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**Coercive Control and Situational Couple Violence: Exploring a Differential Approach to Domestic and Family Violence in Child Protection Practice**  
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**Coercive Control and Situational Couple Violence:  
Exploring a Differential Approach to Domestic and Family  
Violence in Child Protection Practice**

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Masters of Social Work

A thesis submitted in total fulfillment of the requirements for the degree of  
Doctor of Philosophy

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## **Statement of Authorship**

*This thesis contains no material that has been extracted in whole or in part from a thesis that I have submitted towards the award of any other degree or diploma in any other tertiary institution.*

*No other person's work has been used without due acknowledgement in the main text of the thesis.*

*All research procedures reported in the thesis received the approval of the relevant Ethics/Safety Committees (see Appendix D).*

*This thesis includes two papers submitted for publication in peer reviewed journals. These were written in collaboration with my supervisors (see Appendix A. Research Portfolio). The style and layout of these chapters reflects the requirements of the respective journals.*

Ulrike Marwitz

## **Abstract**

Domestic and family violence (DFV) is a prominent social issue and is known to cause harm to children and young people. DFV is common in families with statutory child protection involvement, both because it directly causes harm and risk to children, and because it tends to co-occur with other factors such as parental substance abuse, child abuse and neglect. DFV is complex and some researchers have argued that there are two different types, one which is characterised by the perpetrator's use of coercion and control (coercive control), and another which is characterised by violence that occurs in the context of conflict or other situational factors (situational couple violence). Although DFV is a common issue for families with child protection involvement, my literature review found that there is a lack of research that differentiates between coercive control and situational couple violence in the child protection context. Therefore, in this thesis I have explored whether differentiating between coercive control and situational couple violence may be beneficial for child protection practice with families where DFV has harmed or poses a risk to children.

To explore the research question, I have used a child focus while incorporating aspects of DFV theory involving adults. The thesis comprises three studies. For the first study I undertook a two-part critical discourse analysis of DFV specific child protection practice guides from five Australian states and territories. In the first part of the analysis, I explored how each practice guide defined and discussed DFV, and what kinds of responses and approaches the guide recommended. In particular, I focused on whether the guide defined DFV in a way that was inclusive of both coercive control and situational couple violence, or

whether the definition was limited to one particular type of DFV. I also explored whether the recommendations/practice directions each guide gave would be appropriate for coercive control, or situational couple violence, or both. In the second part of the analysis, I considered how the definitions, discussions and recommendations in the guides compared to the relevant literature.

For the second study I interviewed six Australian child protection practitioners in order to explore their perspective on the nature and characteristics of DFV in families in the child protection caseload. To do this I developed four fictional case vignettes. I used key literature on the differences between situational couple violence and coercive control to inform these vignettes: two vignettes were characterised by indicators of situational couple violence and two were characterised by indicators of coercive control. I then undertook semi-structured interviews with the participants and asked them whether the families in the vignettes were similar to families they see in their practice, and what interventions they might use with each family.

For the third study I conducted a case-file analysis using 'intake reports', that is, a document generated when a notification is made to the 'Child Abuse Report Line', from the South Australian Department for Child Protection (DCP). The DCP provided access to 100 intake reports that had been screened in for a response due to them meeting the threshold for the risk ground 'Domestic and Family Violence' to be identified. In my analysis I identified any aspects of each report that may have indicated either coercive control or situational couple violence. I also explored the relationship between coercive control and situational couple violence with other factors that could be determined from the intake reports, such as whether there were concerns about substance use, or co-occurring child abuse or neglect.

The three studies I conducted for this thesis indicated that the practice guidance currently provided to Australian child protection practitioners is primarily based on an

assumption that all DFV is characterised by coercive control and does not allow for practice responses that would be appropriate for situational couple violence. In contrast, both the practitioner interviews and case-file analysis suggested that DFV in families with child protection involvement is complex and includes both coercive control and situational couple violence. This indicates that the approach currently used by most Australian child protection departments may not meet the needs of all children and families impacted by DFV and that further research in this area is needed.

## **Dedication**

I am enormously thankful to my supervisors Daryl and Tom. You have both been endlessly patient in sharing your knowledge, giving support, and delivering the right mix of kindness and honest feedback. I feel very lucky to have had you on board for this ride, and grateful that you both took a chance on what was never going to be an easy or straightforward project.

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I am also grateful to all the children I have worked with. Having the privilege, and at times the sorrow, of being a small part of their lives has been the genesis and the reason for this thesis. I know that as long as I work with children and their families they will continue to be my greatest teachers.

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## Glossary of Commonly Used Terms

**Domestic and family violence (DFV):** Any form of violence, verbal abuse or aggression, psychological abuse or emotional abuse by one member of a current or former intimate relationship, or between current or former intimate partners. Also inclusive of violence between extended family and Aboriginal kinship group members. Not inclusive of physical, emotional, verbal, or sexual abuse by adults toward children.

**Child protection department:** An Australian State or Territory government department responsible for intervening with families to protect children from abuse or neglect, according to the legislation of that State or Territory.

**Child protection work:** Refers to statutory child protection, that is, child protection work carried out by government (statutory) bodies operating in accordance with relevant legislation. May also include work carried out by non-government organisations if these are contracted to do so by the relevant state or territory government.

**Child protection practitioners:** Employees of a state or territory child protection department who work directly with families in an assessment and/or case management role. Usually qualified social workers but may, in some jurisdictions, include workers with other qualifications. Not inclusive of employees of child protection departments who support children or families in roles other than assessment or case management (for example residential care workers).

**Parent, parent, mother, and father:** These terms are used with the intent of capturing adults with parent-like roles regardless of whether they are the biological parent of a child or not (e.g., stepparents).

## Chapter 1. Introduction and Literature Review

Domestic and family violence (DFV), also known as domestic violence or intimate partner violence, is a common problem for families involved with the child protection system. While statistics vary it is estimated that in between 30% and 60% of families with child protection involvement, DFV is a risk factor (Bromfield et al., 2010; Coulter & Mercado-Crespo, 2015; Henry, 2018; Holmes et al., 2019; Humphreys & Healey, 2017; Lawson, 2019; Tomison, 2000). Even when DFV is not the primary risk factor identified, it commonly co-occurs with other risk factors such as parent/caregiver drug and alcohol abuse, child abuse or neglect, and parent/caregiver mental illness, which may be the presenting concerns (Bromfield et al., 2010; Humphreys et al., 2021; Kertesz et al., 2022; Wright et al., 2021). Therefore, DFV is and must be a key priority for child protection systems and researchers.

Despite the high prevalence of DFV in child protection caseloads, many researchers have argued that child protection systems often do not manage cases involving DFV well, and have criticised child protection systems and practitioners for mother blame (i.e., blaming mothers for failing to protect their children) and lack of accountability for perpetrators (D'Ambrosio, 2008; Fish et al., 2009; Humphreys & Absler, 2011; Johnson & Sullivan, 2008; Mandel, 2014; Mandel & Wright, 2019; Humphreys & Healey, 2017; Vlasis et al., 2017). Researchers have also argued that child protection systems and practitioners do not adequately understand or acknowledge the importance of power imbalances between perpetrators and victims of DFV, and the ways in which use of power and control can impact on both adult victims and children, including the capacity of the adult victim to keep children safe (Healey et al., 2018; Humphreys et al., 2021; Humphreys & Healey, 2017; Mandel, 2014; Vlasis et al., 2017). In recognition of this there has been significant movement within

child protection systems and research toward adopting a definition of DFV as a form of coercive control that is caused primarily by male-female power imbalance (Fish et al., 2019; Johnson & Sullivan, 2008; Mandel, 2014; Rogers & Parkinson, 2018). This has been a much-needed development for children and adult victims of coercive control, however, in this thesis I will explore whether an exclusive focus on coercive controlling DFV is sufficient to meet the needs of the broad range of families with child protection involvement, or whether there is a need to also consider and respond to the needs of children and families in which DFV is not characterised by coercive control.

### **Different types of DFV**

Many researchers have acknowledged that DFV is not homogenous in nature, and that there may be different types or dynamics of DFV (Bernardi & Day, 2015; Blagg et al., 2020; Capaldi et al., 2017; Damant et al., 2014; Ferguson et al., 2020; Fitz-Gibbon et al., 2020; Haselschwerdt et al., 2021; Jaffe et al., 2008; Johnson, 1995; Johnson, 2006; Johnson, 2008; Johnson & Kelly, 2008; Johnson et al., 2014; Lawson, 2019; Love et al., 2020; McMillan & Barlow, 2019; Moloney et al., 2007; Moore & Florsheim, 2008; Myhill, 2017; Nielsen et al., 2016; Schneider & Brimhall, 2014; Stark, 2007; Stark & Hester, 2019; Stith et al., 2011; Ver Steegh & Dalton, 2008). There have been several attempts to classify DFV and most typologies have focused on the characteristics of perpetrators, the severity of physical violence, and/or who the perpetrator uses violence toward (e.g., Chiffriller & Hennessy, 2006; Gondolf, 1988; Gottman et al., 1995; Hamberger & Hastings, 1986; Holzworth Munroe & Stuart, 1994; Jacobsen et al., 2000). Two researchers (Johnson, 1995; 2006; 2008; Stark, 2007), however, have developed typologies that instead focus on the context in which a perpetrator of DFV uses violence, the patterns of abusive behaviour (including but not exclusive to violence), and the impacts the violence and abusive behaviour have on the victim. Both Johnson and Stark argued that some DFV is characterised by one person

controlling and dominating the other, not just with physical violence but in multiple aspects of day-to-day life, and results in the victim being afraid and lacking autonomy. Yet, they argued, some DFV is characterised by mutual conflict that may escalate to physical violence and does not result in the same level of fear or loss of autonomy as DFV which is characterised by controlling and coercive behaviour (Johnson, 2008; Stark, 2007).

Johnson (2008) noted that there has been considerable disagreement about whether victims are primarily women, as claimed by feminist scholars, or whether victims and perpetrators consist of equal numbers of men and women, and that any kind of agreement or even dialogue between those with these opposing views has been scarce. He argued that the reason for this disagreement is that scholars or practitioners looking at different client/participant groups have been analysing different kinds of DFV because their research has focused on different settings or sampling methods. Johnson found that feminist researchers tend to conduct research or recruit participants via services where women who are DFV victims seek help and protection, such as criminal courts, women's shelters, specialist DFV services, and that these researchers are primarily analysing what he called 'intimate terrorism'. Johnson defined intimate terrorism as abuse which is motivated by control and includes a variety of behaviours designed to control, coerce, and manipulate one's partner. Physical violence is just one of these behaviours, alongside other behaviours such as isolating a partner from family and friends, controlling finances, stalking, monitoring a partner's phone calls and emails, using threats to make a partner comply, coerced sex, preventing a partner from leaving the relationship (either via physical force and threats, or manipulation such as suicide attempts) and more.

Stark (2007), similarly to Johnson (2008), argued that there are distinct types of DFV, with one characterised by use of power and control, and one by conflict. Stark used the term 'coercive control' to describe DFV characterised by the use of power and control. He

acknowledged that the idea of describing this dynamic of DFV as coercive control was not, at the time, a new one, but he built upon previous research (for example that of Pence & Paymar, 1993), by elaborating on the differences between coercive control and violence that is not control based, which he called 'couple conflict'. Stark described couple conflict as often being mutual in nature, either involving mutual physical violence, or mutual aggression in which one partner uses physical violence. He noted that the level and frequency of physical violence was not the key factor in defining the type of DFV. He found that although coercive control is more likely than couple conflict to result in high levels of physical harm, coercive control can cause significant harm and be an indicator of high risk to women, even if it does not involve any physical violence.

Stark (2007) explained that coercive control is defined by the use of controlling behaviour that impacts the victim in such a way that they have limited autonomy and freedom and live in fear of the perpetrator. He argued that coercive control is highly gendered in nature and that, although women sometimes fight back against coercive controlling partners, including by killing them when they have no other option for escape, most women also go to significant lengths to attempt to appease the perpetrator in order to avoid his anger and aggression. Stark (2007) also described relationships that involve very serious physical violence, even to the point of significant injury or murder, that do not involve coercive control and in which the victim, if there is one clear victim, maintains day-to-day personal autonomy. He called this particular violent dynamic, which he identified as a subset of couple conflict, 'assault'.

Although Johnson (2008) and Stark (2007) used differing terms, they both described two distinct kinds of DFV: one characterised by a person using multiple tactics of power and control to dominate the victim, resulting in the victim being afraid of the perpetrator and not having freedom or autonomy in day-to-day life (i.e., coercive control), and the other

characterised by mutual interpersonal conflict in which one or both people use physical violence (i.e., situational couple violence). To avoid confusion, I will use the terms ‘coercive control’ and ‘situational couple violence’ to describe these two kinds of DFV.

Johnson (2008) also described three further categories of DFV – violent resistance, mutual coercive control, and separation instigated violence. He presented these as sub-types that illustrate the variance that can occur even within situational couple violence or coercive control. Johnson stated that in ‘violent resistance’ a victim of coercive control uses violence in self-defence or resistance in response to being trapped and powerless against the abuser. Johnson’s intent in adding violent resistance as a category seemed to be to emphasise that understanding why someone is using violence, and the context it occurs within, is vital to determining what kind of responses and interventions may be needed. He highlighted that the presence of mutual physical violence does not automatically mean the violence is situational and driven by conflict. For this reason, the idea of violent resistance as an aspect of coercive control is important, particularly in cases where there are allegations or a history of mutual violence. Stark (2007) also discussed this issue, including situations in which victims of coercive control resort to killing their abuser, but he did not treat this as a separate category. I will approach violent resistance in the manner Stark did – as an important issue, but as something that falls under the banner of coercive control.

Johnson (2008) also included a category characterised by mutual coercive control, and explained that in these couples, both people try to control the other and may use violence. He suggested that this dynamic is very rare, but some researchers have found mutual coercive control to be significantly more common in same-sex couples than heterosexual couples, perhaps due to the lack of a gender-based power differential (Frankland & Brown, 2014). That coercive control can be mutual highlights the need to understand the dynamics and

characteristics of mutual violence rather than assuming all mutual violence is situational couple violence.

The third category Johnson (2008) described is ‘separation-instigated violence’ in which violence occurs only after a couple separates and usually only once or twice in the context of the very intense emotions separation may bring. In this, he did not mean relationships in which one person has used coercive control and then escalates to using physical violence when their partner leaves or attempts to leave. Rather, he was referring to separated couples in which the process of separation increases stress, conflict, and emotions to the point that one or both use physical violence in the context of conflict. The violence is situational in that it is specific to this brief period of high conflict and does not continue long term or involve attempts to control the day-to-day life of the other person. For this reason, I consider separation-instigated violence to fall under the broader umbrella of situational couple violence.

Both Johnson (2008) and Stark (2007) suggested that the role gender plays in these differing dynamics of DFV varies, with coercive control being highly gendered in nature and situational couple violence being used almost equally by men and women and often being bi-directional in nature. This does not, however, mean that gender is not relevant in situational couple violence. Johnson et al., (2014) found that despite men and women using situational couple violence at roughly equal rates, women are significantly more likely than men to be harmed by situational couple violence, or to experience fear during incidents of violence.

Some researchers have argued that differentiating between DFV types should be more about understanding the characteristics and needs of individuals, couples and families impacted by DFV than attempting to define strict categories (Alexander & Johnson, 2023; Love et al., 2023). These researchers have supported the idea of the typology and found that it is likely to be important in working with families impacted by DFV, but have also



cautioned that the differentiation should not result in putting families or individuals into a particular category and then offering a set response. Rather, they suggested that differentiating between coercive control and situational couple violence should be a part of careful and individual assessment of the nature and dynamics of DFV, including exploring potential causes and determining which interventions and supports may be needed (Alexander & Johnson, 2023; Love et al., 2020).

It is important to note that both situational couple violence and coercive control can result in significant harm and even death, particularly to women, and differentiating between DFV types should in no way be equated to an assumption that some DFV is not serious (Johnson et al., 2014; Sillito, 2012; Stark, 2007; Ver Steegh, 2005). Situational couple violence does not equate to no or even low risk, nor is it necessarily mutual. Although situational couple violence usually involves the escalation of mutual conflict, it may involve only one partner using physical violence, or may involve one partner being more significantly harmed by physical violence (Johnson et al., 2014; Stark, 2007). Determining the presence or absence of coercive control can be important in assessing the level of risk DFV poses to victims (Myhill, 2017), but differentiating between coercive control and situational couple violence is not just about risk assessment. Knowing whether DFV involves coercive control or not could play an important role in determining the kinds of interventions or supports a family need in order to reduce the risk DFV poses to both adult victims and children (Altobelli, 2009; Ferguson et al., 2020; Kelly & Johnson, 2008; Lawson, 2019; Love et al., 2020).

### ***Coercive Control***

Stark (2007) argued that coercive control is markedly different to other forms of interpersonal violence. He stated that it differs from violence that arises out of conflict in that it is not about mutual disagreement and often involves the victim trying to avoid conflict and

appease her partner in an attempt to keep herself safe. It differs from stranger assault in that it is not a one-off event, or even a repeat pattern of physical assaults, but rather a web of controlling and dominating behaviours that are ever present, even during the times *between* physical assaults (Stark, 2007). Although both situational couple violence and stranger assaults are undoubtedly harmful, coercive control harms victims in ways above and beyond the physical assault and psychological consequences of the assaults themselves (Johnson, 2008; Johnson et al., 2014; Myhill, 2017; Stark, 2007; Stark & Hester, 2019). Coercive control is also more than verbal aggression that occurs in the context of conflict – angry words and insults may be harmful, but coercive control is not limited to incidents of verbal abuse. Further, coercive control is more than behaviour that attempts to control a particular situation, for example one partner trying to control the other during a fight, but not at other times. Coercive control is a repeated pattern of a range of behaviours that exert control over the victim in day-to-day life, not just during fights or violent incidents. This pattern of control and coercion leads to the victim being in almost constant fear and losing autonomy and freedom in day-to-day life, even if the perpetrator never uses physical violence (Stark, 2007; Stark & Hester, 2019). Often this control is reinforced or excused by gender norms that assign power and certain roles, both in families and society, for example that men are decision makers and providers, whereas women are nurturers and home makers (Stark, 2007). As Leone et al. (2007) pointed out “IT (intimate terrorism) is not a more severe ‘stage’ of SCV (situational couple violence) but rather a different phenomenon, which among heterosexual couples may be rooted in patriarchal ideas about gender and the social acceptance of violence against women” (p. 427). Stark (2007) argued that coercive control has far more in common with hostage taking or stalking than it does with most other crimes of violence. Like hostage taking and stalking it is all about control that pervades every aspect of the victim’s life, and leads them to live in fear, to stay silent, and to adapt their own actions

in order to try to keep themselves safe. For this reason, Stark (2007) suggested that rather than considering coercive control as primarily a crime of physical violence, it should be considered primarily as a liberty crime. Stark (2007) argued that, just as a hostage could be harmed or killed if they try to escape or do not cooperate with their captors, so women who are victims of coercive control are at increased risk of being harmed if they try to escape or if they do not comply with the wishes and rules of their abuser. Stark's explanation illustrated why coercive control can be so harmful and is such a strong predictor of risk (Myhill & Hohl, 2019), even in the absence of any physical violence.

### ***Situational Couple Violence***

Johnson (1995; 2006; 2008), Stark (2007), and other researchers who have written about situational couple violence, have explained that this form of DFV occurs in the context of conflict, rather than being an attempt by one partner to control and dominate the other (Capaldi, 2017; Clearly-Bradley & Gottman, 2012; Johnson & Ferraro, 2000; Leone et al., 2007; Leone et al., 2014; Love et al., 2020; Karakurt et al., 2016; Nielsen et al., 2016; Schneider & Brimhall, 2014; Sillito, 2012; Simpson et al., 2007). Situational couple violence can be identified by a *lack* of ongoing coercive control and dominance by one partner (Myhill & Hohl, 2019). The level of physical violence may be low or may be extreme, the violence may be by one partner or both, but it is not part of a wider pattern of control tactics by one person. Although one or both people may feel frightened during incidents of violence, neither feels controlled by or frightened of the other on a day-to-day basis (Johnson, 2008; Stark, 2007). In situational couple violence both parties maintain autonomy in their daily life. For example, they can maintain contact with friends and family, they can leave the house freely, and freely engage in work and social activities. Situational couple violence may be the result of difficulty regulating emotional responses and/or resolving conflict without resorting to violence (Johnson, 2008; Johnson & Ferraro, 2000; Schneider & Brimhall, 2014; Simpson et

al., 2007; Stark, 2007). Situational couple violence is more likely to arise in situations of high stress, including poverty (Clearly Bradley & Gottman, 2012; Johnson & Ooms, 2006; Stith et al., 2011). Situational couple violence is not one single dynamic but is an umbrella term that defines any kind of relationship violence that is not characterised by control (Johnson, 2008). It can vary significantly in terms of what triggers it, how often it occurs, how serious the violence is and how severely the victim/s are impacted (Johnson et al., 2014). Situational couple violence may require different interventions to coercive control, for example couples counselling or other joint work with couples, as it often involves relationship dynamics in which both contribute to conflict escalation (Armenti et al., 2016; Cleary Bradley & Gottman, 2012; McCann, 2021; Simpson et al., 2007; Stith & McCollum, 2011).

### **Critiques of the Typology**

Even researchers with a specific focus on coercive control have acknowledged that not all DFV is coercive control (ANROWS policy brief on defining and responding to coercive control, 2021; Beckwith et al., 2023; Pence & Dasgupta, 2006). Some researchers however, have argued that differentiating between coercive control and situational couple violence could lead to the experiences of women who are victims of DFV being downplayed as ‘only’ situational couple violence, and that this could place women and children at further risk of abuse and violence, particularly in the context of family or criminal court settings (Emery et al., 2016; Meier, 2015; Moloney et al., 2007; Ver Steegh & Dalton, 2008). Other researchers have claimed that situational couple violence characterises only a small minority of DFV cases and is therefore not relevant to most DFV services or research, including child protection (Humphreys & Campo, 2012). Johnson (2008) himself emphasised the dangers of not recognising coercive control and suggested that professionals working with families should err on the side of caution and assume any DFV is coercive control until proven otherwise, because the potential consequences of missing coercive control are too high.

Researchers have argued that, for this reason, systems or services that encourage differentiation between DFV types should have capacity to review assessments regularly in response to new information and so minimise any potential risk associated with differentiating between high and low/no control dynamics (Vlais et al., 2017).

Other researchers have raised concerns about the capacity or willingness of those who work with families impacted by DFV to accurately assess or utilise any kind of DFV typology. These researchers, however, have not focused specifically on child protection practice and have either primarily focussed on perpetrator typologies, as opposed to differentiating between coercive control and situational couple violence (Vlais et al., 2017), or have considered typologies in general, without specifying which is meant (Boxall et al., 2015). These researchers did not suggest that differentiation between DFV types is bad or unhelpful, but concluded that although some caution is required, further research is needed on this issue (Boxall et al., 2015; Vlais et al., 2017).

Some critiques of a differential approach appear to be based on a misunderstanding of the characteristics of coercive control and situational couple violence. For example, Conroy et al. (2022) recently conducted a large-scale literature review aiming to test the validity of Johnson's typology. They found that although a sample of all literature purporting to examine the typology indicated very mixed results, when the researchers only included studies that accurately represented the violence types, these overwhelmingly supported the concept of two different DFV types. An example of a study that concluded the distinction between DFV types was irrelevant was conducted with women in New Zealand (Gulliver & Fanslow, 2015). The researchers asked the women about their experiences of DFV, including whether their partner had used controlling behaviour. They concluded that situational couple violence was not present in their sample, despite many women they surveyed (64% of women experiencing moderate physical violence, and 46% of women who experienced severe

physical violence) stating they had not experienced any controlling behaviour from their partner. The researchers argued that because all of these women had experienced what the researchers termed ‘emotional abuse’, the DFV in these relationships could not be classed as situational couple violence. Emotional abuse, however, is not the same as coercive control, as some behaviours that could be classed as emotional abuse, such as name calling, threats and other verbal aggression, can be part of mutual conflict in situational couple violence. They should not in and of themselves be construed as coercive control if they are not accompanied by other controlling behaviour that impacts on the day-to-day autonomy of the victim (Johnson, 2008; Johnson et al., 2014; Stark, 2007). Both Johnson (2008) and Stark (2007) emphasised that behaviour cannot be separated from impact when assessing for coercive control, as some behaviours may not obviously seem to be controlling but can cause a victim to feel controlled and scared, and others, such as accusations of infidelity, are not necessarily indicative of coercive control if they do not result in one person feeling controlled, scared, and/or having limited autonomy and freedom. Stark (2007) gave the example of a woman he worked with whose husband used coded signals when out in public to indicate to her that she had transgressed his rules, for example handing her a jumper to wear. Handing someone a jumper may seem to be an innocuous action, but Stark explained that the woman knew when this happened that her husband was angry, and it immediately caused her fear.

Researchers who have argued that differentiating between coercive control and situational couple violence is not useful or is potentially harmful (e.g., Meier, 2015) appear to be motivated by a desire to ensure the effective protection of women and children from the harms of coercive control (Emery et al., 2016). This is understandable as coercive control has historically been overlooked or dismissed, and if coercive control is not recognised the risks of harm and even death for women and/or children are significant (Meier, 2015; Stark, 2007; Stark & Hester, 2019; Ver Steegh & Dalton, 2008; Wangmann, 2011). The aim of this thesis

is in no way to dismiss these concerns, but I believe they must be weighed against the potential benefits of a differential approach in the specific context of statutory child protection interventions, and the potential risks that may come with treating all DFV in the same way. As Johnson (2023) recently noted, the growing evidence in research for the validity of the typology means that any service working with families impacted by DFV must consider the risks inherent in not distinguishing between coercive control and situational couple violence.

### **The Child Protection Context**

To effectively explore whether and how differentiation between coercive control and situational couple violence is applicable or beneficial in child protection practice, it is important to first consider how child protection differs from other settings, such as family court or domestic violence services, which have been the focus of previous cautions against differentiating between DFV types (Meier, 2015; Moloney et al., 2007; Ver Steegh & Dalton, 2008; Wangmann, 2011). Researchers have argued that the prevalence of coercive control and situational couple violence found by studies varies depending on the setting and sampling method used (Leone et al., 2007; Johnson et al., 2014). Statutory child protection differs from settings such as DFV shelters or specialist women's DFV support services in which researchers consistently find high rates of coercive control (Johnson et al., 2014), in part because the child protection caseload includes many couples who remain together and/or situations in which women may not be seeking help or assistance (Melchiorre & Vis, 2013; Wiegers, 2023). Cases where one parent has already left or is in the process of trying to leave a violent partner, and/or are already trying to protect themselves and their children may not meet the threshold for child protection intervention, at least not in relation to DFV, as child protection services do not have the legislative power to make parenting orders (i.e., legal orders in relation to parental custody or parental responsibility) or domestic violence

protection orders. For this reason, the needs of such adult victims and their children are often perceived to be better met by other services such as the family court and/or police (Higgins & Kaspiw, 2008; Wiegers, 2023). In families subject to child protection intervention, parents often want to remain together and/or maintain contact, and there is little evidence regarding what works to protect children when they remain in homes where a parent who is using or has used DFV remains present (Gatfield et al., 2021; Humphreys & Campo, 2012). As such, the focus of child protection interventions has often been primarily on “leaving or ending the relationship as the ideal plan of safety” (Jenney et al., 2014, p. 93), even when this may not be what women want or believe will create safety for them or their children (Humphreys & Campo, 2012).

Most families with child protection involvement are also characterised by high levels of complexity such as parents having their own histories of trauma and maltreatment, using substances, and living in poverty (Bartlett et al., 2017; Bromfield et al., 2010; Doidge et al., 2017; Featherstone et al., 2019; Humphreys et al., 2021; Procter et al., 2022; Russotti et al., 2021; Wiegers, 2023). Some of these factors may be associated with situational couple violence, for example one or both members of a couple having unhealthy attachment styles which can result from childhood abuse and neglect (Schneider & Brimhall, 2014), and stress caused by living with poverty and disadvantage (Clearly Bradley & Gottman, 2012; Johnson & Ooms, 2006). Researchers have also found that a history of childhood abuse is predictive of women’s use of violence against a male partner (Kaufman-Parks et al., 2023), and both Johnson (2008) and Stark (2007) argued that women’s use of DFV is much more likely to be situational couple violence than coercive control. Further, in two separate studies which have explored how childhood experiences of maltreatment are linked to adult perpetration and victimisation of DFV, the researchers found that experiencing physical abuse or neglect in childhood was more strongly linked to being in a relationship characterised by bi-directional



DFV as an adult than being either a perpetrator or a victim of one-directional DFV (Renner & Witney, 2012; Richards et al., 2016). My intent is not to argue that coercive control is not prevalent in families with child protection involvement or that an understanding of coercive control is not vital in child protection practice. It is important to understand, however, that research which has been conducted with samples characterised by high levels of coercive control may not be transferrable to settings in which DFV could include substantial amounts of situational couple violence (Cunningham & Baker, 2004; Johnson et al., 2014; Simpson et al., 2007). Similarly, research conducted in settings other than statutory child protection, in which families might have different characteristics to those of many families with child protection involvement, may not be wholly applicable to the child protection context.

Although there are currently no studies that examine the prevalence of differing types of DFV in the child protection caseload, some studies have included information that gives an indication of whether the DFV described by participants/observed in the sample was coercive control or situational couple violence. For example, in a study (Haight et al., 2007) in which researchers interviewed 17 mothers who had child protection involvement and had also experienced domestic violence, the researchers noted that eight of the mothers “described interference with personal liberty including the intentional restriction of everyday activities such as going to work or to visit relatives, financial restriction and imprisonment” (p. 49). This indicates that these eight mothers had experienced coercive control, and that the other nine in the sample did not describe the kind of interference with personal liberties one might expect to see in a relationship characterised by high levels of coercive control (Johnson 2008; Stark, 2007). Connelly et al. (2006) examined whether DFV continued over time for couples who had been referred to child protection services, but whose children were not removed. They found that for the majority of the women (over 60%), DFV ceased completely in the year following the initial survey, even for women who had experienced severe physical

violence initially. As coercive control is far less likely to cease over time and situational couple violence often lessens or ceases over time (Johnson 2008; Stark, 2007), this could indicate a significant proportion of situational couple violence in this group.

My intent in this thesis is not in any way to downplay the importance of understanding and addressing coercive control in child protection practice and research. However, as I have discussed, situational couple violence may also be important in the child protection context. In light of this, I will explore whether an approach that focuses only on coercive control meets the needs of the range of families with child protection involvement, or whether there is a need for an approach that differentiates between coercive control and situational couple violence.

### ***Risks of a Homogenous Approach to DFV in Child Protection Practice***

Several researchers have argued that using a homogenous approach to DFV in settings such as child protection and family court is unlikely to be in the best interests of all children and families (e.g., Cunningham & Baker, 2004; Featherstone et al., 2020; Johnson, 2006; Johnston, 2006; Kaspiew et al., 2010, Moloney et al., 2007) In child protection practice, there is risk of significant and lasting harm to children if interventions do not adequately address risk factors such as DFV and child maltreatment. Inadequate or unsuitable interventions with families can result in children either being separated from their families and placed in out-of-home care or experiencing ongoing abuse and risk of harm if they remain with their families (Love et al., 2020). An assumption that all DFV is coercive control could increase the risk of such inadequate or inappropriate interventions being utilised and may make it more difficult for child protection practitioners to work co-operatively with families. This is illustrated in a study which focussed on the differing perspectives of child protection practitioners and mothers in cases involving DFV (Jenney et al. 2014). The researchers described how practitioners held certain assumptions about DFV and became

frustrated when women did not act as they thought they should, for example if they did not appear scared of their partner or did not feel that DFV was impacting negatively on their children. The researchers noted that this issue was particularly noticeable in practitioners who had received DFV specific training as they used a particular lens to understand DFV and characterise women impacted by it, this being that DFV is caused and characterised by men's power and control and that women are trapped in abusive relationships due to gendered social and economic disadvantage. When these practitioners encountered situations and women who did not conform with this understanding this led to increasing frustration for both the practitioners and the mothers, and limited capacity for them to work together to address risk to the children in these families.

Equating all violence in intimate relationships with coercive control can also do a disservice to those women who are victims of coercive control. Even Pence herself (who developed the Duluth model which has been pivotal in defining DFV as coercive control), noted that assuming all DFV is of this nature may obscure “the complexity of its original meaning and its connection to the real experiences of survivors of ongoing intimate abuse” (Pence & Dasgupta, 2006, p. 6). In a child protection context, this could mean that practitioners educated to understand all DFV as coercive control, while also potentially working with families experiencing situational couple violence, may not understand how coercive control can impact differently on adult victims and children to situational couple violence.

Another risk is that a sole focus on coercive control may lead to underlying or co-occurring risk and harm factors being unaddressed. As noted by Love et al. (2020), the majority of child protection responses and interventions for DFV focus on coercive control, but do not necessarily address the kinds of issues that lead to situational couple violence such as communication skills, conflict resolution or emotional regulation, or do not address these

in a joint way with both partners. They stated: “when couples choose to remain together after the offender completes a treatment program focused on coercive control but do not participate in an intervention addressing relationship factors, the likelihood of violence occurring again remains high” (p. 928). For children in such families, this would leave the risk to them in witnessing or otherwise being exposed to inter-parental conflict and violence unaddressed. Further, researchers exploring the links between substance use, DFV and fathering found that in cases where DFV was not characterised by significant coercive control, an intervention (the Fathers for Change program) which focussed on addressing issues such as emotional regulation, co-parenting and communication was effective in reducing DFV and substance use, and improving fathering (Stover, 2015). A later evaluation of this program (Beebe, 2023) also found it was effective in addressing abusive parenting by men who had used DFV and who had statutory child protection involvement.

Some researchers who have centred the voices and lived experience of Aboriginal and Torres Strait Islander people (Andrews et al., 2021; Blagg et al., 2018; Blagg et al., 2020; Blagg et al., 2022; Carlson et al., 2021) have also suggested that defining all DFV as being characterised by coercive control may not meet the needs of Aboriginal women, men, and families. These researchers have argued that the mostly white, feminist understanding of DFV as a pattern of coercion and control caused by patriarchy is not congruent with how many Aboriginal and Torres Strait Islander women themselves understand DFV. The Aboriginal and Torres Strait Islander community leaders who participated in these studies described DFV as being the result of the harms of colonisation, including drug and alcohol use. They also identified a need for Indigenous-led services that can work with families, helping them to develop non-violent conflict resolution skills, respectful family and community relationships, and to restore lost cultural norms and practices. As Aboriginal and Torres Strait Islander children and families are significantly over-represented in the Australian child protection

system (Australian Institute of Health and Welfare, 2022), there may be a particular need for approaches that do not assume all DFV is characterised by coercive control in Australian child protection practice and research.

### **Current Gaps in the Literature**

Researchers who have explored how differing types of DFV may impact differently on children have suggested that differentiating between coercive control and situational couple violence could help to better understand children's experiences (Haselschwerdt et al., 2019; Jaffe et al., 2008; Johnson, 2006; Johnston & Campbell, 1993; Katz, 2016; Lawson, 2019; Wangmann, 2011), but have also highlighted the lack of knowledge in this area and the need for further research (Katz, 2016; Lawson, 2019). Most research about how DFV impacts on children has not specified which type of violence is meant, resulting in significant disparity and confusion in this area (Cunningham & Baker, 2004). There is extensive literature about differentiating between coercive control and situational couple violence in the context of family court (Jaffe et al., 2009; Johnson, 2006; Johnston, 2006; Meier, 2015; Moloney et al., 2007; Ver Steegh & Dalton, 2008; Wangmann, 2011), but this does not necessarily translate to the child protection system as family court systems are, by definition, dealing with cases where the parents are separated, whereas in the child protection context many cases involve families in which parents are still in a relationship (Humphreys & Campo, 2012; Wieggers, 2023). There is currently very little literature that differentiates between coercive control and situational couple violence in a statutory child protection context (Lawson, 2019)

### **The Research Question and the Next Steps**

Over the course of this thesis, I will explore the research question of whether and how differentiating between coercive control and situational couple violence could be beneficial in child protection practice with families in which DFV has been identified as posing a risk to children. In the following chapter I will explain how my background as a child protection

practitioner has inspired and influenced this thesis and explore the important theoretical ideas and values that underpin my research approach. I will then provide a brief overview of the methods I have used to explore my research question, before setting out the three studies that I undertook.

## Chapter 2. Theoretical Perspectives Informing this Thesis

I come to this thesis as a practitioner-researcher. I am a social worker and for most of my career I have worked in statutory child protection. I was drawn to study social work because I wanted to explore the way human stories are shaped and sit as part of a larger meta-narrative and felt drawn to a field that seemed to encourage curiosity and acknowledgement of complexity. In social work we are asked to look beyond the individual person to consider how people are shaped by and live in relationship with other people, systems, ideas, and beliefs. My personal values are grounded in non-dualism – an epistemological approach that rejects the idea that there is one right way of thinking, doing or being, and that encourages embracing multiple truths and sources of wisdom. I came into social work with a strong sense of social justice and desire to create change, with an equally strong desire to explore beyond conventional ways of thinking, and a comfort in sitting with multiple ideas at once.

I began a career in child protection practice immediately after graduating from my social work degree. Coming to child protection practice as a newly graduated social worker can be discombobulating, in part because theoretical education often does not prepare us for the complex realities of practice (Tham & Lynch, 2021). When I started child protection practice as a new social work graduate I was, with little preparation, thrust into lounge rooms where the smell of squalor was so overwhelming it sat in my nose for days, where it seemed like poverty and despair were ground into the carpet alongside cigarette ash and pet fur, where stained and bare mattresses made-do as children's beds and sheets taped over windows blocked out the daylight. The sensory overwhelm and the palpable weight of emotion that defined these experiences was not something my studies had prepared me for. I perched on the edges of sofas while toddlers with nappies so full they sagged to their knees crawled over my lap, and I asked scared and angry parents to share the most vulnerable parts of their lives

with me. The clear, sure explanations that had been presented to me in textbooks, journals and lectures on various theories seemed woefully inadequate and disconnected from the harsh realities of suffering I was tasked to sit alongside and try to understand. In these lounge rooms and kitchens, and from these parents and children I learned that things are rarely clear cut – that most human difficulties have multiple causes, that people are neither wholly good nor wholly bad, and, most importantly, that I knew infinitely less than I thought I did. The experiences I had in child protection practice were, to me, a confirmation of the value of non-dual thinking and the importance of sitting with more than one truth at a time. In learning from the stories of the families I worked with I have come to believe that any theory, framework, or practice tool that claims to have all the answers and leaves no room for the murky and multi-layered nature of human lives is inherently at odds with what I see as good child protection practice. That is, curious, flexible, and rich with the learning of multiple ideas and explanations.

In statutory child protection work our job is primarily to keep children safe. Where possible we try to do this by keeping children in families, knowing that the alternative of removing children from families and placing them in out-of-home care, is fraught with difficulty and heartbreak and not always a guarantee of safety (Moore et al., 2017). We are tasked with deciding when risk crosses the line into being unacceptable and the consequences of getting this wrong can be tragic – whether we get it wrong by leaving children in families where they suffer further harm or get it wrong by placing children in care who may not need to be there. There is no formula that can tell us with assurance when indicators of risk or prior harm might result in tragedy, or when it is safe to err on the side of keeping families together. No matter how good we are at our job we accept that child protection practice presents us, on a daily basis, with a wicked problem – we work in the knowledge that we can rarely be



assured of getting it right and our practice is always touched by the shadow of uncertainty (Munro, 2019).

In child protection practice our dilemma is always one of holding a child-focus at the centre of our practice but balancing that with compassion for the parents we are working with, many of whom were once themselves children harmed by abuse and neglect. This requires holding multiple, at times competing, theoretical perspectives simultaneously and accepting that more than one thing can be true – parents can be both people that deserve compassion and support *and* people that have harmed their children; children need a sense of belonging and connection with family *and* may need to live elsewhere to be safe. Because, to me, the very essence of child protection practice is the balancing of perspectives and acceptance of complexity, this is the lens I have applied for this thesis, in the hope of finding an approach to DFV in child protection practice that is nuanced and encompasses the wide range of experiences, backgrounds and stories of the families I have worked with and learned from.

### **Child Protection Practice Theories**

Research suggests that social workers, including child protection practitioners, often lack clarity regarding which theories they rely on in their work and/or how they apply these in practice (O’Gorman, 2013; Teater & Hannan, 2022). This may be in part due to the complexity of this area of work, which necessitates the use of multiple theories to explain the issues faced by children and families involved with child protection systems and inform best practice for working with such families. Trauma and attachment are two key theories used in child protection practice and I consider these central to my approach in this thesis. Although they are among the most important, they also sit alongside multiple other theoretical perspectives that I have drawn upon as a practitioner-researcher.

Trauma theory is central to child protection practice as it helps us to understand how abuse and neglect impact upon children, both in the long and short term, and also informs an understanding of why parents who themselves have experienced trauma may struggle with some aspects of parenting (Ainsworth & Hansen, 2014; Levenson & Grady, 2016; Perry, 1997). With regard to children there is a focus on developmental trauma, that is trauma that occurs during childhood and impacts negatively on how children are able to develop (Spinazzola et al., 2021). Developmental trauma theory is closely linked to attachment theory (Kisiel et al., 2014), and not only informs how we understand and assess risk and harm to children, but also how we understand and respond to the difficulties faced by parents involved with child protection service (Ainsworth & Hansen, 2014).

Attachment theory explains how humans, in particular young children, form relationships with caregivers. Attachment theory was initially developed by John Bowlby and Mary Ainsworth and focussed on infants' relationships with their mothers, suggesting that infants develop either secure or insecure attachments with their mother based on how mothers are able to consistently respond in ways that meet the infant's physical and emotional needs (Bretherton, 1992). In child protection practice attachment theory, alongside trauma theory, is important as it suggests that children are at risk of significant long-term psychological harm, even in the absence of acute risk to physical safety, in homes where abuse, neglect or difficulties experienced by parents mean children do not receive the kind of care that would facilitate healthy parent-child attachment (Bruce et al., 2019; Jaffee, et al., 2013), and that, alternatively, healthy attachments can support safety even in families where children are at increased risk of abuse and neglect (Jaffee et al., 2013).

Trauma and attachment theories have been central to my approach in this thesis because both play a key role in our understanding of how living with DFV can impact upon parent-child relationships and may, for children, lead to increased risk of mental health difficulties,

behavioural problems and of becoming a perpetrator or victim of violence in adult relationships (Galbally et al., 2022; Jaffee, 2002; Jouriles et al., 2008; Levendosky et al., 2011; Paul, 2019). These theories also contribute to understanding possible causes and contributors of DFV (Buck et al., 2012; McKee et al., 2012; Miles-McLean et al., 2021; Travers et al., 2022), particularly with regard to the heightened incidence of family violence in families and communities who have been harmed by colonisation and racism (Andrews et al., 2021; Blagg et al., 2022).

### **The Importance of a Child-Centred Approach**

Being child-centred, or child-focused is not in and of itself a theoretical approach, but it is a way of doing practice and research that positions children and their experiences at the centre (Kozziel et al., 2023). Child-centred practice includes listening to what children have to say, prioritising their right to participation, and prioritising their safety and their experiences. Child-centred research is, perhaps surprisingly, somewhat unusual in the field of DFV. Even research on how DFV impacts on children has been dominated by studies that rely on information from adults, primarily mothers, rather than children themselves (Erikson, 2022) and some researchers have suggested that there is an inherent difficulty in trying to adopt both a child-focussed approach and a feminist approach (Cotê et al., 2022). In this thesis I have used a child-centred approach in that the experiences of children and young people in families impacted by DFV have been the key consideration, both in interpreting existing literature and in the research conducted. In using this approach, I have given importance to the needs and experiences of adult victims of DFV, and even perpetrators of DFV, while keeping my primary focus on the needs of children and on whether and how differentiating between coercive control and situational couple violence could potentially benefit them.

In this thesis I have focussed on DFV in the context of statutory child protection practice. Even when DFV research does consider the views of children and young people,

such research may not include the views of children and young people who have had child protection service involvement, including those living in out-of-home care. Researchers who have reviewed studies that included the views of children impacted by DFV have found that most such studies rely primarily on DFV victim support services, in particular women's counselling or shelter services, to recruit children (Arai et al., 2021; Buckley et al., 2007; Damant et al., 2020; Noble-Carr et al., 2021). As a result, these studies primarily represent children who have a parent (usually their mother) who has sought help for DFV and who are still living with that parent. Use of such sampling methods may mean that children who have had child protection involvement, including those in out-of-home care, are less likely to be able to share their views in DFV research. DFV research that *is* specific to child protection often involves seeking the views of mothers or services who work with mothers rather than children themselves (e.g., Douglas & Walsh, 2010; Stewart & Arnull, 2022). Researchers who have looked at the experiences of children in other contexts, for example children living with disability or chronic illness, have argued that parental views about their children's experiences or needs may not equate to those of children (Garth & Aroni, 2003; Gannoni & Shute, 2010). This is equally relevant in child protection and/or DFV contexts, with the additional consideration that parents with child protection involvement, including when DFV is a risk factor, are likely to be experiencing challenges that may impact on their ability to recognise and/or communicate about their children's views and needs, such as substance use and/or mental illness (Fitz-Gibbon et al., 2020; Henry, 2018). Further, researchers have shown that the likelihood of children being placed in out-of-home care in the context of DFV is highest when maternal abuse or neglect and lack of empathy for the child are also risk factors (Milani et al., 2022). Reviews of child protection cases involving serious harm or the deaths of children have highlighted that despite the need for a focus on parental strengths, this should not equate to seeing parents, particularly those who experience difficulties that

significantly impact on their parenting capacity, as always being reliable judges of the level of risk to their children or their children's needs (Ferguson, 2017). As a practitioner-researcher with a child-focus I have had to find a balance between giving weight and value to the views and voices of parents, including mothers who are victim-survivors of DFV, and recognising that children's experiences and views - particularly in cases where children have experienced abuse and neglect - may differ from those of parents. I have approached the research I have undertaken for this thesis from this perspective.

### **Domestic and Family Violence Theories**

As well as using the theoretical underpinnings of child protection practice I have described above, I have drawn heavily on theoretical perspectives that inform understandings of DFV. The field of DFV has been plagued by disagreement between different perspectives, primarily those of feminist theories and family violence theories (Johnson, 2008). Not all schools of feminism approach DFV in the same way, however broadly speaking, researchers using a feminist perspective understand DFV as a gendered phenomenon where men use violence to control and dominate women, and which is caused by social systems in which men hold power and privilege over women in both families and society at large (Bohall et al., 2016; Johnson, 2008). In this explanation, power imbalances (typically between men and women in heterosexual relationships), ideas about the roles men and women have in relationships and society, and the social and financial disadvantages women living in patriarchal societies face allow and support men's use of violence and control and women's entrapment in abusive relationships (Johnson, 2008; Johnson et al., 2014; Stark, 2007). Because a feminist understanding of DFV focuses on power and control, those using this theoretical perspective see physical violence as part of a larger pattern of control that also includes other behaviours such as controlling a victim's social interactions, financial freedom, and personal choices (Bohall et al., 2016). A feminist understanding of DFV has been central

to the development of treatment and support approaches such as the Duluth model and power and control wheel, which is used in many behaviour change programs across the world (Bohall et al., 2016). Researchers using a feminist perspective have largely argued that child protection services working with families where there is DFV should focus on the way the behaviour of male perpetrators of DFV harms both mothers and children, including the impact it may have on the parenting capacity of mothers and the mother-child relationship (see, for example, Cote, 2022; Healey et al., 2008; Humphreys et al., 2011; Humphreys et al., 2020; Lapierre et al., 2010; Mandel & Wright, 2019; Thiara & Humphreys, 2011)

In contrast to feminist theories, family violence theory understands DFV as an individual or family level problem in which individual factors of one or both people in a relationship such as personalities, attachment style and psychopathologies result in conflict or relational behaviours that escalate to violence (Haselschwerdt et al., 2011). In family violence theory gender plays a lesser role, with proponents of this theory pointing to general population surveys indicating that men and women use violence in relationships in equal measures. Those using family violence theory have tended to see DFV as conflict behaviour and a relational problem in which both parties play a role in the dynamic, rather than as a deliberate use of power and control by one person over another (e.g., Clearly Bradley & Gottman, 2012; Dutton, 2007; McCann, 2021; Moore & Florsheim, 2008).

Adherents to these contrasting theoretical perspectives have had little common ground and have produced studies that, from the perspective of the researchers, support their position (Cunningham & Baker, 2004; Johnson, 2008). This dualistic approach of explanations to DFV is in contrast to the multi-faceted and nuanced way of thinking and doing that has formed me as a child protection practitioner. Neither feminist theory nor family violence theory in isolation can accommodate the messy reality that a child protection worker faces when they sit in the home of a family in which intergenerational trauma, the stress of living in

poverty, mental illness, addiction, and experiences of racism, ableism and classism are the background to DFV and/or child abuse and neglect. Insistence on there being only one way to understand or approach an issue as complex as DFV risks minimising or misconstruing the experiences of people whose story may not fit with that particular approach. For child protection services and practitioners, this may mean we miss opportunities to identify and address potential causal or exacerbating factors of DFV, explore the relationships between DFV and other risk and harm factors, and potentially increase the capacity of families to safely care for their children (Love et al., 2020).

As a practitioner-researcher, it was this experience of complexity I saw in the families I worked with that led me to look beyond theoretical explanations of DFV that focussed on a singular cause or suggested all DFV has the same characteristics. Neither the feminist theories I had learned during my social work studies nor the family violence theories I learned about in my own reading seemed to fit all the different situations I saw in my practice. In some families I worked with, there were clear signs of controlling behaviour by fathers or stepfathers such as mothers/victims who were fearful of their partner/ex-partner, isolated from family and friends, and who wanted help. In other families I worked with, children described to me that both their parents used violence or aggression toward one another, mothers told me they were not afraid of their partner and wanted to remain in a relationship with them, and couples told me that they had times where they fought but that these were triggered by alcohol or drug use or certain issues of conflict rather than being part of a pattern of control and dominance by one person. As I heard these stories I wanted to understand why in some families DFV appeared to be characterised by control and dominance, and in others it appeared to be driven by conflict and not a dynamic where the victim was afraid of the perpetrator or wanted help. When I found some articles that talked about the differentiation between coercive control and situational couple violence it was as if

I had opened a window that shed bright light onto something that had been obscured by shadow – they suggested to me that my experiences as a practitioner had a real explanation and, importantly, that there may be a need for different practice approaches to support families experiencing these different kinds of DFV.

