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The role of intuition in social work practice: differing understandings and attitudes

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ABSTRACT

There has been a long debate about the use of intuition in helping professions, including social work. Often viewed negatively in professional contexts, intuition is nonetheless used as a form of risk assessment. The current research examined methods of identifying child sexual abuse. A mixed methods approach was taken, with 98 participants completing an online questionnaire and 24 taking part in in-depth interviews. The participants demonstrated varied perceptions of intuition and its usefulness. Although some participants were strongly critical of its use, for others, intuition or 'gut feelings' were preferred to formal assessment tools. However, what was discussed as intuition, rather than a form of 'sixth sense', was often based on tacit knowledge; for example, abused young people's observable behaviours combined with known risk factors such as certain family characteristics. Therefore, concerns about the use of intuition may be based on incorrect assumptions.

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Introduction

Training for clinical practice across disciplines stresses the importance of evidence-based approaches. Empirical knowledge forms the basis for the professionals' judgements with sound justification. However, it is not the only form of knowledge available to practitioners, and many also use their intuition or clinical judgements to help guide their decisions. Clinical judgement has been defined in various ways such as 'informal contemplation and, sometimes, discussion with others (e.g. case conferences)' (Grove & Meehl, 1996, p. 293) and therefore may be broader than intuition alone. Clinical judgement usually incorporates multiple sources of information. This may include heuristics (simple decision-making strategies that focuses on some relevant predictors; Fernández-Aguilar et al., 2022) – and potentially biases – as well as intuition (Chin-Yee & Upshur, 2018). As a strategy for information processing, heuristics are used to reduce cognitive load; Taylor (2017) describes a heuristic as a rule-of-thumb, shortcut, or a means of simplifying information in order to make decisions accurately and quickly. The ability to make fast decisions has been paramount to survival, and this is where intuition may come to the fore.

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Often perceived as untrustworthy and mysterious, intuition has frequently been ignored by the scientific community for lack of systematic evidence (Welsh & Lyons, 2001). Actuarial methods, using statistics to calculate risk, have been preferred. Indeed, it has been argued that using 'clinical judgement (including intuition)' rather than actuarial methods of decision-making 'is not only unscientific and irrational, it is unethical' (Grove & Meehl, 1996, p. 320). Intuition has thus been viewed as an inappropriate basis for clinical decisions, with the potential for disastrous outcomes (Cioffi, 1997; Effken, 2001). While this view is common, many professionals nevertheless value intuition for its perceived usefulness, reliability and speed (Witteman et al., 2012).

The function and process of intuition

Intuition has several attributes that differentiate it from scientific or actuarial analysis. The rapid synthesis of environmental stimuli occurs unconsciously and without the need to process information through a deliberate series of steps (Chilcote, 2017). Epstein (2010) discusses several definitions of intuition, with the key commonality being the absence of a conscious process. He proposes that 'Intuition involves a sense of knowing without knowing how one knows' (p. 296). The process can then, understandably, be seen as mystical, as is commonly labelled by sceptics, especially if the individual would not themselves consider environmental cues as indicative of an event. This is where intuition draws upon tacit knowledge, or knowledge that may be gathered unintentionally and stored subconsciously (Chaffey et al., 2010).

From a cognitive psychology perspective, Cioffi (1997) described intuition as a heuristic framework from which judgements arise. Following this, Effken (2001) proposed that intuition could be examined through an ecological psychology perspective, as a form of direct perception. Rather than focusing solely on the internal processes that occur, the elements of the environment that are perceivable as information are emphasised.

Intuition can serve two primary functions: providing a sense of reassurance, or in contrast, a sense of alarm (Stolper et al., 2009). Focus groups with general practitioners found that what was referred to as 'gut feelings' played an instrumental role in their practice. In the case of alarm, there were three ways this was felt: (a) a sense that something was wrong, in the absence of physical evidence; (b) a distrust of the prognosis; and (c) the sense that intervention is required to prevent problems. This sense of alarm could develop gradually throughout an encounter with a patient, or it can have a sudden onset. Alternatively, with a sense of reassurance, the participants felt confident when they have made what feels like the correct decision about prognosis and therapy, even in the absence of diagnosis.

