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Case Reading as a Practice and Training Intervention in Domestic Violence and Child Protection

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ABSTRACT

This article explores the role of a case-reading tool, developed by the Safe and Together Institute, deployed across five Australian states, and which engaged workers from child protection (CP) and specialist domestic and family violence (DFV) services. It aimed to assess the extent to which DFV is identified in CP case files and to assess the quality of case practice from a DFV-informed perspective, as documented in the case file. The Safe and Together approach to child welfare provides a robust foundation upon which practitioners from statutory and nonstatutory backgrounds can work collaboratively and reach consensus about how best to ensure the safety and wellbeing of children living with DFV. The case reading is both a process of transformative working for practitioners and an analytical tool through which their agencies can affect systemic change.

IMPLICATIONS

- A national audit of 20 child protection case files using the Safe and Together case-reading process indicated that documented child protection practice sits at the lower end of a domestic and family violence-informed Continuum of Practice.
- Analysis indicates a need to improve: child protection engagement with fathers who use DFV, assessments of their parenting role and its impact on children and family functioning; identification of adult survivors’ protective capacities and their impact on children.
- Research in this area may have broader implications for other professions and government policy both nationally and internationally.

The risks of harm to children living with domestic and family violence (DFV) are now well recognised (Kimball, 2016; MacMillan & Wathen, 2014). However, the development of effective and sensitive interventions to support children’s safety and wellbeing has had less attention (Humphreys & Absler, 2011). Criticism has been consistent and sometimes strident at the tertiary level of the statutory child protection (CP) response to children and their families (Krane & Davies, 2007; Strega & Janzen, 2013). While recognising that in...
most studies of CP intervention there is a group of women and their children who appreciate the work of the CP practitioner (Humphreys, 2010; Jenney, Mishna, Alaggia, & Scott, 2014), the challenges and criticism of policy and practice are a consistent and dominant theme.

This article explores the role of case reading, a tool developed by David Mandel to support more effective and sophisticated working where there are children living with DFV (www.safeandtogetherinstitute.com). The article commences with relevant background literature and a description of Safe and Together’s DFV-informed approach to child welfare. This provides the context of the case-reading method, and the way it was situated as a nested research project within the wider PATHways and Research In Collaborative Inter-Agency (PATRICIA) working project (Humphreys & Healey, 2017). A summary of key findings from the case-reading study are reported followed by reflections from participants about their experience of the case-reading process.

**Relevant Literature**

The consistent criticism of CP practice where children are living with DFV points to structural problems to be addressed if workers are to be supported to intervene more effectively (Stanley, Miller, Richardson Foster, & Thomson, 2011). A number of issues provide significant challenges. These include: the difficulty in addressing the needs of adult and child victims in an organisation established to address child harm rather than harm to adults (Lapierre, 2010); the problems of working with fathers who are domestically violent (Heward-Belle, 2016; Holt, 2015); and the lack of consistency between the jurisdictions of CP (public law) and the family law (private law) where a mother deemed as “failing to protect” in one arena is then deemed “an unfriendly or alienating” parent in the other (Hester, 2011).

Further problems for the statutory system lie in managing the overwhelming nature of demand (Alaggia, Shlonsky, Gadalla, Jenny, & Daciuk, 2015) and trying to provide consistent risk assessments that can differentiate those children requiring an investigation from those for whom a community-based response will be sufficient (Humphreys & Healey, 2017). The promulgation of a crude approach that often insists on separation as the most “efficient” safety strategy fails to attend to the very real problems of post-separation violence (Hester, 2011) and leads to extensive time spent with fathers who are unskilled or abusive (Harne, 2011). The demand for separation does not address the dangers and deprivation created by homelessness, the escalation of financial abuse, or poverty that separation may create (Davies, Lyon, & Monti-Catania, 1998). Nor does it offer women who want to remain in a family (for personal, religious, economic, or cultural reasons) any support for their desire for a safe, intact family. Continued attention has been drawn to the need for more extensive and customised training for workers to recognise and overcome the hurdles they face in the development of proficient, domestically violence informed practice (Mandel, 2014).

