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research article

Daring to ask about violence? A critical examination of social services' policies on asking about gender-based violence

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This article critically analyses the assumptions and effects of the 'daring to ask approach' to gender based violence (GBV), as expressed in the policies that govern social services' work in Sweden. We show how GBV is constituted as a sensitive issue connected with shame and as something that will not be brought up spontaneously; GBV is something that women who had experienced it carry with them as an 'untouched truth' waiting to be discovered by social workers while women's worries about the consequences of telling are not made intelligible. The very speaking as such is seen as emancipatory, and the social worker is understood as a facilitator. With this approach follows standardised questions, aiming for neutrality and equity. However, these are so wide and unspecific, that the risk is that no one thinks the questions are directed to her. By making the assumptions and effects of a seemingly self-evident strategy visible, we demonstrate areas in need of further research and policy development, such as barriers to help-seeking (beyond stigmatisation) and effects of standardisation. This is an important undertaking since without critical scrutiny of the policies there is a risk that stakeholders assume that merely asking will resolve the problem of GBV.

Key words intimate partner violence • violence against women • violence in close relationships • social work • standardisation • problematisation

Key messages

Policies that focus on asking women clients of social services about gender-based violence:

- assume that clients have a desire to tell if properly encouraged by social workers;
- present asking as a prerequisite for providing support and even as a preventive measure;
- prescribe standardisation in the way the questions are posed.

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Introduction

Swedish social services have a responsibility to contribute to the Swedish Gender-Equality Policy (approved in 1979 and with new goals added in 2006 and 2017), which states that men's violence against women should end by 2030. This responsibility is expressed in policies that stress the role of social services in identifying gender-based violence (GBV) through 'daring to ask' women clients (NBHW, 2014a). At first glance, the assumption behind this recommendation seems simple: through asking women clients about GBV, violence that may otherwise pass unnoticed will be identified; and once violence has been identified, support can be provided. Since research shows that there is a higher prevalence of GBV among women who use social services (for reasons other than GBV, for example, addiction, economic support, family support, support for women with disability, or support for the elderly) compared to those who do not (Trygged et al, 2013), social services seem like an advantageous arena for asking.

Research, mainly from the healthcare sector, shows, however, that women will not always disclose their experiences of GBV to professionals, even when asked directly (Edin and Högberg, 2002). While, in general, women perceive being asked about GBV by professionals as positive, their experiences are highly dependent on how such questions are posed, how professionals react to their answers, and the support provided afterwards (Rhodes et al, 2007; Goicolea et al, 2022). Disclosing ongoing violence to professionals is not always regarded as helpful, especially when professionals have judgemental attitudes and when disclosing is not followed by providing the support that women require (Edin et al, 2010). Whether social workers ask or not, and how, varies between regions, services and individual professionals in Sweden (Lundberg, 2018; Lundberg and Bergmark, 2018; NBHW, 2019).

The identification of GBV through asking is becoming increasingly promoted, both in Sweden and elsewhere (García-Moreno et al, 2013; Sweet, 2014; Lundberg, 2018; Lundberg and Bergmark, 2018); for example, several instruments and guidelines have been developed in countries such as Spain, Sweden, the UK, Australia or the US, to facilitate asking in different public services in more or less structured ways. While research on barriers to the implementation of such recommendations exists (especially within the healthcare sector), research focusing on the social services and critically analysing the assumptions and effects of policies that promote 'daring to ask' about GBV is lacking. We argue that it is necessary to pay attention to how these policies conceptualise GBV and how they position the social worker, the client and their relationship.

Recognising policy as consisting not only of responses to existing problems, but also as productive of our understanding and definition of social problems (see Bacchi, 2009), calls for an analysis of how the 'daring to ask' approach configures the problem under scrutiny, and how to deal with it.

The aim of this article is to critically analyse the assumptions and effects of the 'daring to ask' approach to GBV, as expressed in policies developed for the social services in Sweden. In doing so, we are guided by two research questions: a) How is

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GBV made intelligible through the 'daring to ask' approach? b) How do policies of asking about GBV shape social work practices, and the position of the social worker and the client?