### ***Differentiating between Coercive Control and Situational Couple Violence***

As discussed in the preceding literature review chapter, some researchers have argued that coercive control and situational couple violence are differing kinds of DFV, with different causes, characteristics, and impacts (Johnson, 2008; Stark, 2007). The distinction between these violence types has given me a framework through which to understand how the experiences and needs of children in families where one parent uses a range of behaviours to control and dominate the other, may be different to the needs and experiences of children in families where DFV occurs primarily in the context of mutual conflict and where both parents may use violence. When I learned about this distinction it gave shape to my sense that the one-size-fits-all approach I saw in many theories about DFV was not suited to the level of complexity that characterised the families I worked with, and suggested to me that a more nuanced approach may be needed. Researchers have argued that the findings of studies done with samples characterised by either predominantly coercive control or predominantly situational couple violence do not necessarily apply to all DFV in general (Johnson et al., 2014; Simpson et al., 2007). Simpson et al. wrote: “It is highly unlikely that results drawn from a sample of severely violent couples in which one partner is dominating and controlling the other will be generalizable to a population of couples in which common couple violence is more prevalent” (p. 280). Further, they stated the same would apply the other way (i.e., that results from a sample of couples experiencing situational couple violence would be applicable for cases of coercive control). This implies a need to re-consider approaches to



DFV based on such studies, including in child protection practice, to ensure interventions are appropriate to the nature of DFV in a given family.

One of the things that appeals most to me about the idea that there may be potential to differentiate between coercive control and situational couple violence is that it allows use of *both* feminist and family violence perspectives – it suggests that both theoretical perspectives have value, and that neither offers a complete explanation of DFV or is true in all situations or all families. In coming to understand DFV as variable I have not rejected a feminist perspective or an understanding of DFV as a gendered issue, but I have had to find a feminist perspective that allows for nuance and can incorporate or at least comfortably sit alongside other perspectives. As a practitioner who has worked largely with people impacted by multiple kinds of disadvantage and marginalisation it is important to me that the feminist approach I use is inclusive and not built solely on the perspectives of white, cis-gendered, straight, able-bodied, and socio-economically advantaged women. Intersectional feminism offers a feminist perspective in which the experiences of women who experience multiple levels of disadvantage are centred.

### ***Post-Modern and Anti-Essentialist Feminism***

Early iterations of feminism, sometimes called ‘radical feminism’ focussed primarily on women’s oppression at the hands of men and patriarchal societal systems, often at the exclusion of other forms of oppression which impact on women, as well as children and some men. Feminist scholars who took this position and wrote about DFV tended to assume that both women and children were impacted by men’s dominance and that women and children’s interests were intertwined (Damant et al., 2008). Through this lens, child abuse by women was seen as a “means of defence or a survival strategy” (Damant et al., p 126). Over time, the development of postmodern feminism has given rise to new perspectives which allow greater capacity to consider other issues that impact not just on women but also on

other marginalised groups. One of these is intersectional feminism, in which the impacts of patriarchy or gendered power imbalances in relationships are considered together with the power imbalances women may encounter due to their race, disability, sexuality and socio-economic status (Damant, 2008).

Postmodern feminism also differs from radical feminism in that it veers away from essentialism, that is, the idea that all men are alike due to biologically or socially defined characteristics, and all women are alike in the same manner. Anti-essentialism, in contrast, suggests that although there are some aspects of living in a gendered and patriarchal society that impact on all women, women in general are more different from one another than alike (Goodmark, 2009). Goodmark (2009), who has written extensively about anti-essentialist approaches to DFV, stated: “Anti-essentialism requires us to delve into the complexities of the lives of individual women who have been battered, rather than considering women who have been battered collectively” (p. 5). An intersectional anti-essentialist approach recognises that all women (including trans-women) live within and are impacted by patriarchy but rejects the idea that this means all women experience DFV in the same way.

Using an intersectional and anti-essentialist approach, Goodmark (2009; 2011) suggested that if some women understand their partner’s violence as being caused by the partner’s experiences of trauma or racism, or if some women feel a strong sense of autonomy even in a violent relationship, their perceptions and experiences are valid and should not be erased by explanations of DFV that make presumptions about its causes or dynamics. Further, Goodmark (2011) argued that such presumptions may lead to service-system responses that actually disempower women and reinforce rather than lessen their victimisation. Other scholars using an anti-essentialist post-modern feminist approach have rejected the notion that DFV can be defined as a singular thing, or that all men’s violence toward women differs from other forms of violence, including women’s violence toward other women, men, and

children (McHugh et al., 2005). The aforementioned authors wrote: “we argue against the conceptualization of intimate violence as a single truth or as a debate between polarized positions, and we reject either/or dichotomies as simplistic and not helpful”. (p. 323)

An anti-essentialist post-modern feminist approach therefore allows for an understanding of DFV that recognises the importance of gender in DFV, particularly in coercive control, and is not limited to locating the cause, characteristics and impacts of DFV *only* within gender and gendered power imbalances. This iteration of feminism can recognise the importance of coercive control as a distinct kind of violence that particularly impacts on women and children, but also allows a definition of DFV that includes other kinds of violence.

### **A Reconciliation of Differing Theoretical Approaches**

In differentiating between coercive control and situational couple violence we accept that no one explanation for why and how DFV occurs and impacts on families is right, but that the context, characteristics and impacts of DFV must all be considered to understand it. An approach that differentiates between coercive control and situational couple violence allows for consideration of the causal roles a range of issues (e.g., substance use, the impacts of inter-generational trauma, and social and economic disadvantage) may play, not instead of, but as well as gendered power imbalances and the context of patriarchy. If we move beyond an assumption that DFV is *either* an issue of male power and dominance *or* an issue of couple conflict, we can move toward an understanding of DFV that allows both to be true, in varying degrees, depending on the individual circumstances, background and identity of each family we work with.

Ferguson et al. (2020) articulated this beautifully when they wrote about the need to embrace what they called a ‘social model’ of DFV in child protection practice. This is a model that is holistic, moves beyond a coercive control-only explanation of DFV, and

recognises the role complex factors such as socio-economic disadvantage can play in both DFV and child abuse and neglect. They stated:

“A social model in the area of domestic abuse asks all involved to engage in sophisticated and nuanced practices. It obliges the most careful attention be paid to individual stories of pain and trauma *and to* social understandings of inequalities and suffering and the shame associated. It is vital that either/or logics are eschewed.” (p. 18)

In combination with a post-modern anti-essentialist feminist approach, the coercive control/situational couple violence distinction provides a way to acknowledge the complexity often seen in the families we work with. These two approaches, which both emphasise the variability of DFV and those who use or are impacted by it, bring a potential to understand DFV not as a homogenous phenomenon in which each case of DFV is alike in cause and impact, but as a heterogenous one. This allows for a nuanced understanding of the causes of DFV and the kinds of interventions and supports that may be needed by families impacted by it, rather than relying on single explanations of causes or reliance on one particular kind of response to DFV.

By bringing together the theoretical perspectives I have outlined here I will use this thesis to explore whether differentiating between coercive control and situational couple violence could improve child protection practice with children and families impacted by DFV. My hope is that in doing this, I will meaningfully contribute to a child protection approach that centres the experiences of children while also recognising the needs of parents who may themselves be vulnerable, and that is inclusive and responsive to the needs of a wide variety of families.

## Chapter 3. Methodology Overview

For this thesis I have undertaken three studies in which I explored the research question at different levels. These are:

- The policy level – a discourse analysis of Australian child protection DFV practice guides.
- The practitioner level – interviews with Australian child protection practitioners.
- The client level – a case-file analysis of intake reports from an Australian child protection department.

My intent is for the structure of this thesis, and the three studies, to reflect three different levels or perspectives which, in my practice experience, make up child protection systems and practice.

The first of these, the policy level, is the one developed by department leaders who create policies and practice guides, which are usually represented in documents so they can be read and used by practitioners. At this level, people creating these policies and practice guidance documents use knowledge or ideas from the DFV research and literature to determine how child protection practitioners should work with clients. Sometimes departments may also partner with external experts, for example from a university department, to develop these policy and practice guidance documents. Such documents have to be approved by departmental leaders and they may have to reflect or be consistent with broader government policies in the relevant area. At this level, the policy and practice guidance documents are intended to influence practice and have possibly been influenced by research with practitioners or clients, but the people developing and writing the policy and practice guidance documents are not necessarily child protection practitioners themselves (Hood, 2016). Those working at the policy level are often using a theoretical *understanding*

of an issue, and attempting to *present* that issue in a way that will communicate that understanding to practitioners.

The next level is the practitioner level, at which child protection practitioners, usually with a particular professional qualification or skill set such as social work or psychology, carry out case management and/or assessment work directly with clients. Practitioners are influenced by the policy level because they use policy and practice guidance documents to guide their work. As well as using their professional skills and knowledge, child protection practitioners must carry out their work in the way the policies of the organisation require. There may be certain steps, protocols, and processes that they must follow when working with families. For example, there may be processes or guidelines for how to interview children or parents, or how to support children or parents impacted by particular issues.

Child protection practitioners sit in between policy and the children and families they work with. They are influenced, supported, guided, and possibly limited, by policies and practice guidance, but also enact them upon clients. Because policy and practice guidance are developed at a theoretical level, and because they have to be reflected documents of finite length, they do not, and cannot, include every potential scenario a child protection practitioner may encounter in their work. In the work of child protection practitioners, the situations they encounter are often messy, unpredictable, and uncertain, and may be unlike the way they are presented at the policy level (Hood, 2016). The way practitioners *perceive* an issue is influenced both by policy and practice guidance, but also by what they observe in the families they work with, and they then have to *respond* in a way that attempts to address problems to ensure children are safe.

Finally, there is the client level. While child protection practitioners carry out practice, children and their families are at the receiving end of it. These children and families are the reason child protection departments exist, and the reason policies and practice guidance are

developed, but the real life of client families is distinctly removed from the policy level. Children and families do not have power to make or influence the policies and practice guidance that ultimately has an impact on their lives. At the client level, the issues that policies and practice guidance focus on are not theoretical, they are a real and everyday part of life. Children and their families *experience* them firsthand, and are *impacted by* both the issue itself, and the way the child protection department, and child protection practitioners, understand, present, perceive and respond to the issue.

These three levels are linked and influence one another, but they are also separate. The way those working at the policy level *understand* and *present* an issue may be quite different to the way practitioners *perceive* and *respond* to it. The way children and/or parents and caregivers at the client level *experience* and are *impacted by* the issue may be different again.

### **The Three Studies of This Thesis**

The aim of this thesis is to consider the research question, the potential relevance of differentiating between coercive control and situational couple violence, at the three levels I identified, in the form of three separate studies. I will begin by exploring how DFV is understood and presented at a policy level, then how it is perceived and responded to by child protection practitioners, and then finally how children and families may experience and be impacted by DFV. I have approached my research differently for each of these three studies by using three different methods.

#### ***The Policy Level – Discourse Analysis***

The first study is a discourse analysis of Australian child protection practice guides specific to DFV, the second is a qualitative thematic analysis of interviews with child protection workers, and the third is a case-file analysis of a sample of cases from the South Australian Department for Child Protection. I will give a detailed description of the methodological process for each study at the beginning of the relevant chapter, and in this

current chapter I will explain why I chose each research method, and the role each method plays in developing the structural and narrative arc of the thesis.

At the policy level, documents are written carefully and deliberately. They undergo processes of editing and review, and writers and reviewers deliberately choose words and language to communicate their understanding of, and beliefs about, DFV. Because these documents are written in this very deliberate and careful way, analysing the language and content in a very detailed and deliberate way is an ideal way to understand them (Dugmore, 2014; Slembrouk, 2001). For this reason, I chose to undertake a discourse analysis on these documents.

### ***The Practitioner Level – Thematic Analysis of Interviews with Child Protection***

#### ***Practitioners***

To explore the research question at a practitioner level I chose to interview child protection practitioners. I used semi-structured interviews for this stage because, at the practitioner level, child protection work is deeply relational. It involves conversations between practitioners and children, practitioners and parents, and conversations between teams of practitioners. Although work at the practitioner level is guided by written policies, guides, and processes, it also involves on-the-spot thinking, reflecting, and communicating. I chose a semi-structured interview approach (Adams, 2015) because I wanted the child protection practitioners I interviewed to be able to share their thoughts naturally and openly and to relate to me as a researcher in the same way they might relate to colleagues during the processes of decision making and reflective practice. In the interviews the practitioners shared their experiences of working with client families and/or the things they had learned in their practice. Although their experiences varied, there were also many commonalities. I wanted my analysis to reflect the rich variances in the practice-wisdom the participants shared with me, and to illustrate the importance of the common themes that arose. I chose to



use thematic analysis because this allowed me to represent these themes in an organised way, while allowing me to include quotes from participants that illustrated the complexities of their practice experiences (Braun & Clarke, 2021; Clarke & Braun, 2017).

### ***The Client Level – Case-file Analysis***

For the final study I wanted to gain a better understanding of DFV from the perspective of children and families. Ultimately I wanted to explore how children in families with child protection involvement may experience DFV, but I knew that interviewing the children themselves would be challenging both in terms of recruitment and ethical issues. For this reason, I chose to focus instead on understanding the characteristics of DFV and co-occurring issues in families with child protection involvement, and then using a child-focused lens to consider what the results may mean for children. To do this, I undertook a case-file analysis of 100 intake reports from the South Australian Department for Child Protection. Using this approach allowed me to collect data on a substantial number of families and, although the study was qualitative in nature, I was able to gather some quantitative data to support my analysis (Witte, 2020). For me, the process of a case-file analysis using a relatively large number of families, in which I analysed each family as an individual case but then used that data in an aggregate fashion, was illustrative of the differences between the policy level and client level of child protection practice. The large number of families child protection organisations work with mean that analysis of the work of the organisation must use quantitative measures to determine trends and issues, for example the numbers of children entering out of home care each year, or the number of Aboriginal families involved with child protection services. At the same time however, these numbers reflect individual families and children, each with their own story, their own challenges and their own sorrows and joys. Although my case-file analysis required me to put each family in a category and then reflect on the characteristics of the category as a whole, rather than the details of each family, the

fact that my data were based on the individual and unique stories of children and families was at the forefront of my mind. As I recorded the data in de-identified form and then analysed it, I had a picture in my mind of each child and each family, and an intent to honour the importance of their stories, just as I have done with families in my own practice experience.

### **The Path Ahead**

Through the three studies in this thesis, I will take you on a journey through the three organisational levels, and in the final chapter I will explore how the findings of each study relate to each other. From this, I will propose a new approach and practice model that integrates theoretical knowledge of both DFV and child protection with the complexities of real-life practice with children and families. The methodological arc of this thesis, which reveals a picture of growing complexity over the three studies, mirrors my growth as a practitioner researcher over the course of this thesis. As I have undertaken these three studies, I have had to critically reflect on my own beliefs and values to encompass complexity and become comfortable with not-knowing, even as I have learned more about my research question. In my journey from the clear and authoritative place of policy documents, through the reflective insights of child protection workers to intake reports that illustrate the distressing realities of the children and families who are impacted by DFV, abuse and neglect, I have had to abandon notions of clarity and sureness and embrace an understanding of my research question that is more nuanced than it was when I began. The methods I have used in the three studies deliberately allowed for this increasing nuance and complexity. The discourse analysis enabled a careful and deliberate exploration of words and language in expertly written practice guides. The thematic analysis allowed me to identify common themes from the rich and varied reflections of child protection practitioners. Finally, the case-file analysis provided a way for me to explore, illustrate, and learn from the multi-layered and raw stories of the families that are at the heart of child protection practice. In this way, each

study builds on the previous one and leads toward a conclusion that is not necessarily a definite answer, but an invitation to embrace uncertainty and heterogeneity, and to a practice approach that recognises the uniqueness of each child and family and their needs.

## Chapter 4. Discourse analysis of Australian child protection practice guides on domestic and family violence: Method

The first study I undertook for this thesis is a discourse analysis of practice guides specific to DFV from five Australian state child protection departments. Discourse analysis has typically been used for analysing policy texts, including in a child protection context (Dugmore, 2014). Discourse analysis is essentially a way of using language to better explore and understand a text, for example considering why an author has used certain words, what the choice of words tells us about the intent of that author, and how the choice of words may impact on the reader's interpretation of the text (Dugmore, 2014).

There are several kinds of discourse analysis and the approach used depends on what the researcher wants to understand about the text. Analysis can focus purely on the text, for example which words are used, how often they are used and the meanings of the words. Analysis can also consider factors such as author intent or how the text may impact on readers. As the practice guides I analysed are documents that are intended to both express the beliefs and position of the government department producing them, and to be used by practitioners to guide their work, I chose to use a Critical Discourse Analysis (CDA) approach. In CDA, the text does not sit in isolation, but is considered both as something that emanates from writers who have created the text with a particular intent and opinions, and as something which will be read by an audience (Slembrouk, 2001). Fairclough (2003) noted that *"a particular discourse includes assumptions about what there is, what is the case, what is possible, what is necessary, what will be the case, and so forth"* (p. 58). By uncovering these assumptions that are either explicit or implicit in the text, I hope to explore how they potentially influence content, and how the text might be interpreted and used by the intended audience.

Researchers have commonly used CDA to examine how use of language can convey underlying beliefs or assumptions about DFV and how this can also impact on how the reader perceives the issue (Eesteal, 2018). It has also been used to examine how language and content in child protection policy documents can illustrate underlying beliefs and intended messages. Both DFV and child protection are complex and multi-faceted issues, and research on these topics may include varying views, beliefs, and opinions rather than agreed facts. CDA is an ideal way to analyse documents that deal with the intersection of DFV and child protection practice because critically examining the use of language prompts us to think more deeply about why writers of such documents have presented the issue the way they have and have included or excluded certain content.

CDA is also an ideal choice for analysing documents such as child protection policies or practice guides because it allows for exploration of political and social influences (Fairclough, 2003). Child protection departments are, at least in Australia, government organisations. Although child protection policy documents, including practice guides, are written by experts with specific knowledge, they also cannot be isolated from the social and political context of broader government policy, for example if the government has endorsed a particular view of an issue, a document written by the government funded child protection department may have little scope to endorse a different view. They must also be congruent with the legislative requirements for statutory child protection intervention. In Australia each state government has their own legislation in relation to child protection, and these vary regarding whether and how DFV is specifically included as a risk or harm ground that can justify state intervention in the lives of children and families (Australian Institute for Family Studies, 2023). Such influences and underlying views and beliefs are revealed in text by “discursive practices” (Hood, 2016, p. 126), which encompass not just choices of words and

syntax, but also the choice of content and the overall message the reader takes away from the document as a whole.

Child protection practice guides fall under the category of what is referred to in discourse analysis literature as ‘sense-making stories’ (Locke, 2004) - that is they are documents that both emanate from and inform a particular practice or set of ideas. Hood (2016) noted that the sense-making stories of child protection policies often reflect and endorse the idea of certainty (i.e., that policy documents often present the causes and characteristics of social issues as certain and predictable and give the message that if the readers enact what the document is telling them to, the outcome will also be certain and predictable). One of my aims was to determine whether the practice guides endorsed the idea of certainty, or whether they allowed for uncertainty, complexity, and diversity. In a linguistic sense, certainty can be implied by the use of words such as ‘is’, or ‘will’, or ‘must’ etc., as opposed to words that convey uncertainty such as ‘might’ or ‘may’ or ‘could’. Certainty can also be conveyed by including alternative ideas or suggestions. For example, if I were to write a helpful guide for parents telling them: “most children love taking orange flavoured medicine or can easily be persuaded to if offered some chocolate as a reward”, and do not include any discussion on how parents could manage the issue of a child who refuses to take their orange flavoured medicine even with all the rewards in the world on offer, this would reveal an underlying assumption that the latter group are so rare as to not warrant consideration, and a certainty that I am correct in this assumption. This may be fine if 99% of children do behave as I assume they do, but if my assumption is wrong, and only 60% of children do in fact behave in the way I assume (i.e., if children are actually more complex and diverse in their attitudes to medicine taking than I assume they are) my guide would not be useful for many parents. To determine whether the practice guides endorsed ideas of certainty regarding DFV, I considered both the language they used, and whether they included content

that would be relevant to different types of DFV, or content that was only relevant to one type.

In CDA, coding is often used to identify key themes that emerge from the text (Slembrouk, 2001) but the nature of the practice guides meant that this step was not necessary. Because the practice guides were all relatively similar in structure and topic, they naturally contained themes that I could use to structure the analysis. For example, each document gave a formal definition of DFV, each included discussion on causes and/or risk factors, each included discussion on working with perpetrators and each included discussion on working with victims of DFV. In most cases, these themes were already set out by headings in the document – there was no in-depth analysis or coding required to identify them. For this analysis I initially considered the formal definition used by each document, then moved to a broad overview of the whole document, and finally addressed each of these key themes/topics one by one.

The practice guidance documents I have analysed in the following section are long – several are over 100 pages. The use of language and the potential implications of this are so complex that I could have easily devoted an entire chapter to exploring one aspect of the use of language, for example when the documents referred to mothers and children they often used dyadic language such as ‘mother-child’ or ‘mother and child’, rather than speaking of mothers and children separately. This could lead into an exploration of what this language use might reveal about beliefs about mother-child relationships and how mother-child relationships have been construed in child protection practice and research. In undertaking this analysis there were many such language uses that drew me into deep thought about their meaning and implications. It was tempting to examine each in minute detail, but I wanted my examination of the language used by these documents to sit at a higher level, to determine how language and content together pointed to a set of underlying beliefs and/or assumptions

about DFV and families impacted by it. To this end, I have limited my analysis to the set of themes that emerged from the practice guides. I have included only a brief discussion on each particular use of language and topic, to ensure these contribute to a cohesive overall picture and help to answer the research question of the thesis. In the broader context of this research question, I wanted to determine whether the language used by the documents may be built on and encourage only one understanding of DFV, or whether the language was inclusive of differing types and dynamics of DFV. I then wanted to examine how this flowed into content and practice recommendations, to determine whether the apparent beliefs and assumptions underlying the document could be limiting these. For example, I examined whether documents in which language was indicative of a coercive control-based understanding of DFV also provided practice recommendations only applicable to coercive control. I also wanted to consider whether the position the document took on the nature and dynamics of DFV impacted the extent to which the document was child focused.

Because I undertook this thesis over the course of six years, the documents analysed may not be the current versions in use by each department. As I write this it is 2023, however, the bulk of this discourse analysis was conducted between 2019 and 2020 and as such the documents used are the ones that seemed, based on the information from websites or department representatives, to be the most current at the time. It is possible that some departments now have updated or additional documents available that use a different approach or have different content. It is also possible that even in 2020 some states had documents in publication I was not aware of. Although I made every effort to track down the most relevant document/s for each state/territory, the information one is given when seeking information about government documentation can vary depending on who one speaks to or where one looks, and as such it is likely I was not able to capture all relevant content. The ever-changing nature of policy and practice guidance documents is a complicating and



limiting factor in this research, but I believe that even if the documents analysed in this thesis are no longer current, or if they are not the only documents that guide DFV focused child protection practice in a state or territory, this critical discourse analysis can still bring valuable learning. The intent of this analysis is not just to critique a particular practice guide or set of practice guides, but to explore and demonstrate how the underlying beliefs and assumptions about the nature of DFV revealed in language can influence, and potentially limit, the content and practice guidance of such documents.

As with any research method, there are limitations to CDA (Mogashoa, 2014). Because the nature of texts researchers might analyse varies so much, there are many ways to conduct discourse analysis and there are few set rules, which in turn can result in research that lacks rigour and objectivity. Additionally, conclusions that arise from the analysis are not necessarily certain, for example an analysis might conclude that the use of certain words implies something profound about author intent, when in reality it may be due to a word length limit. My intent was for this discourse analysis to be an exploration and a way for me to better understand the policy context of my research question, rather than being a path to set conclusions. Lastly, although discourse analysis relies on identifying how language reveals the beliefs, assumptions, biases, and intentions of the author/s of a text and the context they sit within, researchers writing about these texts are also impacted by assumptions, biases and socio-political contexts (Billig, 2008). As a practitioner researcher I am influenced by my own past practice experiences and colleagues, and as a person I am influenced by my own life experiences, values, and the social context I live within. The way I have written about the topics covered in this analysis no doubt reveals something of myself, and someone with significantly different experiences, beliefs and views might approach them quite differently.

I undertook this discourse analysis in two parts. The first is an in-depth analysis of each practice guide, where I have examined the language and content of each document in detail.

In this section the themes used to guide and structure the analysis are the ones that naturally arose from the structure of the documents, and my analysis is primarily limited to the text itself. I used techniques such as identifying the frequency, or lack thereof, of certain key words, and the contexts these occurred within, and reflecting on the way the use of certain words, such as modifiers or absolutes, impacted on the meaning of sentences or phrases. I also considered how the meaning readers may make of sentences, phrases and even paragraphs might be influenced by the broader language and content of the document, for example if one dot point or sentence gives a different message to the rest of the document, how might this context influence how the reader understands and acts on it?

Because discourse analysis is, by nature, subjective and relies on how I, the researcher, have read and interpreted the text, I have tried to give illustrative examples from the text as often as possible, to ensure as much transparency and rigour as possible. This frequent use of examples makes the analysis itself long and perhaps at times clumsy, but also, I hope, adds interest and richness.

Given that a key part of CDA is to locate the text within a larger context, it was important to me to follow this textual analysis with an examination of how the identified assumptions, language and content of the practice guides compared to the literature on both DFV and child protection. I structured this second part of the analysis by using the themes/topics that were identified as being common to each practice guide, while including detailed exploration of several sub-themes that arose from the part one analysis. For example, my analysis of the way each guide addressed the topic of ‘Working with men/perpetrators’, identified that men’s behaviour change programs were recommended by all of them as the most appropriate, or only, intervention for men who use DFV. Because this was such a key finding, it became a theme for part two of the analysis and prompted me to examine literature on men’s behaviour change programs. Similarly, the findings on the topic ‘causes of DFV’

led me to include the sub-themes of ‘substance use’, ‘mental health and stress’, and ‘anger management’ in part two of the analysis.

Although the two parts of this discourse analysis make up a substantial portion of this thesis, they are not intended to answer the research question. Instead, they are foundational in that they identify the scope and relevance of the issue I hope to explore. If I had conducted the discourse analysis and then found that the literature aligned entirely with the stance taken by the practice guides, I would not have a thesis. I would instead have a long and cumbersome endorsement of the status quo. What I found in the analysis of the practice guides, however, was confirmation of what my practice experience told me and encouragement to explore the question on deeper levels. As such, this discourse analysis acted as a gate that led me further down the path of complexity that the research question revealed to me over the course of this thesis.

## **Chapter 5. Discourse Analysis Part 1:**

### **Analysis of Australian Child Protection Domestic and Family Violence Practice Guides**

In Australia there is no overarching child protection system or legislation, so child protection is managed by state/territory departments, each of whom have their own policies, practice frameworks, and risk assessment methods. The government departments responsible for child protection in each state (at the time of writing) are as follows:

- The Department of Communities and Justice, NSW
- The Department for Health and Human Services, VIC
- Child and Youth Protection Services, ACT
- The Department for Child Protection, WA
- Territory Families, NT
- Child Safety Service – Children and Youth Services, TAS
- The Department for Child Protection, SA

Most child protection departments in Australia utilise some form of DFV specific practice guide, or practice framework, which provides information and practice advice to child protection practitioners working with families in which DFV has been identified as a factor that has harmed and/or poses a risk to children. Practice guides usually contain information about a topic, including summaries of relevant research or theories. Yet, they are not intended just to inform, but are meant to be implemented by child protection practitioners, in practice, with families.

As I have discussed in the previous chapter, the first step in my discourse analysis was to obtain practice guides from each Australian child protection department. Through this information gathering process I sourced DFV specific practice guides from five states and

territories: New South Wales (NSW), Victoria (VIC), the Australian Capital Territory (ACT), Western Australia (WA), and Queensland (QLD). I was not able to obtain DFV specific practice guides from South Australia (SA), the Northern Territory (NT), or Tasmania (TAS). Representatives of the South Australian Department for Child Protection advised me that their DFV practice guide was under review and as such could not be provided, and a representative of Territory Families advised that their department did not, at the time, have a DFV specific practice guide. For Tasmania, I submitted a formal research information request form, via email, and received confirmation of its receipt. Over the following weeks I sent two follow up emails asking for a response to my request, but I did not receive any replies. A representative from the ACT department contacted me in 2020, after I had undertaken my analysis on the document they originally provided, which was from 2018, and advised me that a newer practice guide was now in use. I then re-did my analysis using the more recent (2020) version of the document. The documents were very similar in terms of content and as such I have not included my analysis of the 2018 document. The WA department provided a practice guide and advised me that there was also second document used to guide practice with families where DFV presents a risk to children, the 'Case Practice Manual'. This is an online guide and, rather than being a cohesive document, it is a series of links that lead to sets of practice instructions, with some sections specific to DFV. I attempted to undertake an analysis of these sections, but as the format did not allow me to identify page numbers or search or analyse the document as a whole, this was challenging. In addition, the Case Practice Manual was largely similar in content to the primary practice guide, the 'WA Perpetrator Accountability in Child Protection Practice Guide'. For this reason, I chose not to include the Case Practice Manual in my analysis. I have, however, included a brief summary that highlights the areas in which it differed from the practice guide.

The practice guides I analysed are as follows:

- **Australian Capital Territory (ACT):** Domestic and Family Violence Guide (2020)
- **Victoria (VIC):** Working with Families Where an Adult is Violent (2014)
- **Western Australia (WA):** Perpetrator Accountability in Child Protection Practice (2013)
- **New South Wales (NSW):** Domestic and Family Violence Practice Kit (undated)
- **Queensland (QLD):** Domestic and Family Violence and its Relationship to Child Protection (2018)

## **Method**

As I have explained in the previous chapter, I used Critical Discourse Analysis (CDA) to determine how each document defined DFV and whether the language used in the document indicated that the writers understood DFV as only coercive control or only situational couple violence, or as a heterogenous phenomenon in which some DFV is characterised by coercive control, and some is situational in nature. To do this, I used descriptions of coercive control and situational couple violence given by Johnson (2008) and Stark (2007) and compared these against:

- a) The definition of domestic violence given by the document, and
- b) The language used in the content of the document.

To identify language as consistent with/indicative of a coercive control-based definition of DFV, I used the following criteria:

- Use of the words ‘control’, ‘dominance’, ‘power’ or synonyms of these to describe DFV.

- Words that described lack of control or autonomy when discussing victims, for example: ‘powerless’, ‘disempowered’, ‘controlled’, ‘manipulated’ or synonyms of these.

- Language that identified one ‘perpetrator’ or ‘abuser’ and identified the other person as ‘non-offending’.

- Language that indicated constancy/continuity of abusive behaviour and impacts, such as fear, rather than isolated incidents, for example: ‘ongoing’, ‘constant’, ‘pattern’, or synonyms of these.

To identify language as consistent with/indicative of a situational couple violence-based definition of DFV I used the following criteria:

- Words that described conflict when talking about domestic violence (e.g., ‘fights’, ‘conflict’, or synonyms of these).
- Words that implied mutuality when describing domestic violence (e.g., ‘mutual violence’ or discussed violence by ‘both’ parties).
- Direct acknowledgment or discussion of cases of DFV that are not characterised by coercive control.

Because terms such as ‘domestic violence’, ‘family violence’ and ‘domestic and family violence’ are socially created and evolving, their meaning may not be commonly shared between people, even between experts and researchers in this field (Tomison, 2000). For this reason, I started my analysis by looking at how each guide formally defined DFV, and then at how it described the behaviours, dynamics and impacts of DFV in overall content. I then analysed the language and content of the document to explore whether and how the definition or understanding of DFV used by each guide impacted on how the guide discussed other issues, and on the practice guidance provided. Given that all the guides were divided into

similar sections/topics, I used these to identify key themes to guide and structure my analysis.

The themes I have used are:

- Formal definition of DFV
- Overall definition/conceptualisation of DFV
- DFV other than male to female (including mutual DFV, women's use of DFV, and DFV in LGBTIQ+ couples)
- Causes of DFV
- Practice recommendations
  - General recommendations (if any)
  - Working with mothers/victims
  - Working with fathers/perpetrators
  - Working with children

To make this chapter easier to read I have used blue text (as well as quotation marks and page numbers) for direct extracts from the practice guides. If a section of text was more than 40 words or if I used more than one extract as a set of examples I indented and separated these from the rest of the text. If I identified a certain word or phrase as being important to the analysis, I bolded this in the extract.

This part of my discourse analysis (part one) is focussed primarily on the content of the practice guides themselves, rather than literature on each topic. I wanted to conduct the more reflective and contextual analysis based on the practice guides as a whole, rather than repeating this for each individual guide. I have used the results of part one of the discourse analysis to examine the content of the practice guides in the context of the literature and this makes up part two of the discourse analysis (chapter 6).



## ACT Domestic and Family Violence Guide

### *Formal Definition of DFV*

The ACT Family Violence Guide uses the term ‘domestic violence’ and describes it as “any act of violence that occurs between people who have, or have had, an intimate relationship” (p. 1). This definition is inclusive of both coercive control and situational couple violence as it does not mention power or control. The guide provides a separate definition for ‘family violence, defining it as “any act of violence between family members, as well as violence between intimate partners (domestic violence)” (p. 1). Again, this would be inclusive of both coercive control and situational couple violence, as well as other forms of situational violence such as conflict between extended family members, but the definition does not end here. The guide goes on to say:

“The central element of both domestic and family violence is an **ongoing pattern** of behaviour aimed at **controlling** another person through **fear**. This may include using violence, threatening violence or other forms of coercive behaviour. Domestic and family violence includes physical, sexual, emotional, psychological and economic abuse. In most cases, the violent behaviour, whether real or threatened, is part of a **range of tactics** to exercise **power and control** over women and their children” (p. 1).

The use of the words ‘controlling’ and ‘fear’ as well as the term ‘ongoing pattern’ in the first part of this definition are strongly indicative of coercive control. The wording implies that the behaviour is repeatedly used to create fear, and that the intent of the behaviour is to control another person. This paragraph also refers to use of a ‘range of tactics to exercise power and control’, again, strongly indicative of coercive control. In the last sentence of the paragraph the guide uses the modifying word ‘most’, acknowledging that it may not be applicable to all cases of DFV. Even so, the previous sentence describes the ongoing pattern of behaviour aimed at controlling another person as the ‘central element’ of domestic violence, which

means that situational couple violence is not encompassed by the definition of DFV given by the ACT guide.

### ***Overall Definition/Conceptualisation of DFV***

The term ‘coercive control’ is used eight times in the ACT guide. The words ‘power and control’ in combination are used nine times in reference to men’s behaviour toward women (and once to contrast elder abuse with domestic violence, saying that elder abuse does not always involve the use of power and control). Inclusive of the aforementioned terms, the words ‘control’ or ‘controlling’ in reference to men’s behaviour are used 47 times in the body of the document. This consistent emphasis on control, power and coercion is clearly indicative of a focus on coercive control. The guide also includes a table titled, “[recording impacts of physical behaviours associated with family violence](#)” (p. 19), which demonstrates how child protection practitioners could record the range of impacts DFV can have on adult victims and children. For example, the impact of a father tying a mother up with tape is that “[Mum lives in fear, hyper vigilant behaviour, always tries to keep Dad calm by doing what he wants](#)” (p. 19), and the result of a father attempting to strangle a mother is that “[Mum lives in fear but lies when the police attend the home. She is afraid if she tells the truth, CYPS will take her kids and Dad will kill her](#)” (p. 19). The emphasis on the victim’s fear and her attempts to placate the perpetrator of DFV shows that the guide is implying that the violence is part of a pattern of coercive control. The examples of abuse listed (i.e., the father tying the mother up with tape, the father threatening to harm the children) are dominating and controlling behaviours rather than behaviours of conflict. The guide does not give examples of DFV that would be consistent with situational couple violence. When discussing the impacts of DFV on maternal parenting, the guide is explicit in its focus on coercive control. It provides a list of “[effects of power and control tactics on a mother](#)” (p. 14), and suggests that the victim/mother’s fear, distress, and anxiety are ongoing states that characterise the family

environment, which is strongly suggestive of coercive control rather than situational couple violence.

“Mothers trying to parent in an environment characterised by **fear** of retaliation, are generally **distressed, scared and anxious** for a large part of their day. This can cause their children to question if their mother can protect them” (p. 14).

In contrast to the use of language and examples that are consistent with coercive control, the word ‘fight’ is used just three times in the document. One use is in the aforementioned table about the impact of physical behaviours, saying that:

“when they **fight**, Mum tries to get kids out of the way by sending them to her mother’s place in the next suburb” (p. 19). The document also notes that, “mutually violent’ is a label often unfairly given to women who defend themselves or their children by ‘**fighting back**’ or taking steps to assert themselves against their violent partners” (p. 2). In this context, it is clear that the guide is not using the term ‘fighting back’ to imply a mutual fight, but rather a defensive behaviour in the face of violence from a partner. The third use is in the context of defining family violence in Aboriginal communities, saying that:

“The Victorian Aboriginal Family Violence Task Force defined family violence as: *‘An issue focused around a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities. It extends to one-on-one **fighting**, abuse of Indigenous community workers as well as self-harm, injury and suicide’* (p. 10).

This definition of family violence appears to include situational couple violence as it does not refer to coercive control being a defining factor. The ‘one-on-one fighting’ referred to could include violence between people in an intimate relationship as well as other extended family or community members. This is, however, limited to DFV in Aboriginal or Torres Strait

Islander families and communities and the guide does not include any practice advice specific to working with families (whether Aboriginal or non-Aboriginal) in which DFV is characterised by fighting, as opposed to coercive control.

The ACT guide uses the word ‘conflict’ twice in reference to behaviour between ex-partners, but not at all in reference to current partners. One use is within the risk assessment tool the guide includes, in a question that asks, “[is there any conflict between you and your partner regarding child contact or residence issues and/or current Family Court proceedings?](#)” (p. 37). As this is in reference to post separation conflict over child custody arrangements, rather than DFV itself, this phrasing does not indicate that the guide is recognising the existence or relevance of situational couple violence. Interestingly, the second use of the word ‘conflict’ positions the word directly with the word ‘control’, stating that a “[report by ANROWS and AIFS \(2017\) found even after separating more than two years prior, a high rate of continued conflict and control remained](#)” (p. 7). The way these two words are combined in this sentence seems to imply that conflict and control co-exist, and the use of the word ‘continued’ implies that they co-existed when the relationship was still current. Although use of the word ‘conflict’ to describe DFV would be more consistent with situational couple violence than coercive control, the use of the two terms ‘conflict and control’ together somewhat muddies this and makes it unclear what kind of dynamic the guide is referring to. In the study the guide refers to, the researchers clearly separated parental conflict and DFV into two separate groups and they did not identify conflict and controlling behaviours as occurring together but suggested that both inter parental conflict *and* DFV characterised by controlling behaviours tend to continue after separation (Kaspiew et al., 2017).

The guide’s strong focus on coercive control can again be seen in the way DFV is overwhelmingly described as a pattern rather than a series of discreet incidents. The word

‘pattern’ is used 17 times to describe DFV, commonly in combination with the words; ‘power’, control’ or ‘coercive control’ (11 times). In contrast, the word ‘incident’ is used just once, and this use is to point out the cumulative impact of incidents (DFV or other sources of harm) on children, so still is not in reference to DFV that is characterised by isolated incidents (situational couple violence) rather than a pattern of coercive control.

***DFV Other than Male-to-Female Violence (Mutual DFV, Women’s use of DFV, and DFV in LGBTIQ+ Relationships)***

The ACT guide asserts that DFV is a gendered issue and states: “while national and international evidence acknowledges a small proportion of men are victims of domestic violence, most people who experience this violence are women, in a home, at the hands of men they know” (p. 1). Further, it argues that when women do use violence, this is different to men’s use of DFV, saying: “men’s violence against women is more likely to inflict severe injury and to result from attempts to control, coerce, intimidate and dominate than women’s violence against male partners which is more likely to be in self-defence when the male partner is violent (Bagshaw & Chung, 2000)” (p. 2). The guide also argues that perpetrators of DFV can mis-represent women’s use of violence as part of mutual conflict when it is in fact an act of self-defence.

“When women are accused of violence, the context for the violence and the purpose or message of the violence must be clearly understood. Research strongly indicates the concept of **mutual violence** can be used by perpetrators to justify their own violence and to reframe a woman’s attempt to **protect herself** and her child’ (p. 2).

The guide suggests that in cases where both parents have used violence, “it is extremely important to assess patterns of control in the relationship and separately interview both parties, plus carefully question children to develop a clearer picture of risk in the home and family functioning” (p. 2). This sentence acknowledges to some extent that the dynamics of

power and control are not the same in every relationship and therefore must be assessed, but it does not offer any advice for practitioners about what they might do if their assessment finds that there is no coercive control by either parent/caregiver. The guide reinforces the assertion that women's use of violence (either unilateral or as part of mutual violence) should be understood as a response to men's use of coercive control when it states: “**mutual violence cannot exist in a power dynamic where one partner physically and psychologically dominates the other**” (p. 2). The guide specifically urges child protection practitioners to record DFV in ways that do not imply violence is mutual, saying: “**do not use language that mutualises or minimises the violence as this is both misleading and shifts focus away from the perpetrator and his choice to use violence**” (p. 20). This message is repeated in a ‘practice tip’ box which warns that the wording of case notes should be: “**never in a way that mutualises violence**” (p. 20). The guide provides an example to show how child protection practitioners should record DFV and the wording indicates that a situation of coercive control is being described by referring to the mother/victim modifying her behaviour due to fear of how the father/perpetrator will react. In the example it states:

“Dad’s violence towards Mum has affected the family in many ways. Mum has suffered a broken rib, a black eye and torn earlobe. She has been unable to find work because she is **afraid** this will upset Dad” (p. 20).

The guide includes a very brief section on DFV in LGBTIQ+ relationships. It states: “there are many aspects of domestic violence unique to LGBTIQA+ relationships, such as threats to ‘out’ information about the person experiencing the violence, like their sexual orientation or HIV status, or to cut off their contact with LGBTIQA+ communities” (p. 9). The reference to threats by a perpetrator of DFV is more consistent with coercive control than situational couple violence, but the discussion is limited to this one sentence. There is no other information about how DFV in such relationships might differ from DFV in

heterosexual relationships, or whether LGBTIQ+ parents/caregivers may require different supports or interventions for DFV to those the guide recommends for parents/caregivers in heterosexual relationships.

### *Causes of DFV*

The ACT guide explores factors that may increase the likelihood and severity of DFV and states that risk factors can interact in complex ways, but states: “Despite the co-occurrence of certain factors with family violence, none is causal” (p. 4). The guide does not specify what the causes of DFV are. It gives a list of factors that can indicate that DFV poses a high risk of harm and many of these are behaviours that are part of coercive control (Johnson, 2008; Stark, 2007). They include threats of suicide, threats to harm children or pets, stalking, isolating the victim, sexual assault of the victim, and controlling behaviour. Others, however, could be relevant for both coercive control and situational couple violence, including a parent/caregiver losing employment, use of weapons, and a parent/caregiver having a mental illness (the guide does not specify what kind of mental illness is meant). The guide also identifies escalation of violence as being indicative of risk of serious harm, and although escalation of violence would likely indicate increased risk of harm in both coercive control and situational couple violence, violence is more likely to become more severe over time when DFV is characterised by coercive control, than when it is situational in nature (Johnson, 2008; Stark, 2007).

Finally, despite stating earlier that none of the issues that co-occur with DFV are causal, the guide identifies two factors that increase the risk of DFV occurring. These are drug and alcohol use and financial difficulties. The guide does not explore how or why financial difficulties could be linked to DFV. In relation to the risk factor of drug and alcohol use, however, the guide states:

“A serious problem with illicit drugs, alcohol, prescription drugs or inhalants leads to impairment in social functioning and creates a risk of family violence. This includes temporary drug-induced psychosis” (p. 5).

This is strongly suggestive of situational couple violence, as the violence is seen as due to ‘impairment in social functioning’ or even ‘drug-induced psychosis’ rather than the exertion of power and control. The terms ‘leads to’ and ‘creates’ imply a direct causal relationship, which seems to contrast the guide’s earlier assertion that none of the co-occurring factors it lists cause DFV. The guide does not clarify how this type of violence might be different to coercive control or discuss how child protection practitioners should work with families in which drug or alcohol use has caused or exacerbated DFV.

### ***Practice Recommendations***

**General.** The ACT guide suggests that when assessing DFV, the main priority for child protection practitioners should be to:

- “Identify the **coercive control** and patterns of violence,
- assess the **coercive control** and patterns of violence,
- identify the actions being taken by the mother to protect,
- assess the ways this **control** and violence affects the whole family,
- take action to protect children and their mother from the violence” (p. 17).

The use of the words ‘identify’ and ‘asses’ implies that coercive control *is* present and affects ‘the whole family’. The way the suggestions are phrased does not give scope for determining whether or not coercive control is a factor. The word ‘identify’ is used again in relation to actions taken by the mother to protect, implying that these protective actions exist and need to be identified, rather than assessing to determine whether or not the mother has taken such actions.



**Working with Mothers/Victims.** In each of the 82 times the guide uses the word ‘mother’, it describes the mother as the victim of the violence. The term ‘non-violent parent’ is used to refer to the victim of DFV in a non-gendered way, however, the guide clearly states that when this phrase is used, it primarily refers to mothers. As I have noted above, the guide suggests mothers are usually protective of their children. It says:

“Safety planning must be focused on partnering with the **non-violent parent (usually Mum)** to develop strategies that will protect their child and themselves in a way that clearly assigns responsibility for the violence with the perpetrator” (p. 21).

“Research shows most women in violent relationships make great efforts to prevent, stop and escape their partner’s use of violence. They also go to considerable lengths to prevent or minimise the impact of the violence on their children” (p. 18).

“Efforts made by mothers to minimise the impact of violence on their children may individually be small but together create a picture of positive parenting under extreme pressure. They might include locking children outside or in their rooms, taking them to a neighbour, leaving them with a friend or telling them to run and get help. Also, sometimes at first glance efforts might look like compliance with the perpetrator’s agenda – buying drugs to keep him happy, making sure the house is tidy, providing alcohol or money to placate him. It is critical when working with mothers experiencing violence not to make judgements about her parenting capacity until safety has been achieved for her and her children” (p. 18).

In this passage, the use of the words ‘placate’ and ‘keep him happy’ implies that the mother’s actions are driven by the perpetrator’s use of coercive control and are part of her efforts to protect herself and her children from him. The passage as a whole suggests that any maternal parenting capacity issues are likely due to DFV and likely to improve when mothers are safe. The guide encourages child protection practitioners to identify how a father’s use of DFV has

caused or exacerbated issues such as the mother struggling to care for the children and/or using drugs or alcohol.

“Mum’s parenting capacity is affected by the violence – attachment, emotional availability, hypervigilance, confidence, credibility in her child’s eyes. Mum has a drug and/or alcohol habit that is impacted by the violence – exacerbated, caused by, prevented treatment of” (p. 20).

The ACT guide also includes a section showing how power and control tactics might affect a mother’s parenting (p. 15) which describes the mother modifying her own behaviour to try to placate the perpetrator, being denied money to buy food for children and experiencing “depression, anxiety, poor sleeping etc.” which “compromise mothers’ capacity to care for children and provide for their daily needs”. As these are specifically described as power and control tactics, it is clear the guide is intentionally describing the impacts of coercive control. This section also describes issues such as drug and alcohol use, mistreatment of children, leaving children with inadequate caregivers, and making age-inappropriate demands of children as survival strategies or placating strategies in the context of the mother being controlled and afraid. The guide does, to some extent, acknowledge that mothers may have experienced parenting difficulties or drug and alcohol misuse prior to DFV, but suggests that these have likely been exacerbated by the perpetrator’s use of DFV, saying: “any issues that may have been intensified by the violence, such as mum’s mental health or drug misuse, must be addressed over time, understanding these concerns have likely been affected by the domestic violence” (p. 21).

The guide focuses almost exclusively on the risks to children presented by violent fathers, rather than the risk potentially posed by both parents. The guide uses the singular when referring to “the person who has created risk and safety concerns for the children” (p. 21), indicating that only one parent (the perpetrator of DFV) is responsible for harm. There is

no mention of maternal child abuse that is not directly linked to a mother's experience of coercive control and no indication of how practitioners could assess whether, and to what extent, maternal abuse or neglect is linked to being a victim of coercive control. It states:

“Child protection systems are required to move away from reinforcing ‘society’s double standard toward parenting, with low standards for fathers and higher standards for mothers’ (Metheny et al., 2011). This standard results in a failure to address the person who has created the risk and safety concerns for the children” (p. 21).

There is a section on safety planning that instructs practitioners to focus safety plans on the behaviour of the father/perpetrator rather than the mother. It states: “Safety planning must be focused on partnering with the non-violent parent (usually Mum) to develop strategies that will protect their child and themselves in a way that clearly assigns responsibility for the violence with the perpetrator” (p. 21). The guide also states that practitioners should be alert to the fact that a perpetrator's use of coercive control may impact on the mother's ability to make safe decisions for herself or her children, even after separation:

“Be aware a parent's capacity to implement a Safety Plan can be significantly impacted by controlling and violent behaviour – even post-separation. Safety planning must support the mother to live safely with her children by addressing the causes of violence honestly with the father” (p. 21).

The guide instructs practitioners: “effective safety planning builds on the mother's current efforts to protect her children, based on what she knows about the perpetrator's patterns of violence and control” (p. 21). It does not discuss what should be done if a mother has not made efforts to protect her children or is not able to describe the perpetrator's pattern of violence and control, indicating that this advice is based on a presumption that mother's do make efforts to protect their children, and that DFV is characterised by one perpetrator's pattern of violence and control. The guide states that in some cases safety plans are not

appropriate, for example if the perpetrator of DFV does not acknowledge their behaviour or the need to change, and suggests that in these cases, child protection practitioners should support mothers to seek legal protection for themselves and their children. It does not provide any advice about what practitioners should do if mothers do not want such legal protection or do not agree that DFV poses a risk to themselves or their children. The guide contains a small section on referring women who use violence to services. In this, it reinforces its prior assertion that women's use of violence is usually linked to prior experiences of being a victim of violence:

“Intervention programs are also available for women who use domestic or family violence – these differ to MBCPs<sup>1</sup>. For example, they are almost exclusively provided as individual counselling rather than group programs because of low referral numbers. Also, for most women, prior experience of violence is a significant factor in their offending” (p. 25).

The guide does not contain any other suggestions for working with women who have used DFV.

**Working with Fathers/Perpetrators.** The gendered approach used by the ACT guide means that when men/fathers are discussed, this is exclusively in the context of them being the perpetrators of DFV. The guide highlights the importance of holding men who use DFV accountable and considering how use of DFV is linked to parenting:

“Men who use violence should be held accountable for their violence through skilful engagement that discusses how their functioning as a father is impacting each child (Metheny et al., 2011). Safety planning should involve the perpetrator of violence wherever possible, regardless of their location. Engagement needs to hold fathers to the same high standards of parenting we apply to mothers. Further, fathers must be required

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<sup>1</sup> MBCP = Men's Behaviour Change Program

to demonstrate parenting capacity in the same way we would assess a mother's capacity" (p. 21).

This statement is equally applicable to coercive control and situational couple violence. Even in the case of situational couple violence holding fathers who use violence accountable would be important, as would involving them in safety planning and holding them to the same standards as mothers. The use of the singular 'perpetrator', however, assumes that only one person has used violence, and as the guide does not discuss mutual violence it is not clear how this advice could be applied in cases where there is no clear victim-perpetrator dynamic. Despite stating practitioners should hold men who use DFV accountable through skilful engagement, it does not provide any further advice on how this should be done. The guide recommends Men's Behaviour Change Programs (MBCPs) as the most appropriate option for men who have used DFV:

"Intervention programs working intensively with men who use domestic or family violence are often referred to as 'Men's Behaviour Change Programs' (MBCPs). These are highly specialised and differ from anger management or general counselling. MBCPs include consideration of power and control dynamics, gender socialisation and safeguards against collusion' (p. 25).

