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Why do mothers stay? Challenging attitudes in decision making about children at risk because of domestic violence

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ABSTRACT

Background: This article reports findings from research commenced in 2019. Stage one assessed the attitudes and beliefs of child protection practitioners towards domestic violence. Stage two considered the impact of combining Structured Decision Making (SDM - the standard assessment approach) with Response Based Practice (RBP - a contemporary approach to understanding violence), on child protection decisions.

Objective: To improve the child protection response to children who experience domestic violence. This article reports on stage three; considering the impact of practitioner attitudes and beliefs on child protection decisions and whether the combined assessment approach (SDM + RBP) moderated the impact of practitioner attitudes and beliefs.

Participants and setting: 1041 child protection practitioners participated in the research while attending one of 17 practice conferences across New South Wales, Australia.

Methods: An innovative video vignette experiment with a between-subjects design was used, relying on professional actors to play the roles of practitioner and mother of the children reported. Participants watched a video interview of a safety assessment and completed a survey.

Results: Practitioner attitudes and beliefs were not significantly correlated with assessments about the children's safety; but attitudes did impact decisions about the likelihood of the children being brought into care. Attitudes and beliefs moderated the impact of misinformed attitudes, to some extent.

Conclusions: The research confirms the value of the combined SDM + RBP approach to guide practitioners to a more holistic understanding of domestic violence. It also confirms that assessment approaches are only ever as good as the beliefs and attitudes of the people who apply them.

1. Introduction

Statutory child protection services in Australia were developed approximately 60 years ago in response to allegations of physical and sexual abuse against children (Mathews et al., 2023; Russell et al., 2002). Intervention was characterised by forensic and investigatory inquiries; approaches that were fit for purpose given the criminal and incident-based nature of reported harm. The demand on contemporary child protection services now calls such investigatory approaches into question. Children today are mostly

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reported to statutory child protection because of parental substance misuse, domestic violence, mental illness, disadvantage and homelessness, and are experiencing cumulative harm rather than single incidents (Scott, 2015; Sheehan, 2019). Those children are best served by practitioners who are skilled in assessment and relationship building; informed by knowledge and attitudes that reflect contemporary understanding of interpersonal violence, addiction, mental health and disadvantage (Tilbury, 2023; Arbeiter and Toros, 2017).

Australia, like other high-income countries, has seen a recent increase in reports to child protection services about children who are at risk because of domestic violence (Australian Institute of Health and Welfare, 2019). As the widely harmful impacts for children who live with violence are better understood, alongside evidence that child protection intervention is often ineffective in increasing safety for those children (Humphreys et al., 2020; Cramp & Zufferey, 2021), contemporary research to inform more effective statutory approaches is needed.

This article reports on the third stage of research conducted in 2019 in New South Wales (NSW), Australia, which aims to improve the response of statutory child protection systems to children at risk because of domestic violence. The research sought to understand the relationship between the attitudes and beliefs of practitioners towards domestic violence and the assessment decisions they make about children. This was guided by the hypothesis that attitudes and beliefs that reflect a poor understanding of domestic violence (misinformed) would bias decisions, and that the combined SDM + RBP approach would counter that bias.

In describing the impact of violence on children, the terms, “witnessed violence” or “exposed to violence” are commonly used (Orr et al., 2022). Instead, this research chooses to use “experienced violence” (Callaghan et al., 2015) as a more encompassing and accurate representation of children as active agents. The terminology acknowledges children are more than passive observers, rather they experience violence with all of their senses (Devaney, 2015), and frequently resist it in courageous ways (Katz, 2016; Overlien, 2010).

While some fathers are victims of domestic violence (Lysova et al., 2023; Hine et al., 2021; Machado et al., 2020; Huntley et al., 2019), the research focused on the much more common scenario in child protection work – children reported at risk because of a men’s (usually fathers and step-fathers) use of violence against women (usually mothers) (Langevin et al., 2023; Hooker et al., 2016; Cox, 2015; Caldwell et al., 2012). As understanding of violence against women evolves, so too does the terminology to describe it. While recognising the relevance and contributions of other terms – including domestic abuse, intimate partner violence and family violence – this research relies on the term domestic violence because it captures the definitional language of the workforce that participated.

Child protection work can be challenging, demanding and rewarding. Done well, it can mean the difference of safety, love and belonging for children. This research was undertaken with deep belief in the importance of the work, respect for its practitioners and abiding hope for the children who rely on it.