Social services in Sweden and the 'daring to ask' approach

In Sweden, municipal social services carry the responsibility for detecting violence and considering the needs of women who have been subjected to violence from 'someone close' such as a partner or a close relative (Socialtjänstlag, 2001: 453). This responsibility is stressed in the binding regulations issued by Sweden's National Board of Health and Welfare (NBHW, 2022), which provide instructions for social services to work with 'violence within close relationships'. These regulations state that social services are responsible for setting up their own routines for meeting the needs of victims of violence, including routines for when and how it is appropriate to ask clients about their experience/use of violence (NBHW, 2022). While it is up to local authorities to decide when asking is appropriate within social services and how it should be carried out, national policy recognises the practice as an effective measure for detecting violence (NBHW, 2016; 2014a).

Despite the growing political recognition of social services' role and responsibility in the area of GBV in Sweden, research has revealed numerous problems in practice. Previous studies have found that many women subjected to violence are dissatisfied with the support they receive from social services, viewing it as being too fragmented or inadequate (Ekström, 2015). In some cases, social services' responsibility for child protection may take precedence over the needs of a mother who had experienced GBV (Agevall, 2012). In cases of violence, social services are obliged to assess the vulnerability of children, which can also be perceived as questioning the victim's ability as a parent, something that can prevent women from asking for support and help from social services (Agevall, 2012; Ekström, 2015). Women may be afraid of being not only questioned or shamed in their ability as parents, but even that their children may be removed from them. The power imbalance between social worker and client also affects the experience. Women may refrain from seeking support due to previous negative experiences, or because they do not want to be identified as a client of social services (Ekström, 2015). We argue that these circumstances all have effects upon how questions about violence are asked, received and responded to.

Methodology

Critical policy analysis

In this article, we engage in a critical analysis of social services' policies in relation to 'daring to ask' about GBV. By a *critical analysis*, we do not mean criticising something that we regard as 'bad'. Rather, critique is about scrutinising on 'what type of assumptions, of familiar notions, of established, unexamined ways of thinking the accepted practices are based' (Foucault, 1994: 456). Our critique entails *problematisation* as an analytical practice, which means trying to become unfamiliar with something that seems self-evident and to distance oneself from it in order to establish it as an object to be reflected upon as a problem (Milchman and Rosenberg, 2009).

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The policies analysed here are understood as part of the governing of social work's practices in relation to GBV. To govern, according to Foucault, 'is to control the possible field of action of others' (Foucault, 1982: 790), that is, the operations of power 'directed at organizing the concrete behavior of human bodies' (Behrent, 2013: 84). Taking as a point of departure the understanding that policies are not merely an attempt to remedy already existing problems, our analysis goes beyond scrutinising the extent to which the 'daring to ask' approach 'works'. Instead, we attempt to discern how policy builds upon certain assumptions and produces certain effects (Bacchi, 2009).

By assumptions, we mean the inherent logic or the 'taken-for-granted' that lies behind selected policies, makes them intelligible and shapes them (Bacchi, 2009). In assessing the implications of policy, *discursive effects* indicate how policies shape what can be thought or said, that is, how they produce and define problems and give shape to their understanding, such as what and who is considered a problem (Bacchi, 2009). *Subjectification effects* refer to how policies constitute subjects and shape subjectivities, such as producing intelligible subject positions from which it is possible to speak; for example, as a victim of violence (Carbin, 2014). Here subjectification entails an understanding of how our 'selves' are shaped in certain ways in order to make us amenable to governing, an understanding of subjects as not existing *a priori*, as an inherent essential quality, but rather as shaped by interacting with others (Mansfield, 2000) and, above all, 'an effect of power' (Foucault, 1982: 98). Lastly, *lived effects* refer to alterations in the possibilities of modes of living as a result of a policy, that is, the material impact upon bodies and lives (Bacchi, 2009: 40), such as determining who should and who should not be given financial support to escape violence.