A seminal study of intuition by Benner and Tanner (1987) used the example of the nurse inserting an intravenous catheter as if it is an extension of her fingers. The skill has become embodied in the process of taking care of the patient. The ability to recognise a problem and respond to it effectively is an obvious result of the training and knowledge that comes into practice. However, in many professions a quick response may be required, without having to consult a checklist of risk factors or symptoms. The point made by Benner and Tanner (1987), and other authors since (e.g. Lufityanto et al., 2016; Welsh & Lyons, 2001; Witteman et al., 2012), is that intuition is a natural part of expert

skill development and should be embraced. If used in conjunction with formal training, intuition can work alongside structured or systematic analysis to provide a holistic, integrative approach to clinical practice. Taylor and Whittaker (2018) suggest that practitioners' reasoning processes are a dynamic interplay of intuitive and analytic processes, incorporating sophisticated pattern recognition and narrative construction to synthesise complex information.

Intuition in the health and helping professions

As indicated above, the use of intuition by health and community service professionals has been examined in recent years, including in nursing (e.g. Melin-Johansson et al., 2017; Miller & Hill, 2018; Pearson, 2013), dentistry (e.g. Nalliah, 2016), medicine (e.g. Smith et al., 2021; Stolper et al., 2009, 2011), psychology (e.g. Ingram, 2020; Tantia, 2014; Witteman et al., 2012), and social work (e.g. Arnd-Caddigan, 2016; Cook, 2017; Nyathi, 2018; Sicora et al., 2021; Sturman-Coombs, 2022; Trevithick, 2014). These studies suggest that the use of intuition is common.

Interviews with psychiatric nursing staff revealed that intuition was heavily used in determining care plans, and that this was largely informed by their tacit knowledge of assessment procedures (Welsh & Lyons, 2001). The authors developed a model in which the nurse's formal knowledge, informed by education and evidence, first guides the initial assessment of risk, while also being aware of the limitations of the available evidence. Next, the nurse draws upon tacit knowledge about the situation. This tacit knowledge is used to make estimates about the patient's condition based on contextual factors. The final theme was the combination of tacit and formal knowledge to make effective clinical judgements. Thus, intuition can be understood as an interactional process in which intuition informs, and is validated by, formal and tacit knowledge.

There has been a long debate about, and comparison of, intuitive and analytic thinking in social work (Taylor & Whittaker, 2018). The role of heuristics in social work decision-making has been explored (Kirkman & Melrose, 2014), as discussed by Taylor and Whittaker (2018). Cook (2017, p. 431) contrasts deliberative or analytic reasoning with intuition, which she describes as a non-conscious mode of reasoning, allowing the individual to reach a rapid judgement about a situation or person. Though acknowledging bias against the use of intuition, she describes intuitions – 'emotional responses, "niggles" and "gut feelings"' – as an important source of information for social workers' assessment of risk, which sensitises them to potentially important information.

Over recent decades child sexual abuse has become an area of increasing concern, with ongoing dismay expressed when cases gain the attention of the media, especially when agencies who might have been expected to identify children at risk have failed to do so. Although structured risk assessments have often been considered superior to unstructured methods and intuition (Levenson & Morin, 2006), they are not necessarily more reliable. Indeed, a systematic review and meta-analysis of tools commonly used to assess the risk of violence, sexual, and criminal behaviour found that their predictive accuracy varies depending on how they are used (Fazel et al., 2012). The authors concluded that such tools are not sufficient on their own for the purposes of risk assessment – though they did argue that they are preferable to unstructured clinical judgement, owing to their increased transparency and reliability.