1.1. The prevalence and impact of domestic violence

Domestic violence refers to the threat of, or acts of, violence or abuse of a physical, non-physical and/or sexual nature by people who are currently, or have previously been, in an intimate relationship (Council of Australian Governments, 2011). In Australia, one in three women experience physical violence, one in four experience emotional violence and one in five experience sexual violence by a current or previous partner (AIHW, 2019). Indigenous women in Australia are 32 times as likely to be hospitalised because of domestic violence as non-Indigenous women (AIHW, 2019). Women who experience domestic violence in childhood are more likely to be the victim of intimate partner violence in adolescence and adulthood (Manchikanti Gómez, 2011).

Mothers are at increased risk of being assaulted while pregnant (Finnbogadóttir & Dykes, 2016) and two-thirds of mothers who experienced violence from their partner say their children had seen or heard it (AIHW, 2019). Choices for women victims are difficult, with separation bringing an increased risk for lethality and severe violence (Spearman et al., 2023; Stark & Hester, 2019).

Violence against mothers needs to be understood as violence against children. The impacts of domestic violence on children are significant and enduring (Callaghan et al., 2015). A wealth of evidence suggests that domestic violence is at least as harmful as other forms of direct abuse (Herrenkohl et al., 2008; Moylan et al., 2010). Children often intervene in many ways to protect their mothers, siblings, and themselves (Overlien, 2010). Such bravery and resistance frequently places children at risk (Katz, 2016).

The recent *Australian Child Maltreatment Study* is the first national survey in the world to consider the prevalence and associated health and social outcomes of all forms of child abuse. It surveyed 8503 randomly selected Australians (aged 16 and over), finding 39.6 % had experienced domestic violence before the age of 18, frequently in combination with other forms of maltreatment (Mathews et al., 2023). Domestic violence is the leading cause of children’s homelessness in Australia (Bland & Shallcross, 2015) and contributes to a large number of out of home care placements (44,900 in 2018–2019) (AIHW, 2019).

1.2. The child protection response to domestic violence and the role of practitioner beliefs and attitudes

The problems with child protection decision-making have been well documented, including that it is open to subjectivity, inconsistency, and fallibility (Kuruppu, 2020; Gambrell & Schlonsky, 2001). This is particularly true for children reported at risk because of domestic violence (Alaggia et al., 2007). Safety and risk assessment tools routinely focus on violence as incidents of harm and do not foster understanding of the impact for children of chronic patterns of fear and coercive control (Douglas & Walsh, 2010; Robbins & Cook, 2018); and the mandate guiding the child protection role unclear (Kohl et al., 2005; Postmus & Merritt, 2010).

Moreover, child protection approaches are often criticised for a single focus on the mother’s capacity to protect, obscuring responsibility for the perpetrator’s use of violence (Humphreys et al., 2019, and for being slow to realise that helping to establish safety for the mother is synonymous with ensuring safety for her children (Hughes et al., 2011). Mothers are frequently held responsible for the violence perpetrated against them and their children (Jenney et al., 2014; Lapierre, 2010). For many mothers, disclosing the extent

of violence brings fear that they will be given an ultimatum to leave that may place them in greater danger than staying (Humphreys & Absler, 2011; Devoe & Smith, 2003; Shlonsky & Friend, 2007). Such fears are reinforced by evidence that mothers often deny the violence or reject, delay, or avoid seeking help (Bourassa et al., 2008; Devoe & Smith, 2003).

When mothers do not trust the child protection safety assessment process, they are at risk of being perceived as un-cooperative and their protective, coping and survival strategies underestimated or ignored (Nixon et al., 2017; Radford & Hester, 2006). The accuracy and fairness of the safety assessment is compromised, frequently leading to the unnecessary removal of children from their mothers rather than them all being helped to safety together.

While there is ample evidence that the skills and knowledge of the child protection workforce is critical to the quality of their work with families (Munro, 2011; Stone & Harbin, 2017), there is less evidence about the interplay of practitioner beliefs and attitudes and the decisions they make about children. Attitudes and beliefs are relevant to child protection work because assessing safety of children relies on experience and judgement in highly ambiguous, emotive and uncertain situations (Horwath, 2007). Victim-blaming is linked with simplistic beliefs about the reality of choices for women (Carlson & Worden, 2005; Lapierre, 2010; Littlechild, 2021). Practitioners are susceptible to making poor assessment decisions if they have attitudes and beliefs that doubt or minimise the power imbalance between men and women; underestimate the fear and danger women and their children face (Yamawaki et al., 2012); nor appreciate that those risks increase upon leaving (Campbell et al., 2003; Jaffe & Juodis, 2006).

2. Policy context

The statutory child protection system in NSW, Australia is administered by the Department of Communities and Justice (DCJ). It receives >300,000 reports about children at risk every year to a central call centre, which are distributed for assessment to offices across an 800,000 km area. The number of children reported at risk of significant harm in NSW has steadily increased over the past 10 years (Department of Communities and Justice, 2022). Children at risk because of domestic violence (either as a primary or secondary issue) make up a significant proportion of those reports (Department of Communities and Justice, 2022).

