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“It’s a Huge Problem When There Is No Physical Violence”:

A qualitative study exploring how practitioners assess predominantly non-physical IPV in an Australian and United Kingdom context

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Abstract

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The aim of this study has been to explore how domestic violence service practitioners assess cases of predominantly non-physical violence against women in intimate partner relationships. The study examined practitioners in South England, United Kingdom and New South Wales, Australia, adopting a generic purposive sampling. A qualitative approach was applied, using semi-structured interviews guided by a vignette depicting non-physical and physical violence. The empirical data was analysed inductively, with Lipsky’s theory on street-level bureaucracy. The results show that practitioners recognise and pay attention to non-physical violence in their assessments and suggest interventions based on what they deem appropriate. However, once physical violence was presented it could be seen to be a threshold for extensive interventions by the practitioners. Additionally, similarities and differences emerged between the practitioners in South England and New South Wales revealing variations in practitioners’ focus based on the situational context.

Keywords: *Intimate partner violence (IPV), non-physical violence, domestic violence service practitioners, assessment, coercive control, physical violence, street-level bureaucracy.*

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1. Introduction

1.1 Problem statement

Intimate partner violence (IPV) is a widespread societal and public health issue (Moser Hällen & Sinisalo 2018, p. 15). Although prior research has primarily focused on physical forms of IPV, non-physical violence and practitioners' understanding of it has begun to receive a considerable amount of attention. The recent shift highlights the potential knowledge gap for domestic violence service practitioners, and thus possible challenges in their ability to identify non-physical violence, how it is assessed and responded to.

Even though non-physical violence is a common form of IPV, most statistics displaying the frequency of IPV focus on physical and/or sexual violence, portraying that over one in four women between the ages of 15-49 have been subject to this type of violence (WHO 2021, p. 20). The focus on physical and sexual IPV emphasises the lack of similar statistics reflecting non-physical IPV. Non-physical violence can manifest itself in a variety of forms, including psychological or emotional abuse, material violence, financial abuse (Moser Hällen & Sinisalo 2018, p. 36-38) and coercive control (Stark 2023, p. 15). Since non-physical forms of violence often are discrete and don't leave visible scars it can be considered invisible to bystanders. However, it can still have long-lasting health impacts, such as severe anxiety, sleep disturbances, distress, depressive symptoms, suicidal ideation and financial repercussions (Moser Hällen & Sinisalo 2018, p.46-48).

Although IPV is globally recognised as a societal concern, its prevalence and institutional responses vary across national contexts. This study will examine practitioners in both the United Kingdom and Australia. In England and Wales it is estimated that 6.9% of women aged 16 and over experienced domestic violence in 2021-2022 (ONS Centre for Crime and Justice 2022) compared to 1.5% of women in Australia during the same year and age (AIHW 2024). These statistics suggest a significant difference in annual prevalence rates. Despite this, lifetime exposure to domestic violence is similar with both countries revealing that one-fourth of women experience domestic violence during their lifetime (ONS Centre for Crime and Justice 2022; AIHW 2024). The similar lifetime prevalence of IPV supports a comparative focus on how practitioners assess and respond to cases of IPV.

Prior research demonstrates that practitioners focus less on non-physical violence such as dominance and control and even less on if the women subject to violence is fearful of the

perpetrator (Roeg, Hilterman & Nieuwenhuizen 2022, p. NP20557). Domestic violence practitioners struggle to recognise the harm caused by the emotional abuse and how it is operationalised within a relationship (Penttinen 2024, p. 76). Consequently, women seeking support for emotional abuse are less likely to receive support (Penttinen 2024, p.78). Thereby, if non-physical violence goes unrecognised and thus not responded to, women exposed to IPV risk prolonged exposure or escalation of violence causing further deteriorating health outcomes. Men's violence towards women doesn't only impact the women but also the broader public and societal resource cost (Moser Hällen & Sinisalo 2018, p. 20). Therefore, further research within the field is necessary. Furthermore, how practitioners' judgement shapes responses or interventions is another problem. Practitioners' knowledge base plays an essential role in how non-physical violence is interpreted, how seriousness is assessed and whether the women experiencing IPV meets the invisible threshold for interventions. Therefore, available support may vary depending not only on the violence experienced but also the knowledge base forming the practitioners' interpretation. Moreover, since the forms of violence categorised under non-physical violence vary between institutions and cultures there can be further difficulties in all practitioners practicing the same discretion when assessing and identifying violence.