"A variety of methods are often used, such as:

- feminist and gender-based psychoeducational techniques to address the men's perception of entitlement and use of power and control,
- cognitive-behavioural strategies to target violence-supporting attitudes and behaviours,
- narrative approaches to support the development of non-violent ways of being" (p. 25).

The references to entitlement, power, and control as being a focus of MBCPs show that the guide is referring to programs specifically meant to address coercive control.

The guide notes that some men may have co-occurring issues such as substance use disorders or mental illness, and states that in some cases these may mean that men are not able to participate in an MBCP. It argues, however, that treatment of these issues should not be used instead of an MBCP but should be used alongside or potentially prior to it:

“Generally, manageable mental illness or substance misuse issues, and others such as housing insecurity and problem gambling, can be addressed concurrently with an MBCP, either by the same provider or by another specialist. In the most severe cases, the MBCP assessment process may identify the need for substance misuse or mental health intervention prior to and in preparation for MBCP participation” (p. 25).

As I discussed in the section on ‘working with mothers/victims’, the guide gives advice to practitioners about safety planning and suggests this should focus on the behaviour of fathers/perpetrators, rather than mothers. Much of the safety planning advice given by the guide could be applied to one-directional situational couple violence as well as to coercive control. Like most other parts of the guide, however, the safety planning advice is based on the underlying assumption that there is one perpetrator and one safe/non-violent parent:

“In developing a Safety Plan, it should:

- Ask **the perpetrator** to leave the home, not the mother or child.
- Ask **the perpetrator** to make decisions based on the needs of **his** child, such as: continuing financial support for his partner and child, to pay household bills while **he** is out of the home, to pay the costs of a car and/or education.

- Clearly stipulate the behavioural expectations of CYPs<sup>2</sup> – for example, stopping all violence, threats, name calling and criticism, and completion of a **perpetrator intervention program**.
- Engage where possible extended family, kin, community elders and/or respected friends to hold **the perpetrator** to account” (p. 22).

The guide provides an example of a safety plan based on this. It includes the actions of the father attending an MBCP, not using violence or verbal abuse, staying with a family member for 12 weeks, attending an alcohol addiction support group (alcoholics anonymous), and attending counselling at Relationships Australia (the nature of this counselling is not specified). The guide also states: “sometimes a Safety Plan is not an appropriate tool in the family violence space, particularly where **the perpetrator** is unwilling to take steps to address their behaviour” (p. 22). As above, much of this could be applicable to situational couple violence as well as coercive control but assumes that there is only one person using violence or abusive behaviours.

**Working with Children.** The guide asserts that speaking to children and recording their views is important, saying: “it is essential you take the time to discuss and record in clear language, exactly how a child is experiencing violence” (p. 20). In and of itself, this would allow child protection practitioners to record whatever a child says, whether the child’s views and experiences are of one parent using coercive control, or of both parents using violence or acting in ways that make the child feel unsafe. The passage does not sit in isolation, however, and the guide gives further directions on how practitioners should record and interpret information provided by children. These directions are based on the presumption that DFV is uni-directional, as seen in the use of the singular when referring to ‘the perpetrator’, the dualistic language of ‘perpetrator’ and ‘survivor’, and in the explicit

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<sup>2</sup> Child and Youth Protective Services (the ACT child protection agency)

warning to ‘never’ record information from children ‘in a way that mutualises violence’. The guide does not provide any direction around what practitioners should do if children disclose mutual violence by parents (other than not recording it this way). It states:

“At whatever stage you receive information about family violence, you are to record it in the following ways: clearly and in the child’s language where possible; with clear accountability to the perpetrator; in terms of the impact on the child, survivor and family functioning - never in a way that mutualises or minimises the violence” (p. 20).

As a way of providing guidance for interviewing children, the guide gives examples of what children may tell workers about their experiences of DFV. All are examples of either unilateral violence by fathers and mothers taking protective measures, or a mother’s parenting capacity being impaired due to her experiences of DFV:

“When Dad gets angry, I go and get the baby and we hide under my bed; when Dad starts to drink, Mum sends us to the old lady down the road and we stay there until she gets us; sometimes I can’t sleep because Dad is yelling at Mum; in the morning, Mum stays in bed because she feels sick and I have to get ready for school by myself” (p. 20).

The guide does mention therapeutic interventions for children when it discusses safety planning, however, it emphasises that these should be aimed at “strengthening the relationship between the child and their mother (and siblings) and developing the mother’s resilience and support networks” (p. 21) As in other sections, the guide does not discuss the possibility that children have experienced harm from maternal abuse, or that children may require individual therapeutic support.

### ***Summary***

The ACT guide appears based on an assumption that DFV is characterised by one-directional coercive control. The guide provides a formal definition of DFV as being characterised by coercive control and much of the overall language and content of the guide



is also consistent with coercive control. The guide does not discuss mutual DFV and asserts that when women use DFV this is likely to be in self-defence. Some of the practice advice the guide provides could be applicable in cases of one-directional situational couple violence as well as coercive control, but because it assumes that only one person is using DFV, and that one parent/caregiver is non-offending, the practice advice would not be applicable in cases where both parents are using DFV (i.e., mutual situational couple violence). The guide acknowledges that in some cases mothers who are victims of DFV may not be able to parent their children safely but asserts that in most cases maternal parenting difficulties are caused by the behaviour of the perpetrator of DFV, in particular his use of coercive control. Overall, the guide has a focus on one-directional coercive control which means that it would be difficult for child protection practitioners using the guide to assess, record or respond appropriately to situational couple violence, in particular mutual violence.

## **Western Australia: Perpetrator Accountability in Child Protection Practice**

### ***Formal Definition***

The WA Perpetrator Accountability in Child Protection Practice guide defines DFV as: “the **intentional and systematic** use of violence and abuse to create **fear** and to **control** the victim’s behaviour” (p. 5). It also notes: “a key characteristic of family and domestic violence is the use of violence or other forms of abuse to **control** someone with whom the perpetrator has an intimate or family relationship. **Power** is the critical dynamic” (p. 8). The word ‘control’ is central in both aspects of the definition. In the first sentence the word ‘fear’ alongside control is a further indication of coercive control, as are the words ‘intentional and systemic’. What the guide is describing is not violence that is mutual or is occurring due to arguments or fights escalating, or that is linked to a lack of emotional regulation or conflict resolution skills. In the second part of the definition the use of the word ‘power’, identified as a ‘critical dynamic’ reinforces that it is referring to coercive control.

### ***Overall Definition/Conceptualisation of DFV***

This definition is cemented in the overall content of the document with the word ‘control’ or ‘controlling’ being used a total of 59 times to describe men’s abusive behaviours. The word is coupled with the word ‘power’ twice and in the context of the term ‘coercive control’ five times. The words ‘power’ or ‘powerful’ are used in relation to men 11 times, and women are referred to as being ‘disempowered’ or ‘powerless’ in their relationship four times. There are three references to men feeling powerless, but the emphasis is on men *feeling* powerless and using this as an excuse for violence, rather than actually being powerless.

The word ‘pattern’ is used nine times to refer to men’s behaviour, usually in reference to their controlling behaviour. This is indicative of coercive control as it emphasises the way repeated behaviours form an overarching dynamic of one person having power and control over the other, rather than being a series of isolated incidents. In contrast, the word ‘incident’ is used only four times, and one of these is to caution against assessing violence based on individual incidents: “When assessing risk, it is critical to focus on the *history and pattern of behaviours, as well as the characteristics of individual or discrete incidents that indicate significant ongoing risk*” (p. 36). Two uses of ‘incident’ are in the context of talking about police attendance at an individual incident, reflective of the police system that responds to incidents of violence rather than the overall dynamic or pattern of abuse. The third use of the word ‘incident’ is to say that DFV perpetrators are likely to minimise and underestimate the severity and frequency of violence incidents. The guide (referring to perpetrators of DFV) states: “often they significantly underestimate the number of **incidents** and types of violence, the severity of the violence, and what they actually did” (p. 15). This is the only time the document comes close to taking an incident-based approach to DFV, but the sentence that

follows makes it clear that this is not a reference to the kind of isolated incidents of violence that might be seen in situational couple violence:

“When he lacks awareness of his use of violence, a man might not recognise his use of emotional, financial or social violence, as he equates violence only with physical or sexual violence. He doesn’t understand the other aspects of his use of violence designed to **control** his partner’s movements and to make her feel relatively **powerless**” (p. 15).

The use of the word ‘designed’ implies that the behaviour is planned and deliberate. This, together with the reference to the perpetrator using ‘control’ and the victim feeling ‘powerless’ reinforces that the WA practice guide defines DFV as a pattern of coercive control. Further, it implies that if men who use DFV describe their use of violence as anything but a pattern of power and control this is due to them lacking awareness.

The guide uses the word ‘fight’ only three times to describe DFV and does not use the word ‘conflict’ to describe it at all. It uses the word ‘argument’ only once. Each time the guide uses these words, it is to warn child protection practitioners against interpreting domestic violence as fighting. For example, it warns practitioners: “**other ways of characterising family and domestic violence – such as ‘they **fight** a lot’ or ‘they have a violent relationship’ also have the effect of ascribing some measure of blame to those who experience violence**” (p. 13). It also suggests that when men describe DFV in their relationship as mutual conflict, this is a way of them minimising or excusing their use of violence:

“Even when men are not able to portray their partner as the sole aggressor and themselves as the sole victim, they often use their partner’s actions of self-defence, frustration or defiance to present the situation as ‘tit-for-tat **fighting**’, perhaps by saying that ‘she gives as good as she gets’” (p. 26).

The other reference to fighting is in the context of a fictional case example, which is used several times throughout the document. The word is used as a quote from an abusive man, Alan:

“Meanwhile, Alan eventually admitted to “losing his cool a bit” a few times with Adele. He emphasised, however, that these occurred in the context of “**arguments and fighting**” between himself and Adele, and that if she would only “tidy the house and do the dishes” they wouldn’t need to argue” (p. 76).

From other examples the documents gives using this case scenario it is clear that Alan and Adele’s relationship is characterised by his of coercive control. Alan pressures Adele into a relationship, coerces her into quitting her job, and Adele admits to being afraid of Alan even though she still loves him. This context demonstrates that the intent of the example of Alan describing his use of violence as due to ‘arguments and fighting’ is to demonstrate that Alan is minimising his abuse by claiming it is part of mutual conflict when it is actually coercive control. The guide’s focus on coercive control is reinforced by the fact that it does not include any discussion of DFV that *is* conflict based.

***DFV Other than Male-to-Female Violence (Mutual DFV, Women’s use of DFV, and DFV in LGBTIQ+ Relationships)***

The document uses the word ‘mutual’ three times to describe violence, but each time it is in the context of warning against interpreting domestic violence as mutual. Under the heading “**Mutual violence and men as victims of family and domestic violence**” (p. 26) it suggests that: “men who are the principal or sole users of family and domestic violence in heterosexual relationships often present as a victim or the victim of the violence” (p. 26). The guide asserts: “while family and domestic violence is increasingly becoming unacceptable, there are still myths about ‘women being just as violent as men’ or ‘women provoking the violence’” (p. 26) and goes on to give reasons women may have for using violence in a

relationship. Each reason is linked to women being victims of DFV, for example that women may use violence because they are experiencing ‘fear or terror’ or may retaliate against abuse from men. The guide also suggests that if a man discloses injuries from a woman’s use of violence, this may be an attempt by the man to misrepresent his partner’s use of self-defence as her being the aggressor. The words the guide uses to describe women’s use of violence all describe resistance or defence, rather than offence. Although the guide uses the modal words ‘may’ and ‘might’, which imply possibility rather than certainty, it does not give any alternate explanations for women’s use of violence or men’s claims that DFV is mutual or perpetrated by women. This sends the message to practitioners that any other explanations are not valid or important:

- “Women may not be passive victims and might undertake acts of **retaliation** that can later be (mis)construed as ‘evidence’ of a pattern of violence on their part;
- Men may claim injuries inflicted on them by their partner in **self-defence** (such as scratch or bite marks) as evidence of their victimisation;
- People experiencing **fear or terror** will sometimes make poor decisions (including the use of violence), which might add to their portrayal as being hysterical or out of control; and
- Men’s deliberate lies are made in the context of a broader social history in which women have been portrayed as less credible than men, particularly if men present as calm, rational, eloquent and ‘in control’” (p. 26).

The guide goes on to say: “For these reasons, you might find that police or other reporters allege that the violence is **reciprocal** and that **both** partners are ‘**equally responsible**” (p. 27). Once again, this sentence seems to be a warning against perceiving or portraying DFV as mutual violence. Essentially the document is telling practitioners that if they are told by sources such as police that DFV is mutual, this is not really the case. The only time the guide

acknowledges that DFV may be mutual, or that women may use DFV, is when it states:

“Where violence is used by **both** partners in a relationship, the woman’s acts are **more likely to be in self-defence.**” (p. 9). As with the other passages above, the guide seems to be implying that women’s use of violence is usually in response to men’s use of DFV, but the use of the phrase ‘more likely’ implies that there may be cases where women’s use of violence is not self-defence. The guide does not, however, elaborate on this or provide any practice direction specific to cases where mutual DFV does not involve self-defence.

The guide refers to DFV in LGBTIQ+ relationships only once, in the context of discussing violence in a variety of different kinds of relationships. It states:

*“Power is the critical dynamic. This means that while it is usually perpetrated by men against women and children in a broader societal context of male power, family and domestic violence can also be perpetrated in other contexts—for example, by a man or woman against their same-sex partner, by a child or adolescent toward a sibling or parent, by an adult son or daughter toward their parent, or by a carer toward a person with a disability”* (p. 9).

The emphasis on the importance of power (which is italicised) indicates that the guide is referring to coercive rather than situational couple violence. Same-sex couples are mentioned only as one of several different relationships and there is no discussion of how violence in such relationships may differ, or how child protection practitioners could work with same-sex or other LGBTIQ+ couples. By not including any specific practice advice for working with LGBTIQ+ couples the document implies that the content of the guide, which primarily refers to one-directional coercive controlling DFV in heterosexual relationships, can be adapted to meet the needs of families in which parents/caregivers are LGBTIQ+. It also explicitly states:

“The gendered language and approach of this practice resource reflects the prevalence of

violence in the context of heterosexual intimate relationships. You should adapt the ideas and practice tips to each family's context" (p. 9).

### ***Causes of DFV***

The WA guide contains a section in which it explores common beliefs about the causes of DFV. Each one of these is named and then dispelled with a short explanation.

With regard to drug and alcohol use, the guide acknowledges that there is a link between the perpetration of domestic violence and substance abuse: "Perpetrators of family and domestic violence can be more dangerous when they are under the influence of alcohol or other drugs. There is also significant evidence for a correlation between the use of violence and substance abuse" (p. 13). It goes on to point out, however, that:

"Not all people who abuse alcohol are violent, and many men are violent whether they are drunk or sober. While alcohol might disinhibit violence in some men, their underlying attitudes and values are the starting point for that violence" (p. 13).

As such, the document identifies these 'underlying attitudes and values' as the cause of domestic violence, rather than drug or alcohol use itself. Another factor the guide explores is emotional regulation. It states:

"Perpetrators and the broader community commonly attribute violence to a failure to manage anger or stress. However, perpetrators of violence often experience a number of other emotions—such as anxiety, distress, impatience, agitation, possessive jealousy and frustration—before and during violent acts, instead of or in addition to anger. Sometimes they feel little emotion at all. Indeed, research shows that the majority of partner-abusive men do not present with anger-related disturbances (Norlander & Eckhardt, 2005)" (p. 14).

In the paper the guide cites, however, the researchers stated: "In this review, IPV perpetrators also consistently reported moderately higher levels of anger and hostility than relationship-

discordant nonviolent men” (Norlander & Eckhardt, 2005; p. 19). This statement seems to contradict the position taken by the guide. Norlander and Eckhardt added:

“While few, if any, researchers in this area would endorse a purely intrapersonal model of IPV, more careful consideration of the characteristics internal to the abuser may assist in the elucidation of etiological models of IPV and in the development of more targeted intervention programs for IPV than currently exist” (p. 120).

Norlander and Eckert (2005) concluded that although not *all* domestic violence is caused by or linked to anger and emotional regulation issues, some does appear to be, and addressing these issues may help some to reduce DFV in some cases. The WA perpetrator guide, however, seems to assert that because not all DFV can be explained by difficulty regulating emotion, this should not be considered a causal factor:

“Most people can manage their feelings without resorting to violence. Indeed, most perpetrators of family and domestic violence successfully manage a range of feelings (including anger and stress) outside of their domestic sphere. This suggests that failure to manage emotions is not at the core of family and domestic violence” (p. 13).

It adds: “blaming emotions—in particular anger, jealousy, and powerlessness—is another way that perpetrators commonly avoid taking responsibility for their use of violence” (p. 14).

The guide makes a similar assertion about stress, noting: “any people work and live in stressful environments without resorting to violence” (p. 14). The guide mentions stress again when it discusses men’s participation in MBCPs. It reiterates that stress does not cause DFV by saying: “while the range and intensities of stress that the man experiences **do not cause** family and domestic violence, it might affect his participation in the program” (p. 86).

The WA guide argues that mental health issues do not cause or contribute to use of DFV. The explanation for this is similar to the one it gives about the role of anger, emotional



regulation difficulties, and stress, i.e., that because mental health issues cannot explain all or most DFV, they cannot be considered as a cause:

“There is no evidence that the cohort of men who are violent has higher rates of **psychiatric disorders** than other men. Given that family and domestic violence affects a significant proportion of the population, it cannot be explained in terms of ‘abnormal’ personality characteristics” (p. 14).

The exception the guide makes regarding the causes of DFV is when it discusses violence in Aboriginal families. In this context, it states that understanding complex causes and factors that contribute to violence is important and that healing for men, including addressing issues such as drug and alcohol use, should be utilised to address DFV:

“This does not mean that the issue of violence is ignored, but rather that it is contextualised, looking, for example, at how colonisation has disrupted the evolution of traditional knowledge about how men can relate respectfully and non-violently to family. At the same time, healing work acknowledges other impacts of colonised experience, addressing issues such as those relating to drug and alcohol, and the intergenerational effects of forced child removal policies” (p. 78).

### ***Practice recommendations***

**General.** The guide advises against joint work with couples when there has been DFV and instructs child protection practitioners not to meet with couples together. It notes: “**there are significant dangers in interviewing and engaging men who are perpetrating family and domestic violence in the presence of those who are affected by their violence, including the adult victim**” (p. 45). The guide does not discuss any circumstances in which it might be appropriate or necessary for practitioners to meet with couples together or refer couples for joint therapy or programs.

**Working with Mothers/Victims.** The name of the Perpetrator Accountability in Child Protection Practice guide implies that it focuses on holding DFV perpetrators, who are assumed to be men, accountable for their behaviour. As such, it is not surprising that the guide emphasises the importance of not holding mothers responsible for protecting children from men’s violence. It also, however, asserts that mothers can play an important role as safe parents for their children. It states: “it is important to achieve a balance between placing too much or too little responsibility on women for their children’s safety” (p. 18). As in other areas, the guide uses language that indicates it is referring specifically to coercive control when it discusses the role mothers can play in protecting children in cases of DFV, asserting that if mothers try to protect their children this can in fact escalate risk:

“The protectiveness of a non-abusive adult is unlikely to mitigate the risks posed by a perpetrator. In fact, protective behaviour of an adult victim e.g., separation, may lead to an escalation in violence as the perpetrator seeks to regain **control** of their partner and child. Therefore, increasing protectiveness does not necessarily improve the safety for the child or reduce the risk” (p. 18).

The reference to escalation in violence after separation and the emphasis on the perpetrators control are consistent with coercive control and not situational couple violence.

The guide does not offer much guidance on how to work with women who have used DFV, other than repeatedly emphasising that practitioners should treat women’s use of DFV as a response to men’s use of violence and as a form of resistance. It suggests that practitioners should “encourage and support her to use other forms of resistance and ways to maintain or expand her space for dignity and control over her life’ (p. 35). The use of the word ‘resistance’ makes it clear that this is a reference to what Johnson calls ‘violent resistance’, that is, violence used as a form of resistance to coercive control (Johnson, 2008), rather than mutual situational couple violence. For situations where it is unclear whether women need

protection, or if there is mutual violence, the practice guide asserts it is likely that in reality, the woman is the victim of DFV:

“Refer her to a specialist family and domestic violence service for a comprehensive risk assessment. It is significantly more likely that she is a victim, rather than a perpetrator, of family and domestic violence” (p. 27).

As with other passages from the WA guide I have discussed in previous sections, this passage implies that when women use violence in a relationship this is likely to be as a response to a man’s use of DFV. The assertion that women’s use of violence is likely to be defensive rather than part of mutual conflict is consistent with the way the guide describes DFV in general, that is, as unilateral coercive control by a man against a woman.

The guide repeatedly recommends that child protection practitioners should refer both mothers/victims of DFV, and fathers/perpetrators of DFV to specialist domestic violence services. The term ‘domestic violence service’ is used 19 times, though only six of these are in reference to women being referred to such a service (the remainder are in reference to MBCPs run by such services). The guide states that women may have hesitations about using such a service but asserts these are usually due to fear or anxiety, for example, of not wanting to re-tell her story. The guide advises practitioners to help women overcome these barriers to engaging with services. It also states that abusive men might prevent their partner from following through with referrals or from attending appointments. It advises if mothers are resistant to engaging in safety planning, “it is important to consider the possible role of the perpetrator in persuading or coercing her not to cooperate” (p. 39). These are clear references to controlling and coercive behaviour and as such are indicative of coercive control rather than situational couple violence. The guide does not discuss the possibility that women may not want to engage with a specialist domestic violence service or with safety planning because they do not feel that the DFV in their relationship is a problem for them or their

children. The practice advice it provides seems based on an assumption that mothers in relationships where there is DFV will always recognise that DFV is a problem, and that if they do not want help it is due to factors such as fear, anxiety, or the perpetrator's use of coercive control.

When the guide discusses parenting difficulties, abuse, neglect, or substance use by mothers, it uses the fictional case example I referred to previously (i.e., Alan and Adele). In the case example Adele is experiencing significant parenting difficulties and prescription medication addiction, with the result that her and Alan's children are severely neglected. The guide explains how Adele's parenting difficulties are due to Alan's abuse of her, in particular his psychological abuse and use of coercive control. It encourages practitioners working with mothers who have such issues to explore how they have been caused by the father/perpetrator's use of DFV, suggesting workers ask: [“How is Adele's parenting affected by Alan's behaviour toward her?”](#) (p. 29). As I discussed earlier, the Alan and Adele case example has a strong emphasis on behaviours of coercive control (isolating, forced pregnancy, aggression and Alan using violence in response to Adele doing things like going shopping or using a childcare service). The guide's repeated use of this case example to explore various issues child protection practitioners may encounter when working with families where there is DFV illustrates its underlying assumptions that DFV is characterised by coercive control, and that co-occurring issues are caused by the perpetrator's use of coercive control. The guide does not discuss what practitioners should do if they determine that co-occurring issues such as child abuse, neglect, or substance use by mothers are not caused by the other parent's use of DFV.

**Working with Fathers/Perpetrators.** As I have already discussed, the WA guide uses an underlying assumption that fathers are usually the perpetrator of unilateral coercive controlling DFV and has a strong focus on holding them accountable. The guide's most

prominent practice recommendation for practitioners working with fathers/perpetrators, is to refer them to an MBCP. The guide refers to such programs 24 times. It makes a further 13 references to referring men to specialist domestic violence services. The guide specifically warns practitioners against referring fathers to forms of counselling that do not address men's use of coercive control, such as anger management, asserting that anger management **"Is not an appropriate service response for perpetrators of family and domestic violence"** (p. 43). The guide also states that couples counselling, family mediation, and individual therapy that does not focus on the violence are not appropriate responses to DFV. It does not discuss any circumstances in which these might be appropriate interventions and states: **"Irrespective of the circumstances associated with the development of his use of violence, the man needs to stop his violence and controlling behaviours now"** (p. 43). The use of the phrase 'controlling behaviours' in this sentence reinforces the guide's focus on coercive control.

**Working with Children.** The WA guide focuses on the mother-child relationship when discussing children. It refers to children as part of a mother-child dyad a total of 41 times (Women and children – 21 times, 'Child and their mother/children and their mothers' 15 times, 'child and mother' twice, and 'woman and her children' three times). The guide also explicitly expresses this focus when it says: **"Given the complex ways that family and domestic violence impacts on child–mother relationships, a dyadic approach—in which the child and mother are viewed as both separate and intrinsically interlinked—is preferable"** (p. 25). The guide does not include any discussion or practice guidance regarding child protection practitioners working with children. The only advice it provides about children's needs or services for children is in the section on **"supporting the mother-child bond"** (p. 39). In this small section the guide notes that children are likely to do better if they have a strong relationship with their mother and explains: **"the damage that family and domestic violence inflicts on mother–child bonds is significant"** (p. 39). The guide suggests that practitioners

should support mothers and children by referring them to services that can support their relationship. It does not specify whether these would be joint or separate services, but since the focus is on the mother-child relationship it seems to infer that this should be a joint service:

“Where the violence has created a sharp division between a child and their mother, both might need help to see the commonalities of their experience and (for example) the effects of the perpetrator’s propaganda. Consider referral to specialist services where this seems indicated” (p. 39).

The use of the word ‘propaganda’ is usually associated with oppressive or manipulative political tactics and the fact that the guide has chosen to use it to describe the behaviour of a perpetrator of DFV indicates that it is referring to coercive control rather than mutual conflict.

In addition, the guide includes a discussion of the topics: “the child’s experienced of being mothered” and “the child’s experience of being fathered” (p. 39). When discussing the child’s experience of being mothered the guide focuses on the ways in which being a victim of DFV impacts on the ability of mothers to parent their children. It asserts that emotional abuse by DFV perpetrators causes mothers to experience “**pervasive feelings of worthlessness, shame, self-blame, fear and helplessness**” (p. 31). By describing these feelings as ‘pervasive’ and using words that indicate the mother feels afraid and helpless, the guide is alluding to the kind of DFV that impacts on day-to-day autonomy and causes fear (i.e., coercive control). The guide gives examples of how children may experience mothers who are impacted in this way and, in doing so, it recognises children’s experiences of their mothers are not always positive:

“Children who are exposed to family and domestic violence might:

- experience their mother as absent or uncaring;
- be frightened of their mother;

- feel ambivalent about their mother;
- lack attachment to their mother; and
- be protective of, or anxious about, their mother” (p. 32).

Although the examples of how children can experience and relate to their mothers acknowledge children may be scared of or experience them as uncaring, this paragraph sits within a wider discussion in which the guide states that issues experienced by mothers that impact on their parenting capacity are directly caused by the perpetrator’s behaviour. As such, the guide is implying that that the root cause of children’s negative experiences of their mother is the behaviour of the perpetrator. The guide does not discuss that possibility that maternal behaviours that cause children fear or distress could have causes other than the perpetrator’s use of DFV. The guide also does not discuss how children may be impacted if DFV involves mutual violence or is perpetrated by mothers.

When discussing children’s experiences of being fathered the guide asserts that even if fathers who use DFV love their children, this does not mean they recognise the impact their use of violence toward the child’s mother has on them. The guide briefly touches on how children may feel, noting that they may love their father despite his use of DFV and may even side with him due to his manipulation of them. The guide also emphasises the dangers that fathers who use DFV pose to children even after separation:

“When a child continues to have contact with the perpetrator of the violence, it is very likely that they will continue to be exposed to many of the same forms of abuse: emotional abuse, neglect, physical abuse, and encouragement to perpetrate violence against their mother” (p. 26).

“This does not mean that separation makes no difference to children’s risk, but it does mean that you need to remain vigilant to ways that a child might continue to be at risk, as well as to new and emerging risks” (p. 26).

These passages imply that if a relationship in which there was DFV ends the perpetrator will likely continue to use abusive behaviours. It also implies that any risk to children after separation will be due to the behaviour of the (singular) perpetrator, rather than considering the possibility that the other parent may also present risk of harm.

The guide provides a list of characteristics of the parenting of men who use DFV, including “authoritarian”, “neglect”, “unrealistic expectations”, “sabotage of mother”, “self-centredness”, “manipulative” and “performance under scrutiny” (p. 33). Although these are not necessarily characteristics of coercive control, several of them are indicative of emotional abuse and manipulation, and of deliberate behaviours that extend beyond incidents of violence. This makes them more consistent with coercive control than situational couple violence. While the guide portrays mothers as almost always being protective and explains any negative maternal characteristics as being the fault of the perpetrator of DFV, the guide portrays fathers/perpetrators of DFV in a wholly negative way with a focus on the way fathers use power, control, and manipulation. There is no discussion of how children’s family relationships, their experiences of their father, or the appropriateness of fathers having post-separation contact or care of children may be different if DFV is situational and/or mutual rather than being characterised by coercive control.

### ***Summary***

Overall, the Perpetrator Accountability in Child Protection Practice guide has a strong and almost exclusive focus on coercive controlling violence. This is evident in the formal definition of DFV and in the content of the guide. The guide does not acknowledge that some DFV is not characterised by coercive control and, as such, does not offer much practice guidance that would be applicable in cases of situational couple violence. The practice advice in the guide assumes DFV is characterised by only one person using violence and that DFV is characterised by coercive control. It also assumes mothers/victims of DFV do not usually



abuse or neglect children and that if they do, this is likely due to the impacts of the perpetrator's abuse and coercive control. The guide portrays fathers/perpetrators of DFV in a wholly negative way. It advises child protection practitioners to refer fathers/perpetrators of DFV to specialist MBCPs and does not provide any alternative methods of working with them. It discourages child protection practitioners from working with both parents together or referring them to services who do this. The guide does not have a focus on working directly with children and instead encourages child protection practitioners to focus on supporting mothers and mother-child relationships.

### **The WA Case Practice Manual: DFV Specific Sections**

As I discussed in the introductory section of this chapter, I undertook an analysis of the DFV specific sections of the WA Case Practice Manual. I have chosen not to include the full analysis as the manual is not a stand-alone DFV specific document, but a general practice guide only available in an online format. The DFV specific sections of the Case Practice Manual are (or were, at the time I conducted my analysis), largely similar to the Perpetrator Accountability in Child Protection Practice guide, in that they define DFV as being characterised by coercive control. The Case Practice Manual, however, includes some options for child protection workers to use case management methods that are suitable for situational couple violence as well as coercive control. For example, it suggests that safety plans could include a commitment by the perpetrator to walk away from arguments, which implies the violence arises from conflict (i.e., situational couple violence). In other sections, however, it seems to deny the existence or relevance of situational couple violence by emphasising that DFV should never be referred to as fights or as mutual, and it argues that factors such as substance abuse or emotional regulation are never causes of DFV. The Case Practice Manual states that in situations where it appears that both parents are using DFV, practitioners should identify the primary aggressor and focus their work on this person. The Case Practice Manual

acknowledges that DFV often co-occurs with other types of child maltreatment, but the practice guidance it provides is strongly geared toward families where DFV by one parent/caregiver presents risk to the child/children, and the other parent/caregiver is non-abusive and protective. Overall, the Case Practice Manual includes more practice advice that could be relevant to situational couple violence than the WA Perpetrator Accountability in Child Protection Practice guide. It also emphasises the importance of women's self-determination, giving scope for practitioners to identify, record or respond to DFV that is not characterised by coercive control if mothers themselves describe DFV this way. It does not, however, specifically discuss the fact that some DFV is not characterised by one person's use of coercive control. Nor does it provide any guidance to help child protection practitioners determine when the practice suggestions that would be applicable to situational couple violence may be appropriate.

## **Victoria – Working with Families Where an Adult is Violent - Best Interests Case Practice Manual**

### ***Formal definition***

The Victorian practice guide defines DFV as: “behaviour that controls or dominates a family member and causes them to fear for their own or another person's safety and wellbeing” (p. 6). The words ‘control’ and ‘dominate’ are central to this definition, as is the word ‘fear’. As such, this definition is more consistent with coercive control than situational couple violence. This practice guide acknowledges the existence of other types of DFV, including “abuse by both partners to each other”, which would be consistent with situational couple violence. However, it refers to these as “minority patterns of abuse” (p. 8).

### ***Overall Definition/Conceptualisation of DFV***

The guide discusses DFV in a way that is consistent with the definition it provides, that is, DFV is characterised by coercive control. Although the term ‘coercive control’ is used

only once, the word ‘control’ is used a further 41 times in the document, all but six of these are in reference to men’s controlling behaviours or control over women. Examples include:

“The man, fuelled by a sense of over-entitlement, demands compliance. Psychological abuse erodes the woman’s self-esteem and isolates her from support. Violence cements his **control** and exacerbates the psychological intimidation” (p. 19).

“Core to your analysis is your capacity to be forensically astute as to *how* the family dynamics have organised around the manipulative, **controlling** behaviour of the perpetrator” (p. 83).

The guide uses the word power 23 times. Nine of these are in reference to men’s power over women, for example:

“The **power** of the perpetrator can be demonstrated to the child and woman in subtle ways; for example, they might be insistent on remaining in the room with the child during the interview, drive the woman to and from the interview and wait in the car park, or walk up and down the hallway outside the therapist’s office so the child is in a state of fear and is reminded that the father is all **powerful**” (p. 83).

Eight references are to ‘empowering’ women or to women being ‘disempowered’, for example:

“The mother may appear to be hampering any professional attempt to help the children and to be actively encouraging the children to keep the family’s secret. Sometimes this is because she is so victimised and **disempowered** herself that the perpetrator has dictated her movements, her thoughts and her behaviours with significant others and professionals” (p. 83).

In these statements, the guide portrays men as powerful, or even ‘all powerful, but women as disempowered or needing empowerment. The use of these terms indicates that the guide is consistently referring to one-directional male-to-female DFV that is characterised by coercive

control. In the case of the passage above, the guide directly links the mother being disempowered to the perpetrator's use of coercive control by dictating her movements, thoughts, and behaviours. The guide does use the word 'sometimes', implying that there may also be other reasons mothers may act in the way it describes, but it does not offer any alternate explanations, other than it being due to the behaviour of the perpetrator. It also uses the words 'appear to be', implying that these mothers are not *actually* hampering professional efforts to help the children or encouraging children to keep the family secret, but only *seem* to be.

The guide occasionally uses language that would be consistent with describing situational couple violence, for example using the terms 'fighting' and 'conflict' to describe some DFV. The word 'fight' is used three times, twice in reference to violence between partners. In one instance the guide suggests that child protection practitioners should ask children: "who is most upset by the **fighting**?" (p. 78). In the other instance the guide is discussing the way adolescents may be led to take sides with the abusive parent and provides a quote by a child saying their mother always started the fights. When the guide uses the word 'conflict', it is in the context of discussing circumstances in which couples counselling may be useful, and as such the guide acknowledges that some DFV occurs in the context of conflict. It states:

"The skilful use of authority by the couples counsellor can assist in further underpinning the message that the use of violence and abuse is not acceptable and alternative ways of managing **conflict** and differences within relationships can be learnt" (p. 45).

Further, the guide says: "conflict between professionals can start to mirror the family **conflict**" (p. 101) and suggests a factor child protection practitioners should consider when assessing change is whether a perpetrator is changing how he responds in "heated **conflict**

situations” (p. 105). Although the guide has an overarching focus on coercive control, the inclusion of some passages that acknowledge that DFV can be part of conflict provides some scope for practitioners to identify and work with families impacted by situational couple violence. This is particularly so in the discussion about couples counselling, where the guide implies that the DFV in the example is a direct result of the way conflict and differences are managed. These parts of the guide, however, are very small in relation to the whole document and as such they do not outweigh the way the guide typically defines and explains DFV, which is as a dynamic of power and control rather than as an escalation of conflict. Aside from the passages identified above, the guide does not contain any discussion about how violence that occurs in the context of conflict (i.e., situational couple violence) may have different characteristics, causes, and impacts to DFV that is characterised by coercive control.

***DFV Other than Male-to-Female Violence (Mutual DFV, Women’s use of DFV, and DFV in LGBTIQ+ Relationships)***

The VIC guide frequently uses gender neutral language to refer to perpetrators and victims of DFV. As well as using the terms ‘perpetrator’ and ‘victim’, it also uses the term ‘non-offending caregiver’ 39 times to refer to the victim of DFV. These terms could be used to describe mothers, fathers, stepparents, parents in same-sex relationships, or parents who are transgender or gender diverse. The contrast between the term ‘perpetrator’ and the terms ‘victim’ and ‘non-offending caregiver’ implies that in most cases involving DFV there is one offending parent or caregiver, and one who is not violent or abusive. As such, the language used by the guide is not inclusive of families in which both parents use violence or abuse (either toward the other parent or toward a child). The guide acknowledges that DFV is sometimes mutual, sometimes occurs in LGBTIQ+ couples, and that women sometimes use violence toward a male partner, but it describes these as “minority patterns of abuse” (p. 8), implying that these are not situations child protection practitioners would frequently

encounter. Aside from this one sentence, the guide does not discuss women's use of DFV and DFV in LGBTIQ+ relationships. It also notes: "an individual can be **both** a perpetrator and victim of family violence" (p. 33). However, this sentence refers to people living in Aboriginal communities being victims of violence from one family or community member while also being a perpetrator toward someone else, rather than referring to mutual violence within a couple relationship. In one section the guide acknowledges that sometimes both parents may be violent, saying: "where **both** parents have been violent, seek to interview the children separately so you can gain their experience and understanding of the dynamics between the adults in the home." (p. 62). This does not rule out the possibility of mutual situational couple violence and allows for children to describe the relationship dynamic between their parents. The guide does not, however, give any advice about what child practitioners should do if children tell them that both parents use violence and/or if they do not feel safe with either parent.

### *Causes of DFV*

The VIC guide contains a section exploring the causes of domestic violence. It lists these as:

- "belief in rigid gender roles and identities (weak support for gender equality)
- male **dominance** and **control** of wealth in relationships
- culturally specific norms regarding gender and sexuality
- institutional and cultural support for, or weak sanctions against, gender inequality and rigid gender roles" (p. 18).

These causes are consistent with coercive control, which is highly gendered, but not of situational couple violence which is perpetrated roughly equally by men and women (Johnson 2008; Stark 2007). The use of the words 'dominance' and 'control' are also suggestive of

coercive control. The guide also asserts that a number of factors do not cause DFV, including mental illness, poverty, substance abuse, and psychological factors:

“Most perpetrators do not have a **mental illness** and there is no single **psychological profile**. **Poverty** is associated with higher rates of violence but is **not a cause** of violence and family violence occurs in every social class. However, access to economic resources can help women leave and protect themselves and their children...**Substance abuse** can be a disinhibitor and may be associated with family violence but of itself **does not cause** family violence. It may well be a part of the **excuses** that perpetrators can use to minimise their responsibility” (p. 18).

The guide gives a different explanation of family violence in Aboriginal communities. In this regard, the guide states:

“From an Aboriginal perspective, the **causes** of family violence are located in the history and impacts of white settlement and structural violence of race relations since then such as:

- dispossession of land and traditional culture
- breakdown of community kinship systems and Indigenous law
- racism and vilification
- economic exclusion and entrenched poverty
- alcohol and other drug abuse
- the effects of institutionalisation and child removal policies
- inherited grief and trauma” (p. 33).

In this case, poverty, drug and alcohol use, and intergenerational trauma are identified not just as exacerbating factors but as ‘causes’, in contrast to the position the document takes overall (i.e., that these issues do not cause DFV). Despite this, the guide does not discuss how child protection practitioners should work with Aboriginal children or families impacted by DFV.

Nor does it provide any further discussion about the role these issues may play in DFV (either in Aboriginal or non-Aboriginal families).

### *Practice recommendations*

**Working with Mothers/Victims.** Although the VIC guide acknowledges that women can sometimes be perpetrators of violence it primarily presents mothers as being the non-offending parent. It uses the term ‘non-offending parent’ 39 times and although the term is often used in a gender-neutral way, the document also often uses the pronoun ‘she’ or refers to mothers in combination with the term, for example:

“There is no one ‘right’ or ‘normal’ reaction from a **non-offending parent** – your job is to listen and engage **her** in a process where her rights and the children’s rights are respected’ (p. 70).

“Some practice tips to keep in mind when engaging the **non-offending parent, usually the mother, are...**” (p. 72).

This implies that the guide is suggesting the non-offending parent is usually the mother.

When suggesting ways of talking to and working with mothers, the case practice model consistently uses language that implies DFV is characterised by coercive control. It encourages child protection practitioners to ask victims/mothers questions like: “**does he ever get jealous or possessive? Does he check up on you?**”, “**what role does he play in the running of the household/of the family?**”, “**When was the first time you saw or felt the ‘controlling’ man?**”, and “**How does he undermine your parenting?**” (p. 72). Although some of these questions could give mothers the opportunity to explain whether their partner is or is not controlling, the guide does not give any suggestions for child protection practitioners to manage a case differently if mothers report that their partner does not use coercive control. The intent of the questions seems to be to identify coercive control that is presumably



present, rather than determining whether DFV is or is not characterised by one person using coercive control.

The VIC guide states that mothers may not always have an accurate understanding of the DFV are experiencing. It suggests child protection practitioners ask questions to explore this, including whether they were afraid during the latest incident of violence, how they feel the DFV has impacted on the children, and whether they think the DFV will get worse. As with other questions I have discussed previously, questions of this nature could allow child protection practitioners to identify situations where DFV is not characterised by coercive control and has not resulted in the victim being afraid. Yet the guide does not discuss whether or how women's answers to these questions should impact on the case management responses. That the guide suggests asking these questions after it states that women may not have an accurate understanding of DFV also seems to imply that if mothers say they are not afraid or that they do not think the DFV will get worse, this may be due to their lack of understanding.

The VIC practice guide has a strong emphasis on holding fathers/men accountable for children's safety rather than holding mothers accountable for protecting them from a man's use DFV. In this vein, the content of the guide regarding working with mothers focuses on identifying a mother's strengths and protective actions. It cautions child protection practitioners not to judge a mother's protectiveness by whether she leaves the relationship or not:

“It is commonly asserted that women are unable or reluctant to leave violent relationships and this is seen as evidence that they are not ‘protective mothers’. This has been challenged by research, which has demonstrated that leaving or staying is not a reliable indicator of protectiveness” (p. 20).

The guide gives a list of reasons mothers may stay in relationships despite DFV, including fear of what the perpetrator will do if she leaves, being isolated because of his control, having low self-esteem as a result of his control, being financially dependent on him because he has controlled her access to money, and believing the violence is her fault. The repeated references to control indicate the guide is referring to coercive control. The guide does not discuss the possibility that women may stay in relationships despite DFV because they genuinely want to (i.e., not because the perpetrator has manipulated them), or because they may not see the DFV as a significant issue.

The VIC guide asserts parenting difficulties mothers can experience in the context of DFV are caused by the behaviour of the perpetrator. It states that the impacts of DFV on children can be mediated by the non-violent caregiver, but that the perpetrator's abuse impacts on the mother's capacity to protect her children because it causes her trauma, fear, anxiety, and increases the risk of alcohol and substance abuse. The guide encourages practitioners to ask mothers: "How has the violence affected your relationship with each of the children?" (p. 73). The guide also suggests that child protection practitioners assess how DFV has impacted on the mother-child relationship, saying: "in each case it is important to understand the way in which the violence and abuse has impacted on the woman and child and how this in turn affects their relationship" (p. 29). The guide provides several examples of how the behaviour of a father using DFV can impact on a mother's parenting. The examples are consistent with the behaviours of coercive control, for example: deliberately making children witness the violence to distress their mother, attacking women's confidence in their parenting, denigrating women's worth including in front of children, demanding time and attention so mothers do not have time to spend with children, and overruling and asserting authority over children and mothers. The guide also states that constant fear of

abuse leads to reduced parenting capacity because mothers may not be responsive to children or may use harsh parenting in order to placate the perpetrator. For example, it states:

“a woman who is in a **state of hypervigilance or who numbs out** (through dissociation or substance abuse) cannot respond to her child in a predictable and attuned way’ (p. 27) and,

“the mother may become **hypervigilant** and seek to control the child’s behaviour to avoid upsetting the man, which may lead to a spiralling escalation of conflict between the woman and child” (p. 29).

The guide acknowledges that mothers sometimes physically abuse their children but also links this to women’s experience of DFV by asserting that maternal child abuse is less likely to continue after mothers are safe from DFV. It states: “**women who are victims of violence are more likely to use aggression in their parenting; however, they are less likely to continue this behaviour when they are safe**” (p. 30). The guide once again reinforces the idea that women’s parenting difficulties are directly caused by men’s use of DFV when it asserts that: “**externalising the violence as the problem, rather than the mother’s parenting, frees up the conversation to explore the mother’s power to be different and to change the pattern** (p. 32).

When the VIC guide discusses risk assessment it advises child protection practitioners to take the history of both parents into account, including whether either have previously been found to have abused or neglected children. Yet it does not include any further discussion on child abuse or neglect by mothers that might not be caused by DFV.

The practice guide acknowledges that mothers may have substance abuse issues that impact on their capacity to parent, however, it still refers to these mothers as ‘non-offending’. It does not refer to these mothers as harming their children, only to them not being able to keep them safe (presumably from the perpetrator of DFV). It states: “**When the non-offending parent is**

assessed as having issues with drugs and alcohol, this may affect the non-offending parent's ability to **keep the children safe**' (p. 73). In a further section, however, the practice guide acknowledges that there are situations where both parents have harmed children and that these may require a different response. It states: "**where there is no safety for children and both parents are offending against them, out-of-home care is frequently a priority on the day.**" (p. 84). As a stand-alone sentence this concedes that in some circumstances there is no protective caregiver for children. The reference to out-of-home care suggests there is little or no way to work with such parents to improve the safety of their children. Further, the context this sentence sits within is a preceding paragraph about mothers who abuse children as part of a survival strategy in the face of DFV from their partner. The guide first asserts that most mothers are non-offending and protective of their children, and then states:

"In some less common presentations, some mothers are **complicit** and are **caught** in a co-offending situation where the abuse of the children has become **part of her survival**. Her empathy for the children's experience has shut down and sometimes they become the object of her rage that cannot be expressed to the perpetrating partner. Sometimes the mother's physical abuse of the children is part of her attempt to keep them quiet so that the violent partner will not be aggravated" (p. 84).

The words 'complicit' and 'caught' imply of passiveness, suggesting that these mothers would not harm their children in other circumstances, but have been caught up in the behaviour of the perpetrator of DFV. The passage also implies that if a mother does harm her children in the context of DFV, this is either because she cannot express her anger to the perpetrator of DFV (implying that she is afraid of him and that DFV is not part of mutual conflict), or that it is a strategy to protect both herself and the children from the anger of the perpetrator. The guide appears to be suggesting that the real source of harm is the (one)

perpetrator of DFV, and that child abuse by mothers in the context of DFV is a consequence of the perpetrator's behaviour.

The VIC practice guide acknowledges that if mothers have experienced abuse as children this can exacerbate the trauma of domestic violence and the impact this has on parenting, but in the overall context of the guide child abuse and neglect are presented as being the consequences of men's use of DFV, rather than co-existing or pre-existing difficulties mothers may have. The guide does not discuss the possibility that DFV and maternal parenting issues may co-occur without DFV being the cause of the parenting issues. As such, it does not discuss whether or how child protection practitioners should work differently with parents depending on the context and causes of child maltreatment/parenting issues that co-occur with DFV.

**Working with Fathers/Perpetrators.** The VIC practice guide asserts that referring men to an MBCP as the most effective intervention for fathers who have used DFV. It and uses the term 'MBCP' 11 times, and specifies these programs are meant to address controlling behaviour. For example:

“MBCPs are for men who are **violent and controlling** towards a current or previous partner and who show at least some readiness to work on their behaviour, even if they are mostly still minimising, denying, justifying and blaming others for their behaviour” (p. 40).

It does not discuss whether MBCP's are also a viable option for men who are not controlling toward a partner but argues that attempts to divide perpetrators into particular types have not proven useful in terms of assessing or treating them. Although the VIC guide asserts that MBCPs are the most effective intervention for men who have used DFV, it also outlines some particular circumstances in which referral to services that work with couples together, such as relationship counselling may be appropriate. The conditions as set out in the guide are:

“Program providers only provide couple therapy or relationship counselling if the woman is:

- willing to participate
- does not feel threatened in the counselling situation
- feels safe at home.’

They never provide couple therapy or relationship counselling when the man is still using physical violence or significant levels of controlling behaviour” (p. 44)

Some of these are indicators of situational couple violence rather than coercive control, and as such this practice guidance would allow child protection practitioners to refer parents experiencing situational couple violence to joint counselling. Another one of contra-indicators the guide lists however, the condition that ‘the man is no longer using physical violence’. It does not explain why it gives this condition. The condition of the man no longer using physical violence would not only rule out using couples counselling in cases where one person is still using violence, but also in cases where both parents are still using violence toward one another. It also does not specify how child protection practitioners could determine whether ‘the man’ has stopped using violence (e.g., how long would it have to be since the last incident of physical violence for this condition to be met?).

The guide goes on to provide further guidance on when a referral to couples counselling may be suitable by giving a list of circumstances in which it may be useful. There is no clear differentiation between coercive control and situational couple violence in these. Some seem to refer to DFV that has occurred in the context of mutual conflict or relationship issues. For example:

- “Following the cessation of violence within a relationship, to address **other relationship problems**.
- where the skilful use of authority by the couples’ counsellor can assist in further

underpinning the message that the use of violence and abuse is not acceptable and alternative ways of managing **conflict** and differences within relationships can be learnt” (p. 46).

Others seem to refer to one-directional violence and/or coercive control, and/or situations in which a victim of DFV might be scared of the perpetrator. For example:

- “in order to continue to explore the subtle dynamics of abuse and to highlight alternative **non-controlling** behaviours.
- where it would be useful to have a third person to ‘bear witness’ to the partner speaking about what she has experienced, increasing her partner’s accountability
- where additional safety is sought to broach ‘risky’ subjects such as separation.
- to allow the partner’s own self-blame, attitudes and behaviours, which may have protected the abuser, to emerge and be deconstructed and changed” (p. 46).

The guide highlights the importance of assessing patterns of coercion and control when considering interventions for men, but it does not discuss the possibility that DFV may not involve coercion or controlling behaviour. It states:

“An important goal of intervention is to assess the pattern of coercion controlling behaviour and violence and plan appropriate steps to ensure the safety of women and children. Engaging the perpetrator can assist with this assessment, and planning this engagement with the police is critical to good outcomes” (p. 19).

It also encourages child protection practitioners to assess the parenting of fathers who have used DFV. It refers to the work of prominent DFV researchers who have written extensively about coercive control and how it impacts on men’s parenting (Bancroft et al., 2012) and does not discuss the possibility that the parenting of fathers who use DFV may not always be like this. The VIC guide does not mention drug and alcohol treatment, mental health intervention or anger management in its discussion of interventions for men.