In 2017, the DCJ undertook research to understand the influences on its workforce's assessment and subsequent decision-making following the receipt of a report. It found that children were significantly more likely to be removed if their parents were perceived as "uncooperative", which included reluctance to provide information or participate openly in case planning (Alexander et al., 2022). This is consistent with studies in other jurisdictions that decisions of practitioners are affected by a parent's willingness to engage and cooperate with child protection processes (Münger & Mattsson, 2020; McConnell et al., 2006; Holland, 2000).

In response to this evidence the DCJ made significant investment to reform its child protection practice by targeting the skills and knowledge of practitioners and its assessment approach. In response, as the Senior Practitioner at the DCJ, author 1 was responsible for developing the *NSW Practice Framework* (Family and Community Services, NSW) which houses the Structured Decision Making (SDM) case management system to guide decision-making. To strengthen relationship building and empathic understanding of family circumstance, the Framework also includes an adaptation of the therapeutic approach of Response Based Practice (RBP), locally naming it Dignity Driven Practice. While the primary role of statutory child protection is not therapeutic, the mandate to assess and encourage safety for children is best achieved with techniques that increase the chances of disclosure and uphold dignity of victims of violence (Robbins & Cook, 2018).

SDM is a structured and consistent approach that helps guard against practitioner bias in decision-making. It was designed by Evident Change, a not-for-profit children's research centre in the United States of America. While there has been some critical research about its implementation (Gillingham & Humphreys, 2010) and its potential for bias against Indigenous families (Harnett & Featherstone, 2020), it is generally considered to have a strong evidence base (D'andrade et al., 2008) when deployed by a skilled, culturally capable and qualified workforce.

RBP is a skill-based approach developed in Canada for understanding and responding to oppression (Wade & Todd, 2004). It was chosen because of its focus on social justice, victims' acts of resistance, deliberate use of language to attribute responsibility for harm and potential to upskill the workforce to work better with children and families who are fearful or reluctant (Richardson & Wade, 2010). It was envisaged that combining RBP with SDM would guide practitioners to more holistic understandings of the impact of the violence, and more strength-based approaches to assessments.

3. The current study

This article describes the last of three stages of a major study of child protection decision-making. To examine the research methodology and results it is necessary to briefly summarise the first two stages that provide its foundations.

3.1. Stage one – understanding practitioner attitudes and beliefs

The first stage compared professional attitudes and beliefs about domestic violence with those of the general community (Alexander et al., 2022). The survey administered to practitioners replicated items from the *National Community Attitudes Survey* (NCAS) administered every four years in Australia (Stubbs et al., 2018). Overall, the results were reassuring, confirming the hypothesis that the attitudes and beliefs of the child protection workforce would reflect a better understanding of domestic violence than the general public.

The majority of participants had beliefs that reflect a strong understanding of domestic violence. For example, 98.6 % believed violence against women is common in the community compared with 72 % for the general public. At the same time there was a

worrying proportion whose response to questions reflected attitudes to domestic violence that were misinformed. For example, 27.6 % agreed that it is “hard to understand why women stay in violent relationships” and 21.5 % agreed “if she really wanted to leave the relationship she could”.

3.2. Stage two – the safety assessment approach

The premise of the second stage was that combining a standard safety assessment tool (SDM), with a holistic and therapeutic approach for understanding interpersonal violence (RBP), would improve the quality of assessments about the safety for children at risk of domestic violence. It relied on a filmed vignette experiment with a between-subjects design to compare child safety assessments by practitioners who watched a video interview guided by SDM alone and practitioners who watched an interview using the combined “treatment” (SDM + RBP) approach. The safety assessment tool in SDM assists practitioners to identify the immediate threat of harm to children and consider protective abilities to guide decisions about whether it is safe for children to remain in their parent’s care. However, while the SDM safety assessment tool guides practitioners to consider parental protectiveness and cooperation in assessing the safety of children, it does not require them to explore how mothers respond to a partner’s use of violence (Alexander et al., 2022).

Participants who watched the combined approach (SDM + RBP) were significantly more likely to assess the mother as cooperative and protective and significantly less likely to indicate that the children would be taken from her care. The greatest difference between groups was in the perception of the mother’s protectiveness. As information about the violence the children experienced was the same across both interviews, it is reasonable to assume that those who watched the treatment approach (SDM + RBP) were influenced by information about the mother’s resistance, insights, and efforts to maximise the safety of her children generated from the RBP approach.