Clearly, these problems have not gone unnoticed and a wide range of strategies and programs have been developed to counter these structural problems. The scoping review of the literature on collaborations between CP and specialist DFV services and Family Law (Macvean et al., 2015) found 24 different models. No evaluation of these models met the evidence-based criteria of randomisation and robust control groups. However, there were early evaluations that pointed to promising practice directions.
Some models, such as the Hackney collaboration with the Domestic Violence Intervention Project were particularly exercised by the need for stronger work with fathers who were domestically violent (Blacklock & Phillips, 2015). More recently, an independent evaluation of an intervention in Doncaster, England explored engagement with each family member affected by DFV, providing a more holistic approach, particularly for families who did not wish to separate (Stanley & Humphreys, 2017).

Approaches that strive to reform CP intervention more generally have also attempted to address DFV with greater sensitivity. The Signs of Safety Child Protection Framework (Turnell & Edwards, 1999) and the renewal of the CP system in the UK through a complex systems approach (Munro, 2011) provide two examples. A comprehensive example of systems reform with a focus on DFV lies with the Safe and Together model (Mandel, 2014).

**Safe and Together and the Case-reading Tool**

The Safe and Together approach to child welfare is predicated on model principles (Figure 1) and critical components (Figure 2) upon which practitioners from statutory and nonstatutory backgrounds can work collaboratively and reach consensus to ensure the safety and wellbeing of children living with DFV. These foundational elements aim to enhance the safety of the nonoffending parent (usually the mother) by partnering with her; supporting her protective efforts in keeping the child “safe and together” with her; and intervening with the offending parent (usually the father) to reduce the risk of harm to the child and to hold him to account for his use of violence and coercive control.

The Safe and Together Continuum of Practice (Figure 3) provides a way of identifying what is needed in order to move toward a system-wide, DFV-informed child welfare practice and away from “destructive” DFV practice, which increases the risk of harm to adult and child survivors. The Continuum provides clarity to practitioners, policymakers,

![Figure 1. The Safe and Together principles (printed with permission of David Mandel)]
and their agencies by defining and identifying the features across a continuum. The case-reading process is one strategy of many approaches provided by the Safe and Together Institute that supports the workforce towards stronger and more proficient DFV-informed child welfare practice. Quality assurance of the case-reading process is provided by ensuring that people undergo training with Safe and Together prior to implementation. Therefore, the tools to support case reading are not freely available without this training.

**Methodology**

The case-reading study was a nested project (see Perpetrator Accountability box in Figure 4) within the wider PATRICIA project (Humphreys & Healey, 2017). The nested project had two aims: to assess the extent to which DFV is effectively identified; and to assess the quality of practice as documented in the case file, and the extent to which it is informed by a DFV perspective.

The case-reading study is an incisive example of how a familiar quality assurance process (case review) used in most organisations to supervise and monitor practice has been used as a research analytic. In this context, it shifts to a form of documentary analysis that explores trends, themes, and patterns evident in the data as used previously in similar

![Figure 2. The Safe and Together critical components (printed with permission of David Mandel)](image)
case file analysis (Baynes & Holland, 2012; Humphreys, 1999). Using predetermined criteria drawn from the principles and critical components of the Safe and Together approach to child welfare, the case reading involves a methodical, structured assessment of each criterion according to two templates. One is used to assess cases where DFV has been identified in the initial report and another to assess files where DFV has not been identified (but often exists unnoticed, or undocumented in the background of the family).

The five child protection organisations involved in the PATRICIA project randomly selected and de-identified a total of 20 case files (four case files per state) through an agreed process. A total of 30 experienced professionals selected by their managers in CP and specialist DFV services on the basis of their interest and expertise in the area worked alongside the state-based PATRICIA researchers in an intensive case-reading
process. This involved: prereading resources on Safe and Together; two days of training with David Mandel on the case-reading process and learning to use the templates to review the case files; and two-day case-reading workshops held in each state. The state-based, case-reading workshops involved teams who worked in pairs to analyse the de-identified files and fill in results using the prescribed template. Case readers were asked to make an assessment of the evidence, which they rated according to four categories: “no evidence”, “little evidence”, “some evidence”, or “strong evidence”. The distinction between categories was provided through a case-reading manual that gave examples and descriptions appropriate to each category. The results were compiled and findings presented as themes, trends, and practices. They were not presented as an audit of individuals’ work, nor should they be interpreted as indicative of the totality of Australia’s child protection practice given this is the documented evidence only.

