



“Kids are in the middle of it” – Child protection practitioners reflect on indicators of coercive control and situational couple violence

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ARTICLE INFO

Keywords:

Child protection
Domestic violence
Family violence
Coercive control
Situational couple violence

ABSTRACT

How relevant is differentiating between coercive control and situational couple violence in statutory child protection practice with families experiencing domestic and family violence?

In this small scale self-selected qualitative study we interviewed six Australian child protection practitioners and asked them to consider four fictional vignettes, two containing indicators of high levels of coercive control and two containing indicators of situational couple violence. We asked participants to reflect on whether the vignettes represented the kind of situations they encounter in practice and how they would be likely to respond.

Participants indicated that both coercive control and situational couple violence were common in their practice and that each of these violence types presented challenges. They highlighted a range of priorities and challenges for meeting the needs of children in families experiencing violence who come to the attention of statutory child protection authorities. Further, they noted the need to acknowledge the impact on children and young people when neither parent or caregiver can parent in a non-violent and safe manner.

Child protection practice frameworks should address the risk of harm to children and young people posed by situational couple violence, and not just coercive control.

1. Background

Domestic and family violence (DFV) is a common concern in families involved with statutory child protection systems. DFV itself can cause risk and harm to children and young people and there are also significant links between DFV and other forms of child maltreatment. Studies have found that in families involved with child protection services both DFV and child abuse and neglect are identified in between 30 % and 60 % of cases (Coulter & Mercado-Crespo, 2015; Henry, 2018; Holmes et al., 2019; Humphreys & Healey, 2017; Lawson, 2019).

Child protection departments in many countries including Australia, the U.S.A and the U.K have been implementing practice frameworks and models that aim to improve practice with families where DFV presents risk to children and young people by adopting a coercive-control based understanding of DFV which aims to keep children safe with non-offending parents (Holmes et al., 2019; Humphreys & Healey, 2017; Humphreys et al., 2020; Mandel, 2014; Mandel & Wright, 2019). Coercive control is a form of DFV in which the perpetrator controls and dominates the victim in multiple areas of day-to-day life, resulting in the victim having limited autonomy, being afraid of the perpetrator, and

often going to significant lengths to placate the perpetrator in order to keep themselves and/or their children safe (Johnson, 2008; Stark, 2007). Coercive control does not always involve physical violence but even in the absence of physical violence it can result in serious harm and can be a predictor of intimate partner homicide (Myhill & Hohl, 2019; Stark, 2007). Researchers who have been influential in defining coercive control have argued that this form of DFV is different to violence between partners that arises out of conflict, both in the motivations of the perpetrator and the impacts it has on the victim (Johnson, 2008; Stark, 2007). Violence between partners that arises from mutual conflict without accompanying coercive control has been referred to as ‘situational couple violence’; (Johnson, 2008) or ‘couple conflict’ (Stark, 2007). In this paper we will use the term ‘situational couple violence’. Both coercive control and situational couple violence are harmful and can involve serious violence (Stark, 2007), but the key differences are that in situational couple violence the victim maintains day-to-day autonomy, is less likely to be afraid of the perpetrator (although they may be afraid during incidents of physical violence), is less likely to feel they need to placate the perpetrator, and is less likely to feel they need help to stay safe or to leave the relationship (Johnson, 2008; Leone et al., 2007;

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<https://doi.org/10.1016/j.childyouth.2024.107596>

Received 4 November 2022; Received in revised form 18 November 2023; Accepted 10 April 2024

Available online 14 April 2024

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Leone et al., 2014; Stark, 2007). Situational couple violence is also more likely to involve mutual physical violence, and by definition involves mutual conflict, whereas coercive control is more likely to be one-directional and, if the victim uses violence, this is likely to be in self-defence or to resist the perpetrator's control (Johnson, 2008; Stark, 2007). Situational couple violence is also less likely to persist following separation, whereas coercive control may result in increased risk to victims and children after separation (Hardesty et al., 2016; Katz et al., 2020). Lastly, where coercive control is primarily perpetrated by men against women, situational couple violence is perpetrated at similar rates by both men and women, although women are still more likely to suffer serious injury and harm than men (Johnson et al., 2014).

The movement in child protection systems toward a coercive-control and perpetrator accountability based understanding of DFV has occurred in the context of critiques that have identified a tendency of child protection systems to place undue blame on mothers who are victim-survivors of DFV for failing to protect their children, including substantiating neglect against such mothers, even in the absence of other allegations of child abuse or neglect (Hartley, 2004; Johnson & Sullivan, 2008; Mandel & Wright, 2019). Researchers have pointed out that child protection systems, both historically and currently, may interpret the unwillingness of mothers/DFV victims to leave abusive relationships as a failure to protect children, when in fact leaving such relationships may place women and children at greater risk of harm (Thiara & Humphreys, 2017). They have also argued that most mothers who are victims of DFV go to significant efforts to protect their children, but that child protection systems may not recognise these or may even interpret them as being abusive (Humphreys & Healey, 2017; Mandel & Wright, 2019). For example, a mother might use harsh discipline to control children's behaviour in order to placate a perpetrator of DFV who may react with violence if children do not behave in the way the perpetrator wants. To counter these very real issues, researchers have argued for approaches that encourage child protection practitioners to partner with mothers/victims of DFV and to shift their focus to the perpetrator's use of coercive control in order to increase the safety of children and young people in families impacted by DFV (Healey, et al., 2018; Humphreys & Healey, 2017; Humphreys et al., 2020; Mandel, 2014; Mandel & Wright, 2019).