Of particular relevance to the current study is Nyathi's research into child protection decision-making (2018). Derived from a combination of interviews and observations, he concluded that social workers' decision-making involves the discretionary use of intuition and analytical judgement across an interplay of relationships between professionals and people involved (directly and indirectly) in the care of the child. These relationships also interact with individual and organisational priorities, professionals' state of mind and various external factors. This complexity, coupled with a need for quick decisions, could account for reliance on intuition and analytical professional judgement, while formal tools were less frequently utilised.

It appears that the use of intuition is wide-spread, though not necessarily widely accepted. As part of a broader study on the identification of sexual abuse, the author identified the use of 'gut instinct' as an important and recurring topic. Given its contentiousness, this article focuses on that topic (We anticipate publishing another article covering the broader research results).

Method

This research consisted of a mixed methods approach: an online survey and in-depth interviews (individual and group). This was undertaken in three stages: (1) an initial set of five individual interviews and a focus group were conducted; these informed the development of (2) the survey, and (3) a further set of individual and group interviews which were subsequently performed, allowing for deeper exploration of survey findings. Further details regarding each is provided below. The research was approved by the Human Research Ethics Committee at the University of Waikato and the research governance team at the University of Lincoln.

Participants

Participants were recruited via flyers detailing the proposed research sent to organisations working with children and young people, posted on social media and via a New Zealand national association of social workers. A total of 98 participants completed the survey, and 24 took part in either individual or group interviews. A breakdown of participant demographics is provided at the beginning of the results section.

Procedures

Interviews

Qualitative data were collected over a period of several months, largely at the participants' place of work, with one at a neutral place and one over the telephone. Participants were asked to discuss the ways in which they identify risk or signs of sexual abuse, including key features of any risk assessment tools in use. Initial interviews indicated the importance of 'gut instinct' and this informed subsequent interviews and the survey.

An iterative thematic analysis was conducted (Curtis & Curtis, 2012). Preliminary coding revealed a set of themes around intuition, such as forms of knowledge and their legitimacy, and the importance of 'trusting your gut'.

Survey

A 27-question online survey was developed, informed by the key themes of early interviews. Following piloting with colleagues, the survey collected data on the identification of sexual harm, reliable signs that sexual abuse had occurred and what steps are taken if abuse is suspected or confirmed. The survey was administered using Qualtrics software and data were subsequently downloaded to SPSS for analysis. Given the exploratory nature of the research and the relatively small sample size (a limitation of this aspect of the study), only descriptive analysis were performed.

Results

Survey participants

Most of the participants in the survey were female (91.58%); although the sample is very much dominated by women, so are the relevant professions, though perhaps not to this extent (see, e.g. Hicks, 2015; Staniforth et al., 2016). The median age range category was 45–54 years old (32.6%). Many of the participants were European/White/Caucasian/Pakeha (78.3%), with the next most common ethnicity being Māori (9.6) Others each accounted for less than five percent. The majority, 85.7%, were based in New Zealand, 9.2% in the United Kingdom, others accounting for less than five percent each.

A sizeable minority, 43.7%, worked in a child, youth or adolescent service. A fifth (21.2%) worked in a general community or social service agency. The next largest group of participants, at 18.7%, worked in a health service and 10.0% worked in an educational setting. Just 3.7% worked in an agency that deals specifically with sexual abuse. Over half the participants listed their job title as social worker (53.0%), the remainder consisting of youth workers (14.3%), counsellors (9.2%), teachers (6.1%), and various others each totalling less than five percent.

Interview participants

Three focus groups (all in New Zealand) and nine individual interviews (five in New Zealand and four in the United Kingdom) were conducted. Fifteen of the 24 participants were female and nine were male. Participants were from a range of organisations involved in the sector including an online safety organisation, a telephone counselling service, and several youth services. The majority were social workers or youth workers, along with three academics with expertise in the field.

The following section covers the relevant survey data first followed by more detailed findings from the in-depth interviews.

Early in the survey, participants were asked 'How do you assess risk of sexual harm?'. Participants could choose multiple answers. As shown in Table 1 (below), 'gut instinct' was the fourth most common answer of seven options, at 17.6%, slightly less common

Table 1. Assessment of risk of harm.