**Working with Children.** As I discussed previously the VIC guide largely portrays DFV as being characterised by one parent using coercive control and the other parent being non-offending. This is evident in the way the guide discusses how DFV impacts on children, as it links impacts on children to either to the use of coercive control by one parent, and/or the impacts of the perpetrator’s behaviour on the other parent. However, it recognises that this is not always the case and notes that how children are impacted by DFV can depend on “[the attachment experiences of the child preceding and following the violence \(presence or absence of other forms of abuse or neglect, availability of support and nurturance\)](#)” (p. 22). The guide goes into some detail about the impacts of trauma on children in a general sense and then relates this to the context of DFV where children may witness frightening situations or be directly abused by the perpetrator. It devotes four pages to talking about trauma and attachment difficulties and the way these impact on children, and five pages to discussing the impact DFV has on the mother-child relationship. As I discussed in the preceding section on working with mothers, the guide recognises that children may not always experience their mother as a safe person. However, it portrays maternal parenting difficulties or difficulties in the mother-child relationship as impacts of the perpetrator’s use of DFV, in particular coercive control. The guide’s strong focus on mother-child relationships is also demonstrated by the 29 times it uses the words ‘women’ and ‘woman’ directly in conjunction with the words ‘child’ or ‘children’ (e.g., ‘women and children’).

The guide includes a section devoted to the topic of interviewing and engaging with children. Some of this is generalised guidance rather than being specific to situations of DFV, but it includes some DFV specific examples. For example, the guide encourages child protection practitioners to use the words a child uses to describe DFV, rather than imposing language or phrasing upon the child. The guide provides multiple examples of questions or subjects practitioners can explore with a child to learn about how they experience and



perceive DFV. In most of these, the guide encourages practitioners not to hold assumptions and to allow children to identify and voice their own experiences. As such, most of the suggested questions are not specific to any particular DFV type or dynamic. For example:

“Attempt to find out what the child does during the violence, this will assist in assessing the child’s safety needs’ (p. 78).

“What happens in your house when there are disagreements? What does your Dad do when he gets angry? What does Mum do? Do you ever hear Dad hurting Mum? Mum hurting Dad?” (p. 79).

Some of the suggested questions/statements seem to assume the DFV is characterised by coercive control or that the child perceives their mother as a safe and protective person. For example:

“I work with families where there have been some scary things happening at home. I’m here to help you and your mum work out what to do” (p. 78).

“Some of the perpetrator’s tactics might also mean that a child identifies more with his ‘side’ than their mother’s” (p. 78).

“Inform the adolescent that there are safe places that to go with his/her mother” (p. 78).

### ***Summary***

Although the Victorian Case Practice Model for Working with Families where an Adult is Violent primarily defines DFV as coercive control, in some parts it encourages child protection practitioners to consider and assess the dynamics in individual families. Although most of the guide seems based on the assumption that all or most DFV is characterised by coercive control it includes some content and practice advice that would be appropriate for situational couple violence, for example, couples counselling in some cases. In some sections it also provides practice guidance that would support practitioners in assessing whether, and to what extent, coercive control is a factor. Despite this, the guide identifies men’s control and

dominance of women as the cause of DFV and asserts that co-occurring issues such as drug and alcohol use are only exacerbating factors. In contrast, the guide states that DFV in Aboriginal families may have other causes, such as inter-generational trauma and the impacts of social and economic disadvantage, but it does not discuss the practice implications of this. The VIC primarily discusses DFV as being one-directional with one perpetrator and one victim/non-offending parent. It acknowledges that in some cases both parents may offend against children and that children may not have a safe parent but does not provide a lot of detail or practice advice about this. It encourages practitioners to engage with children directly and to explore how the child perceives DFV and their parents, but also implies that if children do experience abuse or neglect by their mothers, or if children side with their father, this is likely to be due to the perpetrator's use of DFV, manipulation and control.

## **NSW Domestic and Family Violence Practice Toolkit**

### ***Formal Definition***

The NSW guide defines DFV as follows:

“Domestic violence: otherwise commonly called intimate partner violence involves violent, abusive or intimidating behaviour carried out by an adult against a partner or former partner to **control and dominate** that person. ‘Domestic violence causes **fear**, physical and/or psychological harm. It is most often violent, abusive or intimidating behaviour by a man against a woman” (p. 3).

A central factor in this definition is that the behaviour in question is used ‘to control and dominate’. As such, the definition is more consistent with coercive control than situational couple violence.

### ***Overall Definition/Conceptualisation of DFV***

Throughout the guide there are also several other descriptions of DFV as being characterised by control or coercive control. The guide uses the term ‘coercive control’ three

times, and the words ‘control’ or ‘controlling’ to describe or discuss men’s behaviour 116 times. There are 15 references to women being controlled or trying to take back control.

Examples include:

“Domestic violence is the result of beliefs about the man’s right to use **coercive control** over his partner and children” (p. 195).

“It is important young people know that violence is a choice — it is about a person’s decision to try and **control** someone else not the loss of control” (p. 100).

“Women who are living with domestic violence are trying to care for their children while responding to tactics of **coercive control**” (p. 167).

The guide also includes 11 references to the ‘Duluth Power and Control Wheel’, which visually depicts tactics of coercive control. The repeated references to control in the guide demonstrate a focus on coercive control.

The NSW practice guide states that it intentionally uses language carefully to ensure that discussions about DFV accurately reflect the nature of DFV as a pattern of coercion and control. Further, the guide encourages child protection practitioners to do the same and instructs them to:

- “Use language that reveals the **deliberate and patterned** nature of violence.
- Avoid words that **mutualise** violence or suggest consent — words like fight and argument do not explain who did what to whom” (p. 4).

The guide uses the words ‘power’ or ‘powerful’ to refer to men having power over women 45 times and refers to women lacking power 11 times. Although it clearly defines domestic violence as being characterised by coercive control, it suggests practitioners should undertake careful assessments to understand power dynamics, rather than making assumptions. For example, it instructs practitioners to ask: “what is the level of **control and power** in the home?” (p. 160), and “ask questions that will help you understand dynamics of **power and**

**control.**' (p. 31). When discussing immigrant families, it cautions against assuming there is abuse just because there are clearly defined gender roles. It states: "You need to assess whether **power and control** are misused and if this causes harm to the woman and her children" (p. 138).

Despite including practice guidance that would, in theory, allow child protection practitioners to identify situational couple violence (i.e., if their assessment does not identify one person using power and control over the other), the guide does not discuss the possibility that DFV may not be characterised by coercive control. Most of the practice guidance it provides is focused on either men's use of coercive control or the impacts coercive control may have on mothers and children. When discussing case planning, the guide states: "**any case plan must address his patterns of coercive control.**" (p. 211). It also suggests that when child protection practitioners talk to fathers they should focus on his use of power and control. For example:

"Domestic violence is not just about physically hurting your partner. You can hurt them by other ways of **controlling** what they do. Talk about **power and control** tactics and explore whether he recognises that he uses some of these" (p. 171).

The way the NSW describes behaviours of DFV implies that it assumes DFV is characterised by coercive control, as it repeatedly uses terms that describe controlling behaviour. For example:

- "Subtle and persistent **manipulation** strategies.
- **Controlling** the bond and relationship formed between her and the child
- **Controlling** money and other assets like the home or car" (p. 42).

"He tries to '**control** her', '**isolates** her', 'tries to humiliate her'" (p. 49).

The guide uses the word 'fight' 12 times, but most of these uses are to caution child protection practitioners against describing DFV as fights, or as an example of how men might

minimise or dismiss their use of DFV. The guide also uses the term ‘fight’ in case examples where children are talking about their parents, in a suggestion of how to talk to children about how domestic violence may impact upon them, and to assert that women may fight back against coercive control. The guide seems to be suggesting that the word ‘fight’ might be a word children use or understand when talking about DFV, or a word used when perpetrators of DFV try to minimise their use of violence, but that it is not an accurate way of describing DFV. Similarly, the guide uses the word ‘conflict’ 10 times, but in seven of these it is referring to something other than DFV, for example children having conflict with peers at school. Two of the three times the guide uses the word ‘conflict’ in relation to DFV are in the context of the guide stating that domestic violence is *not* the same as conflict in a relationship. The only time the word ‘conflict’ is used to describe DFV is in reference to Culturally and Linguistically Diverse (CALD) families. It gives a quote from a book on DFV in these families, stating: “The women saw a need for these men to learn non-violent ways of resolving family **conflicts**.” (p. 142). The guide does not include any further discussion on DFV that occurs in the context of conflict or that is not characterised by coercive control.

***DFV Other than Male-to-Female Violence (Mutual DFV, Women’s use of DFV, and DFV in LGBTIQ+ Relationships)***

The NSW guide does not include any discussion about how to manage mutual violence. It uses the word ‘mutual’ 16 times, but only in the context of warning child protection practitioners against describing DFV as mutual. For example:

“Do not use language that suggests that the violence is the fault of **both** people” (p. 54).

“The language we use to describe violence can conceal, mutualise, minimise or relieve the perpetrator of responsibility. It can also blame the victim or make her **mutually** responsible for the violence” (p. 4).

“Avoid words that **mutualise** violence or suggest consent — words like fight and argument do not explain who did what to whom” (p. 4).

“Do not use language that suggests that the violence is the fault of both people or that there is consent — this is what's meant by '**mutualising**'” (p. 54).

“Domestic and family violence isn't a couple's issue that can be worked through with **mutual** responsibility” (p. 88).

Further, the guide warns that one of the ways men may minimise their abuse is by “minimising his intention and power towards the woman by saying it's a ‘violent relationship’” (p. 68).

The guide acknowledges that women can sometimes use violence, including towards children. It asserts that women's use of violence may not involve coercion and control, but it still seems to be referring to one-directional violence rather than mutual DFV. It states:

“It is also true that men and children can be the victims of **women's violence** — though much less often. All victims of violence should be treated with belief, dignity and respect” (p. 2).

“A small number of **women do use violence against men**, however the prevalence of violence, the severity of physical injury and the level of coercion and control are greater for women than for men” (p. 38).

The guide includes extensive discussion about the ways in which women resist DFV by male partners but does not mention violence as one of these responses. As the guide does not discuss acknowledge the existence or relevance of mutual DFV, or of women's use of violent resistance to coercive control it does not discuss how child protection practitioners could approach or address women's use of violence in these contexts.

In addition, the guide notes that: “Domestic and family violence also happens in same-sex relationships with the same set of consequences for the children of those couples” (p. 3).

The guide seems to be implying that the nature and impacts of DFV in LGBTIQ+ relationships are the same as DFV in heterosexual couples, and it does not include any discussion of how child protection practitioners could work with families in which DFV involves LGBTIQ parents/caregivers.

### *Causes of DFV*

The NSW guide asserts that DFV is caused by attitudes and behaviours linked to traditional gender roles, and by men believing they have the right to use coercive control. It states alcohol and drugs can increase the severity of DFV but do not cause it. It also asserts that there is no evidence that DFV is caused by mental illness. The way the guide discusses the causes of DFV indicates that it assumes all DFV is characterised by coercive control. For example:

“Domestic and family violence is a gendered issue and is **caused** by the attitudes and behaviours of traditional gender roles and stereotypes of masculinity. These roles and stereotypes position women as men’s subordinates. Alcohol and other drugs can lower inhibitions resulting in an increase in the severity of violent attacks. There is no evidence to suggest that men who use violence are mentally ill” (p. 4).

“Alcohol, drug use or mental health issues do not cause violence. Although they may worsen it. Domestic violence is **the result of beliefs** about the man’s right to use **coercive control** over his partner and children” (p. 195).

The guide once again refers to the role men’s dominance over women plays in domestic violence when it notes that: “because domestic violence is **built on ideas of men’s dominance of women**, other people may agree with the man’s use of violence, abuse and control’ (p. 68). The guide does not discuss the possible relationship between DFV and issues such as intergenerational trauma, emotional regulation difficulties, or stress.

The NSW guide asserts the use of DFV is a choice. It suggests child protection practitioners should highlight this by asking men: “can you tell me about a time when you wanted to be violent, but were able to do something else?” (p. 82). It goes on to explain:

“By exploring these discrepancies, you are highlighting that his use of violence is a **choice**, and that it is **not about a loss of control**, but is actually about his beliefs that he has the **right to control** his partner and children” (p. 82).

This theme is repeated later in the practice kit when it gives more practice prompts for talking to men. It suggests that workers say to men:

“Lots of people get angry but they don’t **choose** to hit people. Have you ever felt angry with someone else but managed not to hit them? How did you manage to do that? What stopped you from doing the same thing when you got angry with your partner?” (p. 171).

In effect, the NSW practice guide is arguing that because there are some situations where men can control their urge to use violence, DFV is never about loss of control and is part of a tactic *to control*. Interestingly however, the guide is also suggesting that men’s use of violence may be response of anger in a particular situation. Although it suggests that workers should frame such incidents being part of a perpetrator’s control over women and children, it seems to be conflating situational couple violence, where violence may be used in anger during conflict to gain control of a *situation*, with use of violence as part of a pattern of coercive and controlling tactics.

In contrast to its assertion that DFV is caused by men’s dominance of women, the NSW guide gives a different explanation of the causes of DFV in Aboriginal communities. It states:

“From an Aboriginal perspective the **cause** is located in the oppression and abuses of power inflicted on Aboriginal communities through colonisation. The intentional



removal of Aboriginal children from their families, communities and countries has tortured and fractured Aboriginal communities.” (p. 111)

It also explains:

“The notion of patriarchy is foreign to traditional Aboriginal communities, which were relatively separate but equal in terms of male/female roles. While Aboriginal societies were gendered, women were not victims of men’s power, but assertively affirmed their place and role in the community ... this provided both independence yet an essential interdependence between gender groups” (p. 118).

The NSW guide provides advice for child protection practitioners working with Aboriginal families. This is focused on using community to support women and hold men to account, having conversations in a culturally appropriate way, recognising the strengths and resistances strategies of Aboriginal women, and the particular impacts of child removal on Aboriginal communities. The guide does not recommend any interventions that specifically address intergenerational trauma or the impacts of colonisation for Aboriginal men, and the guide does not discuss the possibility that DFV in Aboriginal families and kinship groups may not always be characterised by coercive control.

### ***Practice Recommendations***

**General.** The NSW guide clearly indicates that couples counselling is never appropriate when there is domestic violence. It states:

“Domestic and family violence isn’t a couple’s issue that can be worked through with mutual responsibility. It’s a criminal act. Referring men and women to couples or family counselling implies that women are responsible for men’s use of violence and gives men a space to voice their denials or blame women. Women are also unlikely to feel safe to speak about the violence and control they’re experiencing if the abuser is also there” (p. 88).

This appears to be based on an assumption that women fear their partner, something that may not be the case in situational couple violence (Johnson, 2008; Stark, 2007).

**Working with Mothers/Victims.** The NSW guide asserts that protecting mothers who are victims of DFV also protects their children. It states:

“Alongside holding a man accountable for his actions, one of the best ways to protect children hurt by domestic violence is to support and protect their mother. The safety of a child is directly linked to the safety of their mother” (p. 37).

For the most part, the guide portrays mothers as protective, doing what they can to resist violence and keep children safe. For example:

“It takes profound strength for a woman to parent when a man is using violence against her. Our work with mothers must pay tribute to this strength and the **actions she takes to protect her children** despite the man’s intentions to hurt her” (p. 38).

Resistance by mothers is a strong theme in the NSW guide, with the word ‘resist’ or ‘resistance’ being used 96 times in the document. The guide says: “**women are always resisting violence, even if you can’t immediately see it**” (p. 10). Although the guide acknowledges that mothers might abuse or neglect their children or may use drugs or alcohol, it portrays these issues as being a direct result of the mother’s experience of DFV, and as part of her resistance or an attempt to protect herself or her children. For example:

“Some mothers may resist violence by emotionally or physically separating themselves from the child. This separation may also be an attempt to protect children from violence” (p. 14).

“A lack of attention and care as the mother distances herself from the baby so as not to be seen as favouring the child over the father or partner” (p. 16).

“Some women will use alcohol and other drugs as a way to resist the violence” (p. 44).

“This woman may be turning to alcohol and other drugs to resist the violence, or may develop adaptive mental health issues as a result of the violence” (p. 47).

“A woman resisting violence might:

- drink or use substances to resist the violence and control
- start an argument so that his violence is directed at her instead of the children or so she can have some control over when he assaults her” (p. 49).

The statement that women may start arguments so that her partner’s violence is directed at her rather than her children implies that even when mothers instigate conflict, this is to protect herself and/or her children. The guide warns practitioners that viewing or portraying maternal parenting issues as anything other than the result of the perpetrator’s use of DFV could be a way of falling into “the trap of placing the blame of the violence on the woman rather than the man using the violence” (p. 47).

The guide acknowledges that some mothers will not want to leave violent relationships and asserts that women themselves know best what will and will not create risk for them. It states:

“In the vast majority of cases the woman is very skilled at keeping herself and her children safe and will be able to predict how her partner will react, meaning that she will know which interventions will keep her and the children safest” (p. 60).

However, it does not discuss what practitioners should do if mothers request interventions the guide specifically warns against, such as couples counselling, or if they do not feel DFV presents a risk to them or their children. The guide also suggests that practitioners should show women the Duluth Power and Control Wheel (p. 51) which illustrates the dynamics and behaviours of coercive control. It does not discuss what practitioners should do if mothers do not feel this depiction of DFV applies to them and their family. As such, it seems to assume

that mothers will identify with the Power and Control Wheel’s portrayal of DFV. This once again suggests that the NSW guide assumes all DFV is characterised by coercive control.

*Working with Fathers/Perpetrators.* The NSW practice guide recommends that child protection practitioners working with DFV perpetrators should:

- “Give consistent messages to him, his network and other service providers that his violence is not acceptable and that he is responsible.
- Challenge any social responses that minimise or excuse his violence — including those made by police, other services, friends or extended family.
- Partner with other people in the family’s network.
- Challenge any minimisations, denial or excuses by him.
- Use language that clarifies the nature of his violence like: ‘we are worried about your **choice** to hit, hurt or **control** your partner’. Not: ‘we are worried about the domestic violence in your relationship” (p. 69).

This passage demonstrates that the guide’s focus is on accountability and ensuring the perpetrator is held responsible for violence. As with other parts of the guide, this section reveals an underlying assumption that DFV is one directional, a choice made by the perpetrator, and characterised by coercive control.

The guide suggests referral to a government approved MBCP is the most appropriate intervention for men who have used DFV. It acknowledges men in some areas (for example small rural towns) may not have access to such a program and, in these cases, suggests referral to a General Practitioner, Relationships Australia (a non-government relationship service that provides both individual and couples counselling), a men’s referral service, or a psychologist. It also provides a list of interventions that it asserts would not be appropriate for men who have used DFV, including anger management. It states:

“In anger management programs, participants are taught to use techniques like time out or walking away. These programs sometimes fail to look at the larger issues of **power and control** involved in domestic violence. Many men who use violence manage their anger effectively as they are never violent anywhere other than in the home” (p. 89).

The passage above shows that the guide’s rationale for recommending against anger management programs is that these may not address issues of power and control. This reinforces its focus on coercive control. The guide does not discuss any situations of DFV in which anger management programs may be useful. The guide does not discuss interventions that focus on drug or alcohol use, or address trauma and attachment issues (other than within the scope of an MBCP).

The NSW guide asserts that men who have used DFV can change. It states:

“Some men who use violence will be able to change with **the right interventions** and may want to change. Seeing men as having a capacity to control violence and who hold hopes of being a better parent is respectful and can assist in the behaviour change process” (p. 70).

In theory, this passage could be equally applicable to men who use coercive control or situational couple violence. In practice however, the guide’s broader emphasis on coercive control and its assertions that MBCPs are the best way to address DFV, that DFV is not caused by drug or alcohol use or difficulty managing anger, and that DFV is not part of mutual conflict imply that ‘the right interventions’ are only those that are focussed on addressing coercive control and men’s attitudes and beliefs. If a father were to tell a child protection practitioner who has read the NSW guide that they wish to change their use of DFV but identify it as being linked to mutual conflict, they might be dismissed as minimising or excusing their use of DFV, even if their partner has the same view. Similarly, men who want help to change their use of DFV but want to do this by addressing issues such as drug or

alcohol use, difficulty managing anger or other emotions, or joint counselling with their partner might be told by a child protection practitioner following the advice in the NSW guide that these interventions are not ‘the right interventions’, even if their partner agrees these issues are the cause of DFV in their relationship. The guide also states:

“It is important to ask about, and genuinely listen to, men’s own experience of violence, oppression and adversity. Demonstrating interest and empathy, while staying aware of any ‘violence-supporting narrative’, will help him feel listened to and respected” (p. 71).

This encourages practitioners to take a more holistic view of men who have used DFV, rather than portraying them solely as perpetrators of violence, however, it does not state that men’s experiences of violence, oppression and adversity may be related to their use of DFV. The guide states in earlier sections that men’s use of DFV is always caused by rigid gender beliefs, is a choice, and is not caused by anger or mental illness. In this context, it seems that the guide is suggesting that the use of DFV and having past experiences of violence, oppression and adversity are separate issues (i.e., that men who use DFV may have had such experiences, but they are not the cause of the man’s use of DFV).

Regarding men’s parenting styles, the NSW guide states: “men who are controlling and violent towards their partner may adopt certain parenting styles. These styles of fathering may place children at risk” (p. 71). The use of the word ‘controlling’ indicates coercive control, as do many of the parenting behaviours the toolkit gives as examples, such as “sabotaging” the mother, being “overly authoritarian”, and “manipulative” (p. 73). The guide directly links these behaviours to coercive control by using a diagram it calls the “Not Valuing Children Wheel” (p. 73). Like the ‘Power and Control Wheel’, the ‘Not Valuing Children Wheel’ depicts a range of controlling and dominating tactics, but in relation to parenting behaviours rather than behaviours toward a partner. For example, “interfering with

a child's relationship with his or her mother", and "repeatedly drawing negative comparisons between a child and his or her mother" (p. 73). Some of the behaviours in the 'Not Valuing Children Wheel' could, however, be parenting difficulties related to lack of skill/knowledge rather than deliberate abusive behaviours. For example, "giving a child responsibilities that are beyond his or her developmental capabilities", and "failing to appropriately feed, bathe, or clothe a child" (p. 73). By including these in a diagram which echoes the Duluth Power and Control Wheel and which primarily lists deliberate controlling and dominating behaviours, the NSW guide seems to be suggesting that these parenting difficulties are deliberate and part of coercive control rather than due to lack of knowledge, skill, or experience (e.g., due to the parent not having been adequately cared for themselves as a child, or having cognitive functioning difficulties). Because the toolkit does not discuss situational couple violence it does not explore how parenting issues or child abuse and neglect could be linked to DFV that is not characterised by coercive control.

**Working with Children.** As I noted earlier, the NSW guide asserts that the best way to keep children safe is to keep mothers safe. It focuses strongly on the importance of mother-child relationships and uses the term 'women and children' 42 times. The guide acknowledges that children can be harmed by their mothers, but links this to the impact of men's use of violence. As I discussed in the sections on working with mothers/victims and working with fathers/perpetrators, the guide repeatedly discusses how men's use of 'power and control' harms children. It notes: "these tactics are often used against children and women alike" (p. 14). The guide also highlights the importance of seeking and listening to children's views. It states: "children must be included every time we respond to a family and as often as possible thereafter, for as long as FACS<sup>3</sup> are working with the family" (p. 11).

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<sup>3</sup> Family and Community Services, the former name of the NSW child protection department. In 2019 the name of the NSW department responsible for child protection was changed to the Department of Communities and Justice.

The guide explains that the work of the NSW child protection department is guided by the Safe and Together™ model which encourages practitioners to see “the many and complex ways a man’s violence ruptures family life and the child’s world” (p. 12). The practice guide gives multiple examples of how DFV might impact on children and includes examples of things children might think, all of which are of men using violence and control. None of the examples are of mutual violence or child abuse or neglect by mothers. For example:

- “I hear him bossing mum around, he bosses us around too. There’re lots of rules.
- I’ve seen mum crying, with bruises on her body.
- I always feel scared about what he will say or do. I can never relax.
- I’ve seen mum being hurt, punched, kicked, hit and hair pulled” (p. 12).

The NSW guide provides extensive and detailed practice advice on working directly with children. Some of this guidance is not specific to DFV or inclined toward any particular kind or dynamic of DFV. As such, it could be used whether DFV is characterised by coercive control *or* situational couple violence. When the guide gives more specific examples, however, these are all regarding a dynamic of unilateral coercive control by one parent and one non-abusive parent. The guide also suggests several tools for talking and engaging with children in a therapeutic way to explore the impact of DFV on them. Most of the tools are generic and often used in child protection practice (whether there is DFV in the family or not), rather than being developed to be used with children impacted by DFV. However, the guide gives some suggestions about how these tools could be applied in situations of DFV. In these suggestions, it uses language that is indicative of one-directional violence. As such, the suggestions could be used in cases of coercive control or one-directional situational couple violence but would not be appropriate in cases where children have experienced their parents using mutual situational couple violence.



The only time the guide gives a description of a situation that may be mutual situational couple violence is when it uses a de-identified real life case example from an external resource. In this case example the children describe hearing both their parents fighting and their response to this. The language in the example is more consistent with situational couple violence than coercive control. The children refer to both parents, “fighting” and one child states that when their parents fought, they would create a distraction that would “make them stop” and make his mother come to sleep in his bed (p. 28). This implies that both parents are involved in mutual conflict and that the mother has sufficient autonomy to disengage from the conflict and come to sleep in the child’s bed. After giving this example however, the practice kit does not discuss what an experience of having both parents fighting might be like for children, or how it might differ to an experience of only one parent using violence or aggression.

### ***Summary***

The NSW practice guide uses language that is primarily consistent with coercive control. It asserts that use of DFV is a choice and is caused by men’s belief that they have a right to control and dominate women and children. The only exception to this is DFV in Aboriginal families, which the guide states is caused by the impacts of colonisation. Although it states child protection practitioners should carefully assess dynamics of power and control rather than making assumptions, it does not acknowledge that not all DFV involves one person using coercion and control, other than briefly mentioning that when women use DFV this may not involve the same level of coercion and control as men’s use of DFV. The guide uses gendered language and draws a clear distinction between perpetrators and victims of DFV. It does not acknowledge the existence of mutual DFV and only briefly touches on violence by women and in LGBTIQ+ couples. The guide provides practice advice that centres on providing support for mothers who are victims of DFV and holding male

perpetrators to account for their choice to use violence and control. It suggests that an MBCP is the best intervention for men who use DFV.

The NSW guide acknowledges that mothers may sometimes abuse or neglect children in the context of DFV, but frames this as either being due to the behaviour of the perpetrator of DFV or being an act of resistance to DFV. The guide includes extensive practice guidance on working with children, some of which is specific to children impacted by DFV. Most suggestions it gives could be applicable to either coercive control or one-directional situational couple violence, but not mutual situational couple violence. Overall, most of the content and practice guidance in the NSW guide would be suitable for cases of coercive control, but not for cases of situational couple violence.

## **QLD – Domestic and Family Violence and its relationship to Child Protection - Practice Paper**

### ***Formal Definition***

The QLD practice guide defines DFV as follows:

“Domestic and family violence is characterised by **patterns** of abusive behaviour in an intimate relationship or other type of family relationship where one person assumes a position of **power** over another and causes **fear**” (p. 3).

This definition is clearly indicative of coercive control as it uses the words ‘pattern’, ‘power’ and ‘fear’ and identifies these as being characteristic of DFV. There is no scope for this definition to include situational couple violence that does not involve one person assuming power over the other or causing fear. The guide provides another definition of DFV from the QLD government Domestic Violence Prevention Strategy 2016 – 2026:

“Queensland’s Domestic and Family Violence Prevention Strategy 2016-2026 (Queensland Government, 2016a, p. 1), identifies domestic and family violence as ‘any behaviour that is physically, sexually, emotionally, psychologically, economically,

spiritually and culturally abusive, threatening, coercive or aimed at controlling or dominating another person through fear” (p. 3).

This definition gives a little more scope due to the use of the words ‘any’ and ‘or’, which means that any one of the descriptors could be identified as DFV. As such, physical or verbal violence in the context of conflict, whether mutual or one directional, could be captured by the definition. The definition also includes coercive control with the phrase ‘coercive, or aimed at controlling or dominating another person through fear’, but does not imply *all* DFV is characterised by these things.

### ***Overall definition/conceptualisation of DFV***

Although the second of the two definitions of DFV in the QLD guide is inclusive of situational couple violence, the overall content is focussed on coercive control. The QLD guide is shorter than many of the others I analysed and does not give a lot of guidance about case management with families where DFV has been identified as a risk factor. This is possibly because the QLD department uses the Safe and Together™ model, which provides considerable practice guidance. The guide explains: “In Queensland practice is guided by the *Safe and Together model*” (p. 3). Because the Safe and Together™ model is trademarked and not freely available to researchers, I could not analyse the practice guidance this model provides. I will explore the model, based on related research, in the second part of the discourse analysis (chapter 6)). The practice guide includes two diagrams that illustrate the Safe and Together™ model (p. 3). The first shows the three “key principles” (p. 3) of the model, which are:

“Keeping the child Safe and Together™ with the non-offending parent”, “Partnering with the non-offending parent as the default position”, and “Intervening with perpetrator to reduce risk and harm to the child” (p. 3).

This indicates the model assumes there is one ‘non-offending parent’ and one perpetrator, and that intervening with the perpetrator and partnering with the non-offending parent will reduce risk and harm to the child (i.e., only one parent presents risk of harm to the child). The second diagram shows the “critical components” (p. 3) of the model, which are:

“The perpetrator’s pattern of **coercive control**”, “Actions taken by the perpetrator to harm the child”, “Role of substance abuse, mental health and other socio-economic factors”, “Full spectrum of the non-offending parent’s efforts to promote the safety and wellbeing of the child”, and “Adverse impacts of the perpetrator’s behaviour on the child” (p. 3).

In this diagram, the component “Perpetrator’s pattern of **coercive control**” (p. 3) is at the top. This indicates coercive control is central to the model.

The QLD guide includes a table titled: “Forms of Violence and Coercion” (p. 6). The title of the table indicates it is focused on coercive control. The table includes behaviours such as threatening a victim at their workplace, threatening to harm pets, property, or possessions, threatening to kill the victim or children, threatening suicide if the relationship ends, sexual abuse, controlling finances, stalking, monitoring social interaction, limiting and controlling movement, and limiting interaction with friends and family. These are all behaviours associated with coercive control rather than situational couple violence (Johnson 2008; Stark, 2007). The table also includes some behaviours that are not specific to coercive control and could be part of situational couple violence, for example punching, slapping, pushing, and other uses of physical force. In addition, the table lists verbal abuse as a form of DFV. Mutual verbal aggression is common in situational couple violence (Johnson, 2008; Stark, 2007), but the table uses the phrase: “words or phrases used to humiliate, degrade, demean, embarrass or intimidate” (p.6). This indicates the kind of verbal abuse the guide is referring to is one-directional verbal abuse intended to frighten or exert power over the victim

(i.e., a tactic of coercive control), rather than mutual verbal aggression during conflict (i.e., verbal aggression as part of situational couple violence).

The QLD guide does not use the words ‘fight’ or ‘conflict’ to describe DFV. It uses the word ‘pattern’ to refer to men’s abusive behaviour nine times, indicating it has a focus on abusive behaviour that is ongoing and is not limited to isolated incidents of physical violence.

***DFV Other than Male-to-Female Violence (Mutual DFV, Women’s use of DFV, and DFV in LGBTIQ+ Relationships)***

The QLD practice guide does not talk about mutual violence in detail. The only time it refers to mutual violence is when it says: “where violence is used by both partners in a relationship, the woman’s acts are more likely to be in self-defence” (p. 4). Although the term ‘more likely’ does not imply violence by women is always self-defence, the practice paper does not include any discussion of mutual violence in which violence by women is not self-defence. Further, it does not provide any guidance about how child protection practitioners could determine whether mutual violence is due to one partner using self-defence or not. It also does not discuss what child protection practitioners should do if they are working with families where mutual violence does not involve self-defence.

The guide uses the gender-neutral terms ‘perpetrator’ and ‘victim’ throughout the document, but it repeatedly states that the most common presentation of DFV is men using violence toward women. For example:

“This paper uses language that represents the most common perpetrator of violence – that is men being violent towards women” (p. 4).

“Perpetrators of domestic and family violence are most often men, while victims are most often women” (p. 3).

“Child witnesses of violence are most likely to be in families where the perpetrator is their father and the protective parent is their mother” (p. 3).

The guide uses the phrases ‘most common’, ‘most often’ and ‘most likely’, which imply the guide recognises DFV is not always perpetrated by men against women. The use of non-gendered language also allows some scope for child protection practitioners to apply the practice guidance in cases where DFV is used by women and/or in LGBTIQ+ relationships. Even so, when the guide discusses DFV dynamics in detail or gives case examples it consistently uses language that implies women are victims and men are perpetrators. For instance, in a case example that uses letters rather than names the guide uses female pronouns to refer to the victim and male pronouns to refer to the perpetrator:

“‘A’ has a pattern of abuse that includes physical violence, threats, damage to property and stopping ‘B’ from seeing family and friends and making derogatory comments to the children. Specifics - On four different occasions ‘A’ has assaulted ‘B’, throwing her down and hitting her, resulting in bruises and swelling. On one occasion he smashed ‘B’s mobile phone, punched a hole in the wall and smashed a chair. He has said in front of the children that ‘B’ is stupid and if she tries to leave he will find her and make her sorry.” (p. 16).

Even when it uses truly non-gendered language, the guide suggests there is always one violent and one non-violent parent. For example, it states: “The term ‘victim’ is used inclusively, relating to the non-violent partner, children and other family members who experience and are impacted by the violence and abuse.” (p. 4). The term ‘non-abusive partner’ is used three times, the term ‘non-violent partner’ once, and the term ‘protective parent’ (to refer to mothers) twice. The QLD guide does not discuss situations where both partners are using violence and children do not have a non-violent or protective caregiver in the household. It uses the word ‘perpetrator’ in the singular 47 times, which reinforces the idea that DFV always involves a single identifiable perpetrator, rather than mutual use of violence.

Regarding women's use of violence, the QLD guide states:

“The perception that women are also commonly perpetrators is not generated from statistics or supported by practitioners working in the field. This is not to say that some men, sometimes, do not experience violence from their female partner, however, the reality is that relatively few men in heterosexual relationships are solely victims of intimate partner violence” (p. 4).

The use of the phrase ‘relatively few men in heterosexual relationship are *solely* victims of intimate partner violence’ could allude to mutual violence, however, the guide does not discuss this further, or discuss what it may mean for children if both parents are using DFV. This passage could also allude to the existence of DFV in LGBTIQ+ relationships, but only by virtue of specifying that it is referring to ‘men in heterosexual relationships’, which implies the statement may not apply to men who are not in heterosexual relationships. Other than this the QLD guide does not mention DFV in LGBTIQ+ relationships.

### ***Causes of DFV***

The QLD guide does not identify causes of DFV, but it provides a list of “myths” (p. 9) about causes. The list of ‘myths’ includes mental illness, anger, and drug and alcohol use. The guide identifies drug and alcohol use as factors that may increase the likelihood of severe violence for men who are abusive but asserts drug and alcohol use do not cause violence. The guide also emphasises that DFV is a choice by saying:

“There are many societal myths associated with perpetrators. For example, perpetrators may be described as ‘**mentally ill**’, ‘**unable to control their anger**’, or are ‘**abusive only when drunk**’” (p. 9).

“Perpetrating violence is a **choice**, although typically it is not seen as such in the mind of the perpetrator” (p. 9).

“There are a high proportion of perpetrators who use **alcohol and / or illicit drugs**. Although intoxication due to alcohol or drug use **does not cause** violence, **abusive men** are prone to become more severely, and more frequently, violent while under the influence” (p. 9).

It also includes a diagram showing the Duluth Power and Control Wheel (which I have discussed earlier), and a variation called the “Clare Murphy adaptation of the Power and Control Wheel (2002)” (p. 8). This is a diagram of a wheel on which the outer rim reads “**Domestic violence** is reinforced by **social beliefs** which give **men the right to dominate women**” (p. 8), (bolded words are as used in the diagram). The centre of the wheel is a circle with the words “**POWER and CONTROL**” (capitals as used in the diagram), and the spokes of the wheel are descriptions of dominance and control such as “domestic slavery”, “inappropriate restrictions”, “degradation”, “mind games”, “using the children”, “symbolic aggression”, and “economic abuse” (p. 8). Although the diagram does not say that societal beliefs *cause* DFV, only that they ‘reinforce’ it, the guide does not offer any other explanations of what causes DFV. This, together with the guide’s other repeated references to gender and power and control, sends the message that societal beliefs and men’s beliefs about men having the right to wield power and control over women are the cause of DFV. The only place the guide alludes to other potential causes of DFV is when it discusses domestic violence in pregnancy. It states:

“Negative or volatile family dynamics, financial difficulties, low social support, substance abuse, and having multiple sexual partners are identified risk factors for experiencing domestic and family violence during pregnancy (McMahon & Armstrong, 2012)” (p. 11).

The use of the phrase ‘negative or volatile family dynamics’ could imply mutual conflict between partners, but the guide does not elaborate. The passage could also imply that



substance abuse, low social support and financial difficulties play a causal role in DFV, but the guide does not discuss how these factors could be linked to DFV. It also does not discuss whether or how ‘risk factors’ differ from causal factors (e.g., whether substance abuse causes DFV or is simply correlated with it). In the paper the guide is citing (McMahon & Armstrong, 2012) the researchers found that in some cases maternal substance abuse is an issue prior to DFV occurring and they argue it may contribute to a relationship dynamic in which DFV is more likely to occur. This implies substance use by mothers could play a causal role in DFV. However, other than this one sentence specifically about DFV in pregnancy, the practice guide frames maternal substance use as an impact/consequence of the perpetrator’s use of DFV, not as an issue that could be pre-existing or could play a causal role in DFV.

### ***Practice Recommendations***

**General.** The QLD guide does not discuss interventions for couples or whole of family interventions. It has a consistent focus on partnering with mothers and holding perpetrators of DFV accountable for their behaviour and the impact it has on adult victims and children.

**Working with Mothers/Victims.** The QLD guide repeatedly emphasises the need to support mothers who have been impacted by DFV, and to partner with them. As I discussed earlier, it asserts mothers are likely to be non-violent and protective of their children. The QLD guide does not discuss child abuse or neglect by mothers in detail and when it does, it links this back to the perpetrator’s use of coercive control. The guide encourages practitioners to approach situations where mothers may have harmed children by not focusing on maternal behaviour, but instead looking for how the perpetrator’s behaviour has impacted on both mothers and children. It states:

“It is easy for the focus to centre on the mother and her behaviour, particularly in relation to how protective she has or hasn’t been. However when domestic and family violence is a presenting factor, the focus needs to ‘pivot’ to the perpetrator and his

pattern of behaviour in order to fully understand, reduce risk and address safety concerns for the children and family. This focus of intervening with the perpetrator to reduce risk and partnering with the **non-offending** parent to keep children safe is critical for safety-oriented practice” (p. 11).

The practice guide does not discuss what child protection practitioners should do if there is no non-offending parent, as could be the case in mutual situational couple violence, or if children have been harmed by maternal child abuse or neglect that is not caused by the perpetrator’s use of DFV.

The practice paper states DFV can have a range of negative impacts on mothers. It lists the “harms associated with domestic and family violence” as:

- “Shame and embarrassment
- anxiety
- depression and other emotional distress
- suicide attempts
- alcohol and drug abuse
- eating disorders
- sleep disturbances
- reduced coping and problem solving skills
- reduced decision-making skills
- chronic disorganisation
- loss of self-esteem and confidence
- fear of starting new relationships
- acute and/or chronic fear
- learned helplessness, and
- loss of hope” (p. 10).

Some of these impacts are issues mothers could experience for a range of reasons. For example, many parents in the child protection system have alcohol and drug use issues, whether DFV is a co-occurring issue or not (Humphreys et al., 2020). The practice guide does not acknowledge there may be other reasons for mothers having these difficulties. Nor does it discuss how practitioners could determine whether these issues have been caused by DFV, or whether they are co-occurring but not caused by DFV. It acknowledges that some of these ‘impacts of domestic violence’ could impact on parenting. It states:

“While many women go to great lengths to counteract the effect of abuse on their parenting, the harms identified above may impede their capacity to parent their child/ren effectively, especially if the perpetrator has **intentionally undermined the mother/child relationship**” (p. 10).

The guide seems to be asserting that in cases where there is DFV and a mother has any of the difficulties the guide has listed, these are due to the impacts of DFV. The phrase ‘intentionally undermined the mother/child relationship’ also implies that the ‘perpetrator’ is deliberately sabotaging the mother’s parenting. This reinforces the guide’s focus on coercive control. The guide suggests that if a mother parents in a punitive way, this may be an attempt to placate the perpetrator of DFV. It states:

“There is evidence that some mothers are more likely to act in a punitive way towards their children in the presence of the perpetrator indicative of **attempting to avoid triggering violence**. Support for women with regard to mitigating or overcoming the harms and strengthening their parenting capacity and attachment between mother and child, will be needed” (p. 10).

A victim of DFV going to efforts to placate the perpetrator in order to avoid triggering violence suggests coercive control rather than situational couple violence (Johnson, 2008; Stark, 2007). The passage once again implies that child abuse or neglect by mothers is

ultimately caused by the behaviour of the perpetrator. It does not discuss how practitioners could determine whether punitive parenting by mothers is an attempt to prevent triggering violence by the other parent, or due to issues other than DFV.

The QLD guide states that removal of a DFV perpetrator from the household does not always equate to safety for children due to the potential for ongoing abuse from the perpetrator. However, it only discusses how children may continue to be at risk of harm from the perpetrator of DFV and not the possibility that children may still be at risk of harm due to abuse or neglect by mothers. It states:

“In fact, women and children may be in greater danger after separation than before.

This means that separation from an abusive partner does not always solve the problem of violence in the family. Instead, the nature and the focus of the violence may change and contact visits may well provide the opportunity for the perpetration and perpetuation of abuse” (p. 15).

The guide does not provide any practice guidance that could help practitioners to assess how children experience their mothers, whether mothers may have difficulties that are not caused by DFV, or whether children would be safe in the care of their mother if the other parent/caregiver were not there.

**Working with Fathers/Perpetrators.** The QLD practice guide focuses on holding men accountable not only for DFV, but also for their parenting practices. It explains that this focus is grounded in the Safe and Together™ model, noting that:

“In implementing this model, practitioners hold fathers who are perpetrators to the same standard of parenting expectations as mothers. Use of the model provides more detailed assessment of the perpetrator’s pattern of behaviour. This information is central to understanding the victim’s decision-making” (p. 14).

In contrast to the minimal discussion of child abuse or neglect by mothers, the practice paper goes into detail regarding the parenting behaviours abusive men may exhibit. It asserts that:

“Perpetrators may further harm children physically, sexually, emotionally, and through neglect. Harm may occur because:

- they may focus their attention on **controlling** their partner rather than engaging as a parent, or prevent their partner from caring for their children resulting in neglect of the children.
- they may **prevent their partner from seeking medical treatment** for the children, particularly when they have physically abused them, heightening the risk of serious injury and even death in the case of babies and infants
- they may hurt children emotionally by verbally abusing them, or damaging their relationships through using them as a tool by **coercing** them into abusing the other parent
- they may hurt children emotionally by creating an environment in which children **live with fear**, even if they never see or hear violence or abuse occurring, and which may undermine the ability of practitioners and service providers to intervene and protect them” (p. 10).

In most of these examples the guide is referring to controlling or coercive behaviour or, in the last dot point, a pattern of behaviour that results in other household members living in fear.

Although the guide uses the modifying word ‘may’ to imply that these things are not necessarily the case, it does not provide any examples or discussion of perpetrators of DFV not parenting in these ways. In addition to discussing the ways coercive control and violence by fathers can harm children while they are living with them, the practice guide lists examples of how fathers can harm children during post-separation time spending or shared care. These are:

- “Returning the children in a dirty condition or with inadequate clothing
- making comments and / or threats to the partner via coercion of the children to deliver these messages
- failing to comply with medical and dietary requirements for the children
- failing to meet set guidelines for contact, such as arrangements for visit times, and telephone calls or returning them late from contact
- continuing other abuse of the children, with the non-abusive partner unable to protect them” (p. 16).

Some of these issues are clearly deliberate attempts to coerce, control, or abuse. For example, coercing children to deliver messages that threaten the other parent and continuing other abuse of the children. Others, however, could simply indicate a lack of parenting capacity or issues such as difficulty with organisation and time management. For example, returning children dirty, returning the children late, or failing to comply with medical or dietary requirements. The practice guide, however, seems to be implying that in the context of DFV, child protection practitioners should view and address these issues as deliberate choices by fathers to exert control over women and children. It does not discuss how child protection practitioners could assess whether such behaviours are deliberate or not.

The QLD practice guide does not contain any guidance on how to work with fathers other than emphasising the need to hold them accountable for DFV and harmful parenting. It asserts: “[intervening with the perpetrator to reduce risk and partnering with the non-offending parent to keep children safe is critical for safety-oriented practice](#)” (p. 11). Yet it does not discuss what kind of interventions may be appropriate for men who have used DFV. Although the QLD guide does not provide practice guidance about the kinds of interventions that should be used for perpetrators of DFV, information on the Safe and Together™ Institute

website<sup>4</sup> indicates that the model encourages practitioners to refer them to MBCPs.

However, it emphasises that child protection practitioners should not view completion of an MBCP as an indicator of safety, and that they should instead look for evidence of behaviour change. It does not discuss whether there are any alternative services or supports for men who have used DFV, other than MBCPs.

**Working with Children.** In some of the instances where the guide discusses the impacts of DFV on children it does not specify who is perpetrating the DFV or who the victim is. For example, it refers to children being harmed even if they are not in the “**room where violence occurs**”, and to children feeling ashamed or scared “**when violence occurs**” (p. 12). These passages could be referring to any kind of DFV, including mutual situational couple violence. However, in other instances, the guide describes the impacts of DFV on children in a way that implies coercive control, and/or implies there is one perpetrator parent and one protective parent. For example:

“They learn that **threats and violence get you what you want** (and you won’t get in trouble), **unequal relationships** are normal, you must **either be the victim or the perpetrator**, the world is a dangerous place and no one can protect you” (p. 12).

“The effects of being in this situation may impact on the child’s emotional and physical wellbeing, their attachment with their **protective parent** and their development” (p. 12).

The use of the word ‘threats’, the reference to perpetrators getting what they want without repercussion, reference to unequal relationships, and the emphasis on a clear victim-perpetrator dynamic all indicate the guide is discussing coercive control rather than situational couple violence.

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<sup>4</sup> [https://safeandtogetherinstitute.com/wp-content/uploads/2020/03/CertsAreDangerous\\_paper2142020\\_web.pdf](https://safeandtogetherinstitute.com/wp-content/uploads/2020/03/CertsAreDangerous_paper2142020_web.pdf)

The guide does not provide any direction about working directly with children but does give advice about placement and contact decisions for children who have to be placed in out-of-home care. It warns practitioners that placing a child with the perpetrator's extended family can exacerbate the violence, but it does not explain how or why this would be the case. Nor does it give any examples of when or how placement with a perpetrator's extended family may be appropriate. The guide also advises practitioners that it may not be appropriate for parents to have joint contact visits with children where there has been DFV and provides some guidance on potential Family Court involvement. As with other sections, this part of the guide is based on an underlying assumption that DFV is characterised by a clear victim-perpetrator dynamic. It does not give any advice about placement or contact decisions in cases where both parents have used DFV. The practice recommendations about placement or contact decisions do not mention coercive control but they are situated within the section of the guide that describes the Safe and Together™ model. As I discussed, this model is underscored by an understanding of DFV as coercive control. Directly above the guidance on placement/contact decisions is a “practice reflection” box (p. 16) which gives a case example as a prompt to how workers should record DFV. The case example includes several indicators of coercive control. It states the perpetrator has a “pattern of abuse” that includes “threats” and stopping the victim from seeing family and friends, telling the victim she is stupid in front of the children, and telling her that “if she tries to leave he will find her and make her sorry” (p. 16). As such it is likely that any practitioner reading the advice about placement and contact decisions would already hold an assumption that DFV is characterised by coercive control.

### ***Summary***

The QLD practice guide appears to be based on an understanding of DFV as coercive control. Although it uses some gender-neutral language (i.e., ‘perpetrator’ and ‘victim’) it also explicitly states that in most cases fathers are perpetrators of DFV and mothers are victims.



The guide implies the causes of DFV are societal beliefs about men's right to exert dominance and control over women. It asserts issues such as drug and alcohol use, mental illness, and anger management difficulties do not cause DFV. The QLD guide consistently portrays mothers/victims of DFV as protective and non-violent. When it does discuss abuse or harmful parenting by mothers, it describes these issues as being caused by the behaviour of the perpetrator of DFV. It encourages child protection practitioners to partner with the non-offending parent/mother. In contrast, when talking about fathers/perpetrators it describes them as deliberately using violence and control in both DFV and parenting, and as the cause of harm to mothers, children, and mother-child relationships. The guide repeatedly states that it has a focus on holding perpetrators of DFV accountable, including a focus on the fathering of men who use DFV and intervening with them, but does not discuss how child protection practitioners should do this (perhaps because it relies on the Safe and Together™ model for this).

The QLD practice guide discusses the impacts DFV has on children, but it does not provide guidance about working with children. Instead, the guide focuses on creating safety for children by partnering with their non-offending/non-violent parent/mother. The guide does not discuss the possibility that children may not have a non-violent parent, nor did it discuss how children could be impacted by DFV that is not characterised by coercive control.

### **Overall Summary**

All the practice guides I have analysed above defined DFV in a way that was primarily consistent with coercive control, not situational couple violence. Although some of the practice guides included alternative definitions that were more inclusive, these were limited to descriptions of family violence in Aboriginal families and communities, or were definitions extracted from other government documents. None of the guides discussed whether or how DFV that is characterised by coercive control differs from DFV that is not

(i.e., situational couple violence). In each guide I analysed, the overall content and descriptions of DFV were focused on unilateral coercive control with a clear victim-perpetrator dynamic and most guides specifically warned practitioners against interpreting, recording, or treating DFV as conflict or as mutual. The VIC guide was the only document that acknowledged (in some parts) that not all DFV is characterised by coercive control and that it may, in some cases, be appropriate to utilise joint couple interventions that address relationship conflict. None of the guides explicitly discussed the differences between coercive control and situational couple violence or suggested interventions or approaches for DFV that is not characterised by coercive control (other than the brief reference to couples counselling in the VIC guide).

Some of the guides suggested child protection practitioners should ask parents and children questions about the nature of DFV. In some cases, these questions gave scope for practitioners to identify when DFV may not be characterised by coercive control. Apart from the VIC guide, however, none gave any advice about what practitioners could do differently if parents or children reported that DFV was not characterised by coercive control. In the VIC guide this was limited to the discussion about when couples counselling could be appropriate.