Research indicates that the focus on coercive control in child protection practice has led to improvements and is well received by practitioners (Humphreys et al., 2020; Mandel & Wright, 2019). Nevertheless, there has been growing recognition in research outside the sphere of child protection that DFV is complex, and that an understanding of DFV based solely on coercive control might not capture or address all DFV, due to some DFV being situational in nature rather than being characterised by use of power and control (ANROWS policy brief, 2021; Johnson et al., 2014; McKay, et al., 2022; Myhill, 2017; Myhill & Hohl, 2019; Nancarrow et al., 2020; Ross, 2011). Some researchers have suggested that inclusion of perspectives other than a coercive control-based understanding of family violence may be particularly relevant for First Nations People in countries such as Australia, Canada, and the U.S.A (Blagg et al., 2018; Blagg et al., 2020; Carlson et al., 2021; Ghanbari et al., 2019; Jones, 2008). Researchers differentiating between types of DFV have found that coercive control and situational couple violence may require different kinds of intervention and support to reduce the risk of continuing violence and harm (Armenti & Babcock, 2016; Bernardi & Day, 2015; Cleary Bradley & Gottman, 2012; Love et al., 2020; Schneider & Brimhall, 2014; Stith & McCollum, 2011). For example, joint couple counselling is not safe or appropriate in cases characterised by coercive control, but it may be beneficial in cases of situational couple violence. Most researchers considering DFV in the child protection context have not differentiated between coercive control and situational violence (Lawson, 2019).

Increasing the safety of children and young people in families where DFV is identified as a risk factor is a challenge increased by the complexity that tends to characterise these families in a child protection setting. In child protection practice DFV is usually accompanied by other

issues such as drug and alcohol misuse, mental health concerns, parents' own trauma history, parenting difficulties, and poverty (Bromfield et al., 2010; Conley Wright, et al., 2021; Humphreys & Healey, 2017; Maguire-Jack & Font, 2017). In addition, child protection services work with involuntary clients who may fear removal of their children and mistrust government services, which can result in both victims and perpetrators of DFV being reluctant to disclose or engage with supports (Humphreys et al., 2021).

There is a lack of understanding of what works to keep children and young people safe when they have ongoing contact with a perpetrator of domestic violence, including when parents/caregivers remain in a relationship despite violence (Gatfield et al., 2021). Further, in the child protection context, there is a limited understanding of the nature of DFV, particularly regarding the directionality or type of violence (English et al., 2009), and how factors such as substance abuse, mental health and poverty interact with DFV to increase risk of harm to children and young people (Conley Wright et al., 2021).

Gatfield et al. (2021) pointed out that differences in theoretical perspectives have led to debates regarding how best to work with families where DFV is a risk to the safety of children and young people. The researchers noted that in the context of these debates, a desire to avoid approaches that could be seen to minimise the responsibility of perpetrators of violence may have hampered some avenues of practice, such as frameworks or services that address bi-directional family interactions and dynamics rather than focussing solely on the behaviour of a single perpetrator. Similarly, Ferguson et al. (2020) argued that a homogenous approach to DFV and an assumption that all DFV has the same causes and characteristics has resulted in child protection practice responses that do not meet the needs of all families.

The current study aims to explore whether differentiating between coercive control and situational couple violence may be relevant and/or beneficial in statutory child protection practice with children and their families where DFV is identified. The study also explores how the heterogeneity of DFV in families in the child protection caseload may be linked to common challenges to effective practice with these families.

2. Method

The background of the first author is as a child protection practitioner and the genesis of this research has been their own experience of working with families with diverse presentations of DFV. This practice background has led us to seek out the valuable knowledge and perspective held by child protection practitioners.

The proposed methodology was approved by the University's Human Research Ethics Committee.

2.1. Participants

Child protection practitioners were recruited via social media and asked to read a participant information letter and complete a brief survey to confirm their eligibility to participate in the study. The requirements were that participants must be currently or recently (within the previous 2 years) employed as a practitioner in a statutory (government) child protection service in Australia, have at least 2 years child protection practice experience, and be willing to participate in a phone interview. Once eligibility was confirmed, participants provided a contact.

Six participants met criteria and agreed to participate: two male and four female. Experience in child protection practice ranged from 2 to over 20 years, with four of the six participants having over 5 years experience. Two participants were from rural locations and four from metropolitan areas.

2.2. Materials

Once a time for an interview was set, the first author provided

participants with a document containing four case vignettes that portrayed examples of domestic violence with varying dynamics and characteristics (see Appendix A). Two of these (Vignette 1 and Vignette 3) represented coercive control and incorporated factors known to be characteristics of coercive control (Johnson, 2008; Stark, 2007) such as the victim being afraid of the perpetrator, modifying their own or children's behaviour, the perpetrator using threats of suicide and the perpetrator isolating the victim. One coercive control vignette included the perpetrator using physical violence (Vignette 1), the other (Vignette 3) did not. Vignette 1 also included indicators that the victim was using drugs (potentially as a result of the impacts of DFV but this was not specified). The other two vignettes (Vignette 2 and Vignette 4) represented situational violence and incorporated associated characteristics of this (Johnson, 2008; Stark, 2007) such as victims stating they are not afraid of the perpetrator, the violence occurring in the context of fights, and a mutual element to the violence and/or conflict. Although these factors in and of themselves are not contra-indicative of coercive control (for example, both Johnson (2008) and Stark (2007) emphasised that victims of coercive control may resist or retaliate with violence), what also made the situational couple violence vignettes different to the coercive control vignettes was the *absence* of any indicators of coercive control. One of these (Vignette 2) involved two young parents who had a history of being in out-of-home care themselves and with a young baby. The other (Vignette 4) involved a family with multiple children, a complex history including the father/stepfather having been in prison, previous neglect concerns, and violence occurring in the context of both parents being intoxicated.