This study will explore how domestic violence service practitioners assess cases of IPV when non-physical violence is portrayed as the main form of violence. Including two geographical areas also allows attention to be placed on the potential systematic differences, referring to resources, organisational culture and policy. Furthermore, the study is directly relevant for social work; Moser Hällen & Sinisalo (2018, p. 20) explains that men's violence towards women is a social problem of which the group, women exposed to violence, are social services responsibility. Although there is no guarantee that the domestic violence practitioners in this study have a social work background, they operate at the intersection between individuals exposed to IPV and the state's responsibility to provide protection and support. This study will further focus on non-governmental organisations due to them being the primary support service providers in both geographical areas. Examining how practitioners assess cases of IPV and what considerations that they take into account enables an analysis of how social welfare organisation practitioners respond to vulnerable groups. Furthermore, with the development of recognition of non-physical forms of violence both legally and institutionally, research is needed to explore if and if so how this is taken into account in assessments to create a more equal treatment between victim-survivors.

1.2 Research aim and research questions

The study examines practitioners in South England, United Kingdom (UK) and New South Wales, Australia within non-governmental organisations (NGO) for a deeper insight into how different elements such as systematic differences and policy influence practitioners' assessments. The study aims to extend the understanding of how domestic violence service practitioners in NGOs assess cases of IPV characterised primarily by non-physical violence against women. Following questions will be explored in this study:

1. How do domestic violence service practitioners assess cases of predominantly non-physical violence against women?
2. In what ways could the presence of physical violence influence practitioners' assessments in cases of predominantly non-physical violence?
3. How do potential systematic differences impact how domestic violence service practitioners assess cases of IPV?

1.3 Definitions

1.3.1 Intimate Partner Violence

In intimate partner relationships where violence is perpetrated the violence is committed by a partner enabling emotional connections between the victim-survivor and the perpetrator. In these instances the victim-survivors' ability to get away from the violence is impacted, allowing the violence to be present for long periods of time further normalising it (Moser Hällen & Sinisalo 2018, p. 27). Intimate partner violence (IPV) can be portrayed in multiple ways but usually displays a pattern of behaviour (ibid.). Furthermore, IPV has comprehensive negative consequences for the victim-survivor and often impacts their whole life (ibid.).

Intimate partner violence can be shortened to IPV. This abbreviation will be consistently used throughout the study. Furthermore, *victim-survivor* refers to a person experiencing or who has experienced IPV; this phrasing will be used in this study.

1.3.2 Non-physical violence

In this study, non-physical violence is used as an overarching term referring to any form of violence that is not explicitly physical violence. Psychological or emotional abuse encompasses a large variety of violence which can be practiced through degradation, threats,

isolation, control or digital abuse with the aim to create a sense of unease (Moser Hällen & Sinisalo 2018, p. 36). Moreover, another form of non-physical violence is material violence which is violence aimed at things in order to create discomfort for the partner (Moser Hällen & Sinisalo 2018, p. 37). Financial violence is also a form of non-physical violence in which the perpetrator controls the victim-survivors financial state, causing further isolation (Moser Hällen & Sinisalo 2018, p. 38).

1.3.3 Coercive control

Evan Stark (2023) developed the term *coercive control* encompassing the prevalence and concurrence of violence in relationships as well as women's oppression through isolation, intimidation and control (Stark 2023, p. 1). The concept of coercive control was developed to prompt lawmaking (Stark 2023, p. 4) due to the vast majority of women seeking support being subject to coercive control rather than "domestic abuse" (Stark 2023, p. 8). The forms of violence incorporated within coercive control are harms of equality, liberty and dignity as well as harm to the physical person (ibid.). Moreover, coercive control is often psychologically devastating and can include mind games, humiliation, intimidation, exploitation, isolation or dominance (Stark 2023, p. 15).