Material and analytical approach

We have analysed central national policy documents, including binding rules and recommendations issued by the National Board of Health and Welfare (NBHW) that address how social services should ask about and/or detect violence, including: the Social Services Act (Socialtjänstlag, 2001: 453), the *National Board of Health and Welfare's regulations and general advice about violence within close relationships* (NBHW, 2022: 39) and *Violence: Handbook on the work of social services and healthcare with violence within close relationships* (NBHW, 2016). Added to this, we have analysed educational materials developed by the NBHW, such as *To want to see, to want to know and to dare to ask: Guidance to increase the chances of detecting victims of violence* (NBHW, 2014a) and *Violence within close relationships and honour-related violence: Educational material* (NBHW, 2021). We have also included the survey *Questions about violence: A survey of how social services and health services ask about exposure to violence and use of violence as well as the use of assessment methods* (NBHW, 2018), and *Manual for FREDA: Standardised assessment methods for social services' work against violence in close relationships* (NBHW, 2014b). We have included relevant web material from the National Centre for Knowledge on Men's Violence against Women (NCK, 2022), a government-commissioned information and research centre. In choosing these documents to be included in the analysis we first reviewed the laws, guidelines and training materials that referred to social services and asking about GBV, excluding those documents or

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parts of the documents that related to other issues (for example, economic support for victims, housing).

We each read the policy documents separately, looking first for the major ways in which the 'daring to ask' approach was motivated in policy. We held several meetings to discuss the preliminary assumptions that each of us identified and its effects. Through discussions we agreed upon three main ways in which asking was motivated in the policy documents. Through writing and collective reading about these assumptions we ended up with a final structure that we present in the next section.

Results and discussion

In this section we present our findings, organising them under three main headings: we have identified three ways in which the approach of asking was motivated: *asking as breaking the silence, asking to identify and prevent* and *asking as part of standardisation*. These are discussed in the following in terms of assumptions and effects (discursive, subjectification and lived).

Asking as breaking the silence

> When social services ask questions about violence, the victim is given the opportunity to speak about her situation, which otherwise may risk not being noticed. (NBHW, 2016: 64)

A common thread across several of the analysed policy documents is the emphasis on GBV passing unnoticed during meetings between clients and social workers unless the question is asked directly. A routine for asking is therefore presented as a possibility that enables the silence on GBV to be broken; it offers the victim an 'opportunity to speak about her situation', as phrased in this quote. '[I]t is not easy to disclose if no one is asking', is a similar phrasing found in another set of guidelines (NBHW, 2014a: 11). By analysing the policy documents, we found three assumptions, which are discussed later in the article.

GBV is a sensitive issue

> One explanation for the victim of violence not disclosing their situation may be feelings of guilt and shame and a fear of not being believed. (NBHW, 2016: 32)

This quote exemplifies how the analysed policy documents explain why victims of GBV find it difficult to disclose their experiences: GBV is a sensitive issue, with guilt and shame attached. In a similar vein, in the educational material *Violence in close relationships and honour-related violence* (NBHW, 2021: 69), it is argued, with reference to previous research, that it is important to explain to clients why they are being asked about violence 'in order to reduce their suspicion and fear of stigma'.

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It is also assumed that the feelings of stigma, shame and guilt that are expected from victims of GBV will make it difficult for social workers to bring up the issue. Social workers need to handle questions about GBV carefully, as described in the NBHW educational material:

> When the perpetrator is someone close, the inclination to disclose violence is low and it can be painful to describe violent events, and therefore the conversation may need to take time. It can be easier if you try to set up a framework for the conversation from the beginning, decide how much time you have available and when to do the follow-up. (NBHW, 2021: 75)

Sensitivity is called for, and an understanding that being asked about GBV could make the woman feel bad or singled out, or that bringing up a sensitive topic may damage the relationship with the client. The policies further stress the importance of being careful and patient in conversations about violence; for example, by waiting until the third meeting to ask the question, and 'to have a reasonably established contact' before asking (NBHW, 2014b: 16).

Rhodes et al (2007) criticise the asking of leading and judgemental questions, the stereotypical example being: 'you are not a victim of domestic violence, are you?' and argue that this closes down the possibility of disclosing. Asking carefully, in an empathetic way, and acknowledging the 'sensitivity' of GBV is instead considered to enhance the likelihood of disclosure (Edin and Högberg, 2002; Goicolea et al, 2022). While we recognise the importance of an empathetic approach by the social worker, the assumption that experiences of GBV are always already shameful and sensitive risks reinforcing a discourse on GBV as an extraordinary event, in contrast to the fact that it is relatively common. In addition, it invisibilises the perpetrator, and transfers the shame and guilt from the abuser to the victim/survivor. The policy advice of waiting until 'the third meeting' can also be problematic since with the emphasis on reducing risk, this seems a long wait.