The intent was to discover whether the participants responded differently to the coercive control scenarios compared to the situational violence scenarios and whether they felt the scenarios depicted families similar to those they had worked with. Using vignettes with guiding questions allowed for a discussion in which participants were able to freely voice their views about any differences they noticed between the scenarios. The use of vignettes containing elements that could be encountered in real life practice has been established as an effective way of understanding how child protection practitioners may understand and respond to particular situations or risk factors (Landsman & Hartley, 2007; Reisel, 2017).

Three guiding questions were used in a semi-structured interview approach. These questions were:

- What do you identify as the concerns and risk factors in this situation?
- What kind of responses and interventions would you use for this family in your current or most recent statutory child protection workplace?
- Is this the kind of situation you might see in your practice? (You can explain why or why not if you wish, and you may discuss de-identified case examples that are similar or different to the vignette).

This approach allowed us to consider whether the participants were able to identify either coercive control or situational violence in the scenarios, how they linked co-occurring issues to domestic violence, and whether there was a marked difference in how participants might respond to scenarios characterised by either violence type. It also gave some insight into which types of violence were prevalent in the cases the participants had encountered in their practice and led them to reflect on difficulties and complexities they faced in their practice with families where DFV is a risk factor.

2.3. Interviews and analysis

Participants were advised that they could comment on the scenarios any way they wanted, including discussing any aspects of their own practice experience that they felt were relevant to the themes in the vignettes, but were cautioned to de-identify any examples from their

own practice. Not all participants commented directly on the vignettes as some chose to focus on examples from their own practice that they felt were like those in the vignettes. Interview times ranged from 45 to 75 min.

After transcription, thematic analysis was used to explore the data the interviews provided and identify key themes. As noted by Clarke and Braun (2017), thematic analysis is a particularly useful approach to analysing data which includes a mix of participants' theoretical knowledge and lived experience, views, and perspectives. Using thematic analysis also allowed for a reflective approach (Byrne, 2022) in which the first researcher's identity and perspective as a child protection practitioner was used to build rapport with participants and has influenced the analysis. Interviews were transcribed and then analysed using a multi-stage process of reading over each transcript for familiarisation, extracting quotes that exemplified the views expressed by each participant, sorting the quotes into groups according to topic (coding), re-reading transcripts to identify further quotes that fit into each code group, and then reading over the sets of quotes several times to define, refine, and name themes (Byrne, 2022; Clarke & Braun, 2017). A theme was identified as relevant if it was evident in quotes from three or more participants.

3. Results

3.1. Themes

The themes that emerged were related to mutual aggression/violence; complexity; coercive control; challenges of working with perpetrators; mother blame and working with mothers; lack of suitable services; and the need for a child focussed practice. In addition to identifying themes, note was made of participants' key comments about each vignette in terms of whether that vignette was one they might commonly encounter in child protection practice, and what they identified as the main issues in that vignette. While most participants identified three of the four scenarios (Vignette 1, Vignette 2, and Vignette 4) as like situations they may see in their practice, the other scenario (Vignette 3, which depicted a family in which there were indicators of coercive control but no co-occurring issues, no serious physical violence, and no involvement by other services) was not identified as being common. The participants who commented on this vignette indicated that although control and potential violence were risk factors, these would not lead to the family being screened in for a child protection response. Vignette 1, which depicted both coercive control and substance abuse, was identified as common. So were Vignette 2 and Vignette 4, which both depicted situational violence accompanied by other issues such as caregivers having their own history of being maltreated as children, alcohol use, long history of child protection and other system involvement, and caregivers being resistant to child protection involvement. Vignette 4, which depicted mutual violence in the context of alcohol use, past child protection concerns about neglect, and a mother who did not want help was identified by participants who discussed it as "*the most common*" and "*run of the mill*".

3.1.1. Mutual aggression/violence

The strong emergence of this theme indicated that situational couple violence may be commonly encountered by child protection practitioners. Participants linked this theme to parental lack of emotional regulation, noting that this is particularly common in young parents and/or parents who have their own history of child abuse or neglect, and alcohol or drug abuse.

"I guess it says they're both using violence, it's fights isn't it?... It's what we would see from young parents who have had a rough start to life." (regarding Vignette 2)

"She's only 19 years old with a three-year-old and a one-year-old, and the brain hasn't developed, so her impulse control is probably low, and so is his." (regarding Vignette 2)

Participants reflected on experiencing similar dynamics in their own practice experience.

"You have mums admitting that they're just as bad as the dad, and that they stir the dad up and that, you know, they're part of the cause of his anger, that they play a part in it. Certainly there's screaming matches that go on."

"You do get mothers that are also violent, so obviously consumed with anger or upset or whatever else that they're getting into a full-on brawl in front of the children."

Some participants discussed the difficulty of identifying a primary perpetrator of violence, if there was one.

"Certainly, we've had it in male and female and same-sex households where there's been an assumption that it's been one partner that has been the perpetrator and the other one has been the quote 'victim' when that's not actually been the case."

Participants recognised the complexity of this theme, and several discussed the fact that recognising mutuality of violence can be seen as controversial and a view not shared by other services.

"If I was to say that with the family violence specialist, they'd be like, no, like mum's only doing this to protect herself, where and, you know a lot of the cases that is the truth, but there are cases where mum's equally violent as what dad is."

The participants' experiences reflected mutual violence occurring in the context of high levels of complexity such as substance abuse, mental health difficulties and young age of parents.