Answer	%	Count
The total number of relevant risk factors	22.2	78
Specific key indicators or risk factors for sexual abuse	20.2	71
Professional judgement/clinical expertise	18.5	65
Knowing that something's wrong/'gut instinct'	17.6	62
Formal abuse assessment tools, e.g. inventories or checklists	6.5	23
Hints or bids that a young person's given	0.3	1
Other	9.7	34
Total	100.0%	352

Table 2. Signs that elicit 'gut feeling'.

Answer	%	Count
A change in behaviour or demeanour	25.7	45
It varies from person to person	20.0	35
Disclosure of other types of abuse	19.4	34
Body language or tone	18.3	32
Physical signs of abuse	12.00	21
Nothing specific	2.3	4
Other – please specify	2.3	4
Total	100.0%	175

than 'clinical judgement' (which, as discussed above, may include intuition), but very much more common than formal assessment tools at 6.5%.

Participants who indicated that they used gut instinct were asked 'What might be the most reliable signs that something's wrong, or what gives you that "gut feeling"?'. Again, participants could choose multiple answers. Three of the four most common answers, scoring between 18.0 and 25.7%, indicate the importance of paying close attention to what is unsaid, particularly: 'a change in behaviour or demeanour' and 'body language and tone'. Further information is provided in Table 2.

There was relatively little variation in perceived usefulness of means by which one might assess risk, as shown in Table 3. Although not all participants used intuition or gut instinct, the statistical data revealed that of those who did, it was (unsurprisingly) considered useful – more useful than formal assessment tools.

The initial interview data (both individual and group) quickly revealed the importance placed on intuition alongside the complexity and variability of signs of risk of sexual

Table 3. Perceived usefulness of assessment methods.

	M	*SD*	Not at all useful	Slightly useful	Moderately useful	Very useful	Extremely useful
Hints or 'bids' that a young person's given (n_{Q5} = 78)	4.1	4.1	0	3	21	40	32
The total number of relevant risk factors (n_{Q5} = 34)	3.8	3.8	1	5	26	39	18
Professional judgement/clinical expertise (n_{Q5} = 65)	3.6	1.0	1	14	21	43	17
'Gut instinct' or 'knowing that something's wrong' (n_{Q5} = 62)	3.1	3.1	5	21	31	33	4
Other (amalgamate of various other respondent-supplied options) (n_{Q5} = 16)	3.5	3.4	4	1	4	4	7
Sexual abuse assessment tools; inventories or checklists (n_{Q5} = 25)	3.0	3.0	4	21	39	22	4

abuse. In keeping with the survey data presented above, several participants asserted that reliable signs varied by individual, and some responded that there was nothing specific. Some indicators can also overlap with other forms of abuse. Given that indicators are not clear, several participants stressed the importance of listening to gut feelings, to use careful questioning and to avoid assumptions. Participants suggested that these indicators were sometimes a way to start a conversation and encourage disclosure.

Some interview participants did not discuss intuition, gut feelings or hunches at all, while others spoke about it at length – both their own use and their views of others'. We identified the following key themes: intuition as an early indicator of abuse; descriptions of intuition that suggest that it is a form of tacit or implicit knowledge; discussions of intuition alongside other forms of knowledge; and the integration of intuition with other assessment methods. We have deliberately included several relatively long quotes in order to include the context to the use of, or perspectives on, intuition.

Intuition as an early warning of abuse

Some participants spoke about their intuition providing the first indicator that sexual abuse might be an issue:

> The presentation of the caller [to this telephone counselling service] is crucial, there is something different to other callers, there is more going on . . . the caller might be [verbally] sexually abusive to the counsellor or refer to a specific [sex] act but the call content does not match developmental presentation; . . . calls feel 'heavier'.

> There is a recognisable pattern in the caller, they might be quite cautious, sadness in their voice, enquiring about confidentiality, implying that something is going on: 'there is something I want to tell you but I can't'. . . They want to connect with a counsellor; these are calls that make you sit up a bit straighter . . . . You are a bit more zoned in, more focused, it makes you think 'what questions do I need to ask, how can I get them to trust me'.