Representing GBV as a sensitive topic, and assuming it is surrounded with shame and guilt, can also have subjectification effects, that is, consequences for how women must present themselves and their stories in order to be read as intelligible victims. If 'proper victims' are expected to present themselves as ashamed and deeply affected, not daring to disclose spontaneously, how are victims who do not fulfil this stereotype perceived and met by social services? Research on institutional responses to GBV has shown that victims of gendered violence continuously need to adjust their narratives and expressions of selfhood to legislative, medical and institutional frameworks, in order to be recognised as 'worthy victims' (Carbin, 2014; Meyer, 2016; Sweet, 2019). For a woman to be legible as an 'ideal victim' (Christie, 1986) of GBV, worthy of empathy and support, she must present herself to the authorities as innocent, vulnerable and respectable (Meyer, 2016; Wemrell et al, 2019). We argue that the 'dare to ask' approach to GBV risks contributing to this institutional production of victimhood (Sweet, 2019).

Victims want to tell their truth (but need to be helped)

> Many victims of violence also apply to the social services with, for example, applications for financial assistance or other support measures, without disclosing the violence they are exposed to. (NBHW, 2016: 32)

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The model of 'daring to ask – daring to tell' builds upon the idea that, even though GBV is a sensitive issue that makes victims of GBV feel shame and stigma, if they are asked (professionally and empathetically), they will disclose it. And if they are not asked, the violence will pass unnoticed.

The policy documents analysed here present women who have been subjected to GBV as having a desire to tell, and argue that, if properly helped, they are able to materialise this desire. There are two underlying assumptions to this: that women subjected to GBV hold a 'truth' that is waiting to be told, and that they want to tell this truth to the social worker. In this quest for the 'truth', asking plays the role of helping women to dare to become aware. For example, the handbook from NBHW states that victims 'usually do not speak about the violence, because they do not always associate their problems with the fact that they are or have been exposed to violence' (NBHW, 2016: 72). The NCK recommendations about how to ask state that: 'It is common for women not to see themselves as victims of violence, and to downplay the violence. Therefore, it is important to ask concrete questions and give examples of what counts as violence' (NCK, 2022). The policy documents consider that there is a problem when women do not identify themselves as victims of violence, and state that asking (concrete questions) is the way to solve it.

We problematise these assumptions and highlight the discursive effects of this unidirectional stepwise model of disclosure that relies upon women holding an untouched (frequently represented as unconscious) truth that professionals can support them in unearthing through asking the right questions. Such a model can be contrasted with the widely different experiences of women subjected to GBV, where inconsistencies, back-and-forth trajectories and the co-construction of meaning between the person asking and the person telling seem commonplace (Enander, 2010; Enander, 2011; Goicolea et al, 2022). The assumption that lies beneath the formulation of giving the client the 'opportunity' to speak up is that speaking *as such* is seen as emancipatory (Carbin, 2014). But, from the women's point of view, disclosing violence can have unwanted effects, because speaking up is not always associated with 'relief' or a possible way out, and can come with expectations, placing responsibility on women to act in particular ways (to leave the abusive partner, to report the violence to the police and so on) (Goicolea et al, 2022).

Asking to overcome suspicion

Despite the assumed 'desire to tell', the client is sometimes articulated as being 'suspicious' of social workers. In the 2014 educational material from NBHW, reference is made to a study on women clients and their opinions about being asked:

> [The women] thought it important that they were given a reason as to why they were being asked about exposure to violence in order to reduce the victims' suspicion and to avoid stigmatisation. (NBHW, 2014a: 34)

While the policies acknowledge that clients may be suspicious, possible reasons behind their hesitation to speak out about violence, apart from shame, are not elaborated upon. Yet, prior research shows that there are other reasons for not disclosing GBV to social workers; for example, dissatisfaction with the social services, mistrust, the power imbalance between provider and client, and the fear of having one's child forcibly

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removed (Agevall, 2012; Ekström, 2015). We therefore argue that women's suspicions are not made intelligible by the policies. The sole focus on shame has the discursive effect of silencing other reasons for women to mistrust the social services, and other risks stemming from telling are not acknowledged. In terms of subjectification effects, this creates a subject position for the client as irrational and lacking knowledge, and as having 'normalised' the violence, whereas the social worker is perceived as rational and informed. The social services are constituted as 'helpers', while the discourse does not articulate any shortcomings of this institution.