1.3.4 Physical violence

In this study, physical violence is used as an overarching term referring to any form of violence with a physical expression. Physical violence can be exercised through extreme acts such as hitting, dragging someone by their hair, choking, kicking, suffocating or restraining (Moser Hällen & Sinisalo 2018, p. 35). Physical violence can also be acted out through less severe acts such as pinching, scratching or pushing (ibid.). Moreover, it can also be confinement, tying someone up or using weapons or other objects to cause physical injury (ibid.).

1.4 Background

This study explores practitioners' assessment of IPV in South England, UK and New South Wales, Australia since they share welfare regimes and IPV-related practice and legislation. Both England and Australia can be categorised as liberal welfare regimes by Esping-Andersen's typology (Shaver 2019, p. 86). Despite their shared classification both countries have gone through radical welfare state reform since Esping-Andersen's first

categorisation (Redmond 2010, p. 471). These political, socio-economic, cultural and historical conditions shape social work (IFSW 2014). Although these aspects are present in both countries, the different contexts are likely to influence how domestic violence practitioners assess cases of IPV.

Due to the United Kingdom and Australia being part of the same commonwealth, migration between the two countries can be argued to be easier. Migration between the United Kingdom and Australia thus constitutes an additional contextual factor to why exploring practitioners in the two countries is important. Australia was considered the top destination for British long-term migrants (Murray et al. 2012, p. 9). Similarly, most social workers migrating to England were from Australia (Hussein, Manthorpe & Stevens 2010, p. 1008). Although similar education and practice, social work in England is more procedural and bureaucratic (Hakak 2022, p. 104). Additionally, England has a more detailed legislation providing a specific guideline meant to minimise human error (Hakak 2022 p. 105). However, such differences distinguish between the skills that domestic violence practitioners are expected to have. In Australia there is a larger focus on therapeutic and counseling skills while in England there is a large focus on coordinating the work for others, making their work more reactive instead of proactive (Hakak 2022, p. 106). These differences can potentially influence how the practitioners in each country assess cases of non-physical IPV and how they prioritise the violence.

In both countries, a victim-survivor is commonly referred to non-governmental organisations through the help of the public sector. However, how social services are managed differs between the countries. In Australia social welfare services are managed by the Australian government or by state and territorial governments (AIHW 2025), while in England the local authorities carry the responsibility for social care services (Local government association n.d.). Therefore, practitioners in the public sector do not allow for a comparison of services provided to victim-survivors of IPV. Instead, practitioners in the third sector are most comparable having similar organisational structure.

A similarity between England and Australia is that they both have launched updated national plans to prevent and minimise the frequency of violence against women. England and Wales' latest plan was published in 2021 (HM Government 2021) and Australia's in 2022 (Commonwealth of Australia 2022). Both countries now include further information surrounding non physical violence (HM Government 2021, p. 9; Commonwealth of Australia 2022, p. 36). This highlights the similarities between the countries' current focus on gender-based violence, as well as a recognition that previous interventions were not adequate

enough to minimise the issue. Previously, England and Wales criminalised repeated or continuous non-physical violent behaviour through the "Serious Crime Act 2015" (Home Office 2014), while New South Wales in Australia implemented a similar law as late as in 2022 which came into effect in 2024 (NSW 2022:65), being the first state to do so. The time interval between 2015 and 2024 suggests that the two countries differ in their priority level surrounding IPV. The legal criminalisation of coercive control in both countries strengthen the study's design since assessment practices cannot be attributed to the absence of a legal framework. Instead, it reflects institutional or professional factors.