4. Research questions, aims and hypotheses

Having gathered evidence about (i) the beliefs and attitudes of the child protection workforce about domestic violence, and (ii) information about the ways a mother manages domestic violence changed the outcome of the assessment of her children’s safety, the third stage of the research was guided by two questions:

1. Are the attitudes and beliefs of child protection practitioners towards domestic violence directly associated with their assessment decisions about children at risk?
2. Is the established relationship between the combined approach (SDM + RBP) on assessment decisions moderated by practitioner beliefs and attitudes towards domestic violence?

The accompanying hypotheses were:

1. There would be a relationship between practitioner beliefs and attitudes and the assessment decisions they make about children experiencing domestic violence.
2. The relationship between the combined approach (SDM + RBP) and practitioners’ assessment decisions would be moderated by their attitudes and beliefs about domestic violence. Specifically, the potential of the combined approach (SDM + RBP) to elicit information about the mother’s insights and experiences in managing the violence would mean it had a stronger impact on decision making for practitioners with misinformed attitudes.

4.1. Methodology

The research was officially approved by the DCJ and the Author’s Own University Human Research Ethics Committee in December 2018. The survey and video vignettes were administered during 17 practice conferences held across NSW in 2019. DCJ practitioners with decision-making responsibility for children and who attended the practice conferences were eligible to participate. With an established senior role, author 1 had “insider status”, providing the advantage of access to practitioners and pre-existing rapport with them (Berger, 2015). The ethics application detailed a number of steps taken to ensure informed, voluntary consent.

The survey was comprised of two parts, the first of which captured participant beliefs and attitudes towards domestic violence. The survey questions focused on beliefs using a two-item scale, “Violence against women is a serious issue” and “Violence against women is common in our community”. The survey questions focusing on attitudes required participants to indicate their likelihood of agreeing with the four commonly held myths – “It is mainly men, or more often men, who commit acts of domestic violence”, “Women going through custody battles often make up or exaggerate claims of domestic violence”, “It is hard to understand why women stay in violent relationships”, and “If she really wanted to leave the relationship, she could” (Alexander et al., 2022).

The second part of the survey was completed by participants after reading a hypothetical report about two children who had been reported at risk because of their father’s use of violence towards their mother which was chronic and serious, and watched one of two videos of a safety assessment interview conducted by a child protection practitioner with the mother. The mother and practitioner were both played by professional actors. Conferences were randomly assigned either *Video A* (SDM video vignette) or *Video B* (SDM + RBP video vignette). In total, *Video A* was watched by 51.5 % of the research sample (n = 536) and *Video B* by 48.5 % (n = 505). Participants were not informed there was an alternate video to the one they viewed; nor were participants who viewed the SDM + RBP video told

they were watching an experimental approach. *Video A* (SDM) was an 18-minute safety assessment interview, featuring questions about the severity, extent and nature of violence and its impact on the children, as well as questions to assess other possible risks, including parental drug and alcohol use, supervision, and physical abuse. *Video B* (SDM + RBP) was 26 min in length, combining the SDM approach with RBP questions. To maintain consistency, the two videos relied on much of the same footage. The addition of RBP questions in *Video B* was the only difference between the two. Participants who watched *Video A* formed the control group, while participants who watched *Video B* formed the treatment group. The RBP questions invited the mother to describe the violence in detail alongside her responses to it and her insights about what works to reduce it and how her efforts at help-seeking had been met in the past. Those questions elicited information critical to assessing protectiveness, and positioned the mother as an active and responsive agent.

4.2. Measures

4.2.1. Independent variables: attitudes and beliefs

To explore the relationship between attitudes and beliefs and assessment decisions, two measures were created from the survey data to indicate the degree to which attitudes and beliefs towards domestic violence were “informed” or “misinformed”. The *attitudes* measure is a continuous variable created by combining two survey items. High scores indicated “informed” attitudes. The *beliefs* measure is a binary response variable constructed from two survey items. A score of “1” indicates strong (informed) beliefs and a score of “0” indicates moderate (misinformed) beliefs. For question 1, the attitudes and beliefs composite measures were used as the independent variables.

To explore whether the relationship between RBP + SDM and assessment decisions was affected by beliefs and attitudes, three survey items measuring attitudes towards domestic violence were transformed into binary response variables, where a score of “1” indicates “misinformed” beliefs and attitudes and a score of “0” indicates “informed” beliefs and attitudes. The three survey questions were about women staying in relationships, exaggerating claims, and leaving relationships. The attitude question about the perpetrator (i.e., who commits acts of domestic violence) and the belief measure were not included in the analysis for the second hypothesis due to insufficient variations in the responses.

Covariates included in the analysis were informed by the previous stages of research, which included age, gender, Aboriginality, culturally and linguistically diverse background, education, qualifications, previous employment, current position, field of practice (e.g., child protection, out-of-home care) and length of time employed.