Participants also engaged in focus groups at the end of the case-reading process in each state to reflect on their experiences. The recorded data and the qualitative data in the case notes were then analysed according to emerging themes by the senior researcher and principal investigator (Thomas & Harden, 2008). Primary codes were identified manually by one researcher and the secondary codes and final concepts synthesised through an inter-rater reliability process between the two researchers (Thomas & Harden, 2008). Ethics clearance was provided by University of Melbourne (ID 1545721) and registered with relevant organisations in each state when required. Participants were assured that no state-based data were reported publicly, but that a national report provided aggregate, nonidentifying data through the PATRICIA project (Humphreys & Healey, 2017) and a national report compiled by Mandel (2017).
Findings

The findings are divided into two sections. First, a summary is given of the results of the case-reading process drawing primarily on the case files where DFV was identified. Second, the results of the state-based focus groups involving 30 participants, after completion of the case reading are provided.

Case-reading Results

Results of the quality of documentation as assessed by case-reading participants have been presented according to the Safe and Together reporting criteria. Each criterion (represented by a bulleted point) has been defined and the assessment of the case readers provided. Key themes synthesised from across the five sites have been discussed. Some criteria relate to assessment issues, others to interventions with women, men, and children. To avoid repetition, we have grouped our reporting of results on related criteria. Quotations are from the written responses by case-reading participants on the case-reading scoring sheets.

Criteria Relating to Assessment of and Interventions with Fathers

- “Perpetrator’s patterns and nexus with child harm”: The perpetrator’s pattern of coercive control, actions taken to harm the child (or children), and the nexus or relationship between the perpetrator’s behaviour and the harm to his child are the foci of this criterion. There was a lack of comprehensive assessment of the pattern of coercive control and “no” evidence of documentation that linked his use of violence to any impact on his child.
- “High standard for fathers (or stepfather or male caregiver)”: This criterion relates to the importance of finding and engaging meaningfully with the father in order to explore and document his caregiving role in the family, and the impact of his parenting, including his use of violence on family functioning and children, regardless of where he is living. This criterion aims to achieve perpetrator accountability in which expectations for men as parents, are equal with those of the child’s mother. There was “no” to “some” evidence of engagement with the perpetrator but “no” documentation that linked a change in his behaviour as a father; “limited” evidence of any assessment of his role in the family, and “little” evidence of engagement relating to his use of violence, his treatment of the mother, or his parenting.
- “Interventions with the perpetrator”: This criterion relates to the extent to which CP documented its efforts to find, engage, interview, and intervene purposefully with the perpetrator. There was “no” to “some” evidence of meaningful attempts to find and engage the perpetrator.

The poverty of attention given to documenting the perpetrator’s pattern of coercive control meant there was poor assessment of his use of DFV, his parenting, and poor intervention with him in relation to the impact of his use of DFV on the child and family functioning. This was the case even in instances of extreme criminal violence. Case readers noted in files some near lethal incidents of strangulation and other severe incidents
referred to as “mutual combat”, “parental conflict”, or “arguments”. Even where the perpetrator’s longstanding use of DFV was well documented, case readers found that specific evidence and descriptions of its actual impact on the child and family functioning was lost through the use of shorthand phrases such as “risk of harm” and “cumulative harm”. Where there was documentation about a father’s substance use having a negative impact on the family and on his parenting there was no corollary discussion of his use of violence and its impacts.

A dominant theme in the case readings was of CP practitioners not meeting with the father even when his whereabouts were known. In the postseparation context where fathers had high levels of contact with children there was a distinct lack of intervention. Some files showed CP making referrals to other services but with no evidence of follow-up on men’s progress or the relationship to improving the child’s welfare. This practice indicates both poor accountability and the low standards to which fathers are held as parents.

**Criteria Relating to Assessment and Interventions with the Adult Survivor**

- “Nexus of protective efforts and child safety and wellbeing”: This criterion relates to the links between (first) the adult survivor’s efforts to protect the child and (second) to her efforts to ensure the safety and wellbeing of the child. Examples include her efforts to provide stability, nurturance, and healing. There was “no” to “some” evidence of documentation on both of these aspects.
- “Partnership with adult survivor”: This criterion relates to the documentation of efforts made by CP to support or work in alliance with the adult survivor. Case readers found “no” to “some” evidence of partnership documented.