Asking to identify and prevent

> Asking about violence is fundamental for detecting whether someone is being exposed. But it is equally important to listen to the answer and receive the story. By asking questions, social services also signal that violence within close relationships is not acceptable. (NCK, 2022)

The policies continuously present posing the question as the key to detecting GBV, and detecting it is described as a necessary step towards providing support and access to resources. The guidelines' underlying assumptions produce a corresponding position for the social worker as the person who must detect and label the violence. Only thereafter can support be offered. In this section, we discuss how identifying violence is seen as a necessary first step to action, and the idea that asking about violence may be preventive in itself.

Identifying victims of violence as a prerequisite for providing support

> In order to be able to help victims of violence and put in place adequate support measures, the victims of violence must be discovered, which is best achieved by asking routine questions about violence. (NBHW, 2014a: 20)

In the guidelines, asking is articulated as a first and necessary step for the social services to be able to respond to GBV. The policy documents also emphasise that asking is not enough, as can be seen in the next quote:

> Every professional who asks about violence should feel confident about how a positive answer should be handled and what routines for further information, referral or further investigation apply. (NBHW, 2014b: 17)

Thus, the social workers' ability to deal with the 'answer to the question' or 'to be able to receive' the answer is also emphasised (NBHW, 2014a: 34). These can be viewed as important statements in an era of 'doing the documents instead of doing the doing' (Ahmed, 2007). However, detecting GBV is still articulated as the central strategy and the point of departure. For example, the NBHW (2014a: 11) states that: 'A prerequisite for the health services and social services to be able to offer the victim adequate care, support and help is that the victim is discovered'.

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The approach of asking can be said to be connected to an assumption in which welfare responses must be based on a previous identification, diagnosis or label in order to provide support. This way of organising welfare responses is so dominant that it is difficult to imagine alternative ways of providing support (Goicolea et al, 2022). In the current context of new public management, reduced resources, increased workload and a focus on quantitative results and pay-for-performance schemes, the risk is that the question in itself may become *the* response, without much examination of what happens afterwards (Öhman et al, 2020). When policy and evaluations focus on whether routine questions have been implemented or not, asking the question easily emerges as the very measure of success.

Asking as preventive

In the policies, asking is not only articulated as a prerequisite for providing support but also as a preventive strategy:

> Another kind of preventive work is to pay early attention to exposure to violence to enable deploying measures at an (early) stage, in order to prevent repeated exposure. […] Preventive work can thus entail asking questions about violence to everyone in certain contexts, for example social psychiatry and addiction treatment, where people exposed to violence are overrepresented. (NBHW, 2021: 69)

Hence, asking is constructed as potentially able to prevent the problem of 'repeated exposure' to violence. Strikingly, this framework shifts the focus away from the abuser onto the victim of violence, placing the emphasis on reducing or preventing something located in the individual woman, not on reducing the *use* of violence. In the social services guidelines, prevention is articulated as preventing repeated exposure to GBV, and there is no further elaboration upon how this prevention works. This can be said to produce a discursive effect of prevention as something that is inherently good in itself, without much consideration of what exactly it is that prevention prevents.

Asking as part of standardisation

> A prerequisite for being able to ask questions about violence […] is a routine for how to ask. (NBHW, 2021: 70)

In this quote from the National Board of Health and Welfare, it is stated that a *routinised* procedure is a prerequisite for asking the question. In short, the assumption behind a standardised approach to asking seems to be: no routine → no question → no detection → no support. This assumption is confirmed by Lundberg and Bergmark's (2018: 198) survey of social workers, which suggests that *administrative procedures* increase 'the likelihood of social workers asking regularly about experiences of partner violence'. Standardisation is widespread in contemporary western social work, it is often expressed in manual-based approaches, and entails having written

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guidelines for how to carry out your work, sometimes in the form of a particular set of questions to ask a client (White et al, 2008).

