentations. Please note that your name will not be used and we will remove any information that could identify you.

Is this confidential?

Anything you tell us during the interview will be kept entirely confidential. We would only ever break this if we believe there is a serious threat to someone, however, we would discuss this with you first. When reporting our findings, we will make sure that identifiable information such as names are removed.

What if I change my mind?

Your participation in this study is entirely voluntary. This means that the decision to take part is yours and you can change your mind at any time without providing a reason. After the focus group, if you decide that you no longer want us to use your data, you can contact us up to two weeks after the focus group and we will remove your data.

Thank you for your time!

Appendix 4: Participant Consent Forms

Understanding Child Protection on the Journey to Resettlement

Consent form for parents

Please tick each box

☐ I have read the information sheet and understand what my participation will involve

☐ I have had the opportunity to ask any questions and have had these answered satisfactorily

☐ I understand that my participation is voluntary and that I can withdraw from the study up to 2 weeks after the interview

☐ I understand that the interview is confidential

☐ I understand that the researchers have a duty to report any concerns if they feel I am in danger

☐ I agree to the interview being audio recorded

☐ I agree to my data being used in future publications, reports and presentations

☐ I agree to participate in this research study

Name of Participant	Name of Researcher
....	....
Signature	**Signature**
....	....
Date	**Date**
....	....

Understanding Child Protection on the Journey to Resettlement

Consent form for practitioners, NGOs and charity workers

Please tick each box

☐ I have read the information sheet and understand what my participation will involve
☐ I have had the opportunity to ask any questions and have had these answered satisfactorily
☐ I understand that my participation is voluntary and that I can withdraw from the study up to 2 weeks after the interview
☐ I understand that the focus group is confidential
☐ I agree to the interview being audio recorded
☐ I agree to my data being used in future publications, reports and presentations
☐ I agree to participate in this research study

Name of Participant	Name of Researcher
....	....
Signature	Signature
....	....
Date	Date
....	....

Appendix 5: Topic Guides

'Understanding child protection on the journey to resettlement'

Go over information sheet and consent form

Thank you for taking part in this study. My name is Rafiyah Khan and I am a doctoral researcher based at the University of Birmingham. I am conducting this research as part of my PhD to find out more about the experiences of refugee families like yours and how you have tried to keep your children safe when faced with difficult situations. This is to find better ways to help and support you and prevent these things from happening to children and young people in the future. I will also be talking to children and those who work with families like yours to find out the best way to provide support for young people and for parents.

As you know, I am hoping to find out more about some of the unsafe situations you might have encountered to try to understand a little more about your journey to the UK. Specifically, I want to know about situations that your children encountered that you felt were abusive. This could have happened to your child or the child of someone you know. It is your decision to take part in this study and you do not have to answer all questions. If you would prefer not to talk about something, we can move on to the next topic. You can also take a break at any time and we will pause the interview. If you would like to end the interview, you can let me know at any point and we will stop the discussion.

This interview will last between 1 to 2 hours depending on how much we have to talk about and it will be audio-recorded. Although I have some topics to discuss, you can tell me anything that you think is important and that I should know. You can talk about your own experiences or those of others you know. It is also important to note that everything you tell me today is confidential. This means I won't tell anyone unless you tell me that you or someone you know are in danger at the moment.

Before we begin, is there anything else you would like to know?

The Journey

To begin, I'd like to know a little bit about your life and your journey to this country. If you do not understand a question please let me know and I'll try to explain.

- Tell me a little bit about yourself (Age, partner, employment, children, time spent in the UK)
- Looking back, what was your life like in [country] before you left? Tell me more about that
- What sort of things made you feel scared or worried?
- What are some things that made you feel happy in [country]?
- To what extent did you feel safe? Tell me more
- To what extent did you feel that your children were safe? Tell me more
- Why did you decide to leave? Tell me about the decision making?
- Tell me about your journey to the UK? Were your children with you?

- How safe did you feel during this time? How safe did you feel with the people around you?
- What concerns did you have for your children's safety?
- Since arriving here, how is life for you? How are your children? Is this common amongst other asylum seeking/refugee children?
- Do you feel that you and your children are safe now? Tell me more
- What are the things that made you feel safe?

Family life

I am now going to ask you some questions about your family and life for you at home such as your relationship with your children. Just remember, you do not have to answer every question and can stop if that's what you need.

- Before arriving in the UK, what was your family life like in [country]?
- How did that change during your journey to the UK?
- How did you manage your children during this period?
- In what ways do you think your journey has affected your family? How do you feel about this?
- How has being here had an impact on your family? How has it had an impact on your children?
- Being in a different country, do you feel you are the same with your child/ren now as you were before? Have you had to change since arriving here? Tell me more
- To you, what does the word 'discipline' mean?
- What action or behaviour from your child/ren usually results in 'discipline' in your home?
- When your children do something that makes you unhappy with, how do you discipline them?
- When your children do something that makes you happy, how do you usually respond?
- What are some of the good things about the way you care for and interact with your children?
- What worries or scares you the most about your childrens lives here? How do you deal with that?

Abuse

Although it can be very tough to talk about these things, I am going to ask you some questions about some of the difficult things that your children might have experienced or witnessed. You do not have to provide a lot of detail but I'd like you to think carefully about your current life and your lives before you arrived here. Take your time with answering these questions and please let me know if you need to stop or would like me to explain the question.