Case readers noted that the views expressed by practitioners in the case notes were from a “failure to protect” perspective, which treated the mother as responsible for the perpetrator’s choices and thus held her to higher account than the father for what was happening to the family and children. One case reader provided the example of a mother being referred to as a “good” protective mother for calling the police but a “bad” protective mother when she stopped calling the police when this action no longer proved effective in responding to DFV. In family law cases, where parents had separated, the DFV was not named as such but as “parental conflict” thereby diminishing the ongoing nature and extent of the violence, and its impacts on the children and family. Gender bias inherent in practitioners’ assessment of parenting was exemplified by case readers noting that the “extra” work mothers do to look after children exposed to their fathers’ violence went undocumented and therefore did not focus attention on the efforts many mothers make to provide safety, nurturance, and healing to their children.

Working in alliance with the adult survivor is an important way of supporting child safety and wellbeing when children are living with DFV, but case readers noted examples of poor practice on this criterion. For example, there was no documented evidence of exploring whether the perpetrator of violence was undermining the mother’s efforts to access services; or in one case, no evidence that the safety or efficacy of holding a family group meeting with the perpetrator present was assessed.
**Criterion Relating to Interventions with Children**

- “Interventions with children”: Intervention and therapeutic efforts of CP with child DFV victim–survivors provided the focus for this criterion. There was documented evidence of practitioners using a range of age-appropriate tools and conducting interviews in age-appropriate cases; however, there was “limited” evidence of appropriate planning of services for children.

Good interviewing practices were evident in some cases where practitioners explored home life, the father’s violence and his role in the family, and what the child wanted by asking open-ended questions. However, case readers noted that case notes used the phrase “cumulative harm”, presumably to encompass a variety of incidents that had occurred over the years without any specific description or exploration of them. Documentation about how a generalist referral, such as to maternal and child health services, related to a therapeutic response to DFV or addressed a child’s mental health and well-being were conspicuously absent.

**Criteria Relating to Factors Compounding the Perpetrator’s Use of DFV and Deepening Victims’ Risk**

- “Integration of other issues”: This criterion relates to factors such as socioeconomic issues, cultural background, substance use, mental health issues, and the use of weapons, that compound the perpetrator’s use of DFV and heighten victims’ vulnerability to ongoing DFV or entering sequential relationships marked by DFV. The intersection of violence and any or all these factors potentially heighten the perpetrator’s danger to adult and child victims. Across the case files, there was “no” to “some” evidence of integration of other issues in working with families experiencing DFV.

Five cases involved Aboriginal families, yet there was no acknowledgement about the historical or cultural context of DFV in working with these families or of the families’ potential fear about child removal. There was no documented evidence about the value of strengthening cultural values or practices in cases involving either Aboriginal or immigrant families (of which there were several), nor of evidence of practice informed by a culturally-sensitive approach to working with such families.

While all of the cases involved high levels of violence and coercive control with weapons (or the threat of their use) being a common feature, their presence did not appear to impact documented case planning or practice, or be considered as a factor that might deepen a mother’s isolation, impoverishment, housing instability, or increase her vulnerability to successive relationships involving DFV.

Substance use and mental health issues were common to nearly all of the cases analysed and although it was common practice to list their co-occurrence, there was little evidence of how trauma, behavioural health, and the substance use issues of the adult and child survivors were impacted by the perpetrator’s use of DFV. There was greater focus on practitioners seeking feedback on referrals relating to adult victims (in relation to mental health, for example) but little evidence of such activity relating to referrals for men to other services (such as Aboriginal programs, men’s behaviour change, and drug and alcohol).
Case-reading Reflections

Participants spoke in detail about their experience of the case-reading process and, in particular, about the way the tool might be used in practice.

The Pedagogy of the Case-reading Process

The Safe and Together approach customises the training and use of its tools to the context. The PATRICIA research project was no exception. Participants spoke with enthusiasm about the training and the depth of knowledge gained through the process.