The analysed policies repeatedly state that social workers want clear routines for how to address questions about violence (see for example, NBHW, 2014a: 31). In this section, we call for caution on this issue, and problematise some of the effects and assumptions of a standardised approach to asking. While standardised approaches to social work practice may be welcomed by some, previous research has demonstrated that, while such protocols may be well received initially, social workers often take a more critical stance after realising that the tools did not match their users' needs (Lauri, 2016; Skillmark and Oscarsson, 2020; Nordesjö et al, 2022). Studies suggest that standardised tools question social workers' skill and challenge their reflective practice (Sletten and Ellingsen, 2020), and risk promoting a 'strictly mechanical form of work' (Ponnert and Svensson, 2016: 586). In the field of domestic violence, Skillmark et al (2019) suggest that social workers are reluctant to use standardised risk assessments, because they are rarely given the chance to influence how such assessments are to be carried out. This is instead defined by local managers and politicians.

Standardisation ensures (e)quality

In 2007, the NBHW was given a mission by the government to handle the variation between municipalities in their assessments of the needs of women who had experienced GBV. A standardised approach to asking, named FREDA, was presented. In the introduction to the questionnaire FREDA short version, to be used for identifying violence, it is stated that social work 'assessments tend to be both stereotypical and arbitrary' (NBHW, 2014b: 39). It is also stated that standardised methods of assessment can reduce that risk because 'standardised methods of assessment contribute to making the assessment more structured and uniform' (NBHW, 2014b: 9).

This motivation for standardisation contrasts the notion of arbitrariness against uniformity, suggesting that the lack of uniformity (that is, variation) is in itself a, if not *the*, problem. The underlying assumption seems to be that, when there is less room for variation, the assessments will be less arbitrary. However, several scholars researching other welfare arenas have suggested that equality, as in everyone receiving the same treatment, is insufficient, and sometimes even counterproductive, in producing positive outcomes for all (for example, Cramer et al, 2018). This is because not everyone can benefit from the same treatment and, perhaps more problematically, because standardisation tends to be formulated from the position of the privileged. In terms of discursive effects, standardisation, when assumed to be neutral, can thus effectively silence discussions on inequity and oppression (Weilbacher, 2012), for example, related to racism.

The standardised questions in the FREDA questionnaire ask directly for incidents of *physical and psychological assault and sexual coercion*, and this is illustrative of the problem of such assumed neutrality. Some examples of questions are:

1) Have you been exposed to any kind of physical assault by anyone? (For example, being pushed, beaten, kicked, or anything else)
2) Have you been exposed to any kind of psychological assault by anyone? (For example, being insulted, harassed, controlled, threatened, had things destroyed, not being allowed to handle finances, or anything else). (NBHW, 2014b: 18)

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Such standardised questions, which aim for neutrality and to be applicable to all cases, must apparently be so broad and nonspecific that there is a risk that no one will think the questions are applicable to her. In addition, using the legal terminology of assault and sexual coercion, rather than asking about actions, has been shown to deter victims of violence from disclosing their experiences (Westerstrand, 2010). Paradoxically, the ambition to produce standardised questions to improve the detection of violence may in practice limit the available subject positions in such a way that experiences of violence that are not articulated within a legal discourse are silenced.

Standardisation eliminates gender bias

Studies indicate that social services' assessments of problems and needs, when they are undertaken completely without any standardised aspect, risk being influenced by stereotypical notions of, for example, gender and ethnicity (NBHW, 2014b: 9).

In the introductory text to the FREDA tool, it is stated that standardisation is a remedy to the problem of 'bias', that is, that social workers make unfounded assumptions about their clients' exposure to violence. Standardisation, according to the quote given earlier, thus helps social workers to see each client as an individual without a gender or ethnicity. It is also stated that the standardised questionnaire of FREDA is 'formulated in a gender-neutral way' (NBHW, 2014b: 7).

The assumption behind positioning violence as gender neutral arguably also connects to a contemporary trend in social work and social policy to understand violence as decoupled from gender (Mattsson, 2013). This is also expressed in the term 'violence within close relationships', which is popular in contemporary Swedish social policy and the one used by the social services' policies, where no connection to gender is made (Carbin, 2021). It is also suggested that the municipal work with women subjected to violence should be 'part of the work with other victims of violent crime or family members, for example, perpetrators of violence or men exposed to violence' (NBHW, 2014b: 10).