"There's numerous families that we're involved with that I can think of that, you know sort of fit this story. Um where both mum and dad are big drinkers, um, where there's more than three children in the household, like usually there's like five to eight kids where you know it's just that entrenched, chronic substance abuse and violence where they're both listed as the perpetrator and the affected family member." (regarding Vignette 4)

"I think when, um, you know you're dealing with younger people as well, like younger parents who, you know, probably haven't had that opportunity to find themselves and find their feet in adulthood before they've had to raise children, you do see that, yeah they're both, mum can be a perpetrator sometimes and dad can be a perpetrator sometimes."

Some participants also spoke about violence occurring in a context of conflict, where only one parent used physical violence but where there was a mutual aspect to the fighting.

"She said she didn't agree with how he wanted to parent... she was like more strict and he was more 'whatever' and I think when they were using, that she would push and push and push at him, and then he would just lose it and get really violent. And I think she grew up in a similar situation so kind of was putting up with this."

3.1.2. Coercive control

Participants demonstrated a strong awareness of the need to focus on coercive control and identified it readily in the relevant vignettes as well as in examples from their own practice. Although most participants did not use the term 'coercive control', they spoke about controlling behaviour and the impacts this had on both adult victims of DFV and children and young people.

"Anywhere where the lady, or the victim or whatever, is not allowed to speak or if she's nervous about, erm, he's super calm and she's a little bit anxious, so if he's trying to impress us, that would be a red flag."

"Paul could be controlling of her, the fact that she's cut off from her family and they've been concerned... there's definitely red flags." (regarding Vignette 3)

All participants identified controlling behaviour by perpetrators as an issue in their own practice experience, often noting that when this was present it was particularly difficult to engage with perpetrators or create change in the family.

"This guy, he had just completely stolen her, like her self-esteem and just made her sub-human. It was awful to see."

"Often in DV relationships dad is like the head of the household and you know, controlling everything... if you get a dad like that you have to give some bottom lines around that, or that controlling relationship, because that's very difficult to unpack with mental health, drugs, alcohol use."

"Domestic violence perpetrators are really manipulative, and they can tug at the heart strings and there's all kinds of ties and coercive control the y use over their partner. So even if you get the partner to a place where they've had enough and they get it and they want to leave and they understand everything... the perpetrators going to be on their back, doing and saying anything to get them back, it's really difficult to fight against."

Several participants noted that where DFV is characterised by coercive control this can make it particularly difficult to create safety in the family, with one noting that perpetrators of such abuse can be adept at covering their violence, another noting that these perpetrators are often resistant to change.

"If it's a controlling and DV relationship but they're functioning in all other areas, usually they function well enough to go 'oh well (child protection service) are involved, we better pull our socks up, we'd better stay off the radar."

"He was always in denial, would never do your analysis, completely denied that he ever used drugs, it was all the mum. We never got the opportunity to make any headway with him. Yes I believe you can, but yeah it's very rare."

One participant identified coercive control as a factor in the two vignettes that did not include any such explicit indicators. This participant had recently undertaken training that focussed on coercive control and as such may have had a greater focus on this aspect of DFV.

"He's probably sending her text messages or going to the kid's schools or, you know doing all of that behaviour that would make it so hard. You know, withholding money." (regarding Vignette 4).

3.1.3. Challenges of working with perpetrators

Participants recognised the importance of working with perpetrators but spoke about the difficulties they encountered. This theme was strongly connected to the theme of coercive control as several participants reflected on the difficulty of working with perpetrators who are highly controlling.

"They really try to manipulate workers, and not really for any kind of gain, but it's just that control because they're feeling powerless because you've removed their children and now they're trying to, you know dictate and control things around family contact or what a placement should look like or how they're treated by the department. It's a difficult relationship to navigate, especially when the perpetrators have a fragile ego."

One participant reflected that while it was important to engage perpetrators and hold them accountable to avoid mother blame, this was difficult when a perpetrator was not present in the home or able to be contacted.

"It's really hard when we have to do these jobs or have cases where Dad isn't present or Dad isn't engaged, you can't get hold of them, because the only person you can really work with is Mum."

Another participant spoke about the difficulty in supporting change for perpetrators when services available may not be suitable.

"How do we think making a violent abusive man go to a hall once a week or once a month or whatever to talk about how violent he is, is going to affect his relationship? Generally, it's not going to be the best."

3.1.4. Mother blame and working with mothers

The theme of the challenges of working with perpetrators was closely linked with the theme of mother blame. Participants linked a difficulty in engaging perpetrators of violence with resorting to holding mothers responsible for child safety, even though participants recognised that that this was not ideal. Participants discussed the difficulty of avoiding mother blame when mothers are often the only person caring for a child or young person or the only person willing to engage, and as such the only person who can ensure safety for the child.

Participants also spoke about the challenge of working with families where victims did not want to leave despite violence, particularly given the mandate child protection services must prioritise children's safety.

"We do have to go in and ensure safety and that's really our bottom line... I think we often do blame mums and say you have to leave, or you know it's their responsibility and sometimes that's all we're left with because Dad's not there or present."

"We don't want to put all the onus on, you know, the non-violent parent and make everything their fault, their problem, they're putting their kids at risk by staying in the situation, we get that 100 %, but it's just a very tricky situation."

Participants also spoke of wanting to work cooperatively with victims, to support them to care safely for their children, but of encountering difficulties in this due to victims not always accepting help or denying or minimising violence. Most participants recognised that when mothers deny or minimise DFV this can be for a range of reasons such as fear of the perpetrator or a sense of loyalty, normalisation of DFV due to having experienced it for much of their life and/or seeing it in their communities, or distrust of child protection services.

"A lot of families go, 'no there's no concerns' you know even we get so many times they'll say 'you need to go down the street, they're really bad.'"