2. Literature Review

2.1 Search process

To identify relevant prior studies academic articles were searched for primarily through the database Finn, while databases such as Google Scholar and psycINFO were used as a support tool. An advanced search was conducted using *AND/OR/NOT* in between keywords. Some of the keywords used were: *intimate partner violence, domestic violence, non-physical violence, assessment, perception, intervention* and *understanding*. A search strategy template was used to organise the previous literature findings as well as any relevant keywords used and its combination in the implied search. A common denominator in the search were the use of filters of peer-reviewed articles as well as delimiting the publications to 2015-2025. Studies conducted in the United Kingdom and Australia were prioritised due to the relevance of the research field of the study. However, a limited amount of studies were found discussing how practitioners assess non-physical violence, especially in Australia. The AIFS (2024, p. 5) also suggests the need for further research on coercive control in an Australian context, further enhancing the necessity for more research within the field. Additionally, restricted access to some publications required the search to expand internationally.

2.2 Practitioners' understanding of non-physical violence

Studying non-physical violence and coercive control remains a relatively new area since attention to the subject only recently evolved in policy and legislations. With the new legislations criminalising coercive and controlling behaviour in a partner relationship, studies have been conducted to explore practitioners' understanding of and ability to support

victim-survivors of such violence. In England, Brennan et al. (2019, p. 639) explored this area conducting a study analysing frontline practitioners, police force and service provider organisations in both the voluntary and statutory sector. Brennan et al. (2019, p. 648) argues that physical violence remains as a defining feature when identifying domestic violence. This may be a result of existing systems, tools, and practices among practitioners and organisations not being adjusted to address coercive control (Brennan et al. 2019. p. 649). Risk assessment models assert a primary focus on high-risk and immediate physical assault (Brennan et al. 2019. p. 645), however, incidents assessed as low-risk may actually contain a continuous nature of coercive control (Brennan et al. 2019. p. 646) which risk being overlooked. Moreover, due to the lack of a uniform definition of domestic violence practitioners' responses vary, affecting practitioners' ability to identify controlling behaviours in a time-efficient manner (Brennan et al. 2019. p. 644). Furthermore, Brennan et al. (2019, p. 648) notes that although specialists may identify coercive control they aren't always in a position to respond adequately. Unless all frontline staff across all sectors consider the complexities of coercive control, and define domestic violence as both physical and non-physical, there will continue to be failure in recognising the significance of what the practitioners consider low-level incidents of domestic violence (ibid.).

Another study exploring the same area was conducted by Robinson, Myhill & Wire (2018) studying police forces and partner agencies in England and Wales such as specialist domestic violence services (Robinson, Myhill & Wire 2018, p. 35, 39). Robinson, Myhill & Wire (2018, p. 44) study aligns with Brennan et al. (2019, p. 644), stating that there is a spectrum of understanding coercive control and the ability to integrate the understanding when making decisions with "victims". Practitioners providing specialist domestic violence advocacy are reported to have a greater knowledge of coercive control than the police force who tended to fail in recognising coercive and controlling behaviour (Robinson, Myhill & Wire 2018, p. 44). Furthermore, the lack of knowledge can lead to under-appreciation of the risk of a situation, especially those presented as low-risk or only containing verbal abuse (ibid.). However, Robinson, Myhill & Wire (2018, p. 45) argue that it is unlikely to expect practitioners who aren't specialist domestic violence practitioners to match the knowledge of those who are, yet it is essential that all practitioners acquire a basic level of understanding to improve responses over time.

Presenting contrary results, a study conducted in the Netherlands by Roeg, Hilterman & van Nieuwenhuizen (2022, p. NP20545) investigated social workers specialised in direct service to domestic violence "victims" in health care organisations. Roeg, Hilterman & van