All participants talked positively about the way that the training and tools shifted the focus of a complex case to a DFV focus and required them to articulate details about behaviour rather than hide behind euphemisms:

[W]hat was helpful was to have … your goggles on, or … your domestic violence lens on to then look … it set a tone then, for me, those things that I probably wouldn’t have thought about had I not had that, when I was doing the actual case review reading; so it set me up really well to stay really on track… (Group 2)

[I]t made us really talk about the practice and that behavioural stuff because we couldn’t fall into the jargon of the safety … It really delved down to what we actually do with families. I liked that. (Group 2)

Focus group participants mentioned the value of the intensive approach of working in small, state-based teams throughout the process: prereading; two days’ training with David Mandel; the two days’ undertaking the case-reading work; and engagement in the post-case-reading, debriefing discussion.

I’ll just say the experience has been amazing. Working with you guys [other participants] has … been inspiring. I’ve learnt so much from all of you but I have really felt as well that the stuff that I’ve had to say as an outsider has been really valued … (Group 4)

Participants were asked for constructive criticism of the Safe and Together case-reading process. A range of issues were raised, most of which related to logistics and improvements to be made to the template and guidance for case reading. Some participants felt that the technology of saving pdf files, case file redaction, training on departmental policy, and further aligning of the case-reading workbook and template would improve the process. Reflections on the emotional labour involved in case reading were insightful in terms of the personal and professional impacts on participants:

I just wanted to acknowledge that the last 2 days have been emotional labour as well in terms of reading the content of the files. (Group 4)

Mine was not so much about the emotion related to the clients per se, I suppose it was more the emotion about the enormity of the change that’s required, the sense of powerlessness about that. You’ve got all this new understanding and for me coming from a policy perspective I’ve never read a case file before in my life. So to see the reality of what is going on with clients was important. (Group 4)

Learning Across Organisations

A particularly strong and possibly surprising theme was the extent to which the opportunity for CP and DFV to work together was appreciated and experienced as enriching.
It’s not helpful to be coming at it from completely different principles, completely different values sets, but when we’re coming at it from a similar value set or similar framework [as represented by the Safe and Together model] then it’s easier to have the conversations. (Group 1)

Prior to the case-reading process, some CP organisations expressed concern about their practice being under scrutiny but by the debriefing stage, participants spoke about enhanced institutional empathy: “It gives nonchild protection participants a much better understanding of CP process” (Group 5). The appreciation of the way the Safe and Together approach provided a framework that could be shared was acknowledged as a potentially significant way forward in enhancing the safety of victims and accountability of perpetrators in collaborative work. For example, “There’s something very healthy about having that varied perspective but there’s also something really useful about having some core principles, the six or seven principles” (Group 1), and “Good that the lens (CP, NGO [nongovernment organisation], FDV or Research) didn’t appear to matter and could still reach consensus” (Group 5).

However, in one focus group it was noted that barriers to collaboration were not solely due to the separation of organisations:

Should be [compulsory Safe and Together training], I agree with you and that’s why I think this is one of the good things about this because the silos between policy and practice really do need to be overcome as much as the silos between different agencies. (Group 4)

Participants from different states also commented on the importance of a national focus:

I think that is really powerful to have other child protection agencies across the country. You get very fixated on your own State or your own legislation and your processes … it was really more of a “how are we nationally doing or not doing what we need to be doing”. It was really helpful I found. (Group 2)

Unfortunately, this positive aspect of the case-reading process was probably the least transferable. The most onerous and difficult part of the research process was redacting and de-identifying the file, a process that needed to be undertaken by someone in CP. Case reading within an organisation would not require this time-consuming process, but across organisations, and where external researchers were involved, de-identifying was essential. Only one state had a relatively easy process that could be undertaken electronically. The other states deployed a worker to undertake this process manually. It presented a major hurdle to what was experienced as a highly productive and enriching process.

**Case Reading as a Tool to Develop DFV Practice**

All participants discussed the benefits of case reading as a learning tool and ways in which it might be deployed more generally within their organisations:

We’re starting to talk about plans to use these internally, you know, to do internal case reviews based on this model … The simple answer to this is we could duplicate this without it being a research study. It can be a quality assurance process. (Group 1)

Overall it is a valuable process—it would be good as an audit process. (Group 5)

The value of case-reading as a training tool was raised in most debriefings.
Very powerful opportunity to analyse a file with CP and understand patterns that are emerging and how you might shift those patterns … We always used documentary analysis as a training tool. (Group 3)

Others recognised the value of the case reading template to provide more helpful and detailed documentation.