"In all of the examples really it alludes to mum wanting to support the father and that's a common theme that I see. That you've got a really aggressive man that's in and out of jail and he has nobody because he's ostracised everybody, and so the mum feels like, I need to prioritise him because he hasn't got anybody else."

3.1.5. Lack of suitable services

A consistently strong theme was the lack of available or suitable services and this being an obstacle to successful work with families. Participants identified that service availability was limited, particularly in rural or remote areas, and that the services that were available often did not suit the complex needs of child protection client families. This included not being equipped to work with intact families or couples, or not addressing issues linked to DFV such as trauma or substance use. A lack of services that focus on helping perpetrators to change their behaviour was a common concern, with this being an obstacle to child protection services holding perpetrators accountable.

Participants identified a need for services that would work with couples together, and that would support perpetrators to address issues causing or contributing to their use of violence.

"There's nothing for them as a couple."

"The domestic violence service here is really about when mum chooses to leave the relationship and it's around housing and supporting her, but again that's the focus on mum, not dad who's the problem."

"We don't really have anything in this area where it's sort of like, I guess couples counselling or mediations. There are a couple of options but I don't think they've ever really been successful with people."

Several participants noted that it would be beneficial to have services that recognised the role trauma can play in DFV perpetration, both for families where parents have their own history of child abuse or neglect, and for Aboriginal families where trauma is linked to the impacts of colonisation.

"With this person his issues are intergenerational, so he grew up in a family where there was violence, so there's a lot of psych stuff going on for him that needs to be addressed."

One participant talked about feeling frustrated with domestic violence services that assumed in all cases that the mother was the victim, even when there were indicators that the father was the victim or that a different approach was needed.

"I think sometimes the reality is that people have a model of how they should engage with families and don't differ from it because they don't know."

3.1.6. Complexity

All participants identified the complexity presented in the vignettes as being familiar and spoke about this contributing to the difficulties they face in their work with families where domestic and family violence is identified.

"I find in those situations mum is particularly difficult to engage because she might have some underlying issues from her past which she doesn't want to address, and she covers it up with the drugs."

"But so many issues connected to domestic violence, it's not just usually that this person's an angry person, they're traumatised, potentially there's drug issues, there's all these different compounding factors which doesn't put them in a good position to be rational."

"I think you know the main cohort of people that we deal with there's always multiple complex issues going on in that family, so drug use and family violence, mental health."

Participants who spoke about their work with Aboriginal families highlighted that in this context family violence was often linked to parents' own experiences of trauma and the continuing impacts of colonisation, including past child removal policies (commonly referred to in Australia as the Stolen Generations).

"Looking at the legacy of the Stolen Generations, that's huge."

Most participants noted that where causal or exacerbating issues were linked to DFV these had to be addressed in order to increase safety for children.

"If you go in there and you only focus on the DV aspect of it, and you don't give the same level of attention to the mental health or substance issues, or the financial issues, or whatever else is driving that behaviour, you'll never increase the safety for those kids."

Participants highlighted the role of substance abuse in domestic violence, in both the vignettes and their own practice experience. They acknowledged that the relationship between substance abuse and DFV was not always clear and that DFV can have multiple causes. Even so, most identified substance use as either causing or exacerbating cases of DFV.

"I think, um, if they weren't using drugs would they be violent? Probably not."

"I think they're not separate issues. I think that if there's alcohol and family violence, that, um the likelihood of the family violence getting worse if the alcohol was removed is pretty slim. I would suggest that if you remove the alcohol from that situation the family violence would lessen."

"From what I see when there's alcohol involved the female is more likely to be listed as the perpetrator. A lot of the families we work with, that's what I see, um and obviously you know alcohol just exacerbates every bad situation."

Most participants spoke about the threshold for child protection intervention being high and this leading to significant levels of complexity in the cases that do get through, as the more straightforward cases are diverted at intake to other services or simply ignored. Several also reflected that this meant that by the time families receive contact from child protection services the issues are often entrenched and harder to address.

“A lot of families would be earning frequent flyer points.”

“We’re really at the pointy end nowadays... and that, um, comes down to capacity purely.”

“If there’s a statutory response it’s because it’s at the highest level, and it’s usually not, what do you call it, the low-level proactive stuff, and the effect is that it tends to be the more reactive stuff.”

The participants’ thoughts on complexity in many ways reflected what has been referred to as the ‘policy practice gap’ (O’Connell, 2014), particularly with respect to families whose experiences of DFV may not be addressed by available services. All participants demonstrated a strong motivation toward good practice and an understanding of what this would constitute. However, they indicated that complexities, including situations of mutual parental violence or where both parents presented a risk to the safety of children and young people, sometimes made it difficult to implement best practice principles such as partnering with the adult victim of DFV and holding perpetrators accountable for their use of violence and abuse.

3.1.7. Child focussed practice

Participants spoke about the need to have a primary focus on the safety and wellbeing of children and young people. They reflected that while they wanted to work cooperatively with victims and support perpetrators to change, there were some situations where the level of risk to children was too great. The participants expressed compassion for victims of DFV and reflected on the difficulties faced by parents in the child protection system but highlighted the need, in their role, to focus on children and young people first and foremost. When reflecting on the vignettes or examples from their own practice where both parents were contributing to the risk of harm to children, particularly where violence was mutual or both parents denied that violence was an issue, participants described their frustration that parents were not able to focus on how this was impacting on their children.

“You know they each individually and collectively have issues, so you need to break that down in a manageable thing, cause otherwise the whole thing just looks a mess, and the kids are in the middle of it.”

“It all needs to be centred around the kids and how this is affecting the kids, because obviously they don’t think it’s an issue amongst themselves, but you know this is clearly going to be affecting the children and the household they live in and that’s not ok.”