The guides all discussed the impacts DFV can have on children, but they varied significantly regarding the extent to which they discussed working with children or gave practice advice for engaging directly with children. The language and content of the practice guides I analysed revealed an underlying assumption that children in households where there is DFV usually have one non-violent or non-offending parent/caregiver, and that this parent/caregiver has taken active steps to try to protect them. Although all of the guides acknowledged that mothers may sometimes not be able to safely care for their children, they linked these issues to the perpetrator's use of DFV. Often they did this using language that implied DFV characterised by coercive control. Most of the guides did not acknowledge that

child abuse and neglect by mothers, or other issues mothers may have that could pose risk to children, such as substance abuse, mental illness, or limited parenting capacity could be pre-existing or co-occurring rather than being directly caused by the perpetrator's use of DFV. The VIC guide was the only one that noted the impact DFV has on children can vary depending on factors such as the child's relationship with their parents and other supports, and whether the child has also experienced other forms of abuse or neglect.

All of the guides I analysed discussed mothers (assumed to be victims of DFV) and fathers (assumed to be perpetrators of DFV) in contrasting ways. The behaviour of fathers/perpetrators towards both mothers and children was framed as being a deliberate choice and motivated by a desire to exert power and control over women and children. In contrast, the guides indicated the behaviour of mothers was usually either protective of children or a result of the perpetrator's behaviour. Most guides encouraged practitioners to interpret potentially harmful maternal behaviours, such as harsh discipline, as being motivated by a desire to protect children. The guides identified mothers and children as being a dyad and emphasised that the best way to protect children is by protecting and partnering with mothers. The guides that provided practice advice about working with fathers/perpetrators of DFV all recommended referral to an MBCP as the most appropriate option. Most cautioned explicitly against using interventions other than an MBCP for fathers who have used DFV and argued that interventions for co-occurring issues such as substance abuse or mental health should only be used together with or following an MBCP.

I will discuss the practice guides in more detail in the following chapter, part two of my discourse analysis. I will use the themes similar to those I used in this chapter to structure the analysis, and for each theme I will compare the practice guides with relevant literature. I will also explore literature concerning MBCPs because, aside from the QLD guide (which did not discuss any interventions for perpetrators), all of the practice guides identified these as the

best intervention for men who use DFV. In addition, I will discuss the Safe and Together™ model because, although only mentioned by the QLD and NSW guides, it is used by several Australian child protection departments (Healey et al., 2028). As such, this model may have influenced the practice guides and/or could influence how they are implemented by practitioners.

## Chapter 6. Discourse Analysis Part 2:

### Reading the Practice Guides in the Context of Relevant Literature

In this chapter, I will explore the topics I have identified through the discourse analysis of the practice guides by reviewing relevant literature on each topic, and comparing the findings of the literature with the way the topic is approached in the practice guides. My analysis of key practice guidance of five Australian child protection departments demonstrated that they define DFV primarily as coercive control, and that this way of defining DFV is reflected in the guides' content, including practice guidance/instructions. The practice guides also revealed several underlying assumptions of the authors, these being:

- That DFV is usually perpetrated by one person upon another (rather than being mutual);
- that in families where there is DFV there is usually one non-offending parent/caregiver, this parent/caregiver is protective of the child/children;
- that co-occurring issues such as substance abuse do not cause DFV and addressing them is not an appropriate way to address DFV;
- that men/fathers who use DFV are also likely to abuse or neglect their children and this is because their use of coercive control flows into their parenting;
- that mothers who have experienced DFV do not usually abuse or neglect their children, but that if they do this is likely to be due to the impact of the perpetrator's use of DFV (in particular their use of coercive control);
- that joint/couple interventions are seldom appropriate to address DFV;
- that men's behaviour change programs (MBCPs) are the most appropriate intervention for men/fathers who have used DFV; and

- that children will usually be safe if their mothers are safe, and that supporting mothers and mother-child relationships is the best way to keep children safe.

Next, I will examine each of these assumptions and recommendations in the context of the literature, with an emphasis on whether and how the assumptions and recommendations are relevant and/or appropriate to either coercive control or situational couple violence. I will explore how distinguishing between coercive control and situational couple violence, or not doing so, may explain the assumptions and recommendations I observed in the practice guides. In addition, I will provide a summary of the Safe and Together™ model which, at the time of writing, is used by four Australian child protection departments.

### **The Safe and Together™ Model**

‘Safe and Together’ is a model/method for case management with families in the child protection system where domestic violence is an identified concern. It is a model developed in the United States and has become increasingly popular in Australia. Although only the NSW and QLD practice guides referred to the model, the child protection departments of Western Australia and Victoria also use the model to some extent, as do several other government and non-government organisations who may work with families with child protection involvement (Healey et al., 2018).

The Safe and Together™ model has been the subject of several studies and evaluations, (e.g., Healey et al., 2018; Humphreys & Healey, 2017; Humphreys et al., 2020; Jones & Steinman, 2014; Mandel, 2018), however, most of these have not assessed whether use of the model results in increased safety for children, decreased rates of child removal or lower rates of re-notification. Most evaluations that have measured outcomes have found that use of the model decreases mother blame, results in child protection practitioners having a better understanding of the harm DFV causes to children and leads to better collaboration with other DFV related services (Healey et al., 2018; Humphreys et al., 2017; Jones & Steinman, 2014;

Mandel, 2018). One evaluation (conducted in part by the founder of the model) also collected data on rates of removal and re-notification and found that the introduction of the model coincided with a halving of rates of removal and no increase in rates of re-notification, indicating that use of the model had a positive impact on child safety (Mandel, 2018). Another study, however, found no evidence that training in the model increased child protection practitioners' understanding or documentation of coercive control, or impacted on whether practitioners engaged directly with perpetrators of domestic violence, even though coercive control and holding perpetrators accountable are the key foci (Jones & Steinman, 2014).

The full model is not available outside of paid training sessions but reports that have focused on the model include detailed discussion about its content and approach. According to Healey et al. (2018), the Safe and Together™ core principles are: keeping children Safe and Together™ with the non-offending parent; partnering with the non-offending parent as the default position; and intervening with the perpetrator to reduce risk and harm to the child. They also stated the core principles are supported by the five critical components which are: the perpetrator's pattern of coercive control; the actions taken by the perpetrator to harm the child; the full spectrum of the non-offending parent's efforts to promote the safety and wellbeing of the child; the adverse impacts of the perpetrator's behaviour on the child; and the role of substance abuse, mental health, culture, and other socio-economic factors. These principles and critical components indicate that the primary focus of the Safe and Together™ model is DFV that takes the form of unilateral coercive controlling violence. The model operates on the assumption that there will be a clear victim/perpetrator dichotomy and that one parent will be 'non-offending' and will promote the safety and wellbeing of the child. The perpetrator's pattern of coercive control is identified as a critical component, making it

clear that coercive controlling violence is meant rather than situational couple violence.

Healey et al. (2018) added that:

“This framework recognises:

- the equal importance of working with men;
- partnering with the non-offending parent (usually the child’s mother);
- focusing on children; and
- recognising the interface with other complex issues (for example, culture, the context of colonisation, the impact of discrimination and poverty on Aboriginal and Torres Strait Islander families and communities, mental health, substance use, housing security and employment status)”. (p. 17)

The last dot point acknowledges some of the factors that can play a role in situational couple violence, yet no explicit mention is made of DFV that is not characterised by coercive control. As such, although the model encourages child protection practitioners to recognise the complexity of DFV, this does not mean that it identifies these as potentially causing or contributing to DFV. Healey et al. (2018) stated:

“Importantly, the model also requires attention be given to identifying and documenting the complexity of intersecting issues. These issues include matters relating to mental health, the use of alcohol and other drugs, employment status, housing security and so on, that play a role in the impacts of men’s use of violence and control and on the protective and coping strategies that victims/survivors may deploy” (p. 33).

This explanation implies intersecting issues are seen as playing a role in the *impacts* of violence and control, and on *protective and coping strategies*, but they are not seen as causal factors and their role in DFV that is not characterised by coercive control is not discussed. The researchers clearly identified the perpetrator’s use of control as being the primary issue even in the context of these co-occurring complexities. In another research project focusing



on the Safe and Together™ model, Humphreys and Healey (2017) suggested that in best practice case management using the model, issues such as substance use should be considered in terms of how they may be part of the perpetrator's pattern of coercive control, or how the perpetrator's use of violence impacts the substance abuse/use of the adult victim of violence.

The Safe and Together™ model acknowledges that domestic violence in the child protection caseload is rarely seen alone but is usually accompanied and inextricably entwined with other complex issues (Humphreys & Healey, 2017). Humphreys and Healey noted:

“These reports suggest that maltreatment concerns often occur alongside DFV concerns and indicate that a substantial proportion of families with reports of DFV have challenging and complex needs that extend beyond DFV concerns. Moreover, it also suggests that households with DFV concerns may be involved in the CP system in similar ways as families with other concerns” (p. 28).

Researchers who have written about the model in the Australian context (e.g., Healey et al., 2018; Humphreys & Healey, 2017; Humphreys et al., 2020) have emphasised that the Safe and Together™ model advocates for a clear distinction between the perpetrator and the protective/non-offending parent. They suggested child protection practitioners working with the protective parent should focus on identifying strengths, although when working with the perpetrator they should be focussed on highlighting how his behaviour has harmed his children and impacted on his parenting. They also explain that the Safe and Together™ model encourages child protection practitioners *not* to focus on risks mothers may present to children, but instead should communicate to mothers that the concern lies with the perpetrator and his behaviour.

Advocates for the model (including Mandel himself) have clearly articulated that the model is built on a belief that most cases of DFV in the child protection caseload are characterised by coercive control (e.g., Healey et al., 2018; Humphreys & Healey, 2017;

Humphreys et al., 2020, Mandel, 2014; Mandel & Wright, 2019). In an analysis of case files from several Australian child protection jurisdictions Humphreys and Healey (2017) argued that practitioners who recorded DFV as being mutual or not involving coercive control did so due to a lack of understanding of coercive control, rather than considering the possibility that these cases may have been genuinely as the practitioners described them. They wrote:

“Despite severe levels of violence in many of the cases and many of the perpetrators having direct involvement with children, there was a lack of comprehensive assessment of the pattern of coercive control documented with consequent minimisation of violence, impacting on the formulation of cases and consequent impact on adult and child victims. For example, multiple cases, including those involving near-lethal incidents such as strangulation, described the DFV as “mutual combat” or “parental conflict”, and in one case as “arguments so history and nature/escalation of coercive control is missing” (p. 37).

In this quote, the authors seem to equate serious violence (e.g., strangulation or near-lethal violence) with coercive control and argue that identifying violence as being mutual or conflict based equates to ‘minimisation of violence’. Other researchers who have written about coercive control, however, have argued that the severity of violence is not the defining feature of coercive control, and that situational couple violence can be severe and even lethal in nature (Johnson, 2008; Myhill, 2017; Stark, 2007). As the Safe and Together™ model does not appear to recognise the relevance of situational couple violence in the child protection context, it is unclear how the model could be applied in families who are impacted by DFV that is not characterised by coercive control.

### **Men’s Behaviour Change Programs**

Each practice guide I analysed discussed causal and exacerbating factors of DFV. They primarily identified the cause of DFV as being gendered power imbalances, (i.e., men’s

power over women), and the attitudes and beliefs male perpetrators of DFV have about gender, violence, and control. The practice guides also argued that DFV is characterised by the intentional use of violence, controlling and coercive behaviours by the perpetrator to gain and maintain power over the adult victim and children. Because the guides asserted that men's attitudes, beliefs and deliberate use of power and control are the primary cause of DFV, they also focussed on interventions that address these issues, in particular Men's Behaviour Change Programs (MBCPs). With the exception of the Queensland practice paper, which did not give any recommendations regarding services for fathers/perpetrators, each of the policy and practice guide documents recommended referral to an MBCP as the most appropriate intervention for men who have used violence in their relationship. The WA guide also suggested that child protection workers use the 'invitations to responsibility' process, a narrative therapy approach (Jenkins, 1990), and the NSW guide suggested other services such as individual counselling could be used if an MBCP is not available. Both, however, stated that referral to an MBCP is the preferred option. Because the practice guides focussed so heavily on MBCPs I will explore the history and nature of these programs, with a focus on whether they are suited to coercive control, situational couple violence, or both.

MBCPs, also known as Batterer Intervention Programs (U.S) and Domestic Violence Perpetrator Programs (U.K), emerged in the early 1980s and are used in most western countries as the primary intervention for DFV (Mackay et al., 2015). Not all MBCPs are the same and they use a variety approaches (Eckhardt et al., 2006; Mackay et al., 2015). These approaches can be summarised as either a) psychoeducational or b) psychotherapeutic, with psychoeducational approaches being consistent with the feminist understanding of DFV and psychotherapeutic approaches being more consistent with an understanding of DFV as a form of interpersonal conflict (Mackay et al., 2015). As I have discussed in my theoretical perspectives chapter (chapter two), feminist researchers have argued that DFV is caused by

gendered power imbalances and the way men use power and control over women in intimate relationships and wider society (Johnson, 2008; Stark, 2007). Other researchers, however, have argued that DFV is a problem that originates in individual psychopathology such as emotional regulation difficulties, or family problems such as communication and conflict resolution difficulties (Eckhardt et al., 2006; Mackay et al., 2015). Psychoeducational approaches are consistently based on the premise of addressing issues of power, control and gender inequality, whereas psychotherapeutic programs can be based on diverse perspectives (Eckhardt et al., 2006). Cognitive Behavioural Therapy (CBT) aimed at changing responses to conflict and anger is the most commonly used psychotherapeutic approach in MBCPs (Voith et al., 2018). Some psychotherapeutic MBCPs also aim to address issues such as couple dynamics and communication styles, and others focus on helping DFV perpetrators to address their own history of trauma which may include being a victim of violence (Voith et al., 2018). Psychoeducational programs such as the Duluth model (which I will discuss in detail in the following section), can also use CBT as their methodology (Pence & Paymar, 2004). However, because they are based on the belief that the cause of DFV is men thinking they have the right to dominate and control women, the focus of CBT in these programs is very different to CBT in psychotherapeutic approaches (Eckart et al., 2013). Some researchers have found that programs which use a combination of psychotherapeutic and psychoeducational approaches are most effective (Arce et al., 2020). Others, however, have argued that there is tension between the goals of accountability inherent in the psychoeducational approach and that of rehabilitation inherent to the psychotherapeutic approach (Aaron & Beaulaurier, 2016).

### ***The Duluth Model***

Sociologists Pence and Paymar (1993) developed a feminist psychoeducational approach called the Duluth batterer intervention model in the early 1980's in Duluth,

Minnesota. As part of a community program addressing DFV, Pence and Paymar interviewed many women who had sought help from an abusive intimate partner and found that most reported the physical violence they suffered was accompanied by an array of coercion and control tactics. From this, they developed the Duluth Power and Control Wheel (see Figure 1), which illustrates the role behaviours of coercion and control play in DFV.



Figure 6.1. Duluth Power and Control Wheel<sup>5</sup>.

Pence and Paymar (1993) argued that in DFV, physical violence is a means of enforcing other types of abuse, such as financial control, social isolation, and subservience. The Duluth batterer intervention program that was developed from this model focussed on supporting

<sup>5</sup> Sourced from <https://www.theduluthmodel.org/wp-content/uploads/2017/03/PowerandControl.pdf>

men to change their attitudes toward power and control and helping them to understand how their use of violence was part of this (Pence & Paymar, 1993). The Duluth model arose from the belief that DFV is caused by societal gender imbalances and norms and is a way for men to exert power and control over women (Bohall et al., 2016). As such, the model does not focus on situational couple violence, violence in same-sex relationships, or female perpetrated violence other than violent resistance. As Day et al. (2009) pointed out, the Duluth model is:

“based on clear program values underpinned by feminist principles that abusive behaviour is not simply poor impulse control but premeditated decisions to assert power and control, and that it ‘also takes a political position that such behaviour is culturally learned within gender relations” (p. 208).

The Duluth model is the most common model upon which MBCPs are based (Bohall et al., 2016; Day et al., 2009; Voith et al., 2018). Some researchers, however, have argued that the program’s narrow focus means it does not meet the needs of all men who have used violence in their relationships. For example, Eckardt et al. (2006) explained:

“Duluth model-based programs are typically didactic and education/consciousness-raising groups that consistently focus on issues relating to gender egalitarianism and patriarchal ideology. While there is a focus on attitudes and behaviors that is within the general scope of CBT practice, these programs typically have limited, if any, focus on coping with intense emotions, relationship skill building, trauma recovery, or other interventions to address various individual psychological problems” (p. 371).

Voith et al. (2018) also pointed out that Duluth model programs do not address trauma related issues which may be pertinent for many men who use violence in intimate relationships.

Bohall et al. (2016) critiqued the model for focussing solely on coercive control by men and violent resistance by women, and not addressing the wide variety of complexities inherent in

DFV, including that a significant amount of DFV may be situational couple violence rather than coercive control. Researchers who conducted a meta-analytical review of studies of perpetrator intervention programs found that Duluth model-based programs were the least effective and may even lead to increased recidivism for participants (Arce et al., 2020). Pence herself (together with a colleague) noted that as the program went on it became clear that not all men who used violence did so with the intent to control their partners, and that considering the context and dynamics of violence was vital in creating effective interventions for men (Pence & Dasgupta, 2006). She reflected that, in hindsight, the Duluth model was “a conceptual framework that, in fact, did not fit the lived experience of many of the men and women we were working with” (quoted in Goodmark, 2012; p. 48). This does not negate the usefulness of the Duluth model or a psychoeducational approach in some or even many cases, but there is certainly a question around whether this approach is appropriate in all cases of DFV (Day et al., 2009). It is also important to note that while many perpetrator intervention programs are broadly based on the Duluth model, most do not implement the model as a whole. The central feature of the model - that is the focus on power and control and the ‘Power and Control wheel’ - are kept, but the coordinated community response model which also incorporates criminal justice responses and support for victims are often not included (MacKay et al., 2015).

### ***Effectiveness of MBCPs***

Studies on the effectiveness of MBCPs show mixed results, with around half showing no statistically relevant impact compared to controls (Arce et al., 2020; Eckhardt et al., 2013; Eckhardt et al., 2006). Researchers have also argued that a significant number of studies which find MBCPs have a positive effect are methodologically flawed to the point that the conclusions are questionable (Eckhardt et al., 2013; Eckhardt et al., 2006). Evaluations have been further hampered by the lack of consistency in how they measure effectiveness. Studies

have relied on varied methods to assess outcomes including arrest rates, victim reports, or even self-reports from perpetrators (Day et al., 2018; 2019). As Day et al. (2018) pointed out, the way a study or review of a program measures success reflects the way the program or background policy systems define DFV. For example, if those reviewing a program define DFV primarily as physical assault they will use measures of whether a perpetrator program reduces incidents of physical abuse and may not assess whether it also reduces behaviour of coercion and control. Further, researchers assessing the effectiveness of MBCPs have often not included the views and perspectives of the partners/ex-partners of participants (McLaren et al., 2020).

There are also significant issues with high attrition rates for most MBCPs, with rates of approximately 50% not being uncommon (Day et al., 2009). With such high attrition rates, studies that only consider the outcomes for those who complete the program may provide artificially inflated figures of success because men who are more resistant to change may also be those who are less likely to complete (Day et al., 2009). According to some researchers, the apparent successes seen in some programs is reflective of the fact that some DFV may naturally decrease or cease over time (Eckhardt et al., 2006). This is more likely in cases of situational couple violence than coercive control (Johnson, 2008; Stark, 2007). Overall, the results seem to be similar for both psychoeducational and psychotherapeutic approaches (Karakurt et al., 2016). Studies that have compared these approaches have not found a significant difference between the differing kinds of MBCPs, however, attempts to compare between approaches have been hampered by the fact that many programs use a mixed approach (Arce et al., 2020; Eckardt et al., 2013; Eckhardt et al., 2006).

Although there is a lack of clarity regarding the effectiveness of MBCPs there is also considerable debate regarding the effectiveness and viability of alternate approaches, including how those administering programs might decide which offenders or couples are



suiting to approaches other than traditional MBCPs. Gondolf (2011) argued that although research on the effectiveness of MBCPs is mixed, there is not yet enough evidence to conclude that alternative approaches are effective. Some researchers have found there is a need for differential MBCP approaches in which perpetrators are matched to programs that meet their particular needs and reasons for using DFV (Aaron & Beaulaurier, 2016; Siegel, 2013). Others have refuted that differentiating between perpetrator types is helpful (Gondolf, 2011; Mackay et al., 2015), in part because perpetrators may not be stable over time in their presentation and behaviours (Jones et al., 2010). Some have argued that even if differentiating between perpetrator types were useful, the financial and staffing constraints experienced by most DFV services mean that the screening process required to do so would not be practical (Gondolf, 2011; Vlasis et al., 2017). To date, there has not been any research in which DFV perpetrators were divided according to whether they had used coercive control or situational couple violence, and assigned to programs which were designed to address that particular violence type (Siegel, 2013). The practice guides I analysed did not discuss the idea of differential approaches to MBCPs, other than the Victorian case practice model which stated: “Attempts to divide perpetrators into particular typologies have not proven useful in terms of assessing or treating them” (p. 37).

### ***Project Mirabal***

Project Mirabal was a large-scale study of an MBCP (referred to as a perpetrator program) in the United Kingdom, in which male perpetrators of DFV and their partners were surveyed and interviewed throughout the men’s participation in the program (Downes et al., 2019; Kelly & Westmarland, 2015; 2016; Wistow et al., 2017). The project has been referred to as the leading research on perpetrator interventions (Day et al., 2019) and has broad policy and practice implications. The perpetrator intervention program used for the study was primarily psychoeducational in nature, with a focus on gender imbalance and use of power

and control, but it also included cognitive behavioural techniques (Downes et al., 2019). Kelly and Westmarland (2016) stated that the project was based on a definition of DFV as always being characterised by coercive control. They drew on Stark's definition of coercive control as a pattern of behaviour that controls the everyday life of the victim, however, they did not use Stark's distinction between coercive control and couple conflict/fights (i.e., situational couple violence). Stark (2007) argued that situational couple violence is common and noted that it can involve serious physical violence. Project Mirabal researchers on the other hand, argued that conflict behaviours are a form of coercive control in and of themselves, and stated that any descriptions of DFV as discreet incidents or as mutual conflict are a form of minimisation and a denial of the reality of women's experiences of coercive control (Downes et al., 2019; Kelly & Westmarland, 2016). As such, the definition of coercive control used by the researchers of Project Mirabal does not seem to be consistent with the general definition of coercive control (Beckwith et al., 2023; Johnson, 2008; Johnson, 2006; Johnston, 2006; Moloney et al., 2007; Myhill, 2017; Pence & Paymar, 1993; Stark, 2007; Stark & Hester, 2019).

Another example of the potential conflation of coercive control and situational couple violence in Project Mirabal is the way the researchers discussed the use of the time out technique (Wistow et al., 2017). The researchers suggested that, according to the participants and their partner, this was one of the most useful techniques taught by the MBCP. The time technique consisted of one or both partners taking 'time out' to calm down during conflict as a means to de-escalate and prevent use of aggression and violence (Wistow et al., 2017). This technique is not used by behaviour change programs that adopt a purely psychoeducational approach such as the Duluth model (Day et al., 2018). The NSW practice guide I analysed explicitly cautioned against referring men who have used DFV to programs that use the 'time out' approach (which they identified as anger management programs rather than MBCPs)

because this technique does not address coercive control. Project Mirabal researchers found that the ‘time out’ technique was one of the most successful aspects of the perpetrator program they evaluated, but also found that some men misused this technique to control or threaten their partner (Wistow et al., 2017). The dynamic described by the women who did not find the ‘time out’ technique helpful appeared to be one of coercive control, as the women described their partner using manipulation to turn what was meant to be a helpful intervention into another way to control and dominate them. On the other hand, Wistow et al. (2017) stated that many women found this technique helpful and described being able to tell their partner when they needed ‘time out’ if their partner did not use the technique himself, that is, the women were able to take some control of when their partner took ‘time out’ to calm down. The dynamic described by the women who found the ‘time out’ technique helpful appears more consistent with situational couple violence than coercive control, as it required the women to have substantial autonomy in the relationship and to be able to tell their partner to take ‘time out’ with confidence he would respond positively (or at least, not respond with violence or aggression). This would be unlikely if these men were using high levels of coercive control, and the women were afraid of them. These findings indicate that the ‘time out’ technique may have been helpful in cases of situational couple violence, but unhelpful in cases of coercive control. Despite this, the researchers (Wistow et al., 2017) did not make any such distinction or specify that use of ‘time out’ may not be appropriate in cases where DFV is characterised by coercive control.

There are indicators in the final report of Project Mirabal (Kelly & Westmarland, 2015) that a significant proportion of DFV in couples/ex-couples who participated in the study may have been situational couple violence rather than coercive control. In the baseline survey prior to participating in the program 64% of women said that their partner acted in a considerate way toward them, 48% said their partner listened to what they had to say, and

54% said their partner supported the decisions and choices they make (Kelly & Westmarland, 2015). These are not proportions that would be expected from a sample that consisted primarily of victims of coercive control, as coercive control involves the perpetrator exercising control and dominance over a partner in multiple areas of everyday life, to the point that the victim's liberty and autonomy is severely compromised (Johnson, 2008; Stark, 2007). Further, the researchers asked women whether they agreed with a series of statements about whether their partner used controlling behaviours, such as: controlling finances, monitoring communications, preventing them seeing friends or family, or restricting movement. For most of the statements, just over half of the women agreed (Kelly & Westmarland, 2015). Again, if the sample consisted primarily of women who were victims of coercive control, it would be expected that more would agree with such statements because coercive control usually involves a range of controlling behaviours (Stark, 2007). There were, however, two statements which could indicate coercive control with which higher proportions of women agreed. One of these was that their partner insisted on knowing where they were at all times, which 80% of the women agreed with. Wanting to know where a partner is at all times could be an indicator of coercive control, but could also be indicative of other issues, for example, high levels of mistrust by both partners, or one person having anxiety about the safety of the other partner. For some behaviours, context is important, and it is hard to determine whether a behaviour is part of a pattern of coercive control or not without understanding the motivation behind it and impact it has on the victim (Stark, 2007). Almost all of the women (96%) said they felt they had to be very careful around their partner when he was in a bad mood (Kelly & Westmarland, 2015). Again, context is important - agreement with this statement may be an indicator of coercive control and the victim being in fear of the perpetrator, but could also indicate conflict management problems (e.g., one or both people in the relationship may tend to react aggressively to conflict if they are in a bad mood). Lastly,

and perhaps most importantly, when women participating in project Mirabal were asked what kind of changes they would like to see in their partner, the most prevalent responses were to do with managing conflict better and communicating more equitably, rather than reducing controlling or coercive behaviours (Kelly & Westmarland, 2015). This indicates the sample included a substantial portion of couples in which DFV was characterised by conflict rather than coercive control.

Kelly and Westmarland (2015) found that prevalence of most coercive controlling behaviours in the sample, with the exception of financial control, reduced over the duration of the project. In another report of the study, they stated that qualitative interviews with participants of the Project Mirabal study indicated some women and men reported a lessening of some coercive controlling behaviours from the beginning to the end of the program, as well as a lessening of conflict and communication related issues (Kelly & Westmarland, 2016). They acknowledged, however, that both the MBCP and the evaluation had a significant attrition rate<sup>6</sup>. It is possible that the men who used significant coercive control were also the most likely to drop out of the program, which would mean they and their partners were not represented in the post-program data. It is also possible that the women who were experiencing high levels of coercive control had less liberty to continue to participate in the project than women who were not. This could mean that the differences in the proportion of women who reported coercive and controlling behaviours by their partner between the beginning and end of the study reflected a higher proportion of couples experiencing coercive control in the initial sample compared to the end sample rather than changed behaviour in men who used coercive control. The assessment measure used by Project Mirabal would be suitable to assess whether an MBCP is successful in reducing

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<sup>6</sup> The attrition rate was 44% of men and 46% of women, in effect, just over half of those who took part in the study at baseline were also interviewed at the conclusion of the program.

coercive controlling behaviour in an individual (Day et al., 2019), and if it used only data from men who completed the program it could also be used to measure success in addressing coercive control in a group of participants. However, due to the high attrition rate and lack of clarity about how this may have affected outcomes, it is not clear from the reports of the study to what extent overall the MBCP used in the project was effective in addressing coercive control. As I discussed, it also seems likely that some of the positive outcomes of the MBCP the project assessed were in couples experiencing situational couple violence rather than coercive control. Overall, Project Mirabal added significantly to knowledge about MBCPs and reinforced the importance of ensuring outcome measures for these programs assess for coercive control. Questions remain, however, about which aspects of MBCPs are useful in addressing either coercive control or situational couple violence.

### ***The Australian Context***

As with MBCPs worldwide, there are a range of approaches employed by Australian MBCPs but there has been significant policy development toward unified standards (Day et al., 2019). Currently four Australian States (New South Wales, Western Australia, Queensland, and Victoria) have guidelines for MBCPs<sup>7</sup> (Day et al., 2018; Day et al., 2019; Fisher et al., 2020), and Tasmanian programs are required to conform to the NSW standards (Day et al., 2019). Researchers working for Australia's National Research Organisation for Women's Safety (ANROWS) as part of a project to develop national guidelines for MBCPs emphasised the importance of these programs focusing on coercive control (Day et al., 2019). In the same vein, most practice standards for Australian MBCPs define domestic violence as a pattern of coercive control. I explored the practice standards of several Australian states and territories and found that the Victorian MBCP practice standards document stated: "Family violence is characterised by a pattern of coercive control that one person, typically a man,

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<sup>7</sup> See links provided at the conclusion of this chapter

exercises over another in order to dominate and impose their will” (p. 5). This document also stated that MBCPs should be distinct from programs designed to address anger management issues or relationship counselling. The Western Australian MBCP practice standards stated: “Family and domestic violence is characterised by a pattern of coercive control that one person exercises over another to dominate and get their way” (p. 6). The Queensland MBCP practice standards document state facilitators must have a demonstrated understanding of “the dynamics of gender, power and control”, “demonstrated gendered analysis of violence in their practice acknowledging that gender inequality is a predominant cause and consequence of domestic and family violence”, and “demonstrated recognition of the complex ways in which children are harmed through experiencing violence, and the tactics of control and abuse of power that they experience” (p. 6). This suggests MBCPs in QLD must have a focus on coercive control to be compliant with the standards. The NSW Practice Standards for MBCPs used the phrase “violent, abusive and/or controlling behaviour” (p. 16) to describe domestic and family violence and, as such, programs in NSW could include interventions that address situational couple violence. The NSW standards also stated that trauma, substance abuse, and mental illness, alongside gender inequality, can play role in causing in DFV. This could allow for these issues to be addressed within an MBCP. This does not mean, however, that any or many MBCPs in NSW use such approaches rather than focusing primarily on coercive control.

Researchers have argued that although having standards to ensure consistency may be helpful, it can also prevent practitioners from using approaches other than a psychoeducational model, such as narrative therapy (Day et al., 2019). They have also pointed out that the standards used to guide Australian MBCPs have little evidence behind them to indicate they result in behavioural change and reduced risk (Day et al., 2019). Many MBCPs in Australia claim to be based on the Duluth model, but the level of adherence to the

model varies significantly between programs (Day et al., 2009; Mackay et al., 2015). Despite being inconsistent in their approaches, most Australian MBCPs are consistent in defining DFV primarily as a pattern of coercive control that is the result of gendered power imbalances, rather than as a problem with emotional regulation, conflict management, or the result of trauma or attachment issues (Day et al., 2018). This is congruent with the position held by many Australian government departments more broadly, as Day et al. (2019) have pointed out:

“All state and territory DFV policy frameworks emphasise, to a greater or lesser extent, that DFV is patterned rather than incident-based behaviour consisting of a range of coercive controlling tactics that perpetrators use for purposes of power and control in their intimate and familial relationships’ and ‘Causation of DFV rests with how perpetrators operationalise gender-based privilege, entitlement and hierarchy, dominant norms around masculinity, and gender inequality” (p. 18).

The focus on coercive control in MBCP standards means that programs wishing to comply are not likely to be suitable for addressing situational couple violence. As Day et al. (2019) noted:

“the current standards offer little support for approaches that focus solely on understanding and changing unhealthy family dynamics, or that conceptualise DFV as arising out of the interacting behaviours of two or more people within a family as a result of deficient communication patterns” (p. 509).

Although the primary focus on coercive control is evident in most Australian MBCPs, an exception to this is programs designed for Aboriginal men. These programs commonly have a lesser focus on gender inequality and coercive control and a greater focus on healing from trauma, in particular intergenerational trauma and the impacts of colonisation and racism (Andrews et al., 2021; Closing the Gap Clearinghouse, 2016; MacKay et al., 2015). In recent



Australian studies regarding the use of traditional Aboriginal and Torres Strait Islander justice responses for DFV (Blagg et al., 2020; Carlson et al., 2021), the researchers argued that a mainstream feminist understanding of DFV (i.e., as characterised by coercive control and caused by gendered power imbalances) may not reflect how Aboriginal people perceive and experience DFV. Instead, they suggested that approaches which locate the cause of DFV in complex and intersecting issues such as trauma, colonisation, use of alcohol and family conflict may be more appropriate.

### **The Practice Guides**

To explore the practice guides in the context of relevant literature I will use the same topics I used in part one of the discourse analysis (chapter 5), but I will use a slightly different structure to better reflect the way these topics are approached in the literature. Rather than discussing causes of DFV in a general way, as the practice guides did, I will divide this topic into several potential causal factors. I will also explore what the literature says regarding interventions related to these factors and compare this with the practice guides. As I have already discussed the issue of MBCPs, I will incorporate discussion of how the practice guides approached working with fathers/men and working with mothers/women into each topic (e.g., in the section on child abuse and neglect in the context of DFV I will discuss child abuse or neglect by fathers and child abuse or neglect by mothers). As such, the topics I will explore in this analysis are: the role of drugs and alcohol; the role of anger management/emotional regulation; the role of trauma and mental health issues; DFV other than male-to-female (mutual DFV, DFV by women, and DFV in LGBTIQ+ relationships); child abuse and neglect in the context of DFV; and working with children.

### ***The Role of Drugs and Alcohol***

Most of the practice guides I analysed stated that while drugs or alcohol may exacerbate violence or be used as an excuse for violent behaviour, they do not cause DFV.

The ACT guide included “temporary drug induced psychosis” (p. 11), in a list of factors that can cause or exacerbate DFV. It also stated drug and alcohol use can cause serious issues with social functioning which can lead to violence. Despite making these statements, however, the ACT guide argued that substance abuse does not cause DFV. As the practice guides all stated that drugs or alcohol do not cause DFV, it is not surprising that most did not recommend drug and alcohol treatment as an intervention option for families impacted by DFV. The ACT guide did recommend drug and alcohol treatment programs for perpetrators of DFV who also misuse substances but specified that such programs should only be used in a complementary way, alongside an MBCP, and should not be used as the primary intervention method for men who have used DFV.

None of the practice guides I analysed discussed the possible role of drugs or alcohol in mutual violence or women’s use of violence. Although they discussed the issue of mothers/victims of DFV using drugs or alcohol, in most of the guides this was limited to stating that women/victims may use drugs or alcohol as a way of coping with the perpetrators use of DFV. The ACT guide acknowledged that some women may have had drug or alcohol misuse issues prior to DFV but it suggested that these are likely to be exacerbated by DFV. There was a significant contrast between how the guides discussed substance use by men/perpetrators of DFV, and substance use of women/victims of DFV. For men/perpetrators, the practice guides presented substance use as an exacerbating factor or as something that men/perpetrators may use to excuse or minimise their use of DFV. For women/victims, the practice guides framed substance use as being an impact of the perpetrators use of DFV. None of the practice guides discussed the possibility that both parents may use drugs or alcohol for other reasons (e.g., to cope with past trauma), or that the substance use of both parents could play a role in causing/exacerbating DFV.

There is a lack of consensus among researchers about the nature of the relationship between substance use and DFV (Graham et al., 2011; Klosterman & Fals-Stewart, 2006; Wright et al., 2021). Some researchers have argued that although substance use can exacerbate DFV or be used by perpetrators as an excuse, it does not cause DFV (e.g., Bancroft et al., 2012; Humphreys et al., 2021). Researchers who have explored the link between alcohol use and DFV have found that alcohol use by one or both members of a couple increases the likelihood of DFV occurring, and of DFV involving serious physical violence (Dunkley & Phillips, 2015; Graham et al., 2011; Klosterman & Fals-Stewart, 2006; Macy et al., 2013; Noonan et al., 2017). Child protection researchers have also reported a strong link between drug or alcohol abuse, DFV, and child protection system involvement (Bromfield et al., 2010; Cleaver et al., 2007; Hameed, 2019; Harwin & Barlowe, 2022; Humphreys et al., 2020; Wright et al., 2021). In a study of 267 cases referred for assessment to child protection in the UK, researchers (Cleaver et al., 2017) found that in a quarter of these both DFV and substance abuse were reasons for referral, with alcohol abuse being more common than drug abuse. Further, the researchers found that parenting capacity was severely affected in 71% of cases where both DFV and substance abuse were identified, compared to 37.9 % of cases where DFV alone was identified, and 50% of cases where only parental alcohol abuse was identified. Similarly, research on the intersections between DFV, substance use, and fathering has found fathers who use substances and DFV are more likely to lack parenting skills than fathers who do not use substances or DFV (Stover, 2015).

The position the practice guides I analysed took on the relationship between DFV and substance use echoed that of many feminist researchers: that although substance use can exacerbate the severity or frequency of DFV, use of DFV is a deliberate choice by men and is not caused by being affected by drugs or alcohol (Bancroft et al., 2012; Humphreys et al., 2021). Meanwhile, substance abuse interventions, either alongside traditional perpetrator

intervention programs or alone, have been found to have a significant effect in reducing DFV perpetration, suggesting that in some cases substance use may play a direct causal role in DFV (Murphy et al., 2018; O'Farrell et al., 2003; O'Farrell & Murphy, 1995; Satyanarayana et al., 2016; Stuart et al., 2013). In the UK study I discussed above (Cleaver et al., 2007), many parents, including mothers, stated that interventions focussed on substance abuse and emotional regulation were helpful in reducing or eliminating DFV in their relationship.

In the Australian child protection context, a study of Queensland child protection practitioners' interventions with families where DFV was a risk factor found that the practitioners reported that when parents sought help for drug and alcohol use, DFV also diminished (Cahill et al., 2019). A magistrate interviewed in an Australian study on DFV perpetrator interventions noted:

“A lot of these people are drinking to excess or using drugs but not because they're in a domestic violence relationship but because they've got all these other issues and it may be that that manifests itself in domestic violence. What it means is that you can't try and solve the domestic violence problem before you solve the other issues and that's a much harder thing to do of course for a far greater expenditure of resources” (Fitz-Gibbon et al., 2020; p. 36).

Day et al., (2009) argued that it is surprising that perpetrator interventions seem not to have a focus on alcohol use, given the evidence of the strong link between alcohol and DFV. Further, Graham et al. (2011) concluded that even if we accept that alcohol is not causal but only exacerbates the severity of domestic violence:

“Ignoring the presence of alcohol will neither eliminate its role in intimate partner violence nor prevent its being used as an excuse for violence. On the contrary, the more we know about how alcohol affects violence, including intimate partner violence, the

better able we will be to develop effective prevention strategies and treatment responses” (p. 1516).

Recent Australian research has found that a program (i.e., the KODY program) which focuses on the intersections between use of DFV, substance use, and fathering is effective in reducing use of DFV and improving the parenting of fathers who have used DFV (Kertesz et al., 2022). ‘KODY’ is an iteration of the ‘Caring Dads’ program, and although ‘Caring Dads’ in its original form focusses only on use of DFV and fathering, one program site in Australia has recently expanded the program to include a focus on substance use in fathers who have used DFV (Kertesz et al., 2022). The ‘KODY’ program is a joint initiative in Victoria of ‘Kids First’, who are providers of the ‘Caring Dads’ program, and Odyssey House, a drug and alcohol treatment provider (the name ‘KODY’ is an amalgamation of ‘Kids First’ and ‘Odyssey House’). Researchers who evaluated the program recently found that fathers who completed it were able to demonstrate positive change with regard to parenting, substance use and DFV (Kertesz et al., 2022). Similarly, a U.S.A based study of the ‘Fathers for Change’ program which aimed to address substance use, DFV, and child maltreatment by fathers by focusing on fathering found this to be effective in a sample of families where DFV was not characterised by coercive control (Stover, 2015). The potential benefits of programs that conjointly address substance abuse and DFV, or the possibility that substance use interventions for parents could reduce the risk DFV poses to children are not reflected in the practice guides I analysed.

The exclusive focus the practice guides have on coercive control may explain why they have taken the stance they have, as substance use may play a more direct causal role in situational couple violence than it does in coercive control (Goodmark, 2011; Klosterman & Fals-Stuart, 2006; Noonan, 2017). Goodmark (2011) noted: “In relationships involving situational violence alcohol or drugs, mental illness, physical disorders or neurological

damage can trigger pathological violence; ending the pathology can stop the violence where there is a causal link between the two” (p. 40). Klosterman and Fals-Stuart (2006) noted that DFV in the context of alcohol use is often characterised by escalating conflict, which is more characteristic of situational couple violence than coercive control. Similarly, Noonan et al., (2017) identified “the disinhibiting and cognitive impairment effects of alcohol in conflict situations involving both partners” (p. 5), as one of the likely reasons for the link between alcohol use and DFV. Stover (2015) also noted that couples impacted by situational couple violence may benefit from joint support that addresses relationship and parenting difficulties alongside DFV, saying: “a focus on the coparenting relationship can have significant benefit for children of parents with histories of IPV and substance abuse—especially for couples experiencing situational couple violence” (p. 602). In light of the research I have discussed, it seems the content of the guides in relation to DFV and substance use is likely to be relevant for child protection practitioners working with families where DFV is characterised by coercive control. It may, however, not be appropriate for child protection practitioners working with families where DFV is situational in nature, and where substance use by one or both parents may be directly causing or significantly contributing to DFV.

### ***The Role of Trauma, Mental Health, and Other Life Stressors***

There is a significant body of literature linking trauma, in particular the experience of childhood abuse, to perpetration of DFV later in life (Brown et al., 2010; Dutton, 2007; Goldensen et al., 2007; Kaufman-Parks et al., 2023; Maneta et al., 2013; Renner & Witney, 2012). Researchers have given differing explanations for why and how trauma increases the risk of DFV perpetration. For example, some have argued that borderline traits and an ambivalent attachment style that can arise from childhood abuse and/or neglect are causes of coercive controlling behaviour in men and, to a lesser extent, women (Brown et al., 2010; Dutton, 2007; Maneta, et al., 2013). Others have found that experiencing physical abuse as a

child leads to increased risk of using violence as a conflict response (Maneta et al., 2012). Other researchers have taken the position that although there is a clear link between traumatic childhood experiences and perpetration of DFV as an adult, the reasons for this link are unclear and may be moderated by other factors such as beliefs about relationships, and situational factors in a relationship (Kaufman-Parks et al., 2023). In one study (Renner & Witney, 2012), researchers explored how different kinds of childhood maltreatment were linked to being a victim or perpetrator of DFV as an adult. They found that there were some differences between men and women. For example, for men, experiencing sexual abuse as a child was linked to increased likelihood of them perpetrating DFV as an adult, whereas this was not the case for women. However, in relation to bi-directional DFV in adult relationships, they found experiencing childhood abuse or neglect increased the risk of this for both men and women. This may indicate there is a link between experiencing child abuse or neglect and being in a relationship characterised by situational couple violence, which is more likely to be mutual than coercive control (Johnson, 2008; Stark, 2007). Goldensen et al. (2007) found that for female DFV perpetrators, there was a link with both trauma symptoms and borderline personality disorder traits, which, they argued, may be indicative of maladaptive attachment style. According to Holtzworth-Munroe and Mehan (2002), personality disorders are likely to be prevalent among men who are ‘batterers’, that is those who use coercive control, but not among men who use violence without coercive control. There is also an association between having borderline personality disorder and being a victim of DFV for women, but not for men (Maneta et al., 2013). Furthermore, there is considerable research demonstrating a link between life stressors, in particular poverty, and DFV (Clearly Bradley & Gottman, 2012; Evans, 2005; Fahmy & Williamson, 2018; Ferguson et al., 2020; Johnson & Ooms, 2016).

In an Australian context, researchers have acknowledged that inter-generational trauma plays a causal role in DFV in Aboriginal families (Blagg et al., 2018; Blagg et al., 2020; Humphreys & Campo, 2007). Further, a participant in a recent Australian study which examined the views of magistrates and MBCP facilitators stated:

“The reality is we keep having this conversation about it being a gendered crime and it being all about men’s respect for women, the reality is we’re not going to fix it because that’s not actually what the problem is, it’s only one symptom. The problem is you know these people are all traumatised, it’s all inter-generational trauma that we’re seeing, every single one of these men was a victim of trauma at some point in time. Every single one of the women who engage in abusive tactics, same thing. They were a victim of trauma at some point” (Fitz-Gibbon et al., 2020. p. 35).

In another Australian study, in which researchers interviewed partners/ex partners of men in MBCPs a participant speaking about her partner said:

“He grew up on DV [domestic violence] as a child, significant abuse, he has no extended family support. He has mental health [issues], estranged from his family, alcohol and drugs. It is not good if they do not help him in all of his problems. His drinking, smoking dope, financial pressure, work stress, his impotence, mental health, extended family relations; nothing helps unless all the issues underpinning it are managed. So, going to the men’s behaviour change group is like pruning the branches of a tree” (McLaren et al., 2020; p 51).

Given that researchers have found poor attachment with one’s own parents and childhood trauma history are predictive of parenting difficulties (e.g., Bartlett et al., 2017; Rodriguez & Tucker, 2011; Procter et al., 2022), it is surprising that the practice guides I analysed did not consider the potential links between DFV and trauma in families with child protection involvement. The practice guides consistently stated that mental health issues



and/or trauma do not play a causal role in DFV. They depicted mental health, trauma and life stressors as co-occurring issues that may impact on the ability of perpetrators to engage with behaviour change programs. They indicated, however, that these issues should not detract from understanding DFV as a deliberate choice by perpetrators who are motivated by wanting to control and dominate their partner. None of the policy and practice guide documents discussed the link between childhood trauma and DFV perpetration, other than with respect to the influence of intergenerational trauma for Aboriginal Australians, which was noted by the WA, QLD, and VIC guides. The NSW guide recommended that practitioners ask men about their own history of trauma and victimisation, but also cautioned that this should not be used to excuse violence and it did not discuss how having a trauma history might be linked to the use of DFV.

The differences in the positions taken by the practice guides and researchers who have found that mental health issues (particularly personality disorders) and trauma may be causal factors for DFV may, at least in part, be due to the practice guides not differentiating between coercive control and situational couple violence. In part one of this discourse analysis (chapter 5), I argued that the practice guides appear built on the premise that all DFV is characterised by coercive control. Because of this underlying premise, the practice guides may have used findings from research that looks at DFV as a whole (i.e., research that did not differentiate between coercive control and situational couple violence), and applied these specifically to coercive control, and/or ignored research that was specific to situational couple violence. If researchers assessing the potential relationships between DFV and factors such as mental health or a history of trauma do not differentiate between coercive control and situational couple violence, they may come to conclusions that are not relevant to one or the other DFV type (Johnson, 2008; Johnson et al., 2014; Simpson et al., 2007). This means that although the practice guides I analysed were heavily focussed on

coercive control, the position most of them took regarding the role mental illness and personality disorders could play in causing DFV could be based on research that was not specific to coercive control (e.g., large-scale general population research). Researchers such as Holtzworth-Munroe and Meehan (2002) and Goldensen et al. (2007), for example, who have focussed specifically on coercive control have found that personality disorders may play a role in people using this violence type. Likewise, when some of the guides stated that life stressors do not play a causal role in DFV, this may have been based on research that was not specific to situational couple violence, in which high levels of stress, including due to poverty are more likely to play a causal role (Clearly Bradley & Gottman, 2012; Johnson & Ooms, 2016; Karakurt et al., 2016; Stith et al., 2011). In addition, as the guides largely ignored the issue of mutual DFV, they may not have considered research which has found a link between childhood experiences of maltreatment and being in a relationship in which both people use DFV as an adult (Renner & Witney, 2012; Richards et al., 2016).

Several researchers have called for programs that address the complex causes of DFV including trauma and attachment issues (Aaron & Beaulaurier, 2016; Brown et al., 2010; Karakurt et al., 2019; Siegel, 2013). Nonetheless, trauma focussed DFV interventions appear to be rare (Aaron & Beaulaurier, 2016; Day et al., 2009; Day et al., 2019). In the United Kingdom, programs for people who have used DFV and are also LGBTIQ+ have included a focus on trauma, and researchers have found that many victims of violence in same-sex or gender diverse relationships identify their partner's trauma history as directly related to their use of DFV (Donovan et al., 2014). The Australian federal government has acknowledged that trauma informed DFV perpetrator interventions are needed, however, this appears limited to interventions for female perpetrators, Aboriginal men, and men from Cultural and Linguistically Diverse Backgrounds/Refugees (Victorian Government Expert Advisory Committee on Perpetrator Interventions Final Report, 2019). Gondolf (2011) cautioned that

as yet there is limited evidence that trauma focused interventions are as, or any more effective than perpetrator programs based on the Duluth Model, while acknowledging that this lack of evidence does not mean such approaches have no value, only that more research and evidence is needed before they are widely used.

### ***The Role of Anger Management/Emotional Regulation***

None of the practice guides I analysed recommended anger management programs or techniques as an appropriate intervention. The WA and NSW guides explicitly cautioned against the use of anger management as an intervention for DFV, arguing that men make a conscious choice to use DFV as a way to control and dominate, rather than losing control because of anger. As with other recommendations of the practice guides, the recommendations they provided about the use of anger management programs/therapy for DFV appeared to be based on an assumption that DFV is always characterised by coercive control.

Some researchers, using general population studies which are more likely to be relevant to situational couple violence than coercive control (Johnson et al., 2014), have found strong links between anger management difficulties and DFV perpetration, for both men and women (Turcotte-Seabury, 2010). Researchers studying DFV that occurs in the context of conflict have argued that helping those in relationships where one or both adults use violence to develop better emotional regulation skills can prevent conflict escalating into violence (McCann, 2021; Siegel, 2013), and that interventions that focus on anger management or improving emotional regulation skills may be appropriate in the case of situational couple violence (Maneta et al., 2012).

Ignoring or ruling out anger management/emotional regulation skills building responses altogether, as was the case in the practice guides I analysed, could mean a potentially helpful

intervention is not used, even with families where DFV occurs as part of conflict and is not characterised by coercive control.

### ***Couples counselling and/or Joint Couple Interventions***

Researchers who have written about the appropriateness and effectiveness of couples counselling have expressed varying views. Feminist scholars who have defined DFV as being characterised by men's use of power and control have argued that couples counselling is not an appropriate intervention as it may be based on the premise that there is some shared responsibility for violence, places victims at risk of retaliation for disclosing things during sessions, and because the power imbalance in an abusive relationship means that women would not be free to speak honestly about abuse during a joint session (Gondolf, 2011; Tomsich et al., 2016). DFV advocacy bodies in Australia have also warned against couples counselling and have emphasised that the power and control tactics used by abusers are the reason for this being an unsuitable intervention approach<sup>8</sup>. Other researchers, however, have argued that couples counselling can be an effective and appropriate intervention, and that interventions that do not involve both partners may not address the complex relationship dynamics that lead to violence (Dutton, 2006; Clearly Bradley & Gottman, 2012; Lawson, 2003; Mcann, 2021; McCollum & Stith, 2008; Simpson et al., 2007; Stith et al., 2004; Stith & McCollum, 2011). Tomsich et al. (2016) pointed out: "The arguments in the literature regarding couples counselling pit the assumptions of feminist theory against family systems perspectives" (p. 5).