However, rather than being an early indicator to be followed up in other ways, 'gut instinct' is a key element of one participant's risk assessment:

> I have not had any formal training in how to recognise signs of sexual abuse in young people. It would be more working from gut instinct.

These quotes suggest that there are qualities to a conversation with someone who has been sexually abused that are distinctive. In particular, the second quote indicates a need to be particularly focused – although the signs of abuse are there, there is a need to foster trust to encourage disclosure.

Intuition or tacit knowledge?

In several interviews, participants ascribed their decisions to 'intuition' or 'gut feeling', but the context of the discussion suggested that there was experiential knowledge, and/or familiarity with assessment tools or observable risk factors that underpinned this 'intuition'. The quote below uses an everyday example of noticing that someone is 'not themselves', based on knowledge of that individual:

> Bearing in mind I come from a professional culture where gut doesn't come into any conversation whatsoever, as I'm sure you can appreciate, and other words like intuition are also bad words, you don't say it in certain corridors, I think there is a lot to be said about

> that implicit knowledge, because I think naturally we pick up on things that are not always easily articulateable [sic] in the moment. But, most people I expect would have some sensitivity to when someone is in distress, even if they are not pulling out their hair and screaming. Say [a colleague] turns up to work and is not her normal effervescent self you know something is up with her today, you can spot those inconsistencies in behaviour, for example. But, it could be hard to tell that from a measure, if I look at my measure, say there was five items, well she's not meeting any of the bells and whistles on there but there is still something not right about [her] today. So, I think there is a lot to be said about paying attention that way.

Some discussions of intuition indicate the use of tacit knowledge rather than what might traditionally be thought of as intuition:

> When you first pick up the phone we invite them to talk to us, even from the word go I think there is a sign that maybe this call is going to be a bit different to some of the others, that there is something more going on with this young person ... For example, if we have a young person up to the age of 12 who is talking about some really sexualised stuff ... talking about a particular act they might have done ... then that is immediately a red flag for us and we would want to do some sort of risk assessment around that.

Though this quote arose in the context of a discussion of intuition – that 'there is a sign' – in fact, the participant goes on to identify a known 'red flag': inappropriate sexual knowledge.

Similarly, the quote below suggests that indicators of abuse are so well-known that they are readily recognised:

> It is more of a case of, they know off by heart what's in the tool, they don't need to refer to it ... winging it really I suppose [laughter], a lot of the time, but using clinical experience because we know that assessment [tool] isn't that useable all the time.

While the participant from whom the quote below came begins by emphasising intuition, the description that follows includes the use of tools and drawing on the experience and knowledge of several professionals. In this case, intuition appears to be based on a wealth of knowledge.

> A lot of it is intuition. [Workers] have been trained, they have the tools in front of them, you can imagine this large laminated A3 thing. It wasn't fit for purpose, it was overwhelming for them so what you found was they were using the tool, the professional wouldn't need it, it would be a guide for them, but for the new person coming in it would be something to stick to. Whilst the people I was working with are very experienced and draw on their knowledge ... the good news is the multiagency professionals have come together and had an input. So, you can imagine each of those professionals has a lot of different information about the particular case, lots of different variables that they would consider important and in bringing them together you can get a really full picture.

In the example below, the participant describes several features that might well appear on a checklist of risk factors, before segueing to a conclusion about the value of gut feeling;

> They might say something I would check out just to know they are safe, but with sexual abuse things we are looking for ... It might be someone who is quite isolated saying that they are quite lonely, they have no one to talk to, they don't have very many friends. They might talk about Mum having different boyfriends, the family isn't Mum and Dad – biological – or that they are left alone quite a bit, Mum might be out working and she is left with Mum's boyfriend. So [with] those sort of things we are going to work on the side of caution, ask

> 'what is your relationship like with your step-father' or whatever and then if they start talking about things like they don't really like being round them, then that is something we need to check out a little bit more . . . I think probably 80% of the time [that] we have a gut feeling, it might not be sexual abuse but something is going on, I do think we are good at detecting when something is not right.