“The parents can never identify how it’s affecting the kids but of course it is.” (reflecting on cases they had worked with that were characterised by mutual violence, alcohol and repeated police involvement).

Participants highlighted that in cases where both parents were acting in ways that made children unsafe, this left children particularly vulnerable.

“From the children’s perspective they are not safe if they can’t trust either of their parents to protect them.”

“If you don’t value your own safety the kids don’t have the option to get up and walk out of here... both parents are making them be in a situation they don’t have a choice in.”

4. Discussion

The responses of the participants highlighted the complex and varied nature of DFV in families that come to the attention of child protection

services. Their reflections on the vignettes and examples from their own practice indicated that both coercive control and situational couple violence may be commonly encountered by child protection practitioners. The participants in this study spoke extensively of the need to focus on perpetrator behaviour as the source of risk to children and young people, were able to recognise and discuss coercive control in both the vignettes and examples from their own practice and were able to recognise and discuss a range of protective actions taken by victims of DFV. All spoke about the tension they felt in not wanting to unduly blame victims/mothers in situations of DFV and having to prioritise the safety of children, including considering any risk posed by either parent. Although participants emphasised the need to minimise mother blame, they also spoke about the need to recognise the impact on children when both parents used violence. One participant reflected that although specialist DFV agencies they had worked with tended to perceive such violence to always constitute self-defence by women, they found that this was not always the case.

The participants did not explicitly differentiate between coercive control and situational couple violence. Nevertheless, there was a marked difference in the way most spoke about cases (both from the vignettes and their own practice) in which mothers were victims of coercive control compared to those in which violence was mutual or conflict driven. When reflecting on the scenarios or their own case examples characterised by coercive control by one parent against a non-offending parent, participants were able to reflect on how the non-offending parent had used protective strategies and on the way the perpetrator’s coercive control had impacted on the non-offending parent’s capacity to make decisions or protect their children safely. Although they discussed circumstances in which these mothers acted in ways that resulted in harm to children, they recognised that this was ultimately due to the impact of the perpetrator’s behaviour. This supported previous research that has identified the way DFV can impact on mother–child relationships, and that supporting mothers can improve the safety and wellbeing of children (Humphreys et al., 2011). In contrast, when discussing vignettes or examples from their own practice that were characterised by mutual violence or violence in the context of mutual conflict, participants focussed on the way both parents were contributing to risk to children and the impact it would have on children if neither parent were able to act in a way that supports child safety.

The participants’ reflections supported the idea that it is important to identify how a perpetrator’s pattern of coercive control can harm children directly and impact on the capacity of the non-offending parent to protect their children (Mandel & Wright, 2019), but also suggested that in some cases harmful parental behaviours occur in a context of mutual situational conflict and violence rather than coercive control. Researchers have argued that child protection practitioners often lack the skill to identify coercive control or accurately assess the dynamics of DFV, for example that they may mis-identify cases of coercive control as mutual conflict (Humphreys et al., 2020). This is an important issue, and it is possible that some of the cases participants in this study identified (from their own practice experience) as being characterised by mutual conflict, actually involved coercive control. The risks of mis-identifying coercive control as situational couple violence are significant (Johnson, 2008; Meier, 2015) and it is not our intent to argue that child protection practitioners should not be encouraged to recognise and understand the behaviours, patterns and impacts of coercive control, nor that child protection practitioners should be quick to assume DFV is situational in nature. It is also not our intent to suggest that child protection practitioners working with real families should make decisions about the nature of DFV based only on the kind of limited information depicted in our fictional vignettes. Rather, we argue that assumptions about the nature of DFV without careful assessment and recognition of the variance of characteristics and causes of different types of DFV may result in child protection practitioners and systems relying on interventions that may not meet the needs of families (Ferguson et al., 2020; Jenney et al., 2014). Indeed, one participant who indicated they had recently

undertaken training that focussed on coercive control expressed a belief that the DFV in the two vignettes which did not include any indicators of coercive control was likely to be characterised by the father/stepfather using controlling behaviours. The results of this study suggest that a nuanced approach is required, in which child protection practitioners are supported to accurately assess and respond to the individual characteristics and dynamics of DFV in any given family, whether this is coercive control or situational couple violence, including mutual violence.

Research on the impact of mutual violence between parents/caregivers on children is sparse but indicates that such violence may have a negative impact on the quality of parent–child relationships and the future mental health of exposed children (Duval et al., 2019). Research has also found that mutual violence is more common in families of lower socio-economic status (Pu et al., 2022), which may mean that this type of DFV is prevalent in the child protection caseload, given the link between poverty and child protection involvement (Doidge et al., 2017). Participants in this study identified a need for services who can work with such families, noting that there are few services able to work with couples together and that domestic violence services may not accept that violence between parents can be mutual. Although there are services that provide whole-of-family support for families impacted by situational/high conflict violence (McCann, 2021; Spratt et al., 2022) these are not common, meaning that many families involved with statutory child protection services may not be able to access such support.

A strong theme of complexity came through in all the interviews and this was linked with the other themes raised in that most of the challenges practitioners spoke about were due to the complex nature of the cases they had worked on. The participants' view that DFV alone was unlikely to lead to a child protection response is consistent with research from the U.S.A which found that child protection responses to DFV, in particular substantiations and child removals, occurred primarily in families where there were also other risk and harm factors present (Henry, 2018). Most participants noted the need for services to address contributing issues such as substance abuse, mental health problems and parents' own experiences of trauma together with DFV, reflecting that addressing DFV alone would not result in safety for children and young people. This supports prior critiques of interventions and system responses to DFV by researchers who have argued that addressing DFV without addressing the complex range of causes and contributing factors is unlikely to result in long-term change or improved safety for victims and children (Aaron & Beaulaurier, 2016; Fitz-Gibbon et al., 2020; Love et al., 2020; McLaren et al., 2020; Stover et al., 2022).