4.2.2. Dependent variables: child protection assessments and decisions

The outcome/dependent variables used in the analysis are (i) assessment decisions about the safety of the children and (ii) assessment decisions about the likelihood of the children being removed. Assessment decisions about the safety of the children were measured by the question, “*How safe do you think the children are?*” with a binary response of “Unsafe” versus “Safe”. Of those participants who responded, 56.3 % assessed the children in question as safe and 43.7 % as unsafe. Assessment decisions about the likelihood of the children being removed were measured by the question, “*How likely do you think it would be that the children would end up being brought into care?*” with a binary response of “Unlikely” versus “Likely”. Of the participants who responded, 54.4 % assessed the children in question as unlikely to be removed and 45.6 % as likely.

4.3. Analysis

Question one: Independent *t*-Tests, Chi-square tests and regression analyses were used to test the relationships between attitude/beliefs and assessment decisions. If the independent *t*-Test or Chi-square test showed a significant bivariate association between attitudes/beliefs and assessment decisions, further regression analyses were conducted to examine if the relationship holds when controlling for other covariates, such as participant characteristics as listed above.

As participants were randomly assigned to one of two groups (SDM or SDM + RBP) and only watched one version of the video, we cannot directly observe whether the same individual would make a different assessment after watching *Video A* versus *Video B*. To test if the effect of *Video B* on assessment decisions differed between practitioners with “informed” versus “misinformed” attitudes and beliefs, we employed the propensity score matching (PSM) approach, which is a statistical technique that allows researchers to create statistically equivalent control and comparison groups, using propensity scores generated through regression models based on observed covariates (Koh & Testa, 2008; Rosenbaum & Rubin, 1983). The use of PSM enabled the comparison of assessment decisions by practitioners who had the same/similar attitudes between the two groups (i.e., *Video A* versus *Video B*).

Question two: There are two steps involved in the analysis to address question two. First, logistic regression models were constructed to generate propensity scores, which indicate a participant’s propensity to answer survey items in a way that indicate “misinformed” beliefs/attitudes specifically, by agreeing that (i) it is hard to understand why women stay in relationships, (ii) that women often make up or exaggerate claims of domestic violence and (iii) that women could leave the relationship if they really wanted. Covariates in the logistic regression models were selected based on the previous stages of the study and included participant characteristics as listed above. Propensity scores range from 0 to 1. High propensity score indicate an increased propensity for a misinformed belief/attitude.

Propensity scores obtained from the logistic regression models were then included as a covariate in the final logistic regression models featuring either child safety or child removal as the dependent variable. The variables of interest – *Video A* (SDM) versus *Video B* (SDM + RBP) and its interaction term with propensity scores are also included in the models. The inclusion of the interaction term is to assess the moderation effect of attitudes/beliefs on the relationships between assessment approaches and assessment decisions. Only

significant results from the final models (on child safety/removal decisions) are presented and discussed in the [Results](#) section below. All statistical analyses were conducted using IBM SPSS Statistics 22.0.

The analytical approaches used to test hypotheses 1 and 2 in this paper are illustrated in [Fig. 1](#).

5. Results

The hypothesis that the beliefs and attitudes of child protection practitioners towards domestic violence would be associated with their safety and removal assessments was *partially supported*. There was no association between either practitioner attitudes or beliefs and their assessments about the safety of the children. A similar proportion of participants with informed and misinformed beliefs about the seriousness and prevalence of violence and assessed the children as being safe (Chi-Square = 0.242, df 1, $p = 0.623$). Similarly, groups who assessed the children as ‘Safe’ and ‘Unsafe’ had almost identical mean attitude scores ($t = 0.226$, df 1009, $p = 0.821$). Logistic regression analyses confirmed this finding by indicating that the 95 % Confidence Intervals (CI) of the unadjusted odds ratios (OR) include the null value of “1” (for practitioner beliefs: OR = 1.089; 95 % CI = (0.775, 1.531) and for practitioner attitudes: OR = 0.994; 95 % CI = (0.939, 1.051)).

However, *attitudes* were significantly associated with the likelihood of removal ($t = -4.380$, df 934, $p = 0.000$). Specifically, the unadjusted OR of 1.134 (95 % CI: 1.072–1.201) indicates an increased odds of a “Removal Unlikely” decision with higher attitude scores, reflecting increasingly informed attitudes. Practitioner *beliefs* were not significantly associated with child removal decisions (OR = 1.205; 95 % CI = (0.861, 1.686)).