While assumptions about gendered aspects of violence may have their drawbacks, such as heteronormative assumptions about ideal victims and perpetrators (Cannon et al, 2015), feminist theorists and the women's shelter movement have struggled for many years to advance an understanding of violence as gendered because it disproportionately affects women (in numbers and severity). In terms of discursive effects, promoting an approach to asking in a gender-neutral way thus seems like a desire to promote inclusion, but in its effects is something that decontextualises the violence and disregards structural aspects connected to gender, sexuality, class and race. It might also, incorrectly, frame violence in same-sex relationships or against men as having nothing to do with gender (see Carbin, 2021). In a study of screening for violence in a healthcare setting, the results suggested that gender matters for the likeliness to ask about violence – men were less inclined to ask than women (Lawoko et al, 2011). From such a cue, a standardised approach of asking everyone may be a remedy to men's reluctance to ask. A feminist approach to violence as gendered, instead, suggests that it is important to consider the context to understand the particular predicament of the client and to explore different courses of action. Such insights go against a standardised, gender-neutral and decontextualised approach to asking about violence. Whether the social worker is a woman or a man may very well matter for a client's inclination to disclose experiences, and

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the likelihood of the social worker understanding the client's predicament based on their own experiences. A standardised, gender-neutral approach is not likely to remedy that problem.

Concluding discussion

The 'daring to ask' approach builds upon the underlying assumption that experiences of GBV are shameful and difficult to talk about. This assumption calls for empathy and carefulness in the relationship between social workers and clients, which is undoubtedly a positive thing. However, it also has the discursive effect of reinforcing GBV as a shameful and stigmatising experience which contributes to the subjectification effect of the institutional production of victimhood; 'proper' victims are expected to be ashamed and silent unless asked, which may also have an effect on how women who do not fulfil these expectations are treated. A focus on shame pushes the problem of unrecognised violence onto the women themselves and leaves other reasons for not telling unaddressed.

Women subjected to GBV are represented as having a *desire to tell the truth*, while at the same time needing help from social workers to express themselves. In terms of discursive effects, this produces an understanding that speaking is in itself emancipatory, that the woman carries with her some inner 'untouched experience' and that she can be helped to become aware of it. Such a linear, rational understanding of GBV disclosure builds upon the assumption that we are or can become conscious of our 'inner truth feelings', and silences how messy the process of disclosing GBV can actually be.

Understanding that the subject is a workroom of power, trapping us in the illusion that we have a fixed and stable selfhood that experts/institutions can easily organise and correct, we would instead like to argue that, for women subjected to violence, these policies produce the subject position of an ideal victim, who is ready to 'confess' and become healed. In addition, the assumption that social workers can support women to become *aware* of their status as victims (re)shapes the subject position of the expert, from the woman to the professional; it is the latter who knows what violence is, and it is they who provide a position from where the victims can speak, by asking the question. Furthermore, the standardised and generic approach to asking that is being promoted has the discursive effect of degendering the violence. Since the standardised approach assumes a neutral position, aiming to be inclusive, it runs the risk of individualising gendered violence and overlooking power relations. A standardised approach also risks overlooking different and stratified needs among clients and might result in sameness (equality) instead of fairness (equity, where those with greater needs receive proportionally more help).

The policies also build upon the assumption that asking is beneficial and a prerequisite for providing support. Here, it is important to remember that disclosing GBV comes with consequences and expectations, not only for the professionals who provide support, but also for the women who disclose. It comes with the expectation that women will do something about it and, hence, it can become both a responsibility and a requirement for receiving support. This could be an explanation for why disclosure frequently does not precede action, but rather, the action comes first (Enander and Holmberg, 2008). Despite this, identifying GBV through asking as the first step to providing support has become so dominant that it has become difficult to think of other alternatives.

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Asking is also presented as preventive, although what becomes prevented through asking is left vague. While preventing GBV (or repeated GBV) is an important goal, it is less clear how asking and identification can contribute to this. We agree with Öhman et al (2020) that there is a risk that too much hope will be invested in asking and identifying GBV as the main solution.

Finally, we argue that more research is needed on how social workers perceive asking, and how women clients perceive disclosing experiences of violence to the social services. In particular we need studies on why women choose not to seek help, how victims who disclose spontaneously are perceived, how standardised ways of asking are adopted or transformed in the encounters between social workers and women, and how such technologies effect these relations.

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Conflict of interest

The authors declare that there is no conflict of interest.

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