Nieuwenhuizen (2022, p. NP20553) found that the participants wanted to assess severe or escalating violence and search for “actual partner violence” and serious physical violence. Only half of the participants distinguished between physical violence and the patterns of coercive control (ibid.). In an Australian context, a study was conducted with Australian support workers, expressing a concern for the lack of awareness amongst health care workers and the community on non-physical violence (Doolabh, Fisher & O'Donnell 2022, p. 876) and for the influence of systematic barriers and organisational factors in accessibility of support (Doolabh, Fisher & O'Donnell 2022, p. 871). Access to support workers often required referrals from other professionals, which entailed further assessments before individuals received support (ibid.). However, law enforcement and the legal system reportedly do not consider non-physical violence as a serious incident and present a lack of awareness of its scope creating a barrier in accessing support (Doolabh, Fisher & O'Donnell 2022, p. 874). Furthermore, the support workers emphasised the importance to ensure all professionals across all sectors have a good understanding of non-physical violence (Doolabh, Fisher & O'Donnell 2022, p. 871).

Finding similar results, Halliwell et al. (2021, p. 249) conducted a study exploring “domestic violence and abuse” practitioners and sexual violence practitioners in the United Kingdom. Halliwell et al (2021, p. 260) also reported that one in five practitioners expressed a lack of awareness and training across agencies, especially amongst police and social services and an inability to identify and respond to non-physical violence. Therefore, survivors might not report or access legal protection (Halliwell et al. 2021, p. 261). Furthermore, Halliwell et al (2021, p. 258) reported that almost all practitioners agreed that non-physical violence is more harmful than physical violence. Additionally, practitioners' attitudes varied regarding if non-physical violence was an indicator of physical violence and if non-physical violence and physical violence can occur concurrently with approximately half of the participants agreeing to both statements (Halliwell et al. 2021, p. 255).

Furthermore, Halliwell et al. (2021, p. 262) states that voluntary and statutory services prioritise cases of physical violence, however, explaining that it can be a consequence of funding cuts and fewer resources. Moreover, there is not enough specialist support in domestic violence services for cases of non-physical violence (ibid.). Consequently, practitioners are powerless in helping survivors of non-physical violence because of limited time and lack of resources (Halliwell et al. 2021, p. 263). Similarly, Doolabh, Fisher & O'Donnell (2022, p. 873) also report lack of funding and staff as the primary reason for prioritising “high-risk” cases amongst the support workers in regards to domestic violence

services. Non-physical violence is expressed by the support workers to require more time from the workers affecting their capacity to support those clients (ibid.). Thus, a hierarchy of violence is created to determine eligibility for services (ibid.).

The research field shows contrasting results in the perception of non-physical violence. It is evident that while some practitioners working specifically within domestic violence services have understanding of non-physical violence and can use it in their assessments, statutory services have a lack of understanding, inability to identify or overlook the seriousness of non-physical violence. Such research shows that there is a lack of knowledge amongst practitioners in how such considerations should be taken into account when assessing. These findings further highlight the importance of this study examining how such considerations are taken into account when assessing IPV involving non-physical violence. Furthermore, the research field provides information surrounding domestic violence services lack of funding and resources causing them to prioritise cases of physical violence, revealing barriers in the system rather than their perceptions or understanding. Thus this study explores how practitioners use their knowledge when assessing cases of IPV and what considerations they take into account when doing so.

2.3 Experience of seeking support

Women seeking support for domestic violence often report challenges arguing that non-physical violence is not recognised. Doolabh, Fisher & O'Donnell 2022, p.867-868) suggest that women with experience of intimate partner violence alongside support workers, agree that recognising non-physical violence as IPV and finding appropriate support remains inconsistent. Moreover, the researchers conclude that women with experience of non-physical violence typically seek support once they recognise their abuse as IPV, when the violence becomes physical, or when a practitioner supports them to recognise the violence (Doolabh, Fisher & O'Donnell 2022, p. 874). Furthermore, when contemplating seeking support women often thought that they wouldn't be believed or that the violence was serious enough (Doolabh, Fisher & O'Donnell 2022, p. 869). Vejlgaard et al. (2025, p. 14) reported similar results, arguing that there are significant barriers in accessing support for IPV victims, even in an extensive welfare system with legislations including psychological violence, such as Denmark. Although the legislation criminalises psychological violence in 2019 (Vejlgaard et al. 2025, p. 12), police and other frontline workers fail to identify psychological violence (Vejlgaard et al. 2025, p. 10). Furthermore, the researchers found that most women had