Unexpectedly, the hypothesis that the relationship between a combined assessment approach (SDM + RBP) and assessment decisions would be stronger in cases where practitioners have misinformed as opposed to informed attitudes was not supported. There was an impact on assessment decision of participants with misinformed attitudes who watched the combined approach but only to a certain extent; whereas the combined approach amplified the impact more on participants with informed attitudes. The results of the final logistic regression models of assessment decisions (Safe/Unsafe and Removal Likely/Unlikely) from step 2 of the analysis are summarised in [Table 1](#).

As shown in [Table 1](#), there was a significant moderation effect of attitudes that were reflected in the question “*if the mother really wanted to leave, she could*” on the removal decision”. Moderation was not statistically significant for the assessment decisions about the children’s safety. Nor were responses to the questions “*women going through custody battles often make up or exaggerate claims of domestic violence*” and “*hard to understand why women stay in violent relationships*” on the likelihood of removal.

[Table 2](#) shows the odds ratios of a “Removal Unlikely” decision. The moderating effect of attitude was captured in the interaction term between the version of the video watched and the propensity scores of an informed/misinformed attitude in the model, which is statistically significant (95 % CI: 0.008–0.867). Participants with comparable attitudes in response to the question “*if the mother really wanted to leave, she could*” were more likely to assess removal as “unlikely” after watching *Video B* (SDM + RBP) compared to *Video A* (SDM) ([Table 2](#)).

Further analysis shows that attitudes towards domestic violence did moderate the relationship between watching *Video B* (SDM + RBP) and making a “Removal Unlikely” decision, when measured using the item “*if the mother really wanted to leave, she could*”. Contrary to expectation, the moderation effect diminishes as the propensity for misinformed attitudes increases; that is, the difference in the odds ratio between the two groups decreases as the propensity scores increase.¹ Simply, *Video B* had a greater effect on practitioners with a low propensity for a misinformed attitude or a high propensity for an informed attitude. The two lines in [Fig. 2](#) indicating the odds of a “Removal Unlikely” decision cross when the propensity for agreeing that women could leave the relationship approaches the value of “1”, meaning that attitudes did not moderate the relationship between *Video B* (SDM + RBP) and a “Removal Unlikely” decision when practitioners had a high propensity for a misinformed attitude.

5.1. Limitations

While best efforts were made to reflect the complexity of decision-making in child protection there are limitations in using case vignettes, as reported elsewhere ([Lewkowicz, 2001](#)). Participants were asked to record their assessments in a short time frame, whereas they would have more time for reflection in real-world practice. While these could be considered limitations, several design elements strengthened the validity and reliability of the study, including the large sample size, careful validation of the hypothetical report and video vignettes, and the use of professional actors.

In addition, the research was only reliably able to test for cognitive and affective responses to domestic violence. The extent to which beliefs and attitudes influence behaviour is a contested area ([Webster et al., 2018](#)). There are also some limitations to the use of measures. The transformation of the three attitude questions into binary variables, while appropriate for the calculation of propensity scores, resulted in some loss of information. The highly skewed data on the composite belief measure made it difficult to discriminate the responses between participants.

The use of the PSM might also have some drawbacks. While this research has collected a large amount of data from a large sample ($n = 1041$), there might be imperfect matching because of the potential existence of unobserved confounders (that influence both the

¹ The final regression model can be expressed as $\text{Log}(\text{odds of an 'unlikely to remove' decision}) = 0.009 + 1.501 * \text{Video} - 1.367 * \text{Propensity} - 2.498 * \text{Video} * \text{Propensity}$.

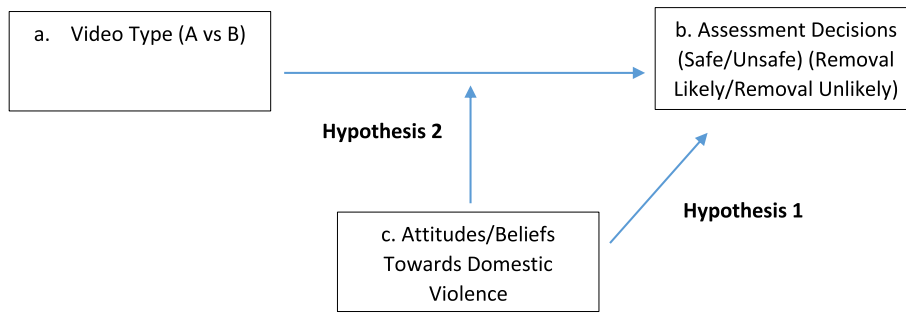


Fig. 1. The analytical approaches.

Table 1

Removal unlikely decision by participants with a propensity for having a misinformed belief/attitude after watching Video B (SDM + RBP).