The final two quotes in this section, from one group interview, illustrate how signals that might or might not have been consciously recognised contribute to 'gut feeling':

> I think the gut feeling comes from conscious, um, you receiving these signals... Where it might be their body language, something they said, you asked them a question and they moved away from you subtly, I think for me that is where the gut feeling comes from, the accumulation of these signals, that you may or may not have noticed.

> Yeah, it is things that your subconscious brain picks up on as gut feeling but really there are things that you can pick up on like body language. It is gut feeling but if you break it down into what it really is, there is a science. Not a psychic thing but you may not be particularly aware that you are picking up on certain body language.

In sum, these quotes illustrate an argument that intuition, or 'gut feeling', does in fact have an underlying foundation of knowledge – and that knowledge might be based on scientific evidence, in the form of validated risk assessment tools.

Intuition contrasted with other forms of knowledge

Moving on from the idea that what might be described as intuition could have a sound evidential basis, in this section we further explore the role of intuition in addition, or in contrast to other risk assessment methods.

In contrast to the first quotes which indicate that intuition can be the first (or only) indicator of abuse, the participant who provided the quote below argues for the importance of spending time with the young person.

> 'Gut feeling' is a form of integrated knowledge. Trust it and explore through more tangible and factual material from which to be informed. Broad conversations and spending time with the child or young person are very valid. Obtaining a very broad picture of the young person's environment is vital, because that can help identify safety plans. A one-off assessment by a formerly unknown professional in a clinical setting for 50 minutes is dangerously limited!

The quote below also shows the value placed on taking a careful and nuanced approach.

> Not everyone has the same signs of abuse. Having scales etcetera is good, however go with your gut if you think something is happening. Approach the person with care and be supportive. Don't blame the person or go hard out on the abuser if they disclose. It is really important to remember that abuse is a complicated and emotional thing and if it is a family member the person being abused will still love them.

One participant spoke at length about the various ways in which risk can be determined:

> We line up interventions based on the risks and strengths, . . . it looks into a child-parent interaction, child sexual behaviours to toys, children's past exposure, present exposure to sexual behaviour, context and family involvement. For assessment we combine these with measures of emotional and behavioural difficulties . . . also some trauma measures that look into sexual distress and what is distressing. . . . [Discussion of various inventories and tools]... You can get an idea of 'do we have a whole lot of behaviours happening' or 'do

> we have frequent behaviours that are developmentally inappropriate' and from that and based on our assessment of what the child has said is happening, **we assess all that and it kind of goes on intuition**.

Here we can see that a process of reasoning takes place, incorporating standardised measures, yet the participant has concluded by foregrounding intuition.

Finally, we have a quote that is largely negative about the value of intuition, yet includes the view that it is 'better than nothing':

> I think in most areas of decision-making, stock-brokers, police have been talking about the value of 'gut feeling' when the research has demonstrated that it is not predictive. So, in the absence of evidence that their gut feeling is doing something I think that default evidence-based assumption is for us to assume it is not. That being said, it might be better than nothing. In all domains it is structured decision-making that outperforms that gut instinct or intuition. Which is hard for experienced professionals to understand but it was the work of Kahnemin and Klein where the only domains where they found the expert's intuition was particularly predictive are environments that are tolerant of error, which ours never is, and feedback on decisions is immediate. People only ever get feedback years later for the ones that were positive.

Together, these four quotes suggest that although intuition does have a role to play in the assessment of risk of sexual abuse, the importance accorded to that role varies, as does the concept of intuition itself.

Integration of intuition with other assessment

Two participants spoke explicitly about training in the use of assessment tools resulting in implicit knowledge. They both referred to keeping that information 'in the back of their minds' when assessing risk.

> Personally, I think the biggest step, or the hardest step, is to earn their trust, if we assume or guess that they have been abused we don't want to go on our intuition, it is better if we earn their trust and get them to tell us . . . We do all these trainings with [assessment tools] and we keep all that in the back of our mind when we have these conversations and from that we can see at what level of risk they are, and from there you can make that judgment call about what steps need to be taken.