reported frontline workers' reluctance to address the violence when non-physical, and would've preferred the frontline workers to directly address their observations of the violence (Vejlgaard et al. 2025, p. 11). Frontline workers didn't identify the women as victims of violence or informed of appropriate services, making the women feel uncertain and left alone when seeking help (Vejlgaard et al. 2025, p. 9). Vejlgaard et al. (2025, p. 17) further argues that the current support services don't meet the women's needs across all sectors. Of those who were offered support, some felt misplaced or that the support was too invasive for the required sacrifices, and therefore rejected the help (Vejlgaard et al. 2025, p. 11). Thus, there is a complexity between systemic and individual facilitation of access, according to Vejlgaard et al. (ibid.) study. Vejlgaard et al. (2025, p. 16) found that when women's trust was lost for the social and healthcare systems, they turned to other sectors such as non-governmental organisations or private health professionals. Contradictory to the above mentioned studies, Peeren, McLindon & Tarzia (2024) found results portraying practitioners in Australia in a different light. Regarding another form of non-physical type of abuse, Peeren, McLindon & Tarzia (2024, p. 2) explored what women who experienced intimate partner sexual violence need from service providers across various sectors. There is a complexity in categorising sexual abuse as it often stands as its own category beside non-physical and physical violence. Sexual violence can be exercised in a variety of forms, both non-physical and physical. In Peeren, McLindon & Tarzia (2024) study it is analysed as a form of non-physical violence. If no physical violence was included in the sexual violence, service providers often assumed that the behaviour wasn't serious nor violent (Peeren, McLindon & Tarzia 2024, p. 5). Peeren, McLindon & Tarzia (2024, p. 4-5) reported experiences of services minimising the women's disclosure and not recognising the behaviour as violence. Furthermore, service providers avoided looking at the patterns of the behaviour or its impact (Peeren, McLindon & Tarzia 2024, p. 5). Thus, women in this study tied the service providers responses to the stereotype of that sexual violence should involve physical violence (ibid.).

It is important to acknowledge women's own experience of seeking support for non-physical IPV since these experiences reflect if and when practitioners provide support. The reported studies show contrasting results, while some argue that the voluntary sector and domestic violence services offer the best ranked service in contrast to other sectors, others report the opposite, evaluating the same services as less favourable. Therefore, research is needed on how practitioners assess cases of non-physical violence. Furthermore, the studies presented show that although there is legislation surrounding non-physical violence practitioners still experience difficulties in identifying it. Our study will further examine this

potential effect on practitioners assessments as both England and Australia have developed similar policies surrounding non-physical violence.

3. Methodology

3.1 Methodological considerations

This study applied a qualitative methodology to explore how the practitioners act in practice and their thoughts behind it (Ahrne & Svensson 2022, p. 8). Furthermore, an inductive approach was adopted enabling the results to guide the selection of the appropriate theoretical framework (Bryman 2018, p. 49).

Semistructured interviews were chosen as the method to gather relevant empirical data. Individual semistructured interviews were conducted allowing the interviewees freedom in their response as well as allowing the interview guide (Appendix 8.3) to be adjusted to the interviewees (Bryman 2018, p. 563). The interview guide was based on a vignette depicting a fictitious case of IPV aimed at a woman, presented to the interviewees in three stages with following questions after each stage. The vignette supported the interviewees to express their opinions and describe their behaviour for a specific situation (Bryman 2018, p. 571). The vignette depicted men's violence towards women since most previous studies display this constellation, suggesting it to be the most common dynamic of IPV. Using the most common constellation of IPV helped focus on the study's aim and not the gendered nature of violence. Moreover, cases involving same-sex violence or women's violence against men are often referred to specialist services which could further cause structural difference between the geographical areas.