There are some programs that acknowledge the complex relationship between DFV and issues such substance abuse and/or trauma, emotional dysregulation and parenting difficulties (McCann, 2021; Kertesz et al., 2022; Stover et al., 2022), including programs for Aboriginal men and families in Australia and Native American families in the U.S.A which focus on trauma healing, fathering and restoration of traditional gender roles and values rather than using a power and control approach (Andrews et al., 2021; Blagg et al., 2020; McKinley & Theall, 2021). In child protection practice however, an assumption that DFV is characterised by coercive control may result in reliance on mainstream men's behaviour change programs rather than approaches that also address complex underlying or co-occurring factors (Ferguson et al., 2020).

4.1. Limitations

It was initially hoped that the sample size for this research would be significantly larger, but the researchers experienced difficulty finding child protection practitioners able and willing to participate. It is likely that high workloads of child protection workers and the added stressors of the Covid-19 pandemic contributed to this difficulty. As a result of the small sample size this research cannot be considered representative of child protection practitioners in general, across all systems. Future research using larger sample sizes and across a variety of jurisdictions is

needed. Despite the small sample size, it is worth noting that the interviews allowed for an in-depth exploration of practitioners' reactions to the vignettes and their own practice experience.

This was an Australian study and as such some issues noted by participants may be unique to the Australian setting, however the challenges faced by child protection systems have been found to be similar across many countries (Lonne et al., 2021). As such the themes that arose in this study are likely to be familiar to many child protection practitioners.

None of the participants in this study identified as Aboriginal or Torres Strait Islander yet Aboriginal children in Australia are at significantly higher risk of child protection involvement than non-Aboriginal children (Australian Institute of Health and Welfare, 2022). Future research that includes the views of Aboriginal or Torres Strait Islander child protection or family violence practitioners would deepen understanding of how relevant the differentiation between coercive control and situational violence may be for Aboriginal and Torres Strait Islander families.

Finally, this study relied on the views of child protection practitioners. Their descriptions of DFV they encountered in their practice may have been influenced by their own biases and understanding of DFV. As such, further research using other data sources, for example case-file analysis, is needed to explore the prevalence of coercive control and situational couple violence in families with child protection involvement.

5. Conclusion

This study highlights the complexities and challenges of working with families where DFV poses a risk to the safety of children and young people. It indicates that DFV in the statutory child protection context may be heterogeneous in nature, potentially including both DFV that is characterised by coercive control and DFV that is situational in nature, including mutual violence.

Recent research has highlighted the importance of child protection systems understanding and responding to coercive control, partnering with non-offending parents, and holding perpetrators of DFV accountable for their behaviour (Healey et al., 2018; Humphreys & Healey, 2017; Humphreys et al., 2020; Mandel & Wright, 2019). This study supports this and suggests that a strong understanding of coercive control, including the impacts this form of DFV has on both children and adult victims, is vital in continuing to move toward child protection practice that does not wrongly blame victims of DFV for the impacts it has on their children, and that accurately locates the cause of harm from DFV with the perpetrator. However, this study also indicates that there is a need for child protection systems to be able to identify and address the risks situational couple violence, including mutual violence, may pose to children and young people, and to ensure that, if DFV is situational in nature, parents are offered appropriate supports.

We suggest that a nuanced approach to assessing and responding to DFV in families with child protection involvement is needed, in which child protection practitioners are supported to recognise, assess, and respond appropriately to coercive control, but are also supported to do the same for situational couple violence. This should include recognising when children may be at risk of harm from both parents as well as recognising and supporting the strengths and resilience of many victims of DFV, and recognising and addressing contributing or underlying issues such as substance abuse, poverty and disadvantage, and parents' own trauma and/or experiences of abuse or neglect in childhood.

CRedit authorship contribution statement

Ulrike Marwitz: Conceptualization, Formal analysis, Methodology, Writing – original draft, Writing – review & editing. **Daryl J. Higgins:** Conceptualization, Methodology, Supervision, Validation, Writing – review & editing. **Thomas Whelan:** Conceptualization, Methodology,

Supervision, Validation, Writing – review & editing.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

The data that has been used is confidential.

Appendix A

Case vignettes for interviews.

1. Jack and Mary

Jack and Mary have two children, aged three and seven. Both have a history of drug use. They have come to the attention of CPS because their older child's teacher reported that the child had made a disclosure about 'mummy and daddy fighting and Daddy hitting mummy's face'. Further investigation revealed that neighbours have also made notifications to CPS about hearing screaming and things smashing in the house.

When you go to see the family only Mary is home. She is initially defensive and aggressively tells you to go away, but when you tell her that she is not in trouble and that you want to help she invites you in and after some chatting she tells you that Jack did hit her a few weeks ago. She says that Jack is a good partner and father but that he has some issues because he had a difficult childhood and sometimes struggles with his mental health. She explains that she had been planning to go out to see a friend that evening, but that Jack became upset because he wanted her to stay home with him and the children. He accused her of going out to see another man and when she denied this, he became aggressive. When you ask Mary why she didn't call the police she looks distressed and says that Jack has said he would kill himself if she ever did this. Mary asks you not to tell Jack that she said anything. When you ask Mary whether she has any supports she says she doesn't really and that the only friends they see regularly are Jack's friends. Mary also tells you that she tries hard to make sure Jack doesn't get upset in front of the children or get angry at them, but that it can be hard to know what will upset him because he is very sensitive. She admits to sometimes yelling at the children because she thinks that if they were quiet and well-behaved Jack might not get so angry. You notice that Mary is very thin and seems jumpy, you suspect she is using methamphetamine. Jack refuses to answer your calls and is not home on the next three occasions you try to visit.