I found it very useful. I could see it could be a really good guideline for writing case notes. The mock case notes that David did up for the training I thought was a brilliant example of how those conversations should be had and the partnerships developed and what should be written up. (Group 1)

The training has helped shape thoughts about how we ask people to do assessments and what types of info that is needed/helpful. (Group 5)

One participant did in fact develop an excellent tip sheet based on the Safe and Together model following the case-reading process.

A consistent theme lay in the participants’ recognition that case files were largely descriptive rather than analytic.

I think if I hadn’t had the training and if I hadn’t had the [Safe and Together] manual and the sections and the questions, and I was given those files I think I would have read them and not given much thought to how descriptive they are without much analysis … I think it does have the potential to really improve practice beyond just notes. (Group 1)

In short, participants provided constructive criticism of the case-reading tools and process. Their overall assessment was that the intensive approach to training, the opportunity to work across organisations and states, and the potential to turn the research process into a practice tool proved to be fully engaging if not transformative for many of the participants in their approach to DFV.

Discussion

The results highlight two contrasting findings. The first points to documented CP practice at the lower end of the Continuum, a long way from a DFV-informed perspective (see Figure 3). No single state stood out as strikingly better or worse than another; moreover, the results of the Australian case reading were consistent with recent US and UK case-reading results (Mandel, Healey, & Humphreys, 2017).

Serious concerns were raised about the quality of DFV risk assessment, case decision-making, case planning, and case complexity. For example, the intersection of substance use, mental health issues, and cultural background with DFV is vital for comprehensive assessments of safety and wellbeing of children and family functioning. Poor engagement and intervention with perpetrators of DFV and missed opportunities to partner with the nonoffending parent were evident in case files across all states. Evidence of DFV-informed practice existed in relation to good child-interviewing practices. However, there appeared to be a lack of exploration of the impact of incidents occurring over many years where cases were framed in terms of cumulative harm, but without the requisite detail documenting the evidence of harm.

These overall findings reflect patterns and criticism that have been consistently reported in other studies of CP practice (Jenney et al., 2014; Stanley et al., 2011). They indicate stubborn structural problems (Humphreys & Absler, 2011) and an inability to shift
entrenched cultural practices, such as focusing on the assessment of women and their capacity to protect their children, rather than intervening with perpetrators and addressing the fathering concerns that put children at risk of harm. The minimisation of violence (where strangulation, threats with weapons, and systematic isolation are dubbed “relationship problems” rather than naming and documenting the behaviours of coercive control and violence that put children at risk and undermine the ability of their mothers to parent), is a professional practice that has a long history (Humphreys, 1999). The Continuum does not shy away from identifying such practice as destructive, increasing rather than diminishing the risks to women and children, and inadvertently strengthening the power of the perpetrator over the family.

A clear limitation of all documentary analysis is that the written files may not reflect the nuances and depth of actual practice (Baynes & Holland, 2012). This case reading is no exception. Nevertheless, in CP where there is constant “churn” as practitioners are frequently changing, the documentation in the files becomes of heightened importance. Statutory CP files are also the basis of documentation for court processes. Inadequate detail and lack of analysis potentially harms the lives of those who have already been victimised by violence and abuse.

The second finding was that the process of doing the case reading is potentially an important enabler for improving competencies in risk assessment, case decision-making, complex case planning, and in cross-system collaboration. The Continuum (see Figure 3) provides a direction and goal for proficient DFV practice within an organisation, while the case-reading templates create a tool for an informed reading of the file. The categories in the template translate the requirements for proficient practice, which include pivoting to the perpetrator, creating an alliance with the nonoffending parent, and attending to the needs of children through assessment processes and intervention. Some participants spoke of feeling inspired and transformed by the process, which provided a refreshingly robust lens in understanding DFV and the processes required for intervening effectively.

**Conclusion**

CP interventions in DFV cases have created a culture that gravitates towards harmful systems practice where the victims of violence and abuse are not safer, and where perpetrators of violence are managed ineffectively. Yet, good practice is possible and the case-reading analysis provided glimpses of positive practice pointing to more proficient individual and organisational responses to DFV. The development of proficient DFV practice where child and adult victim–survivors are supported to be safer will require sophisticated engagement and intervention with fathers who use violence. The engagement by CP organisations across Australia with the PATRICIA research and specifically the case-reading project are indicative of a willingness to address these complex issues: a cause for optimism in the face of some challenging results.

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