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<sup>8</sup> See for example: <https://www.womenssafety NSW.org.au/impact/campaigns/stop-endangering-domestic-violence-victims-through-couples-counselling/>  
<http://www.powertopersuade.org.au/blog/why-is-the-coalition-funding-couples-counselling-in-instances-of-domestic-and-family-violence/8/4/2019>  
<https://www.domesticviolence.com.au/pages/getting-help-for-abusive-behaviours.php>  
<https://womensagenda.com.au/latest/why-is-the-government-funding-couples-counselling-that-experts-say-puts-women-at-risk/>

As with the argument about who uses DFV that led Johnson (2008) to develop his typology, the arguments about couples counselling are underscored by the two perspectives having a different understanding of the nature of DFV. Researchers coming from a feminist perspective have defined DFV as one partner using power and control over another (i.e., coercive control). Researchers using the family violence perspective, on the other hand, have perceived it as a problem of conflict resolution and communication in a couple (i.e., situational couple violence), which is the approach usually taken in couples counselling (McCollum & Stith, 2008). Researchers who have differentiated between coercive control and situational couple violence have argued that couples counselling is not appropriate in cases of coercive control but may be effective for couples experiencing situational violence where one partner is not afraid of the other, particularly where aggression and/or violence are mutual (Greene & Bogo, 2002; Karakurt et al., 2016; Lawson, 2003; Simpson et al., 2007; Stith et al., 2004). Nonetheless, some researchers still recommend caution about the use of couples counselling for DFV due to problems such as family therapists not always having the skills to identify signs of lethality risk (Dudley et al., 2008), or the potential for therapists to focus on issues other than the violence and deflect blame from the perpetrator (Tomisch et al., 2016).

Most of the practice guides I analysed did not recommend relationship counselling/couples therapy or other forms of joint counselling as a DFV intervention. Only the VIC guide suggested that couples counselling *may* be considered in certain circumstances. It stated that couples counselling should not be used if the victim is afraid of the perpetrator, or the perpetrator is using “significant levels of controlling behaviour” (p. 44). This statement comes close to asserting that couples counselling is not appropriate for DFV characterised by coercive control. The VIC guide cautioned, however, that couples

therapy should never be provided “when the man is still using physical violence” (p. 44) which could also exclude cases of situational couple violence.

All other practice guides which mentioned couples therapy or relationship counselling explicitly warned against it. The NSW guide stated:

“Referring men and women to couples or family counselling implies that women are responsible for men’s use of violence and gives men a space to voice their denials or blame women. Women are also unlikely to feel safe to speak about the violence and control they are experiencing if the abuser is also there” (p. 88).

The WA guide stated that couples counselling is not appropriate and advised child protection practitioners not to conduct joint work with couples for the reason that: “there are significant dangers in interviewing and engaging men who are perpetrating family violence in the presence of those who are affected by their violence” (p. 45). The ACT and QLD practice guides do not mention couples counselling or joint engagement with a couple at all.

As the practice guides defined DFV primarily as coercive control, it is not surprising most either discouraged couples counselling or did not mention it. The literature I discussed (Greene & Bogo, 2002; Karakurt et al., 2016; Lawson, 2003; Stith et al., 2004; Tomisch et al., 2016) indicates that the position taken by the practice guides (other than the VIC guide) would be appropriate for families in which DFV is characterised by coercive control, but not for situational couple violence. Active discouragement of couples counselling or other joint approaches could result in child protection practitioners not using these strategies even if both parents in a family impacted by DFV feel they would be beneficial. Alternatively, lack of discussion about couples counselling or joint interventions could lead to child protection practitioners using such approaches without the knowledge or guidance needed to restrict their use to cases of situational couple violence.

***DFV Other than Male-to-Female Violence (Mutual DFV, Women's use of DFV, and DFV in LGBTIQ+ Relationships)***

**Mutual/reciprocal DV.** None of the policy and practice guide documents discussed mutual violence in any detail, other than to state that it is rare and to warn practitioners against portraying DFV as mutual. Most of the practice guides that discussed the issue of both parents using violence argued that this usually involves women acting in self-defence. The NSW guide also stated that if men claim DFV is mutual this is a way of minimising their responsibility. The VIC guide included a short paragraph stating that in cases where both parents are using violence it is important to interview the children alone to understand what the dynamics between the couple are, however, it did not give any further advice about mutual violence.

As the practice guides primarily defined DFV as coercive control it is not surprising that they cautioned against portraying DFV as mutual. Mutual coercive control seems to be rare in heterosexual couples (Johnson, 2008; Frankland & Brown, 2014), though it may be more common in same-sex couples (Frankland & Brown, 2014). Where there is mutual use of violence in the context of coercive control, it is most likely that one person is using violence in response to coercive control by the other partner, which Johnson (2008) calls 'violent resistance'. Violent resistance can involve serious violence and can even lead to homicide (Stark, 2007). Situational couple violence, on the other hand, is characterised by violence that arises from mutual conflict, and women's use of violence in this context is not necessarily resistive or retaliatory (Johnson, 2008; Myhill, 2017; Nielsen et al., 2016; Stark, 2007). Researchers who have sought the views of Australian Aboriginal and Torres Strait Islander elders on the causes and kinds of interventions needed for DFV have found that many identified mutual violence, and/or violence in the context of mutual conflict, as an issue in their communities (Blagg et al., 2020). Given the overrepresentation of Aboriginal and Torres

Strait Islander families in the child protection system (Australian Institute of Health and Welfare, 2022) this finding has important implications for child protection practice. Not addressing mutual violence may be particularly remiss in the child protection context because many parents who find themselves involved with child protection services have a history of childhood abuse (Procter et al., 2022), and some researchers have found that a history of child abuse increases the likelihood of engaging in reciprocal DFV as an adult (Duval et al., 2019; Renner & Witney, 2012; Richards, 2016). Richards et al. (2016) noted that many interventions designed to address DFV operate on the assumption that one person in the relationship is the perpetrator and the other is the victim, despite the prevalence of bi-directional DFV. They argued that this may result in a failure to address mutual DFV and its underlying causes and said:

“Given that most interventions for IPV are based on a dichotomous “victim only” (e.g., screenings, domestic violence shelters, crisis counseling) or “offender only” model (e.g., batterers intervention programs, domestic violence courts), investigations regarding predictors of experiencing both IPV victimization and perpetration are important to advancing better prevention and intervention efforts” (p. 75).

This dichotomous ‘victims only’ or ‘offender only’ assumption was clear in the practice guides.

The assumption that only one parent used DFV and the other was the victim was also evident in the way the practice guides discussed the impacts of DFV on children. Although all the guides indicated children may be afraid of a parent who perpetrates DFV, most did not discuss that in some cases parents could be using violence toward each other, and that this could lead to children being afraid of them both. Only the VIC guide touched on this, but it did not provide any detail about how mutual DFV could impact on children or how child protection practitioners could work with such families. As the practice guides included little



or no discussion about mutual DFV they did not recommend any interventions to address it. As I have discussed previously, most of the practice guides other than the VIC guide actively discouraged the kinds of interventions (e.g., couples counselling or joint meetings with both parents) that could address mutual relationship issues and conflict. Although the VIC guide discussed circumstances in which couples counselling may be useful, it did not specifically discuss mutual violence in this context.

A lack of discussion about mutual DFV and suitable interventions could mean that if/when child protection practitioners work with families in which both parents are using situational couple violence, they could wrongly assume that one parent's use of DFV is characterised by coercive control and the other parent's use of violence is a form of resistance. This could lead to them relying on coercive control-focussed interventions such as MBCPs that might not address the issues underlying situational couple violence (Love et al., 2020), and not offering parents the supports they need to prevent mutual conflict escalating to violence that could place children at risk of harm.

**Women's Use of Violence.** The literature on women's perpetration of DFV is mixed, not just with regard to the extent to which women use violence, but also with regard to how and why women use violence in relationships. (Johnson, 2008; Stark, 2007) Some researchers have argued that women's use of violence against a male partner is usually a form of self-defence (Douglas, 2019; Hamberger & Potente, 1994; Miller, 2001; Wangmann et al., 2020), while others have suggested that women mostly use violence in the context of ongoing abuse by male partners, although not only in self-defence (Li et al., 2015; Swan & Snow, 2006). Other researchers still, have found that women's use of violence is varied in its characteristics and motivations, including unilateral aggression by women, controlling violence, mutual violence, and retaliatory violence, as well as self-defence (Boxall et al., 2020; Caldwell et al., 2009; 2018; McKay et al., 2018; Nelson-Aguiar et al., 2022; Stuart et al., 2006). Researchers

who have differentiated between coercive control and situational couple violence have concluded that women use situational couple violence at similar rates to men, while coercive controlling violence is primarily used by men against women (Johnson, 2008; Graham-Kevan & Archer, 2003; Stark, 2007; Swan et al., 2008). Some studies, however, have found that women use coercive control in similar ways to men (Hamel et al., 2017).

Two recent Australian studies have focused on women arrested for domestic violence offences against a male intimate partner. One of these (Boxall et al., 2020) found that approximately half of the women used violence as a form of retaliation or self-defence against either violence from their partner in the incident that led to the arrest, or prior violence from that partner. The authors noted that given that almost half of the women who were arrested had used violence that was *not* retaliatory/resistant, further exploration of such violence was needed. In the second study, Wangmann et al. (2020), found that after the initial arrest of a woman, either as a sole perpetrator or a dual arrest together with a partner, there were often further incidents in which her male partner was identified as the primary perpetrator. The authors argued this indicated that much violence perpetrated by women is either reciprocal or in self-defence. Even so, it was not possible from this study to determine how many of these cases were characterised by mutual violence in the context of conflict, or women using violence as a form of resistance against their partner's use of coercive control. Another recent Australian study (Fitz-Gibbon et al., 2020) in which researchers interviewed magistrates and MBCP facilitators, demonstrated that these professionals have varied views about women's use of violence in relationships. Some expressed the view that women's use of violence is often in the context of women themselves being victims of DFV, and others thought women's use of DFV was not always self-defence. One MBCP facilitator noted that women's use of violence differed in situational couple violence, saying: "You know and then there's situational violence which is I think completely different you know. So

yeah I think we need to have conversations around reciprocal violence and it's not just always retaliatory, that's not true" (p. 37). Another Australian study which examined DFV types in same-sex relationships (Frankland & Brown, 2014) found much higher rates of mutual coercive control among same-sex couples than in heterosexual couples, suggesting that women's use of DFV in same-sex relationships may be different to that in heterosexual relationships. The controversy in research regarding the characteristics of women's use of violence in relationships has led to a disparity in programs and other interventions for women who use violence, with some operating essentially as support programs for female victims of DFV who have used violence in self-defence, and others addressing more diverse causes and characteristics of women's violence (Damant et al., 2014).

Despite the evidence that women's use of DFV is not always in self-defence, the practice guides only discussed women's use of violence as a response to coercive control. For families in which mothers are using violence as a form of resistance against coercive control the advice provided in the practice guides would be appropriate. Even for the very rare cases where women may be the ones using coercive control the practice guides could be applied, simply by ignoring any gendered language. Yet, in cases where women are using violence in the context of mutual conflict, whether they are the initiators of violence or using it as a response to a male partner's use of situational violence, practice advice centred on coercive control would not be relevant. In such cases, assuming that women are using violence only as a means to resist coercive control could result in these mothers not being given the help they need to develop non-violent ways of managing conflict, not only with their partners, but also with their children.

**LGBTIQ+ Relationships.** As I discussed previously, the practice guides focused almost exclusively on DFV in heterosexual relationships. Some of the guides used gender-neutral language which could potentially be inclusive of families in which parents/caregivers

are in a same-sex relationship or where one or both are gender diverse. None, however, discussed how DFV may be different in LGBTIQ+ relationships or gave guidance to practitioners for working with such families. The practice guides that did discuss DFV in LGBTIQ+ relationships only did so very briefly, for example the WA guide noted:

“Power is the critical dynamic. This means that while it is usually perpetrated by men against women and children in a broader societal context of male power, family and domestic violence can also be perpetrated in other contexts—for example, by a man or woman against their same-sex partner, by a child or adolescent toward a sibling or parent, by an adult son or daughter toward their parent, or by a carer toward a person with a disability” (p. 9).

The Victorian case practice guide said:

“So called ‘minority patterns of abuse’ do occur (Humphreys & Stanley 2006), including: women’s violence and abuse towards children or female partners; men’s violence towards male partners or relatives; adolescent violence to parents or siblings; abuse of the elderly; violence involving extended family members; abuse by both partners to each other; and women’s violence to men” (p. 8).

The NSW guide simply stated: “domestic and family violence also happens in same-sex relationships with the same set of consequences for the children of those couples” (p. 3). The ACT guide acknowledged that DFV in LGBTIQ+ relationships can differ from that in heterosexual relationships. Yet, it did not discuss this in detail and limited the discussion to noting that perpetrators who use coercive control can incorporate homophobia, biphobia, or transphobia into their abuse. The QLD practice paper did not discuss DFV in LGBTIQ+ relationships at all.

This minimal discussion about violence in LGBTIQ+ relationships in the guides implies that child protection practitioners should approach DFV in such relationships in much

the same way as they do DFV in heterosexual cisgender relationships. Researchers who have explored this issue, however, have argued that DFV in LGBTIQ+ relationships may be different in several ways (e.g., Gray et al., 2020; Donovan et al., 2014; Frankland & Brown, 2014). In a U.K based large-scale study (i.e., the Coral Project), the researchers noted that in LGBTIQ+ relationships there may be higher rates of mutual violence or use of violence as a form of resistance to coercive control, compared to in heterosexual cisgender couples (Donovan et al., 2014). Likewise, Australian researchers (Frankland & Brown, 2014) found much higher rates of mutual coercive control in same-sex couples than are generally found in samples of heterosexual relationships, as well as similar rates of mutual situational couple violence as in heterosexual relationships.

The researchers behind the Coral Project (Donovan et al., 2014) emphasised the importance of differentiating between coercive control and situational couple violence, and of exploring the dynamics of any particular relationship before deciding on appropriate interventions. A recent report by Australia's National Research Organisation for Women's Safety (ANROWS) on interventions for LGBTIQ+ perpetrators of DFV also emphasised the need to consider family and relationship structures and dynamics that may differ from the heterosexual and/or nuclear family norm, for example, polyamorous families. These families might be pathologised by mainstream interventions, leaving them without equal access to the supports they need to address DFV in their relationships (Gray et al., 2020).

Many LGBTIQ+ participants in research (e.g., Donovan et al., 2014; Gray et al., 2020) have identified that trauma and societal exclusion and oppression can play a role in DFV in LGBTIQ+ families. They reported that they or their partners had experienced violence and abuse from multiple sources throughout their life and felt that their or their partner's use of violence, or their experience of violence from their partner, were intrinsically linked to these negative life experiences. In another Australian study, which explored the DFV experiences

of gay men, the researchers identified the normalisation of violence as a form of resolving conflict as a causal or contributing factor for DFV in some couples (Salter et al., 2020). Similarly, in both the Coral Project (Donovan et al., 2014) and the ANROWS research report (Gray et al., 2020), the participants expressed a strong desire for interventions that focus on conflict resolution skills. This suggests that some LGBTIQ+ parents impacted by DFV may benefit more from interventions suited to situational couple violence than those that focus on addressing coercive control. All of this indicates that the heteronormative, coercive control-focused information and guidance contained in the practice guides I have analysed would be unlikely to meet the needs of LGBTIQ+ parents/caregivers and their children.

### ***Child Abuse and Neglect in the Context of DFV***

There is an array of research that indicates DFV commonly co-occurs with child abuse and neglect (Beebe et al., 2023; Bromfield et al., 2010; Coulter & Mercado-Cresper, 2005; Gilbert et al., 2022; Hamby et al., 2020; Humphreys et al., 2021; Holmes et al., 2019; Jouriles et al., 2008; Kertesz et al., 2022; Morelli et al., 2021; Stover et al., 2022; Wright et al., 2021). The Australian Child Maltreatment Study, which surveyed 8,500 Australians about their experiences of physical abuse, emotional abuse, sexual abuse, neglect, and exposure to DFV, found that for those who experienced multi-type maltreatment, DFV was one of the most common forms to co-occur with other forms of child abuse and neglect (Finkelhor et al., 2023; Matthews et al., 2023). All of the practice guides I analysed discussed the links between DFV and the physical and emotional abuse of children by fathers. The practice guides all stated that perpetrators of DFV are also more likely than non-DFV perpetrators to abuse their children and identified child abuse by DFV perpetrators as being an extension of coercive control tactics. Despite identifying child abuse by fathers as a key issue, most of the practice guides did not include discussion on how child protection practitioners should address parenting difficulties with fathers and did not suggest parenting support programs as

a way of addressing the risk to children posed by DFV. The only exception to this was the WA guide which suggested fathers could participate in a parenting program after they completed an MBCP. It specified such parenting programs should focus specifically on DFV and should help perpetrators to address their entitled attitudes toward children and assist them to understand the impact their violence has had on their children and the children's mother.

As the practice guides did not discuss situational couple violence, they did not consider how child abuse or neglect that occurs in the context of situational couple violence might differ from child abuse or neglect that occurs in the context of coercive control. Researchers who have differentiated between coercive control and situational couple violence have suggested that the impact on parenting and children differs (Jaffe et al., 2008; Johnson, 2006; Johnston & Campbell, 1993). As the practice guides presented child abuse and neglect by both perpetrators and victims of DFV as being caused by the perpetrator's use of coercive control, they also indicated that addressing the perpetrator's use of coercive control, primarily by referring them to an MBCP, was the best way to improve parenting capacity. Parenting interventions outside the context of DFV tend to focus on areas such as helping parents to improve emotional regulation, developing behaviour management skills, developing strategies to help them communicate effectively with children, and understanding and meeting children's physical and emotional needs (Macvean et al., 2013). The practice guides did not identify these as areas child protection practitioners should focus on when working with fathers who have used DFV. The practice guides portrayed child abuse or neglect by fathers who have used DFV as a deliberate choice made in order to exert power and control over children and mothers. In contrast, many researchers have found that child abuse and neglect are caused or exacerbated by the impacts of profound social and economic disadvantage, and parents lacking both the skills and the resources to parent their children safely (e.g., Doidge et al., 2017; Evans, 2005; Fahmy & Williamson, 2018; Featherstone et

al., 2019; Lines et al., 2023; Macvean et al., 2013; Maguire-Jack & Font, 2017; Maguire-Jack & Sattler, 2023). Even researchers who have used a coercive control-based understanding of DFV have argued that because MBCPs do not focus on fathering, relying on MBCPs without also supporting fathers to improve their parenting is not likely to improve the safety of children in families where a parent uses DFV (Chung et al., 2020; Healey et al., 2018).

The need for interventions that address fathering and DFV holistically has been highlighted by the developers of the 'Father's for Change' program, which works with fathers to improve both their parenting and their relationship with their child's/children's mother (Beebe et al., 2023; Stover, 2013; Stover et al., 2022). Researchers who played a role in developing and evaluating this program argued that child protection services often rely on referring men to perpetrator intervention programs which aim to address gendered beliefs and attitudes to violence, but do not address issues such as multi-generational patterns of violence which may underly both men's use of DFV and their abusive or neglectful parenting behaviours (Beebe et al., 2023). The 'Father's for Change' program does not work with fathers in isolation and can also include sessions which involve children and the other parent to support the development of healthy relational dynamics and behaviours (Beebe et al., 2023; Stover, 2013; Stover et al., 2022). A recent evaluation of this program found it was effective for addressing abusive parenting behaviours in fathers who had used DFV and who were subject to child protection interventions (Beebe et al., 2023). The 'Father's for Change' program is not currently available in Australia.

The guides I analysed all discussed the link between DFV and child abuse by fathers/perpetrators of DFV, but most included minimal discussion about child abuse by mothers. Several researchers have found that in families impacted by DFV there is also an increased prevalence of child abuse by mothers, compared to families where there is no DFV (Chiesa et al., 2018; Damant et al., 2010; Gilbert et al., 2022; Pu & Rodriguez, 2021;



Tomison, 2000). An Australian study exploring the relationship between child abuse and neglect and DFV found that 45% of women in the sample who had been identified as a perpetrator of child maltreatment had also been identified as the protected person in a domestic violence intervention order (Gilbert et al., 2022). In another Australian study researchers indicated that neglect, in which neither parent/caregiver is meeting a child's physical or emotional needs, is a co-occurring issue in between 38% and 50% of DFV cases (Tomison, 2000).

Some researchers have suggested that child protection practitioners frequently substantiate neglect against mothers solely because the children have been exposed to DFV, and that children are often removed from victims of DFV for this reason (Healey et al., 2018). Yet others have found that in most cases where abuse or neglect are substantiated and/or children are removed following concerns about DFV being raised, this is not due to DFV in and of itself, but due to child maltreatment other than DFV such as physical abuse, neglect (not exposure to DFV), and/or impaired parenting due to substance abuse (Hartley, 2002; Henry, 2018; Lawson, 2019). In addition, Lawson (2019) noted that when there was a substantiation against mothers linked to DFV this was usually due to the mothers being seen as contributing to risk, for example by not participating in safety planning, rather than simply the children having been exposed to DFV. Both Lawson (2019) and Henry (2018) found that substantiations directly linked to DFV (rather than other forms of maltreatment) were more commonly made against the fathers/stepfather who perpetrated the DFV than the mother who was the victim.

Although all the policy and practice guides recognised that mothers who are victims of DFV may abuse and neglect children, they indicated that this is an anomaly. Instead, they emphasised the ways mothers protect their children in situations of DFV. When the practice guides acknowledged maternal abuse and/or neglect, they presented these issues as being

directly caused by men's use of DFV, in particular coercive control. For example, several guides indicated that perpetrators of DFV may deliberately sabotage the mother-child bond, or mothers may harm children to appease the perpetrator. The NSW guide stated: "Keeping mothers safe often keeps children safe" (p. 1) and said that although women may be "painted as 'unable to cope' or 'properly care for her children'" (p. 44), maternal parenting in the context of DFV could be due to mothers turning to alcohol and other drugs to resist their partner's use of DFV or having mental health issues as a result of the DFV. The VIC guide noted the need to ask children how safe they feel with each parent, especially in cases where both parents are using violence, but also suggested that if mothers abuse their children this is likely due to the impacts of DFV. It stated:

"some mothers are complicit and are caught in a co-offending situation where the abuse of the children has become part of her survival. Her empathy for the children's experience has shut down and sometimes they become the object of her rage that cannot be expressed to the perpetrating partner. Sometimes the mother's physical abuse of the children is part of her attempt to keep them quiet so that the violent partner will not be aggravated" (p. 84).

The ACT guide acknowledged that some women may have experienced parenting difficulties or substance misuse issues prior to DFV, but did not suggest this was common, and it emphasised that DFV was likely to exacerbate these issues. It gave examples of maternal parenting issues in the following ways:

"Mum's parenting capacity is affected by the violence – attachment, emotional availability, hypervigilance, confidence, credibility in her child's eyes" and "Mum has a drug and/or alcohol habit that is impacted by the violence – exacerbated, caused by, prevented treatment of" (p. 20).

The way the practice guides explained maternal child abuse is consistent with the position taken by feminist researchers (e.g., Cotê, 2022; Damant, 2010; Gilbert et al., 2022; Humphreys et al., 2011; Kaspiew, 2017; Lapierre, 2010; Thiara & Humphreys, 2017) and by researchers who are proponents of the Safe and Together™ model which, as I discussed earlier, has a strong focus on coercive control (e.g., Healey et al., 2018; Humphreys et al., 2020; Mandel & Wright, 2019). In an analysis of the use of this model in four Australian child protection jurisdictions, Healey et al. (2018) emphasised that under the Safe and Together™ model safety planning must focus on the risks posed by the perpetrator/father and the strengths of the non-offending parent/mother. They noted that in this model, maternal parenting issues are seen as the consequence of a perpetrator's use of control and violence. They also argued that when child protection practitioners analyse cases with the view that DFV is mutual or with a focus on maternal parenting issues, this indicates they lack an understanding of DFV and its impacts.

The position the practice guides took on maternal child abuse or neglect in the context of DFV is also consistent with the spillover hypothesis (Peled, 2011), which is a theory to explain the relationship between DFV and child abuse and neglect by mothers. Proponents of this theory argue that the impacts of DFV on mothers (e.g., increased stress due to living in fear, and decreased energy due to having to placate the perpetrator) spill over onto children because they impact on maternal parenting capacity (Gilbert, 2022; Peled, 2011). Some researchers (Jouriles et al., 2008; Peled, 2011) have argued that although the spillover hypothesis may explain some cases of maternal child abuse in the context of DFV, but that causes are likely to differ between families.

Researchers have demonstrated that many mothers experiencing coercive control use a range of protective strategies and are able to parent in a positive way despite abuse (Katz 2016; Mullender, 2002). Some researchers who have interviewed mothers who have

experienced coercive control found that although many of these mothers felt DFV impacted negatively on their parenting, they knew what their children needed and had the skills to meet those needs. These mothers identified the perpetrators violence and coercive control as being the reason for their parenting difficulties (Kaspiew et al., 2017; Mullender, 2002). In contrast, in chronic neglect as seen in the child protection system, parents often appear unaware of their children's needs and require considerable support to develop the skills needed to meet their children's physical and emotional needs (Akehurst, 2015; Howe, 2005).

Some researchers have suggested that rather than DFV being the cause of child abuse or neglect where these co-occur, common underlying factors such as a lack of emotional regulation, normalisation of violence in high stress situations, drug and alcohol use, and high levels of stress and conflict in the family environment may cause or contribute to both child abuse and neglect and DFV (Andrews et al., 2023; Coe et al., 2020). In addition, researchers have found that in situations of high inter-parental conflict, parents are more likely to use disciplinary techniques such as spanking, slapping, shouting, and threatening (Gamez-Guadix & Calvet, 2012). As summarised by Moore and Florsheim (2008), "a father or mother who becomes embroiled in a hostile exchange with his or her partner is more prone to become similarly engaged with a tantruming child" (p. 464).

An assumption that all child abuse or neglect that occurs in the context of DFV is caused by the DFV perpetrator's deliberate use of coercive control may mean that child protection practitioners and systems may not recognise the importance of factors that underlie both DFV (including situational couple violence) and child abuse and neglect, including systemic issues such as poverty, racial inequality, and intergenerational trauma (Ferguson et al., 2020; Love et al., 2020). Researchers evaluating a U.K. based intervention program which focused on helping couples to change patterns and responses of mutual conflict found this can improve parenting in families at risk of child protection intervention (McConnell et

al., 2020). Similarly, the U.S.A based Fathers for Change program has also been found to be effective in addressing both DFV and child abuse (Beebe et al., 2023; Stover et al., 2022). As I discussed earlier, this program can include joint work with couples and focuses on the role emotional regulation skills play in both parenting and managing relationship conflict. The success of these programs highlights the need for whole of family interventions for both DFV and child maltreatment which do not solely focus on coercive control. Importantly, the program which McConnell et al. (2020) wrote about differentiated between coercive control and situational couple, and screened out couples if coercive control was identified at any stage. Likewise, the Father's for Change program is not meant to be used with perpetrators who have used coercive control or very serious physical violence (Stover, 2013).

Several researchers have pointed out that traditionally there has been conflict between women's advocates and child protection services (Basitan, 2023; Bastian & Wendt, 2023; Hester, 2011). These researchers have argued that women's advocates take the position that women's abuse of children is always due to men's abuse of women, whereas child protection services not only blame women for child abuse and neglect, but also blame them for children being exposed to DFV. Similarly, some feminist researchers have argued that when professionals focus on the safety and wellbeing of children this can lead to them losing focus on the needs of women impacted by DFV (Cotê & Lapierre, 2022). Peled (2011) suggested using a middle ground approach, which recognises the impact DFV can have on mothers and their parenting, but also that child abuse and neglect by mothers who are victims of DFV can have a range of causes. Further, Peled (2011) argued that if child protection services view all abuse or neglect of children by mothers who are victims of DFV as being caused by the DFV, they may rely on interventions and supports that fail to address other underlying causes of maternal child abuse or neglect.

As I have discussed above, the practice guides I analysed consistently stated that maternal child abuse or neglect in the context of DFV is likely due to the impact the behaviour of the perpetrator of DFV has on the parenting capacity of the mother/victim. This suggests that past criticism of child protection services may have resulted in an active move away from approaches that could be perceived as mother-blaming, and several of the practice guides explicitly warned against mother blame. The NSW guide noted: “Look out for mother blame. A man’s attempts to undermine a mother’s parenting are deliberate. If we don’t remember this, we are more likely to engage in ‘mother blaming’ ideas” (p. 39). The VIC guide acknowledged that historically, child protection services have held women almost solely accountable for children’s safety while leaving perpetrator behaviours unaddressed and stated: “The importance of holding the perpetrator and his behaviour at the centre of analysis cannot be overstated” (p. 18). The QLD guide emphasised the focus the Safe and Together™ model has on holding men accountable for their use of coercive control, as opposed to holding women accountable for keeping children safe.

As has been discussed in my earlier literature review, it is likely that situational couple violence and coercive control have different relationships to child abuse, though both are likely to impact on parenting (Haselschwerdt, 2014; Haselschwerdt et al., 2019; Jaffe et al., 2008; Johnson, 2006; Johnston & Campbell, 1993;). The position taken by the practice guides is consistent with that taken by researchers who have focused primarily on coercive control, and who have argued that child abuse and neglect by both perpetrators and victims of DFV is part of and caused by coercive control (e.g., Bancroft et al., 2012; Katz, 2016; 2019; Mandel, 2014; Mandel & Wright, 2019). Researchers who have not limited their definition of DFV to coercive control, however, have concluded that the relationship between DFV and child abuse and neglect is likely to be complex and multi-faceted, with common underlying factors potentially causing or contributing to both (e.g., Beebe et al., 2023; Coe et al., 2020; Jouriles

et al., 2008; Love et al., 2020; Moore & Florsheim, 2008; Peled, 2011; Slep, 2005). The guides that discussed post-separation parenting after DFV indicated that fathers/perpetrators were likely to continue to pose a risk to children. For example, the QLD guide suggested that any contact with a perpetrator of DFV may be unsafe for children and cautioned against placing children with the family of the perpetrator, and the WA and ACT guides stated that DFV and controlling behaviours are likely to continue after separation, including using the children to control the victim/mother. In contrast, Australian researchers have found that although many parents who have experienced physical or emotional abuse during the relationship report ongoing fear and/or conflict after separation, a substantial number also report positive co-parenting relationships even after physical violence (Kaspiew et al., 2010; Moloney et al., 2015). These researchers highlighted that the heterogeneity of DFV and parental relationship means that a nuanced and case-by-case approach is needed, rather than a one-size-fits all approach.

The literature I have explored indicates that not all child abuse and neglect that occurs in the context of DFV is part of or caused by coercive control. Further, it suggests that common underlying factors, such as intergenerational trauma and socio-economic disadvantage can play a causal and/or contributing role in both child abuse and neglect, and DFV. Importantly, this implies that in order to address child abuse and neglect in families where there is DFV, understanding and addressing situational couple violence as well as coercive control is likely to be important.

### ***Working with Children***

Researchers have argued that child protection services have not utilised child centred practices to the extent they should in cases where DFV is an identified risk factor (Cahill et al., 2019; Koziel et al., 2023). This lack of child-centred practice is, to a large extent, evident in the practice guides I analysed. All the guides stated that children can be significantly

harmed and impacted by domestic violence. However, the extent to which they focused on this issue varied significantly. The VIC and NSW guides included extensive discussion about the ways DFV impacts on children, but the other guides contained less. Only the VIC guide discussed factors which can influence how and to what extent children are impacted by DFV, and even then, this was very limited (it gave examples of some of these factors but did not elaborate on why or how these may influence how children are impacted by DFV). None of the guides identified factors that could protect children who live with or experience DFV from adverse outcomes. Researchers who have explored this have found that among children impacted by DFV, those who live in chaotic households are more likely to have behavioural issues than those who do not (Coe et al., 2020). Others have found that children in families where multiple family members use violence (e.g., violence between extended family members) and in which mothers use harsh parenting practices are more likely to be negatively impacted by DFV than children exposed to DFV without other intra-familial violence (Lamela et al., 2018). These findings may indicate that children are negatively impacted by DFV when multiple adults in their family environment behave in unpredictable and violent ways, leaving children without a protective and safe caregiver. Mutual DFV and generalised violence between multiple adult family members are more consistent with situational couple violence than coercive control (Stark, 2007), yet the guides did not discuss how such family dynamics may impact on children. Instead, they focused primarily on children's experiences of one-directional DFV involving one parent who uses coercive control and another who is non-violent.

While most of the guides advised child protection practitioners to speak to children directly and to have children's views at the centre of case planning, they varied significantly in the extent to which this was discussed. The NSW and VIC guides both included advice and examples regarding how child protection practitioners should engage with children impacted



by DFV. Both stated that children must be the ones to define what the dynamics in their household are, however, as I discussed earlier, only the VIC guide acknowledged that children can sometimes experience both parents using DFV. The VIC guide gave several fictional case examples of conversations between child protection practitioners and children and/or examples of questions practitioners could ask children. Some of these were not specific to any particular type or dynamic of DFV, for example it suggested: “Attempt to find out what the child does during the violence, this will assist in assessing the child’s safety needs” (p. 78). It also suggested practitioners should ask children about what each of their parents did during fights or when angry (rather than assuming the DFV was one-directional). Other example conversations/questions seemed to assume that children had one parent who used DFV and one parent who was non-violent. For example: “I work with families where there have been some scary things happening at home. I’m here to help you and your mum work out what to do” (p. 78). The VIC guide also suggested developing a safety plan directly with children rather than just for them and provided a related template.

The NSW guide gave several fictional examples of children describing DFV and all of these were of one-directional violence by a father toward a mother, for example: “I hear him bossing mum around, he bosses us around too. There’re lots of rules”, and “I’ve seen mum being hurt, punched, kicked, hit and hair pulled” (p. 12). It also included a case example in which children described both parents fighting (i.e., mutual conflict) but this was an extract from an external resource and the guide did not discuss the apparently mutual nature of DFV in the example. The ACT guide advised practitioners that they must record how the child experiences the DFV and use the child’s words wherever possible, however, it also stated practitioners should never record DFV in a way that implied it was mutual. It did not discuss what practitioners should do if children were to report that both parents used DFV. It gave several fictional examples of things children impacted by DFV might say and in all of these

the children identified their father as being abusive and frightening, and their mother as protective of them. The WA and QLD guides do not discuss engaging directly with children at all.

Cahill et al. (2019) noted that many child protection workers appear to lack the skill or tools to directly engage with children in a therapeutic way (as opposed to asking them questions as part of an investigation or case planning). Most of the practice guides did not include guidance for this, aside from the NSW guide. It included resources and tools that child protection practitioners could use when working with children and most were not DFV specific and, as such, would be equally appropriate for children impacted by coercive control or situational couple violence. However, in some cases it gave examples of how practitioners could apply these tools and most of these were cases where one parent used DFV and one parent was non-violent and protective.

Only two of the guides (WA and VIC) provided suggestions about referrals to therapeutic services for children who have experienced DFV. Yet these were for services focused on repairing the mother-child relationship, rather than just for children. The WA guide recommended referring children and mothers together to specialist services to help them both to see the commonalities of their experience, and the VIC guide suggested family therapy for mothers and children. This reflects the availability of DFV services for children in Australia, as noted by Campo et al. (2014) who undertook a review of Australian DFV related services for children and found that: “women and children’s services were rarely distinct from each other; aside from primary prevention programs, most programs are delivered through services targeting both women and children” (p. 57). Researchers have found that programs which treat both children and mothers can be effective in reducing the impacts of DFV related trauma in children and can improve the parenting skills of mothers impacted by DFV (Graham-Berman et al., 2007; Keeshin et al., 2015; Woollett et al., 2020). Yet when

Graham-Berman et al. (2007) compared the effect of mother-child groups to control groups or groups that used individual child therapy approaches, they found that the effect of the mother-child groups was only marginally greater than the other groups. Unfortunately, there is not any research that examines whether the effectiveness of mother-child DFV support programs varies depending on factors such as whether mothers have abused or neglected children in the context of DFV, whether the mothers have co-occurring issues such as substance abuse, or whether DFV was one-directional or mutual.

The lack of discussion of services specifically for children in the guides I analysed is concerning, as researchers have emphasised the importance of therapeutic programs for children who have experienced DFV (Woollett et al., 2020). Overbeek et al. (2012) noted that the willingness or capacity parents may have to support their children after experiences of DFV is variable, and that therapeutic support for children is not only important for trauma recovery, but also for breaking intergenerational cycles of violence. As such, it seems important for child protection practitioners to play an active role in referring children to child specific support services, and ensuring children are supported to engage with supports, even when parents may not have the capacity to do so. Australian researchers have noted that, overall, very few programs for children impacted by DFV have been evaluated (Campo et al., 2014), yet there is some evidence that such programs are helpful to children and can lessen their risk of ongoing problems associated with exposure to domestic violence (Pernebo & Almqvist, 2016). As I have discussed earlier, my analysis indicated that the guides focused primarily on coercive control and assumed that children impacted by DFV have one non-offending and protective parent. They also suggested that supporting this non-offending parent was the best way for child protection practitioners to create safety for children, and most did not consider the possibility that children may not have a protective or non-offending parent. This may explain why the guides, for the most part, did not have a strong focus on

working with children directly and did not discuss referring children to child-specific support services.

## **Summary**

The practice guides I analysed focused primarily on one-directional coercive control and did not include much content relevant to situational couple violence. As Klosterman and Fals-Stewart (2006) noted: “Standard treatment for domestic violence is, in many respects, designed to address the most severe form of IPV (i.e., patriarchal terrorism), even though most individuals who enter treatment for IPV engage in the less severe form (i.e., common couple violence)” (p. 589). The fact that the child protection practice guides focused primarily on coercive control could result in assessment and case-management practices that do not meet the needs of children and families impacted by situational couple violence. In addition, because the practice guides largely assumed that children have one non-violent and/or protective parent, the practice recommendations they gave may not be appropriate for cases in which children do not have a safe or protective parent. These gaps in the practice guides could result in children being left in unsafe situations, and/or parents not receiving the support they need to address issues, such as intergenerational trauma, which could be contributing to both DFV and child abuse and neglect.

Having established that the guides, which sit at the policy level, approached DFV primarily as coercive control, I will now explore whether this is consistent with how DFV is perceived by protection practitioners. I will then explore whether the coercive control focus evident in the practice guides is congruent with the characteristics of DFV in a sample of child protection cases. Through these studies, I will continue to explore the question of whether differentiating between coercive control and situational couple violence could be helpful in child protection practice.

## ***Links to Men's Behaviour Change Guidelines by State/Territory***

NSW

<https://dej.nsw.gov.au/documents/service-providers/domestic-and-family-violence-services/men-s-behaviour-change-programs/Men-s-Behaviour-Change-Programs-Practice-Standards.pdf>

Queensland

<https://www.publications.qld.gov.au/ckan-publications-attachments-prod/resources/a2eecd6-8a2e-496a-9b70-20fba91aa5d7/perpetrator-intervention-services-requirements.pdf?ETag=18fc2e14780b05b7beaacf93fef45305>

Victoria

[Minimum\\_Standards\\_manual\\_August\\_2018\\_FINAL\\_140818\\_Screen-ready\\_FA1-1.pdf](#) (ntv.org.au)

Western Australia

<https://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/2015/PracticeStandardsforPerpetratorIntervention.pdf>

## **Chapter 7. Thematic Analysis of Interviews with Child Protection Practitioners: Method**

My analysis of the practice guides demonstrated that they defined DFV as a relatively heterogeneous phenomenon, in which one person uses a pattern of coercive control against a non-violent partner (or former partner), and that they provided practice recommendations suited primarily to coercive control, and not situational couple violence. My review of the relevant literature indicated that this may be an over-simplified understanding of DFV and that there may be benefits to an approach that allows for differentiating between coercive control and situational couple violence. Unfortunately, as demonstrated in my literature review, there is very little research that examines whether these differing types of DFV are represented in the child protection caseload (Lawson, 2019). In this study, I explored child protection practitioners' experiences of coercive control and situational couple violence in the families they had worked with.

The easiest and simplest way to do this would have been to directly ask child protection practitioners whether they encountered both coercive control and situational couple violence

in their work with families. The challenge I anticipated, however, was that many child protection practitioners may not understand these terms, precisely because the theory of different types of DFV is not widely incorporated in practice guides used to educate and guide child protection practitioners (as demonstrated in chapters 5 & 6). I was concerned that if, prior to interviewing them, I provided participants with information about coercive control and situational couple violence, this could influence their responses. I also wanted the participants' reflections on their experiences to be as natural as possible and to be grounded in practice rather than an academic-level understanding. For this reason, I chose not to directly use the terms 'coercive control' and 'situational couple violence' in my interviews, and instead invited practitioners to reflect on fictional cases that illustrated these violence types. I developed four vignettes depicting one family each, outlining the reason these families became involved with child protection services. The vignettes were written in a way that invited my research participants to imagine themselves as the child protection practitioner and included background information about each family. Two vignettes included several indicators of coercive control and two included several indicators of situational couple violence, with these indicators being based on descriptions of the DFV types in key literature (Johnson, 2008; Stark, 2007), as identified in my literature review.

The vignettes depicting coercive control were characterised by:

- only one parent/caregiver using violence/abuse toward the other,
- indicators the perpetrator controlled or manipulated the victim (for example isolating from family and friends, threatening suicide), and
- indicators the victim was scared of the perpetrator (for example not disclosing violence or abuse in front of them, trying to placate them).

The vignettes depicting situational couple violence were characterised by:

- both parents using violence toward each other,
- the mother stating she was not scared of the father, and
- no indicators of coercive control.

One coercive control scenario included a co-occurring risk factor (indicators of parental drug use), and the other did not. Both situational couple violence scenarios included co-occurring risk factors (parental alcohol use and history of parents neglecting the children in one, and in the other, young parents with a history of being in care themselves). The reason I included co-occurring risk factors in only one coercive control scenario was that the practice guides I analysed (in chapters 5 & 6) contained little information about complex co-occurring risk factors. The coercive control vignettes were deliberately written to be like the families depicted in the practice guides, whereas the situational couple violence vignettes were written to represent families and scenarios that were not.

Because I wanted participants to be able to reflect on a range of practice experiences, I chose to only interview practitioners who had at least two years experience working in statutory child protection. I also chose only to interview those who had this length of experience in what is commonly known as ‘frontline practice’, that is, investigation, family support or reunification work with families, where the aim is to determine whether children are safe with their family, and, if not, to support parents to make changes in order to reduce risk and keep children safe. In most Australian states child protection departments also provide case management to children and young people in long term out-of-home care (i.e., orders that the child remain under the guardianship of the state until the age of 18). Such case management, commonly known as ‘guardianship work’, primarily involves addressing the current needs of children and young people and is not usually focussed on working with their families to assess and address risk. As such, I thought it was unlikely that practitioners who

had only worked in this area would be able to comment on the nature of DFV in families involved with child protection services.

I initially hoped to recruit between 20 and 30 participants to interview and decided on utilising social media for this. I have many friends who are social workers across multiple Australian states, who also have friends who are social workers, so I wrote a brief invitation asking for social workers with the relevant experience and shared this among my friends and colleagues, asking them to share it (i.e., snowballing). This initial invitation included a link to a 'Survey Monkey' online survey, through which participants could confirm they had the relevant experience, read a detailed 'participant information letter', and provide their contact details. Unfortunately, recruitment was not as successful as I had hoped. I received several responses that seemed promising, but when I contacted the potential participants to arrange an interview time, three did not respond. Another responded but advised they felt they could not commit to the time required for the interview. This phase of the research took place from March 2021 to January 2022, and it is possible that high stress levels of the child protection workforce during this time due to the Covid-19 pandemic (Calcaterra & Landi, 2023) impacted on people's willingness to commit to something that required extra time.

Struggling to recruit participants via social media, I decided to try to get help from a government department. I felt that if participation were endorsed by a child protection department (i.e., there was a guarantee for participants that participating would not impact negatively on their employment) and could be done in their work time, there would be a much greater likelihood child protection practitioners would agree to participate. I undertook a formal application process with the NSW Department of Communities and Justice, making it clear that I wanted nothing from them but to have them distribute my invitation to potential participants via email to staff. The response to this application was not only a rejection, but stated my intention of examining the value of differentiating between DFV types had no



merit, and they were concerned that me even talking to practitioners about different types of DFV could be harmful to their practice. This was somewhat disheartening, and I returned to my original strategy of social media recruitment.

In the end I managed to recruit only six participants. I was disappointed with this number, but the interviews were fascinating and resulted in rich data. Each interview took between 45 and 90 minutes. I chose to undertake the interviews in a semi-structured way by providing three guiding questions as well as the vignettes, which were provided to participants at least a week prior to the interview. The guiding questions invited the participants to reflect on:

- what were the concerns and risk factors they identified in the vignettes,
- whether the vignettes were like families they had encountered in their practice, and
- what kinds of interventions they would use with these or similar families.

In the interviews, I encouraged practitioners to give examples from their own practice to illustrate what they were saying, while cautioning them to ensure these were de-identified. Semi-structured interviews allow the researcher to explore an issue with some specificity, while also allowing participants to share their thoughts and views relatively freely, without the assumptions or views of the researcher constraining their responses (Adams, 2015). Some participants chose to address each scenario and the guiding questions in a very structured way, whereas others used the vignettes and questions more loosely to prompt and share thoughts and practice examples. I provided some direction, for example if a practitioner did not address one or more of the vignettes, I asked them whether they had any thoughts about them, or if a practitioner gave a case example, I asked them whether they felt this kind of situation/family was common in their work. I tried to keep my involvement neutral and non-directive, with the intent of allowing the practitioners to share their views without my opinion or research objective

colouring these. I took the perspective of a curious questioner, inviting them to expand on their thoughts or give reasons for them. Sometimes I linked what they were saying to one of the guiding questions. For example, if they identified that many DFV perpetrators have a trauma history, I might ask whether there were services that addressed this in interventions. I believe that because the participants knew I have child protection practice experience, this created a sense for them that they were speaking to someone who ‘spoke their language’ and encouraged them to share more openly about their experiences than they may have otherwise.

At the conclusion of the data collection period, I then transcribed each interview and began the analysis of the responses. I chose to use thematic analysis because it is an established technique for analysing rich qualitative data such as from semi-structured interviews and can be equally useful with small data or large data sets (Braun & Clarke, 2021; Clarke & Braun, 2017). Further, I used this method because all the participants were talking about a very specific common experience (i.e., child protection practice with families in which there is DFV), and this naturally led to the emergence of themes. Finally, using thematic analysis also meant that the themes that emerged from the interviews could be compared to the themes that were identified in the practice guides.

There are several ways of conducting thematic analysis, and one of these is Reflexive Thematic Analysis (RTA) (Braun & Clarke, 2021; Clarke & Braun, 2017). RTA uses an interpretive approach to identifying themes, in which the researcher’s own knowledge and experience plays a part both in deciding which themes are important, and in how these themes are defined (Clarke & Braun, 2017; Byrne, 2022). In RTA the process of identifying themes is flexible and can organically evolve during the analysis, for example as texts are re-read and new meanings emerge. I chose RTA as my approach for several reasons:

- My personal experience of being a social worker with a child protection practice background is a key aspect of this thesis – I am not seeking to separate myself, and my experiences from the research.
- I conducted and read the interviews using my background as a child protection practitioner. What I identified as important was, in part, due to my own knowledge of the subject matter and this guided both the interviews and the analysis.
- I wanted the analysis to contribute to my exploration of the research question, and so had to identify and define the emerging themes with this in mind. RTA allows for this and recognises that another researcher, for example one seeking to answer a different question about DFV and/or child protection practice, might identify different themes in the interviews (Byrne, 2022).
- The intent of the interview data analysis was not to arrive at a definitive answer or position, but to add another perspective to the exploration of the research question. RTA is an ideal approach for qualitative research that aims to explore and reflect on, rather than answer, a question (Braun & Clarke, 2021; Byrne, 2022).
- RTA allows for a constructionist epistemological approach, where themes can be identified not only by being re-occurring (frequency), but also by how important they seem to participants (Byrne, 2022). Because my data set was small but rich, it was suited to this qualitative approach to theme identification.

RTA is a flexible research method but, generally speaking, involves the phases of ‘familiarisation; coding; generating initial themes; reviewing and developing themes; refining; defining and naming themes; and writing up’ (Braun & Clarke, 2021; p. 39). Given that I conducted the interviews, I was familiar with the data even before undertaking the analysis. To deepen my familiarisation of the interviews, I read each transcript several times. I then began the coding phase by extracting quotes from each that seemed illustrative of the

thoughts and experiences of the practitioners and grouped them according to topic, with each topic becoming a 'code'. I then re-read each interview intentionally looking for extracts that would also meet criteria for the code (i.e., where other participants had also talked about the same topic). Next, I read over each set of quotes to find emerging themes and began to define and name them. In some cases, themes emerged directly from the codes. For example, because most of the participants talked about coercive control, (either using the words 'coercive control' or describing behaviours that would constitute it), 'coercive control' became a theme, within which I explored how and why practitioners identified this as important. In other cases, several codes were combined during the review and defining stages to form a theme. For example, the codes 'child abuse or neglect', 'substance use' and 'parental trauma history' were combined to form the theme 'complexity'.

Given that the data set was small, I identified a theme as important if it occurred in three or more interviews. However, due to the similarity in the subject matter and the fact that the interviews were guided by the vignettes and questions many of the themes occurred in most (five or more) interviews. Some were almost inevitable due to the subject matter and the content of the vignettes, for example the theme of coercive control. Nevertheless, the analysis and theme defining process included ensuring the quotes demonstrated how and why the theme was meaningful to participants, in the context of their practice experience.

The write-up phase involved not only making sense of the themes together, but also exploring how each theme contributed to the research question by comparing the thoughts and experiences of participants with literature on DFV in child protection practice, coercive control, and situational couple violence. This meant that although the themes that emerged from the interviews were not specifically about coercive control or situational couple violence, I was able to use them to explore the question of whether differentiation between these DFV types may be relevant to child protection practice. In RTA, researchers are

encouraged to reflect on and explain how their theoretical assumptions and biases influence their analysis (Braun & Clarke, 2020). Because this analysis was undertaken to contribute to my research question, my underlying belief that differentiating between coercive control and situational couple violence is important in DFV research, and may be applicable to child protection practice, strongly influenced the nature of my analysis. In developing my codes and themes, and in my write up, I was intentionally focussed on identifying aspects of the interviews that could be relevant to my research question. Yet I was open to findings that may dispute my beliefs. For example, if all or most of the participants had said that all families they worked with were characterised by coercive control, this would have been a valuable finding to include in the analysis. However, this was not the case, and the findings overall supported the relevance of the research question.