The interviews were conducted in English and lasted approximately 40 minutes to one hour. Furthermore, all interviews were conducted digitally via Zoom, a digital platform allowing video meetings, per interviewees' request or when needed. The interviews took place in a calm and quiet environment ensuring the interviewees could feel comfortable that no one else could hear their responses (Bryman 2018, p. 566).

3.2 Interview process

Before starting the interview process the predetermined questions and vignettes were reviewed and approved by our supervisor.

The interviewees were asked two introductory questions before the vignette, presented as warm-up questions, regarding their professional background. Such questions allow the researcher to place the interviewee's response into context (Bryman 2018, p. 566).

Thereafter, the vignette was presented. The used vignette depicted a woman experiencing IPV by her male romantic partner. The vignette was created with inspiration from Moser Hällen & Sinisalo (2018) examples of how different types of violence can be exercised as well as from real cases collected by the university of Queensland (The university of Queensland, n.d), to ensure a seemingly realistic case. Thereby, allowing the interviewees' responses to reflect a real-case interaction. Furthermore, the vignette was divided into three parts. Every part depicted multiple different types of non-physical violence and one part depicted both non-physical and physical violence, as categorised by Moser Hällen & Sinisalo (2018), to foster for further reflections from the interviewees regarding different types of violence. The first stage depicted non-physical violence in the form of isolation and controlling behaviours. In the second stage the violence evolved with the addition of non-physical violence in forms of financial, emotional and verbal abuse. The third stage included both physical violence, in the form of a push, and non-physical violence in forms of emotional and material abuse. Between each stage the interviewees were asked about their thoughts and reflection of the case as written in the interview guide. By dividing the vignette into parts we aimed to collect data on when, and why, interviewees expressed the violence as more "serious" and what support they deemed appropriate after different types and degrees of violence.

The interviews ended with few closing questions regarding other factors that may affect the interviewees' assessments. These questions further allowed the interviewees to add any additional reflections or for the interviewer to ask any unanswered questions that could be necessary to answer the research question.

3.3 Sampling

3.3.1 Prior knowledge of the field

Our practice placements, completed during our Bachelor's programme in Social Work, contributed to our knowledge of the designated geographical areas. Since we conducted our placements in the respective countries we gained knowledge of the different systems related

to IPV. The different approaches between the countries was something we reflected on during our placements. One of us earned experience of negative professionals' attitudes towards clients experiencing IPV which could lead to predetermined understanding of how practitioners assess cases of IPV. However, this experience did not reflect domestic violence service practitioners but instead other professionals. The other researcher did not share this experience. Such differences could have influenced us to seek differences between the two geographical areas. Furthermore, our personal acquaintances with individuals who have experience of IPV gave us insight into the field of IPV. They expressed difficulties in recognising the non-physical forms violence as IPV, and hence influenced our interest in examining non-physical violence. Altogether this sparked our interest in if practitioners consider non-physical violence in their assessment of IPV. However, we recognised these two aspects' potential influence and thus remained critically reflective throughout the research process.

3.3.2 Sample group

The study adopted generic purposive sampling in order to strategically select interviewees that were relevant for the research question (Bryman 2018, p. 502). In the beginning of this study our initial thought was to interview social workers in governmental organisations. Two interviews were conducted, one in each geographical area, with practitioners within government organisations. These interviews allowed for a broad insight to the governmental sector of domestic violence services and how these work together with non-governmental organisations. However, based on the large differences in recognition of social workers and the governmental structure surrounding domestic violence the original sampling group changed to practitioners working in specialist domestic violence services within the non-governmental sector. Thus the interviews conducted with the practitioners working within the governmental sector will not be used or discussed in the results and analysis section. Another reason for refining the sampling groups was the structural difference between Australia's federal system and England's unitary system. Thus the geographical area was narrowed to South England, UK, and New South Wales, Australia, since they both now have similar legislations regarding IPV. Another reason for the choice of non-governmental organisations is that they are the prime organisation supporting people experiencing domestic violence since they receive a large number of referrals from government organisations. The following criteria were used to identify practitioners in South England and New South Wales who were appropriate for the study's aim: the interviewees were required to possess a

minimum of one year experience within the field of domestic violence, they had to be domestic violence service practitioners providing support services to victim-survivors, and should currently be working within a non-governmental organisation in the respective areas, actively working with domestic violence. There was no criteria regarding age, gender or educational background. This may have had an influence on their assessment however, this was not the aim of the study. Altogether, participation was limited to one interviewee per organisation with a total of four interviewees per country and a total of eight interviewees for the study. The interviewees were recruited through an informative email correspondence or telephone contact. Further along the recruitment process an information letter was emailed along with the consent form.