> [Workers] will tend to use a screener and have a meeting with people. And, that is where they will bring their own professional judgment to bear. It could be all sorts of people and cases, they will know the people involved inside and out because often, well they will know if it is a new couple or this is that family, and they all know because they work locally and they tend to have good relationships, the people on the screening teams, I have noticed, because they have worked together on a number of cases and they can quite quickly decide who is at risk and who is not. Not necessarily adhering to tools, or check lists. That might be in the back of their minds . . . We asked them about it and the tool would be out there. But, they weren't looking at it. I said 'do you not want to look at the tool?'. They said 'we know the factors that are in the tool because we have been doing it for such a long time we know'. But, it is quite a lot to hold in memory, especially this tool, because there were 80 odd factors on the list, and that is part of the problem I think to be fair to the professionals, why use a tool that a. isn't usable and easy, it is not fit for purpose and b. isn't necessarily accurate.

It would seem that although risk assessment tools are not frequently used, for some workers at least, the information underpins their decision-making in a non-conscious way.

Discussion

A possible limitation of this study is that the participants in this study were self-selected. Therefore, they may have been people with a particular interest in or knowledge of the topic and their views cannot be assumed to be reflective of all those working in the sector.

There have been calls for greater use of evidence-based practice in risk assessment for decades (e.g. Shlonsky & Wagner, 2005). While some participants in the current research echoed these calls, others continued to value, and in some cases prefer, intuition. However, perceptions of what intuition is varied.

Intuition, or 'gut feelings' has often been perceived as a kind of 'sixth sense' and therefore treated with suspicion, as reflected both in the extant literature (e.g. Grove & Meehl, 1996; Grove et al., 2000; Welsh & Lyons, 2001) and some of the data. Interview participants often favoured intuition over the use of other means of assessment, and this was reflected in the survey data. Interview data provided valuable elucidation of key concepts. In accordance with research by Chaffey et al. (2010), Chilcote (2017), and others, what was described as intuition was often actually based on tacit knowledge, whether from being so familiar with risk factors that tools no longer need to be consulted, previous professional experience, discussion with colleagues, or subtle cues in the young person's behaviour. These underlying elements fit well with the work of Sicora et al. (2021), particularly notions of intuition as internalisation and tacit knowledge, and a form of sense-making related to decision heuristics.

As discussed in the literature review, Taylor and Whittaker (2018) suggest that practitioners' reasoning processes are an interplay of intuition and formal analysis; this view is largely supported by the data, though it is noteworthy that several participants described an evidence-based analytical process (such as a review of risk factors) before framing the process as intuition. Both the survey and the interview data indicate the importance of attending closely to the presentation of the young person, for example, noticing their body language. A necessary corollary is spending time getting to know the individual; although one interview participant suggested that it is sometimes possible to identify a young person who has been abused early in a first contact. In addition, several interview participants described this so-called intuition as merely the first step in a process, indicating a need to earn the young person's trust in order to create an opportunity for disclosure or the gathering of additional information. This variety of views and nuances may be lost in a quest for 'rationality' (Sicora et al., 2021).

In conclusion, a process that was commonly labelled as 'intuition', or 'gut feelings', was used by many of the participants in this research – though disdained by some. However, in contrast to negative assumptions about a dangerous and unscientific approach, this intuition was often grounded in a detailed understanding of risk, alongside nuanced observations of behaviour, forming the tacit knowledge on which decisions about risk were actually made. That said, some participants also discussed a lack of training or knowledge. Overall, the findings remain somewhat mixed, indicating room for further research: intuition may be a first indicator, or something that is developed over time and contact with a young person; it might be an inexplicable 'hunch', or it might be borne of tacit knowledge. For some, it is vital aspect of assessment, while for others it is at most 'better than nothing'. These varying responses may also be understood as differing constructions of the term 'intuition' itself.

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