- Has anyone ever tried to hurt your child/ren? What happened? You do not have to tell me who this was but can you tell me how your child/ren knows/knew them?
- Did you ever see someone hurt another child or a young person? What happened? How did they know the child?
- How did this make you feel?
- Were you able to tell anyone about this? Who? Why? What happened?
- Has anyone ever made your child/ren do things that they were uncomfortable with doing (explain that this could be sexual or involvement in other illegal activities e.g. drug use)?

- Have you ever witnessed or known about another child or young person being made to do things that made them uncomfortable?
- Were you able to tell anyone about this? Why? What happened?
- If things like this happened, would your children have told you? How would you have responded?

Help & Support

We will now discuss some of the ways that you think we could help young people and families like yours. I will be asking you questions about some of the help and support you would have liked at different points of your journey and what you did find helpful.

- Did you seek help at any point during your journey? What happened? From whom? Why? How helpful was this?
- Did you need additional help with your family at any point during your journey? Tell me more about that? Was this help available for you?
- What support or help would have been useful during this time? Tell me more about that
- At the moment, do you feel that there is help available for you if you need it? If no – what can be done to support? If yes- what support do you have and how does it help?
- Is there any specific type of help that you feel you need but cannot get?

We are keen to hear about your experiences and anything that you think might be important when it comes to helping children and families like yours. Is there anything else that you would like to tell us that you think might be useful?

Thank them for their time & Debrief

'Understanding child protection on the journey to resettlement'

Go over information sheet and consent form

Thank you for taking part in this study. My name is Rafiyah Khan and I am a doctoral researcher based at the University of Birmingham. I am conducting this research as part of my PhD to find out more about the resettlement journeys of refugee and asylum-seeking families and how they have tried to keep their children safe when faced with abusive situations. As part of this study, I have talked to children, young people and parents who are refugees and asylum seekers to understand their specific experiences. However, we would also like to talk to those who have provided support to refugee and asylum-seeking families to understand the most appropriate ways to provide support in the future.

As you know, I am hoping to find out more about the abusive experiences faced by children and young people and would like to know about your experiences of providing support. Specifically, I want to know about the challenges that you have faced when helping such families and the things that you feel work well. I will ask you questions about your own experiences but will also provide you with short scenarios depicting a potentially abusive situation to understand how you would work with the family. Just know that it is your decision to take part in this study and you do not have to answer all questions. If you would prefer not to talk about something, we can move on to the next topic. You can also take a break at any time or would like to end the focus group early, you can let me know at any point and you can leave.

This focus group will last around 1 to 2 hours depending on how much we have to talk about and it will be audio-recorded. Although I have some topics to discuss, you can tell me anything that you think is important and that I should know. You can talk about your own experiences or those of others you know. It is also important to note that everything you tell me today is confidential.

Before we begin, is there anything else you would like to know?

- To begin, please can you introduce yourselves and briefly describe the capacity in which you work with refugee families?
- What are some of the common reasons that refugee or asylum-seeking families have needed your support? Tell me more about that
- As you know, this study is looking at abuse and maltreatment. With that in mind, please can you tell me about any situations that you are aware of where a refugee or asylum-seeking child or young person was experiencing abuse? What happened? How did the family deal with this? How did you deal with this?

- Can you tell me about situations that you are aware of where a child or young person had experienced xabuse in the past? What happened? How did the family deal with this? How did you work with the family?

- In general, when working with refugee families, what challenges do you expect to face? Is this something that you have experienced?

- In your experience, what challenges have you faced when working with refugee families? How did you overcome them? What was useful for you? What was useful for the family?

- What do you find useful when working with refugee families?

- What do you think is useful for refugee families in need of support?

- What do you think can be done to engage refugee families?

Insert Vignette 1

- How would you work with this family?
- What specific support or approach would help you work with this family?
- What are some of the key issues you would face when working with this family? How would you overcome them?
- What would be helpful for the family? How would you engage this family?

Insert Vignette 2

- How would you work with this family?
- What specific support or approach would help you work with this family?
- What are some of the key issues you would face when working with this family? How would you overcome them?
- What would be helpful for the family? How would you engage this family?

We are keen to hear about your experiences and anything that you think might be important when it comes to helping refugee or asylum seeking families. Is there anything else that you would like to tell us that you think might be useful?

Thank them for their time & Debrief

Appendix 6: Ethical Approval

Dear Professor Taylor,

Re: "Understanding Child Protection on the Journey to Resettlement"
Application for Ethical Review ERN_19-1122

Thank you for your application for ethical review for the above project, which was reviewed by the Humanities and Social Sciences Ethical Review Committee.

On behalf of the Committee, I confirm that this study now has full ethical approval.

I would like to remind you that any substantive changes to the nature of the study as described in the Application for Ethical Review, and/or any adverse events occurring during the study should be promptly brought to the Committee's attention by the Principal Investigator and may necessitate further ethical review.

Please also ensure that the relevant requirements within the University's Code of Practice for Research and the information and guidance provided on the University's ethics webpages (available at https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Links-and-Resources.aspx) are adhered to and referred to in any future applications for ethical review. It is now a requirement on the revised application form (https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Ethical-Review-Forms.aspx) to confirm that this guidance has been consulted and is understood, and that it has been taken into account when completing your application for ethical review.

Please be aware that whilst Health and Safety (H&S) issues may be considered during the ethical review process, you are still required to follow the University's guidance on H&S and to ensure that H&S risk assessments have been carried out as appropriate. For further information about this, please contact your School H&S representative or the University's H&S Unit at healthandsafety@contacts.bham.ac.uk.

Kind regards,

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