Propensity for having a misinformed belief/attitude	% Agree	Child safety	Child removal
Women going through custody battles often make up or exaggerate claims of domestic violence	29.9	n.s.	n.s.
Hard to understand why women stay in violent relationships	27.6	n.s.	n.s.
If she really wanted to leave the relationship, she could	21.5	n.s.	Sig.

Note: n.s. = 'Not significant'; Sig. = 'Significant'.

Table 2

Odds ratios of an "unlikely to remove" decision by participants.

	Exp(B)	95 % C.I. for EXP(B)	
		Lower	Upper
Video (B:A)	4.485***	2.516	7.996
Propensity scores of a participant agreeing that women could leave relationships	0.255	0.054	1.199
Video Propensity scores	0.082*	0.008	0.867
Constant	1.01		

Note: $p < 0.001$ ***; $p < 0.01$ **; $p < 0.05$ *.

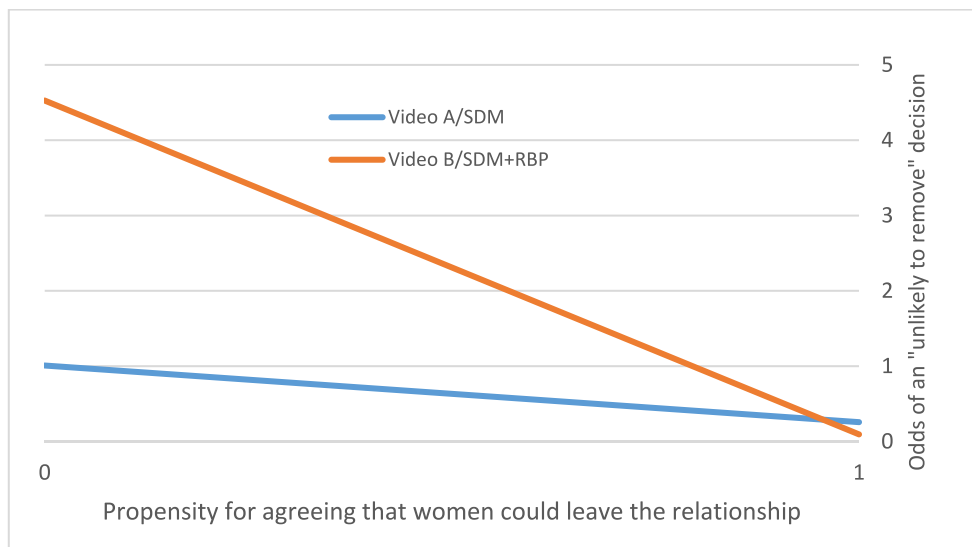


Fig. 2. Odds of an "unlikely to remove" decision by group and propensity scores.

combined approach and the assessment decision).

6. Discussion

While not anticipated, it was a reassuring and practically useful finding that practitioner beliefs about domestic violence were not significantly associated with their assessment of the safety of the children, nor the likelihood of the children being brought into care. It is also reassuring that practitioner attitudes did not impact assessment decisions about the safety of the children. These findings suggest a disciplined workforce that was able to objectively consider the facts about the children's safety, possibly aided by the use of SDM.

The fact that attitudes *did* impact assessment of the likelihood of removal (but not safety) may appear a contradiction. If children are assessed as unsafe then it would follow that they would likely be removed. One explanation for this finding lies in the application of the SDM safety assessment, which clearly separates safety decisions and removal decisions. To reach a decision to remove a child, practitioners need to identify a danger *and* the absence of relevant protective abilities (SDM, Policy and Procedures Manual, 2012).

Practitioners who had misinformed attitudes relating to the statement "*if she really wanted to leave she could*" are highly likely to underestimate the reality of fear and lack of choices for mothers, nor be open to the possibility that staying may be the best option to keep her children with her and safe. We speculate that those practitioners are sceptical about the mother's ability to protect her children and/or feel frustrated that she continues to place them at risk, leading them to decide on interventionist, or even punishing, outcomes. By contrast, we reason that practitioners with informed attitudes were likely to appreciate that there are many reasons mothers find it difficult to leave and are therefore more open to seeing her protective abilities and invested in the children remaining in her care. Munro's seminal work on errors in child protection reasoning provides a helpful way to think about these results. She maintains that judgments are formed along a continuum between intuitive and analytical reasoning (Munro, 1999). While often presented as polar opposites both forms of reasoning are important when balanced and brought to light. At the intuitive end sits bias that is likely to be reflected in these results – both "unconscious" (hidden and ingrained) and "confirmation" (the human tendency to only select and weigh information that supports a preferred explanation). Intuitive reasoning is associated with instincts and feelings (Munro, 1999). The subject of domestic violence, and holding responsibility to make decisions about the children who are victims of it, likely generates strong feeling in practitioners. However subconscious, feelings of frustration towards mothers (particularly amongst practitioners with misinformed attitudes) could well be reflected in these results.