Thematic analysis has been critiqued for sometimes lacking rigour, and RTA is particularly vulnerable to this because it relies on the subjective views of the researcher (Byrne, 2022; Nowell et al., 2017). Making the research process as transparent as possible can address this (Nowell et al., 2017), and to this end I made sure that every theme I identified had multiple direct quote examples from the transcripts and I included as many of these as possible in the write up. This allows the reader to determine whether the words of participants do in fact illustrate the theme and provides some insight into how themes emerged from the data. I have written this study up in the form of an article submitted to a peer-reviewed journal. The page limit of this journal meant I was not able to include all relevant quotes, but the process of collecting, organising, and reflecting on multiple interview extracts within each theme helped to ensure I was faithfully representing the views of the participants. The article, as submitted, makes up the following chapter. The vignettes I developed and provided to participants for the semi-structured interviews are provided in Appendix B.

## Chapter 8. Thematic Analysis of Interviews with Child Protection Practitioners.

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

#### **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; 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 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 email address.

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 vignettes 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, the other did not. One 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 represented situational violence and incorporate 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 vignettes involved two young parents who had a history of being in out-of-home care themselves and with a young baby. The other involved a family with multiple children, a complex history including the father having been in prison and 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 to them reflecting 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 minutes.

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 as like situations they may see in their practice, the other vignette (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 scenario 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. The scenario that depicted both coercive control and substance abuse was identified as common, as were the vignettes that 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. The scenario depicting 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 this vignette 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.”*

*“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.”*

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.”*

*“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.”*

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 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’ (re vignette no. 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.

*“In Australia and Aboriginal families, 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. Although all participants demonstrated a strong motivation toward good practice and an understanding of what this would constitute, 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 parent 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 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 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 heterogenous 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.

## **Chapter 9. Case-File Analysis of a Sample of Intake Reports from the South Australian Department for Child Protection: Method**

My aim in this final study was to explore the nature and characteristics of DFV in families with child protection involvement by getting information as directly from families as I could. Initially I considered the option of interviewing parents who had previously had child protection involvement, but I anticipated this would be challenging in terms of recruitment and confidentiality. I also wanted my research to be child-focussed, rather than focusing on the views of adults. I anticipated that interviewing children themselves would be challenging from an ethical perspective, especially as any children with child protection involvement are already vulnerable. To this end, I decided that the best way to access information about the characteristics of DFV in families with child protection involvement was to obtain it from a child protection department, and then analyse this information in a child-focussed manner. I chose to do this by conducting a case-file analysis.

A case-file analysis, or case file review, is one of the most common methods used in child protection research as it allows researchers to access information that is relatively unbiased and accurate (Witte, 2020). This approach has been previously used to conduct research into child protection practice with families where DFV has been identified as a risk factor, including the nature and characteristics of these families and of the DFV (e.g., Bastian & Wendt, 2021; Featherstone & Morris, 2023; Humphreys et al., 2018). Although case-file analysis is common in child protection research, it is important to note that it is not strictly a data analysis methodology, but a method and process of information gathering, in which researchers access information held by child protection departments as part of the administrative case file of a child or family. Witte (2020) broke down the method of case-file research into three steps, where the research process mimics the way case files themselves are created: access and gathering information; processing the information; and presenting the information. This information gathered from case files can include case notes, case plans, risk



assessments and, as in the current study, child protection notification reports. Some case file analyses are longitudinal, involving information pertaining to children or families over time, and others are focussed on more specific time limited aspect of case-management, such as risk assessment, placement in out-of-home care, or family-care meetings. Determining what kind of analytical approach is best suited for the ‘processing’ aspect of the case study will depend on the kind of information gathered and the research objectives (Witte, 2020).

There are a number of challenges in conducting case-file analysis and the first of these are obtaining the data and managing confidentiality. As child protection departments work with vulnerable families and the information contained in case files is highly sensitive, data protection and confidentiality are high priorities. Allowing an outside researcher to access client data carries the risk that the sensitive information could be misused or inappropriately shared, which could create distress and risk of harm for client families, including children. In addition, child protection departments have been frequently criticised by media and government inquiries and, understandably, are sensitive to the possibility that research may lead or contribute to such criticism, which can damage the morale of practitioners and impact negatively on practitioner-client relationships (Harrison et al., 2018; Lonne & Parton, 2014). Given that child protection departments use secure and often complex case-management systems, there is also a technological aspect to the challenge of accessing data. For example, a person who is not an employee of a department is unlikely to be able to access a case-management system, nor know how to navigate it to efficiently access relevant data. Having internal staff extract relevant data from a case management system can be time consuming and difficult, and in a child protection system that is time and resource limited this can be a significant obstacle to data access.

Witte (2020) explained that in case-file analysis the information gathering stage usually involves developing a relationship with the relevant child protection department, in order to

build trust. The step of relationship building and developing an agreement to allow access to data may be invisible in the final write up, but is in fact a key part of the method. The process of getting approval to access data for this analysis was both time consuming and challenging. I initially approached two state child protection departments: Victoria and South Australia. At that stage I was open to accessing any form of relevant data, for example case notes, risk assessments or case summaries. In discussions with staff from each department, however, it became clear that the challenges outlined above were prohibitive in many aspects. For example, neither department was prepared or able to give me access to case management systems or to extract case notes. Because I have worked as a practitioner in the South Australian Department for Child Protection (DCP) I understand how the case-file management system (known as C3MS) used by DCP works, and I was aware that it was possible to access and generate what is known as an ‘intake report’ relatively easily. That is, data management and/or information technology staff can extract these reports from the data system automatically, without having to access each client file individually.

For a child protection department to intervene in the life of a child, they must have grounds to believe the child has been harmed, or is at risk of harm, according to the definitions of risk and harm in the relevant state legislation (Australian Institute of Family Studies, 2023). In South Australia, the relevant act is the South Australian Children and Young People (Safety) Act (2017)<sup>9</sup>, and the definition of harm is given as: “*physical harm or psychological harm (whether caused by an act or omission) and, without limiting the generality of this subsection, includes such harm caused by sexual, physical, mental or emotional abuse or neglect*” (S3.17.1). This definition does not specifically name DFV as

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<sup>9</sup>[https://www.legislation.sa.gov.au/\\_/legislation/lz/c/a/children%20and%20young%20people%20\(safety\)%20act%202017/current/2017.25.auth.pdf](https://www.legislation.sa.gov.au/_/legislation/lz/c/a/children%20and%20young%20people%20(safety)%20act%202017/current/2017.25.auth.pdf)

type of harm, which means that, to be covered by the legislation, DCP must demonstrate that DFV has led to or constitutes or is likely to lead to or constitute harm from one of the forms of maltreatment: (1) physical abuse, (2) sexual abuse, (3) mental, or emotional abuse, or (4) neglect. This is similar to the way child protection concerns about DFV are managed in other states (Australian Institute of Families Studies, 2023). DCP, like several Australian child protection departments, uses a risk-assessment and management system called ‘Structured Decision Making’ (SDM). SDM classifies many different kinds of child maltreatment and/or risk which specify whether the issue constitutes physical abuse, emotional/mental abuse, or neglect. These are known as risk or harm grounds – harm grounds for situations in which a child has already been harmed, and risk ground for situations in which a child is at risk of future or ongoing harm (regardless of whether they have already been harmed or not). There are several risk or harm grounds which capture DFV. For example, if a child has been physically harmed during an incident of DFV, this could be captured by the harm ground of physical abuse due to DFV. Most commonly, the risk/harm ground used for DFV captures situations where a child is at ongoing risk of harm due to DFV. Because this ground refers to ongoing risk, the risk of harm must be current and likely to continue (i.e., if a child has been harmed or has previously been at risk of harm due to DFV, but is now safe due to changed circumstances, this would not meet the criteria).

When a notification is made to DCP via the ‘Child Abuse Report Line’, a child protection practitioner assesses the information along with any past notifications/information, and decides which, if any, SDM risk or harm grounds it is consistent with. Because these risk/harm grounds are then recorded by DCP data systems, it is quick and easy to select and save, for example, 100 intake reports where the SDM risk/harm ground selected was ‘risk of harm due to DFV’. For this reason, I decided that seeking permission to access a set of intake

reports from DCP would be the most achievable way to access information that could help me to explore the research question at the client level.

It took time and effort to obtain approval from both DCP and the ACU Human Research Ethics Committee, due to the high level of sensitivity of the data. Because the information in case files has not been gathered or recorded for research purposes, the ethical issues in using it can be complex, for example it is usually not possible to seek the consent of the clients to whom the information relates (Witte, 2020). After some correspondence, DCP developed a research agreement with the University. This was approved by the ethics committee, and I was given access to the 100 intake reports. Due to the sensitivity of the data, this access was provided via a one-time link, which meant I had to read each report and record a summary of the information to be able to save it in a de-identified format. This was challenging, partly due to the work this involved, but also because the information contained in the reports included descriptions of DFV and child maltreatment that were at times confronting. I am an experienced practitioner, but processing such a volume of suffering in such a short space of time was one of the more challenging tasks of my career to date.

I initially recorded the relevant information from each report in a de-identified way, without attempting to analyse or order it. I was then able to begin my analysis slowly and carefully, first reading over each summary with a new eye, absorbing and processing the information that I had recorded. As the reports were automatically generated by a computer system, the sample of 100 reports contained some duplicates (i.e., more than one child from the same family) and some reports that were invalid because they had evidently been allocated the DFV risk/harm ground by accident (i.e., the information in the report did not include any reference to DFV). These were omitted from the sample, along with one report that was out of scope as it concerned alleged violence by a child toward a parent.

One of the disadvantages of using case-file analysis can be that much of the information contained in case files is recorded by people (for child protection case files this is usually child protection practitioners) who have their own personal biases and views about what kind of information should be recorded, how it should be recorded, and who they should seek information from (Witte, 2020). Because of this, some case-file information is not objective and may not always be accurate or give a full picture of a child or family. The intake reports were no exception. Intake reports are likely to be less influenced by child protection practitioners than some other aspects of a case file (e.g., case notes), because they are primarily a recording, often verbatim, of information provided by a notifier. The potential for bias, subjectivity, or even complete misinformation instead comes from the notifiers themselves. For example, a notification could be made by an angry former partner or neighbour and could be based on their opinions rather than factual information. Even notifications made by reputable and well-meaning notifiers may be biased or may not accurately represent the facts of a situation. For example, police may attend a DFV incident involving two parents, and each of them may tell police the other parent was the one who used violence. This may or may not be true, but police can make a notification based on this, saying that both parties accused the other of using violence. The information contained within child protection notifications is also often limited. For example, it may be based on one interaction the notifier had with a child or family or based on them knowing only one parent and not the other. As such, information from notifications should be treated with caution. Even so, intake reports are a valuable information resource. Most intake reports do not contain information about only the current notification, but also contain a record of all prior notifications made about the child, a summary of any prior child protection investigations and interventions, and the cultural background of a child (if this information is available). The inclusion of historical information in intake reports can help to provide a more accurate

overall picture. If a report contains a history of multiple notifications from multiple sources, all consisting of similar or congruent information, and/or information about past child protection investigations (rather than just notification), this increases the likelihood that the information is reliable and accurate.

In order to determine whether the information from the intake reports was indicative of either coercive control or situational couple violence, I developed a set of indicators for each violence type (see Appendix C). This was essentially a data coding process, similar to that used in thematic analysis (Clarke & Braun, 2017), and allowed me first to methodically filter the information from each report to distil relevant aspects of the notification and history from each report into a table, and then to analyse this information to identify a DFV type for each case. The process of determining whether information constituted an indicator was a qualitative one in which I relied on my knowledge and judgement, as is the case in reflexive thematic analysis (Byrne, 2022), while using the set criteria to ultimately determine whether a case could be classified as one of the DFV types gave rigour and consistency to the analysis.

Witte (2020) noted that a significant aspect of case-file analysis is dealing with the issues of missing, ambiguous or contradictory information. Because the information contained in intake reports is variable, with some containing very detailed information and others containing minimal detail, I anticipated that some reports would not contain enough information to decide. As a result, I decided to include an 'unclear' category. As I began the coding process, I quickly realised that there were also many reports that contained one indicator of either coercive control or situational couple violence, but not the two indicators I had determined as necessary for them to be clearly identified as either. In some cases, this was because there was limited information overall (e.g., only one or two notifications with little detail), but in others there was detailed information but not of a kind that would allow differentiation between coercive control and situational couple violence. For example, there

might be detailed descriptions of co-occurring child abuse and neglect, and multiple references to DFV incidents, but a lack of clarity about who did what to who. For these cases, I developed two additional categories ('possible coercive control' and 'possible situational couple violence'), which I felt appropriately reflected the difficulty and complexity of both the data analysis and the reality of child protection practice.

As well as information about DFV, the de-identified summary I made for each case included information from the intake report about co-occurring child abuse or neglect, and parental substance use (drugs or alcohol). I did not limit this to the most recent notification (i.e., the one that had led to the case being screened in due to DFV) and considered information of all prior reports made (an intake report includes a short summary of each prior notification for that child). I also recorded the number of prior notifications that had been made for the family, and the cultural background of the family (an intake report must note this if the information is available). I put all this information into a spreadsheet (including which DFV type I had classed each case as), which allowed me to analyse whether and how other factors, including co-occurring risk and harm, correlated with each DFV type.

My analysis was qualitative in nature, in that my reading of the intake reports focussed on the meaning of the information they contained. I used my professional experience and judgement to assess whether the information in a report met my criteria for coercive control or situational couple violence, and whether it was indicative of child abuse, neglect or substance use by parents. I also gathered some quantitative data as this helped add depth to my analysis and allowed me to explore the relationships between the DFV types and other factors.

As I have discussed, case-file analysis has limitations because it relies on information which may be subjective or limited (Witte, 2020). Regarding the intake reports I analysed, some of the information they contained could have been unreliable or untrue. For example,

they could have contained notifications made by people who had a biased or inaccurate view of the family situation. For some of the cases in my sample a thorough child protection investigation involving interviews with all family members (including children who are old enough to share their views) could have produced very different information to that contained in the intake report. This was a significant limitation and I have taken care to acknowledge this in my analysis. Despite this, the information I was able to gather was rich and added significantly to my exploration of the research question. I have written my analysis up as an article submitted to a peer-reviewed journal and this makes up the following chapter. This is followed by a short chapter in which I have included some further aspects of the analysis I was not able to fit into the article.



## Chapter 10. Case-file Analysis

### Coercive control and situational couple violence: Exploring the heterogeneity of domestic and family violence in child protection cases

#### **Abstract.**

Domestic and family violence (DFV) is a common issue in families with child protection involvement, but many researchers have critiqued the way child protection services respond to this. Some researchers have argued that there are different types of DFV, coercive control and situational couple violence. To date, most research in the child protection field has not differentiated between these different types of DFV. We conducted a case-file analysis on a sample of 77 child protection notification reports from the South Australian Department for Child Protection, which had DFV identified as a risk factor. The aim of the study was to better understand the characteristics of DFV in families involved with statutory child protection services by assessing whether each case had characteristics of coercive control or situational couple violence. We found that some DFV in families with child protection involvement is characterised by coercive control, but some may be situational couple violence. We suggest that recognising the differences between these different types of DFV could help child protection workers to identify appropriate interventions and supports for families in which children are at risk of harm due to DFV.

**Keywords:** child protection, coercive control, domestic violence, family violence, , situational couple violence

#### **1. Teaser text**

Domestic violence, also called intimate partner violence or family violence, is a significant issue in families who are involved with statutory child protection services (Coulter & Mercado-Crespo, 2015; Henry, 2018; Holmes et al., 2019; Humphreys & Healey, 2017;

Lawson, 2019). In Australia, the term ‘domestic and family violence’ (DFV) is commonly used to include both violence toward a current or former intimate partner and violence between extended adult family or kinship group members. In this study, we explore the nature of DFV in families with child protection involvement by undertaking a case-file analysis. Our results indicate that DFV in families with child protection involvement is complex, with some being characterised by one person using power and control, and some being characterised by mutual conflict. We argue that child protection responses to DFV should involve careful and nuanced assessment of the nature and dynamics of DFV and should tailor interventions to ensure they address the underlying causes of both DFV and co-occurring child abuse and neglect.

### **1.1 Background**

Researchers have argued that child protection services, both in Australia and overseas, have often failed to appropriately assess and address DFV, resulting in them holding mothers responsible for protecting their children from the behaviour of male perpetrators (Henry, 2018; Humphreys & Healey, 2017; Humphreys et al., 2020; Humphreys et al., 2021; Mandel & Wright, 2019). To address this, many child protection departments in Australia and other regions such as the U.K and U.S.A have adopted an approach to DFV that centres on understanding DFV as a pattern of coercive control, partnering with the non-offending parent, and holding perpetrators of DFV accountable for their behaviour (Humphreys et al., 2020; Humphreys et al., 2021; 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; Myhill, 2017; 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 intimate partners that arises out of conflict, called situational couple violence, which often involves mutual violence and does not result in the victim living in fear and lacking autonomy in the same way as coercive control (Johnson, 2008; Stark, 2007; Myhill, 2017). Researchers have found that, compared to situational couple violence, coercive control is more likely to result in the victim being afraid of the perpetrator even between incidents of violence (Johnson, 2008; Johnson et al., 2014; Myhill, 2017; Stark, 2007), more likely to result in the victim seeking help to protect themselves from the perpetrator (Leone et al., 2014), and more likely to continue after separation, including the perpetrator using children to control the victim (Hardesty et al., 2016; Katz et al., 2020).

To date there has been little research that specifically considers the difference between coercive controlling violence and situational couple violence in the child protection context (Lawson, 2019). Some researchers have argued that child protection services tend to approach DFV as a homogenous phenomenon and suggested that a more nuanced approach to this complex issue may be required (Ferguson et al., 2020; Lawson, 2019). Interventions for DFV, such as perpetrator programs, are often designed specifically to address coercive control (Day et al., 2019; Love et al., 2020), and may not meet the needs of families where DFV is characterised by both people contributing to conflict escalation (i.e., situational couple violence). Such families may require joint couple work to address these issues and reduce the risk of DFV continuing (Armenti & Babcock 2016; Cleary Bradley & Gottman, 2012; McCann, 2021; Love et al., 2020; Stith & McCollum, 2011; Schneider & Brimhall, 2014).

## **1.2 Aims**

The primary aim of this study was to explore whether it was possible to identify coercive control and situational couple violence in a sample of intake reports provided by the South Australian Department for Child Protection (DCP), a government department responsible for investigating and responding to child abuse and neglect. DCP is the sole statutory child protection department in the state of South Australia and covers a large area (983,482 square kilometres) including metropolitan, rural, and remote locations. Further aims were to explore whether there is a relationship between these different DFV types and other factors that may present risks to children, such as child abuse and neglect and parental substance abuse, and whether there is a benefit to child protection systems and practitioners differentiating between coercive control and situational couple violence.

## **2. Method**

For this study we used a case-file analysis process to analyse a set of reports detailing child protection notifications and child protection history. The process of families receiving a child protection response from DCP involves the generation of an ‘intake report’. This is a document that is generated when a report is made by members of the public or professionals to the ‘Child Abuse Report Line’ – the screening arm of the DCP that determines whether concerns about children meet the threshold to warrant a child protection intervention. An intake report records the current notification and includes a summary of all prior notifications made about that child.

Approval for this study was granted by DCP and the (BLINDED) University human research ethics committee. The approval terms ensured that the confidentiality of client families who were the subject of the intake reports was protected.

For this study, DCP data systems staff used a random number generation tool to select a sample of 100 intake reports which were screened in (i.e., they met the threshold for child protection intervention) during a 12-month period between 2021 and 2022 and involved DFV. As intake reports include confidential information including names, dates of birth, and addresses of children and their family members the DCP provided the reports to the lead researcher via a secure one-time access link. The lead researcher then extracted information from the original intake reports and recorded it in de-identified form. Where multiple reports concerned the same family (i.e., the family had multiple children who had been included in the sample), only one of these, that concerning the oldest child, was used. We also eliminated any reports that did not actually include any mention of DFV (i.e., those that had been erroneously included in the sample). This left a total of 77 cases.

## **2.1 Analysis**

The lead researcher conducted a qualitative analysis using using the de-identified information from each report to determine whether it contained indicators of coercive control or situational couple violence. We used literature that has been influential in the area of differentiating between situational couple violence and coercive control (Johnson, 2008; Leone et al., 2014; Stark, 2007) to develop classification criteria based on the characteristics of each DFV type these researchers have identified. For coercive control, this included references to control/coercive control, and/or descriptions of controlling behaviour by a perpetrator of DFV such as isolating the victim, controlling finances, controlling or monitoring movement or communication, stalking, forced sexual activity/rape, threats of suicide, threats to harm children, or other threats with clear intent to control. Other factors we considered to be indicative of coercive control were references to the victim being afraid of the perpetrator even between incidents of violence, and/or the victims seeking help to end the relationship. For situational couple violence the indicators were references to or descriptions

of mutual conflict, and/or aggression or violence, and/or the victim not being afraid of the perpetrator (other than at times of violent incidents), and/or the victim maintaining autonomy. For a case to be placed in either category, it had to have two or more indicators consistent with that DFV type, with the *additional* requirement for situational couple violence that they also *not* have any indicators of coercive control. It was important to us that we ensured that cases with mutual violence were not classified as situational if there were any indicators of coercive control, as victims of coercive control may use violence to protect themselves and their children, or to resist the perpetrator's control over them (Johnson, 2008; Stark, 2007). Using these indicators, we found that 47 of the 77 cases could be identified as either 'coercive control' (20 cases) or 'situational couple violence' (27 cases). Some other cases had only one indicator of coercive control or situational couple violence, and some had no indicators of either type (i.e., there was not enough detail about the nature, context or impacts of the DFV). To reflect the fact that not all cases could be classified as one of the two DFV types we developed three further categories: 'possible coercive control' (10 cases), 'possible situational couple violence' (six cases), and 'unclear' (14 cases).

Once we had undertaken the analysis to determine the categories, we conducted further qualitative analysis to determine the following: whether a case involved drug or alcohol use by one or both parents; whether it involved mutual violence and, if so, whether one person used more severe violence; whether there was a clearly identifiable primary perpetrator of DFV, and; whether there were/had been concerns about child abuse or neglect by either parent/caregiver either in the current notification or past notifications/investigations.

To determine whether a case involved concerns about drug and alcohol use we looked for descriptors of parental drug or alcohol use that may place a child at risk of harm, such as driving substance affected or substance use resulting in erratic, dangerous

or aggressive behaviour with children present, or that were linked to the DFV (i.e., the current or past notification indicated that the DFV occurred while one or both parents were drug or alcohol affected). To determine whether the current notification or any past notifications involved child abuse or neglect we used the South Australian legislative definitions (Children and Young Persons (Safety) Act of 2017) of ‘abuse’ and ‘neglect’, and the child protection assessment experience of the first researcher. In essence, the first researcher assessed these cases as they would during a child protection investigation, albeit relying only on the limited information available in the intake reports. For abuse, this meant deliberate physical harm to the child that would likely result in injury or significant distress, verbal abuse of the child, such as name calling or derogatory statements, that would likely result in significant distress, emotional abuse such as deliberately withholding affection or isolating the child, or sexual abuse (any sexual behaviour involving a child). For neglect, this meant either a pattern of failing to meet the child’s needs (including food, shelter, clothing, hygiene, medical care, age-appropriate supervision) to the extent that the child suffered harm or was likely to suffer harm. To determine whether physical DFV was severe we looked for descriptors of significant injury (e.g., injury requiring medical attention), violence that involved strangulation or other deliberate behaviour that could result in serious injury or death, and/or that resulted in one or both parties being arrested for DFV. To determine whether there was a primary perpetrator in cases of situational couple violence where both parents used violence we considered patterns of violent incidents and severity of violence. For example, if most incidents detailed in the intake report involved only one person using physical violence, or one person consistently using more serious violence than the other, this person was considered to be the primary perpetrator.

### **3. Results**

The results of the analysis indicated that there was a substantial proportion of cases in our sample that had characteristics clearly indicative of either coercive control or situational couple violence, and that there were others where this was less clear. Our results also indicated that there were other substantial differences between the ‘coercive control’ and ‘situational violence’ categories, and that the ‘possible coercive control, ‘unclear, and ‘possible situational couple violence’ categories had characteristics somewhere in between the two. The characteristics of each category are outlined below, followed by a series of figures that illustrate the differences between the categories in a number of areas.

### **3.1 Coercive control**

In the majority of the ‘coercive control’ cases the information in the intake report indicated that the perpetrator controlled multiple aspects of the adult victim’s life and that the adult victim was scared of the perpetrator, however, there were only five cases in which coercive control was accompanied by significant physical violence. In the majority of the ‘coercive control’ cases the perpetrator’s behaviour consisted of non-physical forms of abuse and intimidation including threats, stalking, preventing the victim from leaving places or the relationship, sexual abuse, and attending the victim’s home despite intervention orders being in place. A substantial proportion of the ‘coercive control’ cases, seven out of 20 (35%), involved separated couples. In all of these cases mothers were seeking safety from abuse for themselves and their children but the perpetrator continued to use controlling, intimidating and threatening behaviour to cause fear. Only one case classed as ‘coercive control’ involved a mother being the perpetrator of DFV. Only 15 % (three out of 20) of the ‘coercive control’ cases included mutual violence, and two of these cases had the lowest possible number of indicators of control (two) to be included in this category.



Nine out of 20 (45%) of the ‘coercive control’ cases involved drug or alcohol use by parents/caregivers. In four cases the person using drugs or alcohol was the mother, in two the father/stepfather, and in three cases it was both parents/caregivers. Five out of 20 (25%) of ‘coercive control’ cases involved co-occurring child abuse, but there were no cases where this was by the mother only, and three cases in which abuse was only by the father/stepfather (the perpetrator of coercive control). In the remaining two cases both parents had abused the child/ren. Eight out of 20 (40%) of the ‘coercive control’ cases involved co-occurring concerns about neglect, but in half of these the concerns about neglect (all involving the mother) pre-dated the relationship in which there was DFV, that is, there had already been concerns raised about the mother’s parenting at times she was either in another relationship that did not seem to involve DFV or was not in a relationship.

### **3.2 Possible coercive control**

The ‘possible coercive control’ category involved cases where the information in the intake report included only one indicator of control, for example a reference to ‘control’ or ‘coercive control’ but with no examples of behaviour or its impacts. The information in the intake reports was not enough to determine that these cases were characterised by coercive control that resulted in fear and/or impacted on the victim’s autonomy but indicated that there may be some controlling behaviour. This category sat between the ‘coercive control’ and ‘situational couple violence’ categories in most regards but had less co-occurring child abuse and neglect than either. Three out of 10 (30%) of the ‘possible coercive control’ cases involved mutual violence, which was twice as high as in the ‘coercive control’ category, but substantially lower than the ‘situational couple violence’ category. Two out of 10 (20%) cases in this category involved child abuse, and three out of 10 (30%) involved neglect. Because the numbers of cases involving child abuse and/or neglect in this category was low, it was difficult to identify any patterns regarding abuse or neglect. For example, one of the abuse

cases involved abuse by the mother and one involved abuse by the father/stepfather, yet it is not clear whether this distribution would have been evident with a larger sample of cases. Seven out of 10 (70%) of the cases in the ‘possible coercive control’ category involved drug or alcohol use, which was substantially higher than the ‘coercive control’ category, but lower than the ‘situational couple violence’ category.

### **3.3 Situational couple violence**

The majority of the cases classed as ‘situational couple violence’ involved families where the parents/caregivers were still in a relationship. Only three out of 27 cases (11%) involved separated families and none of those involved one person being afraid of the other or seeking protection for themselves or their children. In these cases, the information in the intake report suggested that both parents played a role in maintaining post-separation conflict.

All cases classified as ‘situational couple violence’ included mutual conflict or aggression, and 20 out of 27 (74%) involved mutual physical violence. Almost half of the ‘situational couple violence’ cases (12 out of 27 or 44%) involved equal use of violence/abuse by two parents/caregivers, but in another 44% (12 out of 27) one parent/caregiver used more severe and/or more frequent violence/abuse than the other (i.e., there seemed to be a primary perpetrator). The remaining three of the 27 cases in this category involved violence that was between a parent/parents and other family members. In these cases, the intake report did not include enough detail to determine whether one person used more severe violence than others. Of the 12 cases in the ‘situational couple violence’ category in which a primary perpetrator could be identified, 10 involved the father/stepfather being the primary perpetrator (nine involving physical violence and one verbal abuse only). The other two cases involved the mother being the primary perpetrator, but one of these involved only verbal abuse, not physical violence.

In 30% (eight out of 27) 'situational couple violence' cases the violence was severe, resulting in either hospitalisation, significant injury, or criminal charges against one or both parents/caregivers. In three of these cases both parents/caregivers appeared to have used equally severe violence, either during the same incident, or in separate incidents. In five, the father/stepfather had used significantly more serious violence, leading to only the mother having a significant injury.

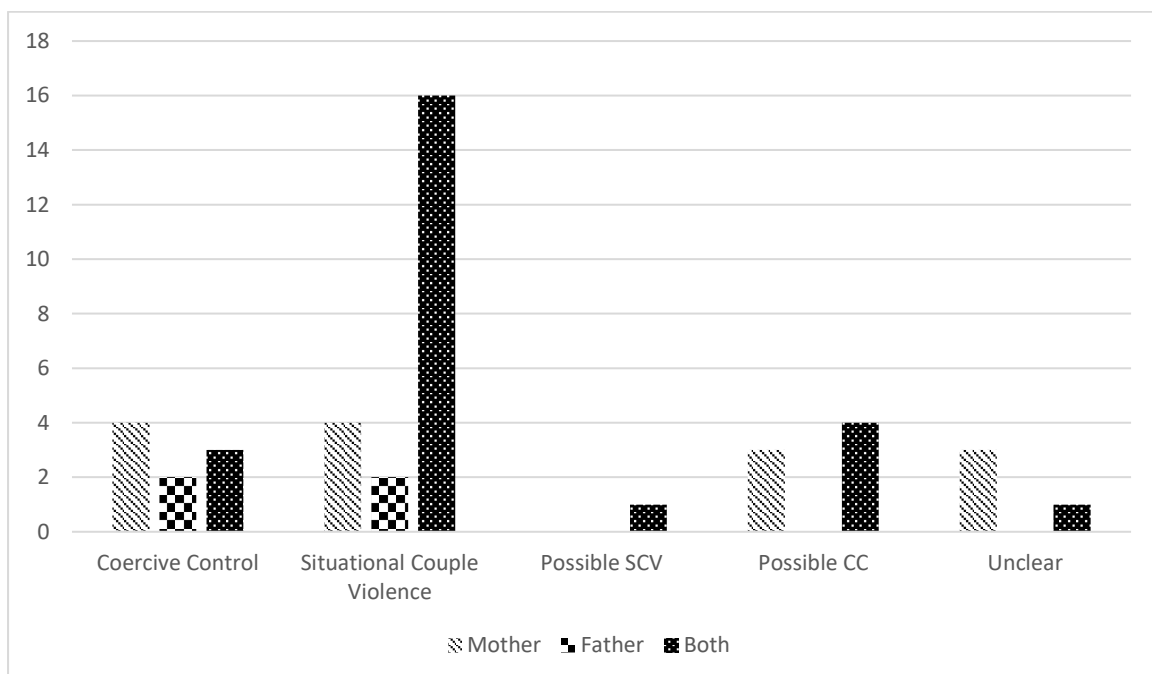
Co-occurring child abuse, neglect, and substance abuse were common in the 'situational couple violence' category, with 10 out of 27 (37%) of these cases involving child abuse, and 12 out of 27 (44%) involving neglect. This meant that 50% of the cases from the overall sample that involved child abuse, and 62% of the overall sample that involved neglect were in the 'situational couple violence' category. In eight of the 10 'situational couple violence' cases involving child abuse, this was by the mother (who in one case was a stepmother to some of the children in the family), and the other two involved abuse by the father/stepfather. No cases in this category involved child abuse by both parents. In the majority (nine of the 12; 75%) of cases in this category involving neglect, this concern seemed to arise in the context of the current relationship, rather than being a pre-existing concern. The majority of cases (22 out 27; 81%) in this category had reference to drug or alcohol use issues and in the majority of these this was by both parents/caregivers.

### **3.4 Possible situational couple violence**

The 'possible situational couple violence' category involved cases where there were no indicators of control, but also no mutual physical violence (all cases which involved mutual violence or aggression had sufficient indicators of situational couple violence to be placed in that category). These cases involved physical violence that was one-directional but involved some mutual conflict and/or did not seem to result in the victim being afraid of the

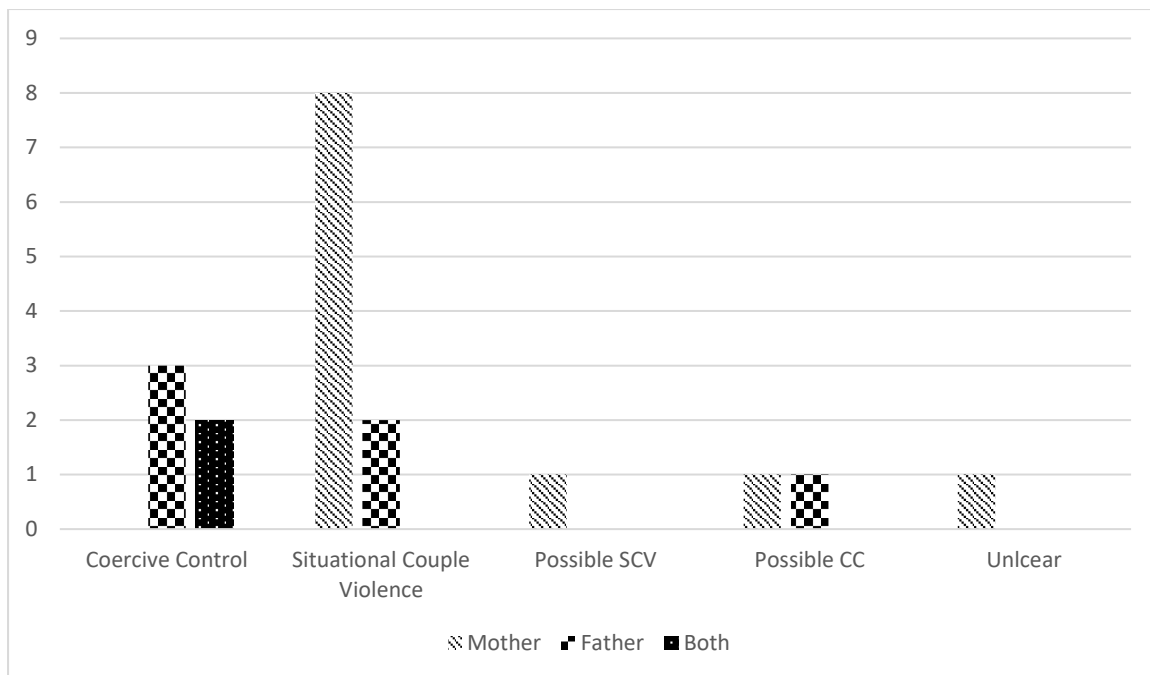
perpetrator, or impact on the victim’s day-to-day freedom. Some cases in this category were similar to what Stark (2007) described as ‘assault’, which is a sub-type of situational couple violence, where one person uses severe violence but not use coercive control, and the victim maintains autonomy. Only one case (17% of cases in this category) involved co-occurring drug or alcohol use, and only two cases (33%) involved child abuse (one of these involved an unexplained injury and it was not clear whether this was inflicted by a parent or another unknown person), and two (33%) involved neglect.

### 3.5 The relationships between the DFV categories and co-occurring issues



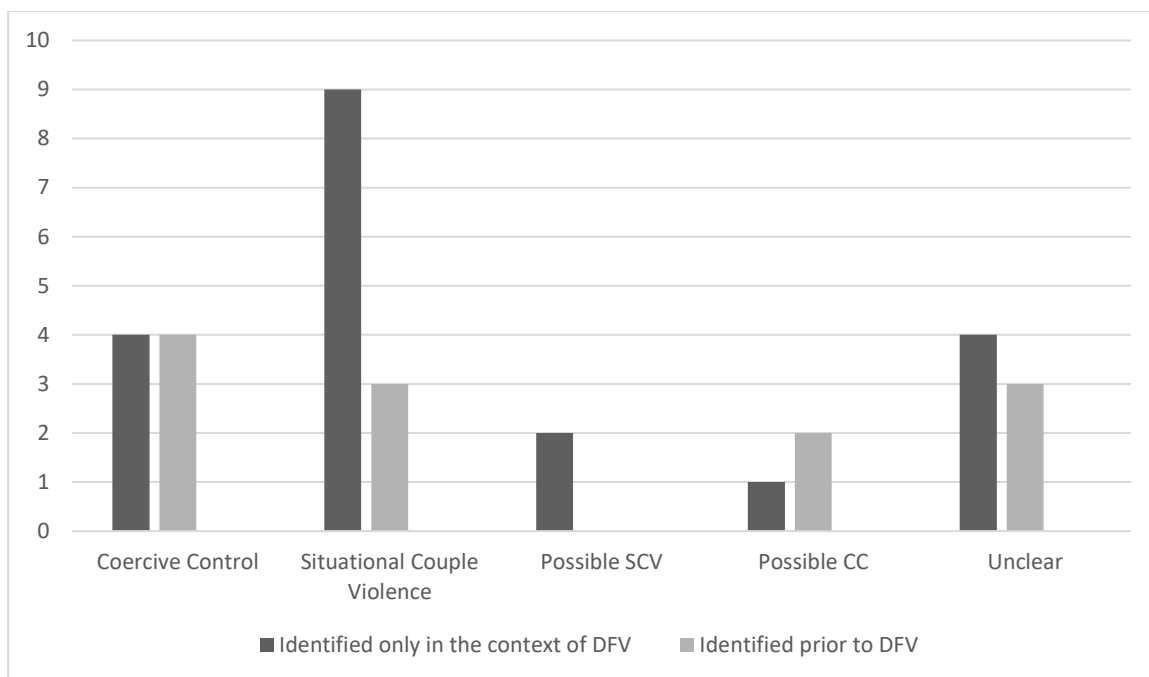
**Figure 1. Number of cases involving drug and alcohol use ( $n = 45$ ).**

Figure 1 shows the findings of our analysis in relation to drug or alcohol use and whether this was by the mother, the father, or both. As can be seen in this Figure, the ‘situational couple violence’ category involved a substantially higher proportion of cases in which both parents used drugs or alcohol than any of the other categories.



**Figure 2. Number of cases involving child abuse ( $n = 20$  cases).**

Figure 2 shows our findings in relation to child abuse and whether this was by the mother, the father, or both. As can be seen in this figure, the ‘situational couple violence’ category involved a high number of cases involving child abuse, and a higher proportion of cases in which only the mother abused the child/children than in the other categories. In contrast, there were no cases in the ‘coercive control’ category in which only the mother abused the child/children.



**Figure 3. Number of cases involving neglect ( $n = 31$  cases)**

Figure 3 shows our findings in relation to neglect and whether neglect was pre-existing or emerged only in the context of the DFV relationship. As is illustrated in this figure, in comparison to the other categories, the ‘situational couple violence’ and ‘possible situational couple violence’ categories had higher proportions of neglect that arose in the context of the DFV rather than being pre-existing. In the ‘coercive control’ category half of the cases involved concerns of neglect that pre-dated the mother being in a relationship characterised by DFV.

#### **4. Discussion**

The primary aim of this study was to explore whether we could identify coercive control or situational couple violence from information contained in child protection intake reports. We hoped that this would contribute to an understanding of how children in families with child protection involvement may experience and be impacted by DFV. We also explored whether there was a relationship between different types of DFV and other issues

that may co-occur with DFV and contribute to children being harmed or at risk of harm, such as drug or alcohol use by parents, and child abuse and neglect.

Based on our analysis, we found that a substantial proportion of the intake reports included enough information to classify DFV as either coercive control or situational couple violence, with more cases involving situational couple violence than coercive control. We also found that there were differences between the ‘coercive control’ and ‘situational couple violence’ categories, both in terms of the characteristics of DFV itself, and their relationship with the other factors we included in our analysis. Our findings indicate that both coercive control and situational couple violence may be common in families with child protection involvement.

Our analysis also indicated that many intake reports did not include enough information to place a case into either category. As intake reports provide limited information it is possible that investigation of these cases, which would ideally involve interviews of both parents and of children (if they are old enough to share their views) would provide greater clarity about the nature of DFV and may lead to these families being identified as involving either coercive control or situational couple violence. It is also possible, however, that there are families in which the DFV is not clearly coercive control *or* situational couple violence. For example, the DFV may involve one parent using some controlling behaviour, but not to the extent that the day-to-day autonomy of the other parent is compromised.

Our findings on coercive control and situational couple violence are consistent with much pre-existing research on these DFV types. Both our analysis and other research indicate that situational couple violence is more likely than coercive control to involve mutual violence or at least mutual conflict, whereas coercive control is likely to be one-directional and to be perpetrated primarily by men against women (Johnson, 2008; Stark, 2007). In

addition, we found that even when situational couple violence was mutual, it often involved one person using more severe violence, and this was usually the father/stepfather. This is consistent with prior research on situational couple violence, which suggests that although men and women use situational couple violence at roughly equal rates, men are more likely to use severe violence that results in injury or fear for the victim (Johnson et al., 2014). We also found that the ‘situational couple violence’ group primarily consisted of parents who were still together, whereas the ‘coercive control’ group involved a substantial proportion of separated parents in which DFV continued to pose a risk to the adult victim and children after separation. This is consistent with research that indicates situational couple violence is likely to cease or lessen after separation, whereas coercive control may continue or get worse after separation (Hardesty et al., 2016; Katz et al., 2020; Nielsen et al., 2010).

Our findings regarding the relationship between DFV and child abuse and neglect challenge some existing research that has not differentiated between coercive control and situational couple violence. Some researchers have argued that the relationship between DFV and child abuse and neglect is either due to men’s use of coercive control characterising their relationship with their children as well as their partner/ex-partner, and/or due to the impacts of men’s use of violence and coercive control impairing the parenting ability of mothers, (Healey et al., 2018; Humphreys et al., 2021; Katz, 2016; Mandel & Wright, 2019; Peled, 2011). If this were so for our sample of statutory child protection cases, we would have expected to see a higher proportion of maternal child abuse in the ‘coercive control’ cases than the ‘situational couple violence’ cases. Similarly, we would have expected to see neglect that only appeared in the context of the abusive relationship (as opposed to being a pre-existing issue) in more ‘coercive control’ cases than ‘situational couple violence’ cases. Instead, in our sample, child abuse by mothers was more common in cases from the



‘situational couple violence’ group. We also found that neglect in the ‘coercive control’ group was more likely to be pre-existing than neglect in the ‘situational couple violence’ group.

There is not much research about the relationship between situational couple violence and child abuse or neglect. The limited findings have suggested that in some families both child abuse and neglect and DFV have common underlying causes, such as the stress of living with poverty and disadvantage, and/or intergenerational trauma which can result in normalisation of violence and difficulties in areas such as emotional regulation and conflict resolution (Andrews et al., 2023; Ehrensaft et al., 2017; Jouriles et al., 2008; Moore & Florsheim, 2008; Pu & Rodriguez, 2021). Researchers focusing on child maltreatment generally have also found that child abuse and neglect may be linked to external stressors such as poverty and social disadvantage (Ainsworth, 2020; Doidge et al., 2017; Higgins et al., 2023). Our findings, together with such research, suggest that the relationship between DFV and child abuse and neglect is complex and may differ between families rather than there being a one-size-fits-all explanation (Peled, 2011).

## **5. Limitations**

The analysis for this study was conducted by one person (the first researcher) due to the confidential nature of the data and the requirements of the research agreement between the researchers and DCP. This a significant limitation and future research of a similar nature would ideally involve multiple researchers conducting the analysis to increase rigour.

Another significant limitation is that intake reports include limited information, and this may consist of allegations rather than established facts. It is not our intent to suggest that assessment of the nature and dynamics of DFV in real-life child protection practice should rely on such limited information. Further, the nature of coercive control may make it less likely that victims still in a relationship with a perpetrator can disclose their circumstances

(Johnson et al., 2014), which may mean people outside the family, including those making child protection notifications, are not aware of the nature of the DFV. As such, some of the cases in the ‘situational couple violence’, ‘possible situational couple violence’, or ‘unclear’ categories could have involved hidden coercive control. Further research involving a more detailed analysis of the characteristics of DFV in families with child protection involvement is needed, for example case-file analysis which includes case notes of interviews with parents and children. We do not suggest that our results are a definitive representation of proportions of coercive control and situational couple violence among families with child protection involvement, nor of the relationship between these DFV types and co-occurring issues. Rather, our study is a step on the path toward a better understanding of the complexity of DFV in the child protection context.

#### **4. Conclusion**

Although much research and reform relating to DFV in child protection practice has focussed on coercive control and one-directional DFV, the findings of this study suggest that some DFV in families with child protection involvement may be situational couple violence. Parents/caregivers and children in families where DFV is characterised by situational couple violence may not benefit in the same way from services that are designed to address coercive control. Instead, they are likely to need support to address underlying causal factors such as substance abuse, intergenerational trauma, lack of conflict resolution and emotional self-regulation skills, and stressors such as social and economic disadvantage.

It should be noted that the classification system used for this study was for research purposes only and we do not suggest that such a system or process should be used in practice, or that the categories we identified (other than coercive control and situational couple violence) represent new DFV types/sub-types. We also do not wish to suggest that the steps

made by child protection systems toward a better understanding of the nature and impacts of coercive control and away from mother blame are not positive, nor that this progress should not be sustained. Rather, we argue that child protection systems should not focus *only* on coercive control but should encourage nuanced and curious assessment by practitioners working with families in which DFV is a risk factor. We suggest that both practice and future research in this area should involve recognising the heterogeneity of DFV and understanding how both coercive control and situational couple violence may impact on children and adult victims of DFV, and how these differing types of DFV may relate to co-occurring risk factors in order to better work with families to create safety for children.

## Chapter 11. Case-file analysis Part 2

Due to the word limit of the journal where I chose to submit the article based on my case-file analysis, I had to omit some data and aspects of the analysis. In addition to the data summarised in the preceding chapter, the intake reports I analysed contained information about the cultural background of the family and the number of prior notifications made about that child.

### **Cultural background and Aboriginal families**

In eight of the 77 cases the intake report identified the family as being from a culturally and linguistically diverse background (i.e., the parents were first generation immigrants from a non-English speaking country). The cultural backgrounds of these families included Jordanian, Sudanese, Ugandan, 'African' (with no specific African country specified), Bosnian, Afghani, and Filipino. Because there were very few cultural backgrounds represented by more than one family I did not conduct an analysis on the characteristics of DFV in these cases.

A total of 39 of the 77 intake reports (just over 50%) concerned Aboriginal children, that is children who had at least one parent who was Aboriginal. In most cases both parents were Aboriginal but in some cases it was not possible, based on the information in the intake report, to discern whether one or both parents were, particularly in the case of families where not all children had the same father. I will use the term 'Aboriginal families' to refer to cases in which the intake report identified that the subject child was Aboriginal. There were no Torres Strait Islander, South Sea Islander, or Māori families in my sample.

Figure 1 shows how many Aboriginal and non-Aboriginal families were in each DFV category. When the Aboriginal families ( $n = 39$ ) were compared to non-Aboriginal families ( $n = 38$ ) there was a slightly higher proportion of situational couple violence (41% or 16 out of 39 cases) and a substantially lower proportion of coercive control (15% or 6 out of 39 cases)

in the Aboriginal group, when compared to the non-Aboriginal group in which 37% (or 14 out of 38 cases) were situational couple violence, and 29% (or 11 out of 38 cases) were coercive control. The situational couple violence in the Aboriginal group included all 3 cases in which DFV was between one or both of the child’s parents and other family members. The higher prevalence of situational couple violence and lower prevalence of coercive control amongst Aboriginal families was also noticeable in the ‘the possible situational couple violence’ and ‘possible coercive control’ categories. Five out of the six cases of possible situational couple violence were Aboriginal families, which meant that this category made up 13% of Aboriginal families, but only 2.5% of the non-Aboriginal families. There were four Aboriginal families with possible coercive control (10% of all Aboriginal families), compared to six non-Aboriginal families (15% of all non-Aboriginal families). A close to equal proportion of Aboriginal (7 out of 39) and non-Aboriginal families (7 out of 38) were in the ‘unclear’ category.

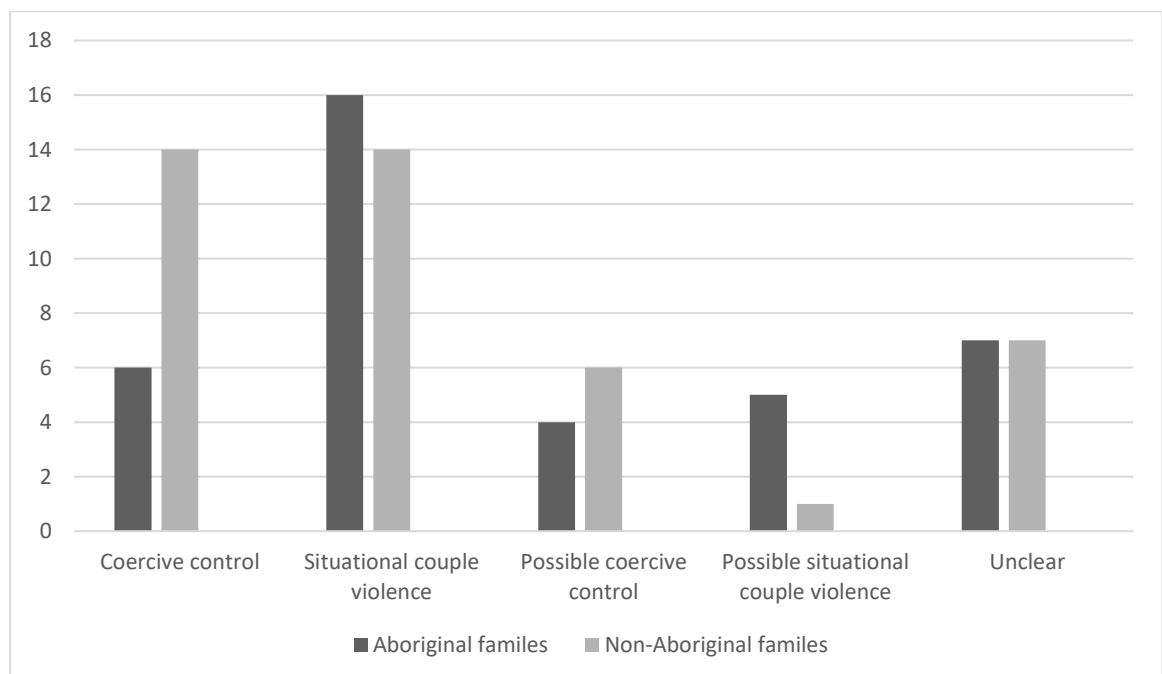


Figure 11.1. DFV types for Aboriginal families (n = 39) and non-Aboriginal families (n = 38)

The finding that, in my sample, Aboriginal families were more likely to be in the situational violence category than in the coercive control category supports the work of other researchers who have argued that defining DFV as coercive control may not always be appropriate when working with and supporting Aboriginal families impacted by DFV (Blagg et al., 2020). Because Aboriginal children are significantly over-represented in child protection systems, including in out-of-home care, this may indicate that differentiating between coercive control and situational couple violence is particularly pertinent in the Australian context.