2. Jess and Aaron

Jess and Aaron have two children, a three-year-old girl and a one-year-old boy, they are both 19yrs old and have both had a history of being in and out of foster care.

A notification has come in from a local domestic violence service, who Jess was referred to following a period of working with an early intervention family support service. The domestic violence service has concerns that Jess is still seeing Aaron despite having taken out an intervention order against him following an incident in which Aaron punched her in the head. The early intervention service is no longer involved, and Jess has stopped going to her domestic violence counselling regularly. The domestic violence worker says that Jess seems to lack insight and doesn't recognise the seriousness of domestic violence or the impacts it can have on her or the children. She says that even though Jess told her that she has called the police for help during incidents of violence in the past, Jess also dismisses the violence as just being the way she and Aaron fight and says that everyone in their

extended family is like this because they have hot tempers. Jess also says that she is happy to let Aaron see their children because she knows that he won't be violent unless they are fighting, and they don't ever fight when they are out together with the children. The domestic violence worker feels this shows that Jess does not understand how dangerous Aaron is. The domestic violence worker said that she has tried to explain to Jess that domestic violence will continue or get worse if she stays in a relationship with Aaron but that Jess insists she wants to stay with him and that they want to have couples counselling. Police history indicates that police have attended five domestic violence incidents in the last two years. Police tell you that both Aaron and Jess have also been known to use violence in fights with extended family members.

3. Alice and Paul

Alice and Paul have one child, a nine-month-old baby girl. A notification has come in from Alice's mother. Alice's mother says she is very worried about Alice and the baby because Alice has stopped having much contact with her mother and extended family since the baby was born. She explains that Alice used to be very close to her family but that when she got together with Paul this changed. Alice's mother says that Paul doesn't like her and that he has caused a lot of issues with Alice's friends too. Alice used to work but stopped working when she got pregnant, which was very soon after meeting Paul. Alice's mother says she is worried that Paul is violent because she saw a bruise that looked like finger marks on Alice's arm the one time she was able to visit her recently. She said that Alice seemed quiet and 'not herself at all'. She says that Alice loved her job and was very career-minded and always said she wanted to wait to have children, and that she knows Alice would not have left her job so suddenly of her own accord. She says that one of Alice's friends has also told her that Paul is abusive because she witnessed Paul yelling at Alice and dragging her out of the room after he accused her of looking at another man when they came to a party together.

When you go to see Alice and Paul, Paul welcomes you into the home. The house is clean and tidy, and Paul explains he has recently started working from home because Alice seemed tired and needed help with the baby. When you tell him there has been a notification he says, 'I bet that was Alice's mum, she's always interfering because she doesn't like me'. Paul seems very cooperative and friendly and says he will do whatever is needed to show that their daughter is safe and that there is nothing to worry about. During the home visits Alice agrees with Paul and says that everything is fine, and that Paul is a good father and husband. Paul does most of the talking and Alice cuddles the baby. When you ask to speak with Alice alone Paul interrupts and says that Alice doesn't need to be interrogated anymore and that he wants you to leave now. You insist and ask that Alice comes to the office the next day to speak with you alone. Alice does not attend the appointment and does not answer the phone when you try to call her.

4. Sarah and Rob

Sarah and Rob have five children aged fourteen, twelve, seven, five and three. The oldest three are from Sarah's previous relationship, their father is in prison interstate. The family are known to CPS as there is a long history of reports and brief interventions, most of these have been due to notifications from police about domestic violence but also concerns of inappropriate discipline and neglect. Twice in the past four years the interventions have focused on Sarah leaving Rob and going to a women's shelter, which Sarah did reluctantly. During the most recent intervention, Sarah moved into new public housing property via a domestic violence service. Sarah agreed to do this but said at the time that the only reason was to get child protection services off her back. The current notification indicates that Sarah and Rob now live in another home and have been reconciled for the past year. The notification has come via the police who have informed they were called to a violent

incident at 11.30 pm two nights ago after a call from a neighbour indicated that Sarah and Rob were screaming at each other on the front lawn with the children present. Sarah had a cut to her forehead and bruising on her arms but was not cooperative when police arrived. Rob had left the scene prior to police arriving and police think he is probably still gone as he tends to stay with friends after such incidents. Sarah was encouraged to press charges, but she refused, and the police report states she appeared to be heavily intoxicated.

When you go to the home, Sarah answers after lengthy knocking. She lets you in and asks 'what do you lot want this time? We've told you to leave us alone'. Sarah appears to have several stitches in her forehead. The house is very messy and empty beer bottles and cans litter the front lawn. When you explain that there have been concerns about a violent incident Sarah denies this. After some more conversation however, she says that she and Rob had a fight after drinking heavily. She explains that she accused Rob of cheating on her and that she might have pushed him. Rob reacted angrily and threw the bottle of beer he was drinking at her head. She confirms that Rob left before the police arrived and has not yet come back. Sarah tells you that they don't need any help and that she will sort Rob out when he comes back. When you suggest an intervention order against Rob, Sarah angrily says she knows how to handle Rob and doesn't need the police involved.

When you call Rob, he says that he did throw a bottle at Sarah but 'only in self-defence' and says that 'Sarah is just as bad when she's drinking'. He says that he will come home soon but just needs some time 'to cool down'. Rob agrees that something has to be done to make sure the children are not witnessing violence, but he says that 'Sarah needs to do her part too'.

Both Sarah and Rob say they don't want to separate and that they want to find a way to work things out this time.

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