The previously established relationship between watching *Video B* (SDM + RBP) and making a "Removal Unlikely" decision, as measured by the question "*if the mother really wanted to leave, she could*", held true for participants with misinformed attitudes. In keeping with expectations, participants with misinformed attitudes (underestimated the reasons women stay) who watched *Video B* (SDM + RBP) were less likely to make a "Removal Likely" decision than participants with misinformed attitudes who watched the standard assessment approach. This is an encouraging finding about the value of integrating questions from the RBP approach into standard safety assessments.

Child protection practitioners can frequently become focused on what is present in the moment. Hearing how the mother has managed the violence paints a picture of the seriousness and chronicity beyond the single incident. This likely challenges the views of those who do not appreciate the reasons mothers stay. It challenges them to see the mother as capable of keeping her children safe, not as a passive victim or that she has chosen the relationship over her children. At the same time it gives greater understanding, even empathy about why she has stayed in the relationship. It is also likely to have made participants with misinformed attitudes think about the potential for safety planning with the mother because her protective qualities had been illuminated.

However, the effect of the combined approach only went so far in moderating the impact of misinformed attitudes. Meaning that the moderation effect was not observed for participants who rated highly on misinformed views. Very fixed attitudes are likely to prevent practitioners from being open to other perspectives. As above, confirmation bias, or only paying attention to the evidence that supports one's position, leaves practitioners at risk of analysing information in accordance with their attitudes and those with strongly held attitudes are less amenable to change.

The literature on attitudes and attitudinal change is helpful to analyse the implications for this finding. Attitudes refer to people's global and relatively enduring evaluations of objects, issues, or persons. Attitudinal change occurs when one's core evaluation shifts from one meaningful value to another (Petty et al., 2001). Strong attitudes are those that persist over time, are resistant to change, and predict other judgments and actions (Krosnick & Petty, 1995). Resistance refers to the extent to which attitudes are capable of surviving an attack from contrary information. Attitudes that are more resistant, the stronger the attack they can withstand.

Evidence about factors that make attitudes amenable to change is diverse. One theory is that attitudes can be challenged solely by the "cues" associated with the message (Petty et al., 1986). Alternatively, the message might elicit a favourable thought that persists in the absence of memory for the information that provoked it, reflecting the impact of emotions on attitudinal change. Hearing how the mother survived violence likely provoked an empathic emotional response, or cues. For participants with informed attitudes these cues are likely to be reflected by the fact that they had an amplified response to the combined approach (SDM + RBP). For participants with misinformed attitudes, these cues are likely to have shifted their attitudes on whether her children could remain in her care, but only to a certain extent.

7. Implications for practice

In response to the findings of this research, NSW has made two significant changes to its child protection system. The first is to conduct state-wide, compulsory, attitudinal tests at the point of recruitment for all new practitioners. Understanding the impact of attitudes, and then screening for them at the point of recruitment, is especially important for value laden, emotional, and often deeply

personal subjects like violence against women.

The second change is that NSW has developed, in partnership with Evident Change, a new Safety Assessment which incorporates formal prompts that require practitioners to apply RBP questions to unearth the insights, experiences, and acts of resistance of adults and children who experience violence.

More generally these results also highlight the value of quality, reflective supervision to support child protection practice, especially to support, guide and test decisions to remove children from their families. Attitudes and beliefs towards domestic violence are socially determined and shape norms in family, community and organisations (Powell & Webster, 2016). Opportunities for practitioners to reflect on their decisions; to develop insights about their own biases and to hypothesise and challenge information is critical. The evidence about the positive association between supervision and quality of child protection practice is strong (Bostock et al., 2019; Wilkins et al., 2018).

8. Conclusion

Effective child protection approaches to domestic violence require attention to perpetrator accountability (Mandel, 2010), and a belief in women's abilities to accurately perceive and act on the risks to themselves and their children (Osborn & Rajah, 2022). Safety assessment approaches that respect victim autonomy (Jaffe et al., 2006) and routinely prompt practitioners to gather information about what mothers do to manage, resist, and survive violence; their insights about what has worked; and their thoughts about their options for safety, are critical to an accurate assessment (Alexander et al., 2022). At the same time, approaches and practice guidance are only ever as good as the practitioners who use them and their underlying beliefs and attitudes. This research demonstrates the importance of contemporary approaches to guide assessments, at the same time demonstrating that approaches can only go so far in supporting decision-making.

Declaration of competing interest

The research was officially approved by Melbourne University Ethics Committee in December 2018. The ethics application detailed that there were no conflicts of interest.

Data availability

Data will be made available on request.

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