### **Prior notifications**

Most cases in my sample had a history of prior child protection notifications and the number of these ranged between none (the subject notification being the only notification), and 48. Where there were no prior notifications this was usually when the subject child was an infant, with only one exception.

Table 1 shows the average number of prior notifications for each DFV type. The situational couple violence cases had a substantially higher average number of prior notifications than the other categories. Because there was one case in this category that had a very high number of prior notifications (48) I wanted to make sure this case had not artificially inflated the average. For this reason, I also determined how many cases in each category had more than 15 prior notifications. There were more of these in the situational couple violence category than the other categories.

Table 1

Number of prior notifications for each DFV category

Number of prior notifications	Coercive control		Possible coercive control		Unclear		Situational couple violence		Possible situational couple violence	
Average	7		8.5		8.5		29		7	
Highest	17		23		19		48		27	
Cases with ≥15 prior	3	(15%)	2	(20%)	1	(21.5%)	6	(25%)	1	(16.5%)

My findings regarding prior notifications may indicate that cases involving situational couple violence are more likely to repeatedly come to the attention of child protection services. If this is the case, there could be several explanations. Victims of coercive control may be afraid of repercussions from the perpetrator if they disclose DFV to others, such as police, and they may have limited autonomy to communicate with others (e.g., the perpetrator may control their access to a phone or email or may monitor such communication). For this reason, many victims of coercive control are only able or willing to disclose their experiences when they are ending a relationship or seeking protection from the perpetrator (Johnson et al., 2014). Victims of coercive control may also be more likely to seek formal help than those in relationships characterised by situational couple violence, in particular when they want to end the relationship (Leone et al., 2014). These factors combined may mean that by the time the kinds of services that often make notifications to child protection services (e.g., police or schools) become aware of DFV, the victim has already taken steps to protect themselves and their children. Cases where a parent or caregiver is already doing all they can to protect a child from harm may not meet the threshold for a child protection notification or response (Children and Young People (Safety) Act 2017). It is also possible that the cases involving

situational couple violence had more prior notifications because, as I have written in the previous chapter, they were also more likely to involve other risk factors that led to concerns about the children, such as both parents using substances, and co-occurring child abuse.

The number of prior notifications a family has had does not necessarily tell us much about how serious or complex a case is. As I have noted, a low number of prior notifications may simply be due to the age of the child, or it could be due to a family being isolated and not involved with any services. For this reason, I would not suggest that my finding about the number of prior notifications has much meaning in and of itself, but together with my other findings it could suggest that families where DFV is characterised by situational couple violence (including mutual violence) may be among the most complex of families with child protection involvement, and children in these families may be particularly vulnerable and in need of support.

### **The Experiences of Children**

The overall results of the case-file analysis indicated that, in many of the families in my sample, there may have been no safe parent or caregiver for a child or children. In most of the situational couple violence cases both parents used violence, and although in most cases mothers used less severe violence than fathers, in many cases there was also co-occurring maternal abuse, or neglect (i.e., lack of care by both parents). As I have discussed in my discourse analysis of the practice guides (chapters 5 & 6), the guides assumed that children usually have one non-offending parent or caregiver. Many researchers writing about DFV in the child protection context have also made this assumption (e.g., Healey et al., 2018; Humphreys & Healey, 2017; Humphreys et al., 2020; Mandel & Wright, 2019). In my sample, it was clear that this would not be the case for many of the children. While analysing the data for the case-file analysis I found myself wondering what it would be like for children to witness fights between their parents in which both the adults they rely on for care and



protection are using violence. What would it be like for these children to live with parents who are unable to meet their care needs in other ways? How would it change their experience if they do not have a safe caregiver to turn to? The experiences of children in these situations seem to be under-represented in both the practice guides and the literature because much research on children's experiences of DFV is done with children who have a protective caregiver, and usually focusses on one-directional coercive control rather than situational couple violence. Lamela et al., (2018) found that the impact DFV had on children was increased in families where there was also violence between their parents and other family members, and/or between other family members such as extended family or siblings, possibly because this resulted in children not having protective and non-violent caregivers to turn to. Further, Coe et al. (2020) found that children who live with DFV are most likely to have emotional and behavioural difficulties if they live in households characterised by chaos and unpredictability. It is clear that children are harmed by coercive control (Katz, 2016), but the results of my case-file analysis indicate that children in families with child protection involvement may also be at risk of harm from mutual situational couple violence. This is congruent with the results of studies in which researchers have found that experiencing neglect or physical abuse as a child is more predictive of being in a relationship characterised by bi-directional DFV as an adult than being either just a perpetrator or just a victim of DFV (Renner & Witney, 2012; Richards, 2016). As many parents with child protection involvement have their own history of child abuse or neglect (Bartlett et al., 2017; Procter et al., 2022; Russotti et al., 2021) it would not be unexpected for mutual DFV to be common in this cohort.

My intent in suggesting that some children might live families where both parents use DFV, and/or abuse or neglect children is not to portray these parents as bad or to suggest they do not love their children. Parents who abuse and neglect children are often impacted by

intergenerational trauma, financial and social disadvantage, and other challenges (Bartlett et al., 2017; Doidge et al., 2017; Featherstone et al., 2019; Lonne et al., 2021; Russotti et al., 2021). The same may also be true of parents who use DFV (Evans, 2005; Fahmy & Williamson, 2018; Ferguson et al., 2020). The safety and welfare of children is deeply tied to the safety and welfare of their parents and child protection departments and practitioners must work in partnership with parents to understand the issues impacting on both them and their children, and to find solutions that will support the family as a whole if possible (Featherstone et al., 2019). Some researchers have argued that, in the context of DFV, focusing on the needs of children separately to the needs of mothers can lead to mother-blame and further victimisation of women harmed by DFV (Cotê et al., 2022; Damant et al., 2020; Humphreys et al., 2011). In a more general child protection context however, researchers have argued that assuming the views and needs of parents are the same as those of children can lead to child protection services overlooking risk and failing to keep children safe (Ferguson, 2017; Koziel, 2023). In child protection practice it is important to find a balance between partnering with parents and prioritising the safety of children (Ferguson, 2017). In my view, in order to find this balance, it is important to recognise that children's experiences of DFV and their relationship with their parents may vary significantly depending on the nature of the DFV and co-occurring issues. The experiences and needs of a child living in a family where one parent uses coercive control and violence and the other does not may be different to those of a child living in a family where both parents use aggression and violence in the context of conflict, possibly toward the child as well as each other. Equally, the needs of the adults in these families and the supports that may help them to parent their children safely may be different. The findings of my case-file analysis suggest child protection interventions that focus only on one-directional coercive control may not meet the needs of all children or all parents in families with child protection involvement.

## Summary

Some researchers have argued that differentiating between coercive control and situational couple violence suggests that situational couple violence is less serious than coercive control and risks minimising the harm that DFV can cause to adult victims and children (Emery et al., 2016; Meier, 2015). Based on the results of this case-file analysis I would argue the opposite; that families in which DFV is characterised by mutual situational couple violence may be among the most complex in the child protection caseload and that children in these families may be particularly vulnerable. Without supports and interventions that address the complex causal factors of situational couple violence and co-occurring issues these children and parents may be subject to a cycle of repeated child protection notifications, inappropriate interventions, and continuing harm.

The results of this case-file analysis suggest that DFV in families with child protection involvement is highly complex, and that the causes of both DFV and co-occurring child abuse and neglect in these families are also complex. The results support the ideas of other researchers (e.g., Ferguson et al., 2020; Lawson, 2019; Love et al., 2020; Peled, 2011). The cases in the situational couple violence category were different to cases in the coercive control category in a number of ways, indicating that such families may have different needs to those in which DFV is characterised by coercive control. As I have touched on in previous chapters, it is not my intent to argue that steps child protection systems are taking toward lessening mother blame and holding perpetrators of DFV accountable for the harm their behaviour causes (Humphreys et al., 2020; Mandel & Wright, 2019) are not needed or positive. In the following chapter I will, however, argue that the studies I have conducted for this thesis suggest that focusing solely on coercive control is not the only way to achieve these objectives, and I will provide a new model for child protection intervention with families impacted by DFV.

## Chapter 12. Conclusion

### The Research Journey and a Way Forward

#### **The Research Journey**

The course of this research travelled through three levels, using three differing but complementary methodologies. These were used to explore the research question of whether differentiating between coercive control and situational couple violence may be relevant and helpful in child protection practice with families where DFV is a risk factor.

#### ***The Practice Guides***

During the first stage, at the policy level, I analysed practice guides from statutory child protection authorities across five Australian states/territories. I found that the language and content of these guides was consistent with, and applicable to, coercive control but not situational couple violence.

The analysis of the practice guides uncovered that they shared common underlying assumptions about the nature, characteristics and causes of DFV. These were:

- That DFV is usually perpetrated by one person upon another (rather than being mutual);
- that in families where there is DFV there is usually one non-offending parent/caregiver, this parent/caregiver is protective of the child/children;
- that co-occurring issues such as substance abuse do not cause DFV and addressing them is not an appropriate way to address DFV;
- that men/fathers who use DFV are also likely to abuse or neglect their children and this is because their use of coercive control flows into their parenting; and

- that mothers who have experienced DFV do not usually abuse or neglect their children, but that if they do this is likely to be due to the impact of the perpetrator's use of DFV (in particular their use of coercive control).

These common assumptions/beliefs demonstrated in the practice guides also flowed into the recommendations they made, which meant that the guides encouraged and emphasised certain interventions and practice approaches and warned against others. As a whole, the practice guides recommended:

- Partnering with mothers and recognising the ways in which mothers are already protecting their children.
- Locating the cause of harm to children within the behaviour of the perpetrator of DFV, rather than the non-offending parent.
- Using investigative processes such as interviews with parents and children to understand and uncover how the perpetrator's use of coercive control harms and impacts on other family members.
- Referring men to behaviour change programs that address coercive control, and helping fathers to understand how their behaviour impacts on their children.
- Supporting mothers to recover from experiences of DFV and to rebuild relationships with their children, if these have been damaged by the perpetrator's use of coercive control.

Most of the practice guides recommended against:

- Portraying or recording DFV as mutual (for example in case notes).
- Working with parents together, for example joint interviews, meetings, or referring them to couples/relationship counselling (with the Victorian guide being an exception).
- Locating the cause of harm to children in the behaviour of the non-offending parent.

- Using interventions for issues such as substance abuse or mental illness to address DFV.

The practice guides did not include substantial information or recommendations in relation to:

- Mutual violence between parents.
- Families in which there is no non-offending parent/caregiver, for example where both parents have used violence and/or harmed children.
- Cases in which the victim of DFV does not want or accept help.
- Child maltreatment that may not be directly caused by the behaviour of the parent using DFV.
- DFV that is not characterised by a pattern of coercive control.

My analysis of the practice guides found that they all included information about how DFV impacts upon children and most had some guidance on how child practitioners should talk to and support children impacted by DFV. However, most assumed that the interests of mothers and children were the same, and that most children would experience their mother as a safe person. Several guides seemed to centre the experiences of mothers rather than those of the children, and assured practitioners that if mothers were supported and safe this would flow onto their children. Few of the guides included any discussion of what practitioners should do if children disclosed violence or abuse by both parents. Those that did acknowledge that mothers may also abuse children emphasised that this was usually due to the behaviour of the DFV perpetrator, for example that mothers may abuse children to placate the perpetrator. In this way, the guides framed the issue of parental abuse or protectiveness of children in a binary fashion, portraying parents as either victims of DFV who either did not

harm their children, or did so only due to the influence of the perpetrator of DFV, or as perpetrators who use DFV and deliberately harm children.

When I compared the language and content of the practice guides with literature on various aspects of DFV, it was clear that the range of explanations and practice recommendations offered by the guides was narrow, and did not recognise the considerable variance in theories, empirical data, and conclusions in the literature. The practice guides overwhelmingly reflected literature that used a definition of DFV based primarily on coercive control and did not reflect the extensive literature and research that has differentiated between coercive control and situational couple violence, or that has used or included definitions of DFV consistent with situational couple violence (e.g., Blagg et al., 2020; Damant et al., 2014; Ferguson et al., 2020; Fitz-Gibbon et al., 2020; Haselschwerdt et al., 2021; Jaffe et al., 2008; Johnson, 2008; Johnson et al., 2014; Lawson, 2019; Love et al., 2020; McMillan & Barlow, 2019; Moore & Florsheim, 2008; Myhill, 2017; Nielsen, et al., 2016; Schneider & Brimhall, 2014; Stark, 2007; Stith et al., 2011). The practice guides also depicted the nature and underlying causal/contributing factors of child abuse and neglect that occurs in the context of DFV as different to causes/contributing factors of child abuse and neglect in general, in particular systemic factors such as poverty and social disadvantage (Doidge et al., 2017; Evans, 2005; Fahmy & Williamson, 2018; Heriot & Kissouri, 2018; Peters & Beasley, 2014; Skinner et al., 2023). As a consequence, they did not recommend interventions aimed at reducing the stressors of poverty, such as supporting families to access financial support (other than in a DFV specific fashion, for example supporting women to find stable housing after leaving a perpetrator of DFV).

The analysis of the practice guides identified potential gaps in child protection policy and practice guidance. It demonstrated that when practice guides use one particular lens to explain a complex issue, in this case understanding DFV primarily as coercive control, this

can limit the guidance and recommendations given to practitioners, making them inappropriate for some children and families. This is an issue that has been raised in recent literature (Ferguson et al., 2020; Love et al., 2020) and the detailed discourse analysis of the practice guides significantly added to understanding the nature and implications of this gap.

### ***The Practitioner Interviews***

In the next phase of the research, I spoke with six Australian child protection practitioners to explore the research question at the practitioner level. I wanted to understand whether child protection practitioners observed DFV in the families they worked with to be characterised only by coercive control, or whether they also worked with families where DFV was situational in nature. Although the sample size was small, the interviews were long (between 60 and 90 minutes) and detailed, and each practitioner had practice experience with a large range of families. I asked the practitioners to reflect on four case vignettes, each of which contained indicators of either coercive control or situational couple violence. Their responses indicated that the families they had worked with included many families where there was clear use of coercive control by one parent, but also families where violence seemed situational, including where there was mutual violence. The practitioners spoke about working with families where DFV seemed directly caused or triggered by issues such as drug or alcohol use or mental illness of both parents, and families where both parents had complex histories of trauma and abuse themselves and struggled to manage relationships without using violence or aggression.

The practitioners I interviewed all understood how coercive control by one person can impact on children and adult victims, all emphasised that they wanted to work cooperatively with mothers to keep both them and their children safe, and felt it was important to hold perpetrators accountable for their use of DFV and the harm this caused children. Most however, also discussed feeling frustrated or saddened by working with families in which



children had no parent who was safe, including those where both parents used violence, and neither parent recognised the impact DFV had on their children. They also spoke about the lack of services that could meet the needs of the families they worked with, particularly those who may not fit a particular mould or who had complex issues.

In contrast to the practice guides, the views of the practitioners I interviewed were much more reflective of the complexity and range of theories of DFV and child protection in the literature. Although they identified that there were commonalities in many families with whom they had worked, for example that many men who use DFV can be manipulative or controlling, they also spoke about differences between families and the nature of DFV. They emphasised the complexity of their work, in which they encountered families where there were multiple risks to children, where parents, including DFV victims, could be very resistant to support or intervention, and where children were sometimes caught in the middle of violent conflict between parents who may or may not be able to safely parent them.

Comparing the reflections of the practitioners I interviewed to the content of the practice guides, it was evident that the issues and complexities the practitioners identified as being common in their work with families impacted by DFV were not represented in the guides. The advice provided in these documents would be relevant to some of the families my participants described working with, but not all, or even the majority. The practice guides assumed that DFV in most of the families with whom child protection practitioners work is characterised by one parent using coercive control and one parent being non-offending. The interviews, however, indicated that child protection practitioners work primarily with the most complex of DFV cases, and that families where one parent uses coercive control, and the other parent poses no risk to children may not comprise the majority of the child protection caseload. When the practitioners I interviewed reflected on the vignettes depicting situational couple violence they identified them as being some of the most common kinds of

situations they encounter in their work. In contrast, the practice guides I analysed contained little or no acknowledgement of the existence or relevance of situational couple violence.

### *The Case-File Analysis*

Because the practitioner interviews involved a small sample and the findings were based on the subjective views of the participants, I wanted the final stage of the research to use data that was more objective and from a larger data set. In my case-file analysis I wanted to determine whether the hypothesis I had formed by reading the literature, analysing the practice guides, and interviewing practitioners, was also reflected in a sample of families with child protection involvement. This stage of the research completed the journey from the policy level, through the practitioner level, to the client level.

For the case-file analysis I examined 100 intake reports from the South Australian Department for Child Protection (DCP), where the notification reached the threshold for child protection intervention due to risk of harm from DFV. An intake report is a document generated when a child protection notification is made and, along with the information provided by the notifier, it includes summaries of past notifications and child protection investigations and other information such as the cultural identity of the child. After eliminating duplicates and invalid reports (those that had been erroneously included and did not contain any information relating to DFV), my sample consisted of 77 intake reports.

I used well-established descriptions of coercive control and situational couple violence as identified in my literature review (Johnson, 2008; Stark, 2007) to sort the cases into five categories: coercive control, low indicators of control, unclear, situational couple violence, and low indicators of situational couple violence. I also recorded whether each case involved concerns of child maltreatment other than DFV (physical or emotional abuse, or neglect), substance use by one or both parents/caregivers, whether parents were separated or together, and the cultural background of the family.

The results from my case-file analysis were largely consistent with the those of the practitioner interviews but revealed even greater complexity. In addition to identifying both coercive control and situational couple violence, I was able to explore patterns in the relationships between the DFV types and other complex co-occurring issues in the families. The case-file sample contained a mix of DFV types, with many cases (20 of the 77) having multiple indicators of coercive control, and many (27 of the 77) having multiple indicators of situational couple violence. My analysis also found significant complexity and variance in the nature of DFV, with many cases not being able to be identified as either coercive control or situational couple violence due to a lack of information or mixed information. For example, several intake reports indicated one person may be using controlling behaviour, but also had some information that was not indicative of coercive control, for example that the victim was not afraid of the perpetrator and/or did not have limited autonomy. I named this group 'low indicators of control' to indicate that although there was some control, they did not appear to be characterised by coercive control as it is described in the literature (Johnson, 2008; Stark, 2007). Several of the 'low indicators of control' cases also involved alleged mutual violence by both parents/caregivers, whereas mutual violence was rare in cases that contained multiple indicators of coercive control. The case-file analysis demonstrated that although not all families will fall neatly into categories of either coercive control or situational couple violence, the use and severity of coercive control, *or* the absence of it, are important factors in understanding the nature and impacts of DFV in a family.

The case-file analysis added significantly to previous research about the relationship between DFV and other forms of child maltreatment, such as physical abuse, emotional abuse, and neglect. My literature review found that there are mixed opinions and findings about how DFV and child abuse and neglect are related. Some researchers have argued that the correlations between DFV and child abuse and neglect are primarily due to men's use of

coercive control toward both child and adult victims, and that when women abuse or neglect children in the context of DFV this is due to the impact the perpetrators' violence and abuse has on them (Bancroft et al., 2012; Healey et al., 2018; Katz, 2016). Other researchers have suggested that both child abuse and neglect, and DFV, may be the result of underlying issues in households characterised by chaos, such as poor emotional regulation, high levels of conflict, and substance use (Andrews et al., 2023; Coe et al., 2018; Peled, 2011; Pu & Rodriguez, 2021). My literature review indicated that researchers who define DFV primarily as coercive control are likely to have the former view, whereas researchers who use define DFV as a conflict behaviour, that is, situational couple violence, are likely to have the latter. The case-file analysis found that child abuse (physical and/or emotional) was prominent in both DFV types, but that in cases characterised by coercive control the child abuse was mostly by fathers or both parents, whereas in the cases characterised by situational couple violence it was mostly by mothers. Neglect was also prominent in both violence types, but in many of the cases characterised by coercive control, the neglect was noted in the child protection history prior to the coercive control relationship, for example if the mother had older children from a different partner. The neglect in the situational couple violence group on the other hand, was more likely to have arisen in the context of the current relationship. These findings supported the hypothesis I developed from reading the literature, that is, that coercive control and situational couple violence are both linked to child maltreatment, but likely in different ways.

The case-file analysis painted a picture of a practice landscape that is vastly different to the one depicted in the practice guides. The practice guides suggested that most DFV is characterised by coercive control, that most children have a protective non-offending caregiver, that mutual violence is rare, that when mothers do use violence toward a partner it is usually in response to coercive control, and that maternal child abuse or neglect of children

in the context of DFV is uncommon and/or caused by the coercive control of the other parent. None of these positions were supported by the findings of the case-file analysis, which indicated that in many families DFV did not seem to be characterised by coercive control, that there were many cases in which both parents/caregivers used violence, and that mutual violence was not correlated with high levels of coercive control. The findings also indicated that in families where mothers had abused or neglected their children in the context of DFV this was more commonly in the context of situational couple violence than coercive control. Finally, my analysis suggested that the relationship between DFV and other forms of child maltreatment is complex and not necessarily explained by the impacts of coercive control.

### ***Bringing the Three Studies Together***

The findings of the three research stages together demonstrated that the content of the practice guides, which use a coercive control only based understanding of DFV, was not consistent with either the views and experiences of child protection practitioners, nor the characteristics of families with child protection involvement. The content and recommendations of the practice guides would be applicable for some of the families described by the child protection practitioners I interviewed, and to some of the families in the case-file sample. However, the fact that they contained little or no content or guidance relevant to situational couple violence indicated that they may not meet the needs of many children who have been harmed or are at risk in families where there is DFV, in particular those children who do not have a safe or non-offending parent/caregiver. The practice guides also contained little or no practice guidance regarding working with Aboriginal children and families impacted by DFV. Although some included sections in which they acknowledged that DFV in Aboriginal families and communities may not have the same causes as DFV in non-Aboriginal families, they did not discuss whether or how this should impact on how child protection practitioners should work with Aboriginal children and families. Nor did any

of the practice guides discuss the issue of whether a coercive control-based understanding of DFV is or is not appropriate when working with Aboriginal families. Some researchers have argued that using a coercive control-based understanding of DFV may not be appropriate when working with Aboriginal families, and that Aboriginal families impacted by DFV may benefit from holistic approaches that recognise the role intergenerational trauma and the ongoing impacts of colonisation play in DFV, as opposed to mainstream perpetrator interventions that focus on coercive control (Andrews et al., 2020; Blagg et al., 2018; Blagg et al., 2020). In my case-file analysis, more than half of the families were Aboriginal. The contrast between the limited content the practice guides had regarding the needs of Aboriginal families impacted by DFV, and the substantial over-representation of Aboriginal families in the case sample is an important example of how a coercive control-only based understanding of DFV could impact negatively on families with child protection involvement.

The contrast between the practice guides and the field-level data that arose from the practitioner interviews and case-file analysis is expressed in the following passage from an article that explores child protection practitioners' experiences of complexity:

“On the one hand, there is the ‘expert system’ beloved of policy-makers, which is about stability, predictability and control. On the other hand, there is the ‘complex system’ experienced by practitioners on the front line of practice, which is inherently unstable and unpredictable” (Hood, 2016; p. 126).

My discourse analysis of the practice guides illustrated that these policy level documents were built upon an underlying premise that most, if not all, cases of DFV and perpetrators and victims of DFV have certain predictable characteristics, that children impacted by DFV have certain predictable experiences, and that those harmed or at risk by DFV respond to intervention and offers of support in certain predictable ways. The practitioner interviews and

case-file review painted a very different picture, one in which the issues in families impacted by DFV and with child protection involvement are far more complex than the practice guides depicted.

As the practitioner interviews and case-file analysis built a growing picture of complexity, my understanding of the research question also grew and allowed for greater complexity. In the very early stages of this research my conceptualisation of DFV felt clear. I hoped to outline a differential approach in which coercive control and situational couple violence were clearly defined categories that required different responses. Although my research does support a differential approach, it also demonstrates that not all families are likely to fall clearly into one or the other category and that even the needs of families who do may still vary significantly. The findings of this thesis indicate that a nuanced approach is needed, in which the characteristics, impacts, potential causes, and co-occurring issues of DFV in each family, for each child, are explored with curiosity, and willingness to hear and learn.

### ***Limitations***

Each of the studies I used had some limitations. These, in turn, limit the inferences that can be made from the findings of all three studies as a whole. The discourse analysis relied on documents that were not necessarily a full representation of the DFV related practice guidance available to child protection practitioners. For example, it is possible that some of the States and Territories whose guides I analysed had other DFV specific practice guidance I was not able to access. It is also possible that the two States and for which I was not able to access practice guides (Tasmania and South Australia) had practice guides with content that was different to that of the guides I analysed. The Northern Territory department, Territory Families, advised they did not have a DFV specific practice guide at the time I contacted them, but this may have changed since then. Further, practice guides are regularly updated,

and it is possible that in the time since I conducted my analysis the practice guides of the ACT, NSW, VIC, WA, and/or QLD departments have changed. As such, the findings of my discourse analysis or this thesis as a whole are not intended to critique the practice guides or policies of any particular child protection department. Rather, I hope that this thesis illustrates the issues and potential consequences of DFV specific practice guidance that assumes all DFV has similar causes, characteristics, and impacts.

My thematic analysis of interviews with child protection practitioners was limited by the small sample size. The low number of participants (six) means that the study cannot be considered to be representative of the views and experiences of child protection practitioners in general. Future research using larger samples to conduct similar studies would be valuable. My experience of recruiting participants was challenging and would have been substantially easier if I had been able to partner with a government child protection department for this phase of the research. If child protection departments in Australia or overseas were to recognise the potential issues with a homogenous approach to DFV, they may be receptive to working collaboratively with researchers to explore the views of child protection practitioners regarding coercive control and situational couple violence.

The thematic analysis was also limited in that it relied on the views of child protection practitioners. Their views may not have been objective and may have been influenced by factors such as their beliefs about DFV, and their personal background and experiences. Further, their views may have been influenced by the vignettes which were deliberately constructed to prompt discussion about coercive control and situational couple violence. It is possible that if the practitioners had been asked about DFV in a more general sense, without vignettes or guiding questions, they would have expressed different views or shared different experiences. Although reliance on the views of practitioners is a limitation, it does not negate the value of the study. Many studies rely on information from participants who may have



certain biases and views. For example, studies which seek the views of mothers who have experienced DFV and had child protection involvement. The intent of my thematic analysis was not to infer that the views of the participants reflected an objective reality about all families with child protection involvement or even the cases from their practice experience. Rather, it was to explore how child protection practitioners, the professionals responsible for implementing child protection policies and practice guides, perceive DFV. Seeking the views of child protection practitioners was a step on the path of my research question and it paved the way for the case-file analysis.

The case-file analysis addressed some of the limitations of the practitioner interviews in that it used a much larger sample size and was not limited to the views and opinions of practitioners. However, it also had significant limitations. As I discussed in chapter 10, the case-file analysis used information contained in intake reports, primarily notifications made by members of the public to the DCP 'Child Abuse Report Line'. The accuracy of notifications can vary depending on several factors, such as who the notifier is and their relationship with the child or family, whether the information the notifier has is accurate (e.g., a notifier could be relying on information provided by a parent or other family member which may not be true), and the motivations of the notifier (e.g., a notification might be made by a parent as part of a custody dispute in order to discredit the other parent). Because of this, the DFV type I classified a case as may not have been accurate. For example, some cases I identified as situational couple violence could have involved coercive control that was not identified in the notifications. As such, the proportion of my sample characterised by each DFV type does not necessarily reflect the prevalence rates of either coercive control or situational couple violence in families with child protection involvement.

The case-file analysis was also limited by the fact that I conducted the analysis alone, due to the sensitive nature of the data. Although I am an experienced child protection

practitioner my analysis may have been influenced by my own views and subconscious bias. It would be beneficial for future case-file analysis studies on coercive control and situational couple violence in child protection practice to use a greater range of information than that contained in intake reports (e.g., case notes) and for the analysis to be conducted by multiple researchers to limit the possibility for bias or error.

For the thesis as a whole, these limitations mean that I was only able to traverse a section of the path toward answering the research question, and there is a need for more research to better understand the nature of DFV in families with child protection involvement. Importantly, both the results of my studies and the limitations highlight the importance of nuanced and careful assessment and case management in child protection practice. The complex nature of DFV and of the families with child protection involvement work mean that making assumptions about the nature and causes of issues such as DFV is likely to compromise the quality of child protection interventions (Featherstone & Morris, 2023). It is in this vein, that I have developed a new model for assessing and addressing DFV in families with child protection involvement, as I will now set out.

### **The Way Forward: An Alternative Model**

This thesis in many ways supports existing literature and approaches that emphasise the importance of understanding and addressing coercive control. Both the practitioner interviews and the case-file analysis demonstrated that coercive controlling DFV is a significant issue in families with child protection involvement. The findings also indicated however, that a coercive control-only understanding of DFV is limiting and likely to result in practice guidance that does not meet the needs of many families. The findings open the door to a new approach to DFV in child protection practice and I have developed a practice model to capture the complexity and heterogeneity of DFV and of families with child protection involvement. I have called this model ‘Three Cs to create change’, and it is based on three

core principles which have emerged as important over the course of this thesis: being ‘Child focussed’, ‘Curious’, and ‘Open to Complexity’. The model also sets out three key stages of working with families where DFV is identified as a risk/harm factor. These stages are based on the findings of this thesis, which indicate that an understanding of the dynamics, nature, behaviours and impacts of DFV, and an understanding how DFV is linked to other issues in the family and/or underlying causal and contributing factors, are key to identifying and implementing interventions and supports that may lead to positive change for both children and adults impacted by DFV.

As can be seen in the illustration of the model (Figure 1), coercive control is an important aspect of the model and practitioners should ask questions that explore whether and to what extent coercive control impacts on children and adult victims of DFV. However, practitioners should not assume coercive control characterises all DFV and should be open to exploring other potential dynamics and explanations for DFV. The distinction between coercive control and situational couple violence is a core aspect of this model, but this is not a black and white categorisation, and practitioners should understand that some families may not fit neatly into either category, that relationship dynamics and behaviours can change over time, and that obtaining accurate information about DFV may be difficult.

In this model, important concepts that have underpinned research and reform of DFV focussed child protection practice, such as perpetrator accountability and avoiding mother blame, are still important, particularly if coercive control is identified. It does this by emphasising that understanding the nature and impacts of DFV is vital, and that interventions should address the issue of who and/or what is causing risk and/or harm. The model, however, emphasises that different approaches may be required for different families, depending on the nature and dynamics of DFV, underlying causes of DFV and co-occurring issues, and the needs of children and their parents. This practice model does not exclude the

valuable aspects of coercive-control informed practice but uses an expanded definition of DFV to include alternatives perspectives and practice options. Because the model encourages practitioners to work with the individual dynamics of each family, and to consider the role of systemic factors such as poverty, societal disadvantage, and cultural context, it can be applied with a wide range of families, including Aboriginal families/children and kinship networks, families from a variety of cultural backgrounds, same-sex couples, families where one or both parents are transgender/gender non-conforming, and families where power dynamics may be complicated by factors such as one or both parents having a disability or differing social/financial standings. Figure 1 illustrates the model and provides an explanation of the principles and stages.



Figure 12.1. The 'Three Cs to create change' model

### ***The Foundational Principles***

**Child Focused.** Being child focussed is a foundational principle of this model because the statutory grounds for child protection intervention are that a child has been harmed or is at risk of harm. As such, the aim of child protection interventions, whether in relation to DFV or other concerns, must be to make children safer. Importantly however, the term ‘child focussed’ as used in the model does not mean that children should be viewed in isolation from their families. Child protection practice that is focussed only on the needs of children has sometimes led to mother-blame, a failure to support mothers who are themselves at risk of harm, and failure to support parent-child relationships (Featherstone et al., 2020). In this model, although children’s views, experiences and needs are central, this does not equate to a lack of care for the safety and wellbeing of parents who are themselves in need of protection and/or support. Practitioners should view children as *both* in relationship with parents/caregivers and other family and kinship networks, *and* as individuals who may have their own views and needs. The safety and wellbeing of children is the primary objective, but where possible this should not be at the expense of the safety and wellbeing of parents, in particular those who have been harmed or are at risk of harm from DFV. Practitioners should identify and describe child and family relationships in a nuanced way that does not presume children experience a family member in only one way (e.g., the child experiences a parent as both loving and frightening, or a parent is a perpetrator of DFV, but also plays a positive role in the family.)

**Curious.** The foundational principle of being curious means that the model encourages practitioners not to make assumptions, but to ask questions and have conversations with children and families in a way that allows space for genuine learning and understanding. Instead of assuming that something causes risk or harm in a certain way, or that a person’s

actions or behaviour have a certain cause, or that children must feel a certain way, practitioners should explore such issues wherever possible, by asking children and parents about them. Being curious means acknowledging that we as professionals are not always the experts, and that children and families may have different and valid perspectives. Being curious also means being able to change our assessments or change our minds. When working with families impacted by DFV, practitioners should ask questions and re-assess frequently, to be open to new information or to changes in a situation.

**Open to Complexity.** Being open to complexity means recognising that explanations and answers are not always simple or obvious. It means that instead of having only one perspective or insisting that things must be only one way, we are open to a *'both, and'* way of thinking and working. Child protection practitioners should acknowledge that causes of DFV can vary between individuals and families and may not be clearly identifiable. For example, a person may use violence when impacted by alcohol, but their use of DFV may also be linked to past childhood trauma experiences, or the stress of living in poverty, or underlying beliefs about relationships and violence. The foundational principle of being open to complexity means that practitioners should not limit the way they think about and explore issues and interventions but should be open to thinking outside the box. Instead of safety plans or referrals being limited to a small set of options based on one understanding of DFV, being open to complexity would mean that practitioners can identify avenues for safety or change that meet the individual needs of the child and family.

### ***The Three Stages of the 'Three Cs to Create Change' Model***

The findings of this thesis indicate that to support and create change with families impacted by DFV, child protection interventions must be informed by an understanding of the dynamics, characteristics and impacts of DFV, and by an understanding of the relationship between DFV and other co-occurring issues, including underlying causal or complicating

factors. To reflect this, my model uses a three-stage approach, in which practitioners use the foundational principles at each stage to develop a detailed and nuanced understanding of each child and family's situation and needs, and then respond. As seen in Figure 1, the first two stages of the model are broken up into several sections, but these are not chronological steps that must be followed in order, rather they are aspects that should be considered in assessment and case planning. The three stages of the model are intended to sit alongside existing assessment and case management stages and tools child protection departments use. For example, the first stage, developing an understanding of DFV, would incorporate existing DFV risk assessment tools or processes.

**Stage 1. Understanding the nature and impacts of DFV.** In the first stage, practitioners should engage with the family to develop an understanding of the nature and impacts of DFV. It is vital that practitioners have a thorough understanding of coercive control so they can ask questions and gather information that would identify any coercive controlling behaviours being used by a perpetrator of DFV, and the impacts these behaviours have on other family members. Practitioners should also be curious to other aspects of DFV, including assessing whether, and to what extent, DFV is characterised by conflict and/or is situational in nature, for example whether it occurs only when one or both adults are intoxicated or drug affected. Although this stage differentiates between coercive control and situational couple violence, the intent is not for a family to be assigned a label or to be characterised as one or the other DFV type. Practitioners should approach this with an understanding that assessing for coercive control and conflict/situational couple violence is not necessarily an either/or issue, but that families may vary in how significant or impactful coercive control and/or conflict are. In this stage practitioners should engage with both parents/caregivers (separately) if it is safe and possible. They should ask questions that invite adults and children to talk about who is doing what to who, and what the impacts of

behaviours and family dynamics are on both children and adults. Children should be interviewed if old enough, and practitioners should focus on the nature of children's relationships with each parent/caregiver, and the impacts DFV and other issues have had on them (i.e., the children).

**Stage 2. Understanding co-occurring issues and causes/contributing factors.** The second stage of the model focuses on understanding how DFV relates to other issues, and what factors may underlie DFV. It is important that this stage is built on the first stage because understanding the nature and impacts of DFV is vital to understanding how it may relate to issues such as neglect, physical or emotional child abuse by one or both parents (in addition to DFV), parental substance abuse, and mental health. Practitioners should ask questions that help them understand potential causal relationships between these issues, which may be simple or complex. In this stage practitioners also explore underlying factors which may cause or contribute to both DFV and co-occurring issues, looking not just within the immediate family, but also to systemic issues such as poverty, disadvantage, inter-generational trauma, and the impacts of colonisation and racism for Aboriginal children and parents.

**Stage 3. Creating change.** The third stage builds upon the previous two stages to develop a plan for change and implement effective interventions. Safety plans, case-plans and supports/services must be congruent with the dynamics, behaviours and impacts of DFV, with links between DFV and other issues, and with underlying causal/contributing factors. For example, if DFV is not characterised by high levels of coercive control but does seem linked to the perpetrator (or both parents), having significant trauma history, living in poverty, and using alcohol or drugs to cope with these issues, referring one parent to a behaviour change program which is based on the idea that DFV is characterised by men's use of power and control may not be appropriate. Instead, supports such as financial counselling, trauma-based



therapies (for adults and children) and drug and alcohol counselling may better meet the needs of both children and adults. The foundational principles encourage practitioners to focus on what children need to be safe, and on the real observed needs of the family. As such, any changes made in the family should meet these needs, and safety and case plans should provide clear rationales for any interventions used and set out how they will address the needs of each family member – especially, but not only, children. Because the model ensures there is clarity about who/what is causing risk and harm, interventions should hold perpetrators of DFV accountable, while also recognising that risk/harm (e.g., child abuse or neglect other than DFV) may come from both parents/caregivers. Practitioners should recognise that some aspects of risk may not be within the control of either parent but instead be linked to systemic issues (e.g., lack of adequate housing). There is recognition that parents/caregivers can be both a source of safety and of risk; that separation from fathers/perpetrators who may make positive contributions to families as well as presenting risk may not always be in the best interests of children or the other parent. Practitioners should be encouraged to be curious and open to creative solutions, acknowledging that lack of services may mean the most ideal/preferred options are not available. Practitioners should collaborate with families and communities where possible and use whole-of-family supports where appropriate, rather than only treating DFV as only an individual issue. Practitioners need to think about the role extended family, kinship networks and communities can play in creating and supporting change and/or keeping children safe, especially for Aboriginal and Torres Strait Islander children and families.

### ***Applying the “Three Cs to Create Change’ Model***

To build upon what I have set out in the model, I (or others such as child protection departments or other government or non-government services working with families where DFV has led to child protection concerns), could use the ‘Three Cs to change’ model to

develop a comprehensive practice framework which could be provided as a set to child protection departments. This would include educational material and detailed practice guidelines. Educational material would support practitioners to develop a thorough understanding of DFV, including the differences between coercive control and situational couple violence. Such material could also explore the complex ways DFV may be linked to other forms of child maltreatment such as physical abuse, emotional abuse, and neglect. It would also help practitioners to understand how DFV may be linked to common issues faced by families with child protection involvement such as inter-generational trauma and poverty. Detailed practice guidelines would step practitioners through the process of exploring and implementing each stage and aspect of the model, including suggestions of useful questions to ask children and parents, and of ways to engage children, parents who have been harmed by DFV, and parents/caregivers who have used DFV. Practice guidelines would also explore what kinds of interventions and supports may be useful, depending on the nature and impacts of DFV. Alternatively, the model in its basic format could be used by child protection departments to guide the internal development of new practice guides or frameworks. Much of the valuable content of existing practice guidelines could remain in place, but the model would provide a basis for expanding these to include a broader definition of DFV and a wider selection of practice responses.

For a model like this to be taken up by Australian child protection departments, it would require a substantial shift in thinking. The coercive control-focused approach currently predominantly used by child protection departments has arisen both as a response to previous failings of child protection systems (Humphreys et al., 2020; Humphreys et al., 2021; Mandel, 2014), and as a result of a growing focus on coercive control in media and policy overall (Beckwith et al., 2023). Any child protection department wishing to use a new approach, such as the practice model I have developed, would need assurance that moving

away from a coercive control-only lens would not reverse or halt progress made in lessening mother blame and holding perpetrators accountable for their use of DFV. They would also need assurance that not viewing *all* DFV as coercive control does not equate to not recognising the importance of coercive control and its impacts on adult victims and children. It may also be challenging for child protection departments to move in a different direction to overarching government systems and other government departments. If broader government policies and frameworks continue to define DFV as coercive control-only, and fund only those interventions and support services that seem congruent with this definition, child protection departments may have limited ability to implement approaches that do not fit with this.

Using a practice model which does not focus only on coercive control and one-directional DFV could also create or exacerbate tension between child protection departments and specialist DFV services. Researchers have noted that there is already often tension between these services as child protection services must focus on the safety and wellbeing of children and may perceive this as separate to the safety and wellbeing of mothers, whereas specialist DFV services tend to foremost focus on the safety and wellbeing of mothers and perceive women's and children's needs as aligned (Hester, 2011). Attempts in the family law context to encourage differential responses between DFV that is characterised by unilateral coercive control and DFV that is conflict based or mutual have been met with resistance from women's advocates, who have argued that any definition of DFV that does not emphasise men's use of power and control risks blaming women for DFV and the harm it causes to children (Emery et al., 2016). As such, use of a practice model like 'Three Cs to Create Change' may present some challenges, however at the same time, it could also present opportunities to resolve some of the issues that have made collaborative practice between child protection and DFV services difficult in the past. Researchers who have noted the need

for collaborative practice responses between child protection and DFV services have emphasised the need for common language and conceptualisations of DFV and risk between the sectors, and a common focus on the safety and wellbeing of *both* women/victims of DFV and children (Bastian & Wendt, 2023; Healey et al., 2018).

Because my practice model focuses on clear descriptions of behaviours and characteristics of DFV, rather than assuming that terms like ‘domestic violence’ or ‘family violence’ have certain meanings, it could help to reduce the issue identified by Johnson (2008) of different services using the same term to describe different things. The focus in my model on behaviours and impacts of behaviours would support child protection practitioners to build a thorough understanding of how mothers, as well as children and potentially fathers and other family members, have been impacted by DFV, whether this is coercive control, unilateral violence with little or no controlling behaviour, mutual violence between parents/caregivers, or something in between. This way, if there is disagreement between child protection practitioners and workers from specialist DFV services, child protection workers would at least be able to explain and rationalise their position while acknowledging the impact DFV has had on the mother, which may help to foster mutual understanding between services.

In this thesis I have demonstrated that the current homogenous approach to DFV in child protection practice guides is a problem, and have identified a potential solution, but there may be significant systemic challenges to implementing this solution in practice. Further research may build evidence and support for the position I have taken, and this may increase appetite for change in the future.

### **The Beginning and the End – Coming Home to Practice.**

In the opening chapters of this thesis, I explained how my practice background has led me to view the world as complex and nuanced, to approach each family and each child as an

individual, and to challenge assumptions and beliefs that do not fit with messy and multi-layered realities. My analysis of the practice guides demonstrated that they largely reflect a dualist world view, where things are either true or not true, and there are clear distinctions between good and bad (Robinson, 2023). I have argued that the practice guides present a picture of families in which there is DFV as containing one perpetrator and one non-offending parent - one good parent, one bad parent - and use language and phrasing in relation to perpetrators/fathers that contrasts starkly with that used for victims/mothers. The guides also suggest that things either cause DFV, or they do not, that there are true explanations of DFV, and myths or misconceptions. In a dualist worldview there is little room for shades of grey, for complexity and for two seemingly contradictory things to be true at the same time (Robinson, 2023). As I read and analysed the practice guides I knew that they did not reflect my practice experience.

Through an in-depth exploration of the literature, analysis of practice guides, interviews with practitioners, and the case-file analysis I have been able to give evidence to and further develop my practice-based knowledge. I have argued that that the issue of DFV in child protection practice is complex, and that a one-size-fits all approach is not likely to meet the needs of many children and families. I have also come to accept, however, that the answer to the research question is not a neat one. I have had to develop and grow my own ideas to allow for the complexity and individuality of children and families, who continue to teach me that a large part of learning is un-learning and sitting with the discomfort of uncertainty. I have designed this thesis to be a rigorous and academically sound exploration of the research question, and hope that it may in some small way be part of positive change in child protection practice. Perhaps most importantly though, I know that writing this thesis has made me into a better practitioner. Far from taking me away from practice, it has returned me to it, and reminded me at every stage that any academic knowledge I have must be founded

on the ground level lessons I first learned by sitting in lounge rooms, kitchens, and caravans,  
and listening to the heart-stories of children and their families.

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## Appendix A: Research Portfolio

**Title:** “Kids in the middle of it”: Child protection practitioners reflect on coercive control and situational couple violence. **Status:** Submitted. **Contributions:** Ulrike Marwitz (80%) *Conceptualisation, Methodology, Investigation, Analysis, Writing (original draft)*; Daryl Higgins (10%) *Supervision, Writing (review & editing)*; Tom Whelan (10%) *Supervision, Writing (review & editing)*

**Title:** Coercive control and situational couple violence: Exploring the heterogeneity of domestic and family violence in child protection cases. **Status:** Submitted. **Contributions:** Ulrike Marwitz (80%) *Conceptualisation, Methodology, Investigation, Analysis, Writing (original draft)*; Daryl Higgins (10%) *Supervision, Writing (review & editing)*; Tom Whelan (10%) *Supervision, Writing (review & editing)*

**Signed:**

Ulrike Marwitz

Daryl Higgins

Tom Whelan

## **Appendix B: Case Vignettes for Interviews with Child Protection Practitioners**

### **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 11.30pm 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.



## Appendix C: Classification Criteria used for Case-File Analysis

### Coercive control

For cases to be identified as coercive control there had to be indication of a *cluster* or *pattern* of behaviours consistent with Evan Stark's description of coercive control, as coercive control is not an isolated incident, but repeated use of behaviours that result in the victim losing autonomy.

*Cases were classified as coercive control if there were:*

- Two or more references by notifiers to 'control', or 'coercive control'

*OR two or more of the following:*

- One reference by notifier to 'control' or 'coercive control'
- Perpetrator behaviours clearly linked to control including financial control, controlling social interactions, restricting freedom of movement, monitoring or controlling communication, preventing victim from leaving the relationship or home, preventing victim from seeking help.
- Perpetrator threats of suicide *with clear intent to control* (e.g., that to suicide or self harm if the victim leaves or reports violence).
- Victim expressing generalised fear of perpetrator (not just during incidents of physical violence)
- Victim seeking help to leave the relationship or for protection from perpetrator (not just at times of physical violence).

### Low indicators of coercive control

*Cases were classified as low indicators of coercive control if there was one of the following:*

- One reference to ‘control’ or ‘coercive control’ by notifiers
- Perpetrator behaviours clearly linked to control including financial control, controlling social interactions, restricting freedom of movement, monitoring or controlling communication, preventing victim from leaving the relationship or home, preventing victim from seeking *help (if more than one behaviour present this counts as more than one reference)*
- References to victim having limited autonomy (e.g., victim not allowed to work)
- Perpetrator threats of suicide *with clear intent to control* (e.g., that to suicide or self harm if the victim leaves or reports violence).
- Victim expressing generalised fear of perpetrator (not just during incidents of physical violence)
- Victim seeking help to leave the relationship or for protection from perpetrator (not just at times of physical violence).

### **Situational couple violence**

Situational couple violence is defined by an absence of indicators of coercive control. It usually involves violence that occurs in the context of mutual conflict and may involve mutual physical violence\*. While situational couple violence can result in the victim being afraid at the time of an incident, this type of violence is unlikely to result in generalised fear. In situational couple violence victims maintain autonomy, even if violence is severe. This type of violence may occur when violence is normalised in families or communities as a way of resolving or participating in conflict.

*Cases were classified as situational couple violence if they had two or more of the following and did not have indicators of coercive control:*

- Reference to mutual conflict or mutual violence\*

- Alternate identification of primary perpetrator of violence across multiple notifications (i.e., some notifications say mother perpetrator, others say father)
- Violence occurring *only* in context of drug or alcohol use, or acute mental health episode
- Descriptors of violence being used by multiple family members as part of conflict (generalised culture of violence)
- Descriptors of victim having high level of autonomy (e.g., victim maintaining strong relationships with friends, family, ex-partner, able to communicate freely, able to make choices without influence from perpetrator).

*Cases were classified as having low indicators of situational couple violence if they had one of the following and did not have indicators of coercive control:*

- Reference to mutual conflict or mutual violence\*
- Alternate identification of primary perpetrator of violence across multiple notifications (i.e., some notifications say mother perpetrator, others say father)
- Violence occurring *only* in context of drug or alcohol use, or acute mental health episode
- Descriptors of violence being used by multiple family members as part of conflict (generalised culture of violence)
- Descriptors of victim having high level of autonomy (e.g., victim maintaining strong relationships with friends, family, ex-partner, able to communicate freely, able to make choices without influence from perpetrator).

\* Violence by victims toward a perpetrator in cases where coercive control is described by both Evan Stark and Michael Johnson as a form of resistance against coercive control and as such this was not identified as mutual violence.

### **Unclear**

Cases were classified as unclear if there was insufficient information to classify them as one of the other four categories or if there was significant contradiction in information provided, to the extent that it indicated information was unreliable (for example two notifications about the same incident that directly contradicted one another without any indication one was from a reliable unbiased source such as police).

### **Factors that did not influence which category a case was put into**

- Severity of physical violence – *the context* of violence was considered more important than the severity.
- Whether drug and alcohol use were co-occurring issues (unless there was evidence violence occurred *only* when parties were under the influence of alcohol or drugs).
- Whether a victim was afraid or sought help *at the time of a violent incident* – while generalised fear and vigilance (often described as walking on eggshells) is an indicator of coercive control, fear during an incident of physical violence is not. Fear during an incident can be a factor in both coercive control and situational couple violence, particularly if violence is severe.
- Whether there was co-occurring child abuse, unless this was clearly part of coercive control (e.g., harming children to control the victim, or preventing victim from protecting children from abuse).

- Whether one or both parents/caregivers experienced mental illness (unless it was clear this was a direct cause of situational violence (e.g., if violence occurred in the context of psychosis)).

## Appendix D: Ethics Approval

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**From:** Res Ethics EMAIL ONLY <Res.Ethics@acu.edu.au>

**Date:** Friday, 5 August 2022 at 9:50 am

**To:** Daryl Higgins <Daryl.Higgins@acu.edu.au>, Ulrike Marwitz <ulrike.marwitz@myacu.edu.au>

**Subject:** [2020-133H] - Ethics Modification Approved

Dear Daryl

Ethics Register Number : 2020-133H

Project Title : Child protection worker's responses to varying family situations where domestic violence is a risk to the safety and wellbeing of children and young people.

End Date : 30/09/2022

Thank you for submitting the request to modify form for the above project.

The Chair of the Human Research Ethics Committee has approved the following modification(s):

1. Waiver request for data from South Australian Department of Child Protection (DCP) .

We wish you well in this ongoing research project.

Kind regards,

Res Ethics EMAIL ONLY

Research Ethics Officer | Research Services | Office of the Deputy Vice-Chancellor (Research)

on behalf of ACU HREC Chair, Assoc Prof. Michael Baker

Australian Catholic University

T: 02 9739 2646 E: res.ethics@acu.edu.au