3.4 Reliability

To measure method reliability in a qualitative study trustworthiness is taken into consideration (Bryman 2018, p. 467). Trustworthiness is accumulated through four sub-categories; credibility, transferability, dependability and confirmability (ibid.).

To gain credibility we will share the study's results with the interviewees to ensure that their social reality aligns with the researchers' interpretation (Bryman 2018, p. 467). Thus we have offered to contact the interviewees with the finalised study. The information letter also incorporated this aspect as well as the possibility for the interviewees to withdraw their participation at any time, that is if they feel as though their social reality was interpreted differently than portrayed. Additionally, the study was produced in accordance with the Faculty of Social Science code of conduct.

Transferability is complex in qualitative studies due to the individual contextual understanding and experience of the interviewees' social reality (Bryman 2018, p. 467). However, it can be supported through rich, detailed and contextual descriptions of the cultural and social settings of the study (Bryman 2018, p. 468). This allows the readers to assess the transferability of the study into future studies (ibid.). To achieve transferability the results, and all sections of the study, have included detailed descriptions for the readers to decide its transferability onto other settings.

To acquire dependability the researchers adopted an audit which insinuates that the researchers ensure a complete and available description of the full research process to assess the study's reliability (Bryman 2018, p. 468). Similarly, all stages of the study are described

and noted in the methodology section as well as all necessary documents can be found in the appendix.

Lastly, to sustain trustworthiness, confirmability is completed through the researchers understanding that complete confirmability is not possible in social research and that the researchers can't assure that no personal values or theoretical framework has influenced the results (Bryman 2018, p. 470). Although complete objectivity is impossible to obtain, we have acted in good faith. We transcribed the interviews in detail aiming to avoid any personal values to influence the interviewees' responses. Additionally, the study has adopted an inductive approach meaning that the theoretical framework was applied after a thematic analysis of the results (Bryman 2018, p. 49). In conclusion this allowed for the theoretical framework to interpret and contextualise the already identified themes.

3.5 Processing and analysis

The processing and analysis of the collected empirical data from the interviews was conducted in steps. Firstly, the collected data was transcribed as soon as possible after each interview to save impressions (Öberg 2022, p. 87) made during the interviews that were not caught on the voice recorder. The transcription included details such as pauses and repetitions (Eriksson-Zetterquist & Ahrne 2022, p. 75), disfluencies and stutters. However, smaller changes were made to improve the readability for readers and to fairly portray our interviewees, without changing the content (ibid.), when referred to in the results.

Thereafter, the empirical data was analysed through thematic analysis in order to produce the themes presented in the results. The thematic analysis was done through coding in steps (Bryman 2018, p. 707). The transcripts were firstly coded individually, looking at words and phrases expressed by the interviewees, referred to as initial codes in the table below. At this stage, the approach was kept open and curious close to the material without a holistic perspective (Rennstam & Wästerfors 2022, p. 248). Thereafter, the transcripts from the same country were compared to find the common codes, comparing each stage of the vignette separately.

Subsequently, we compared and analysed the emerged codes between the two countries together to find material on the commonalities and differences. Thus, codes with common elements were evolved into sub-themes, which thereafter, were categorised into broader themes relating to the research questions. These could then be related to existing literature and research (Bryman 2018, p. 707), using an inductive method. With an inductive

approach the theoretical framework was applied after the interview guide was shaped as well as the processing of the empirical data. Thus, the themes below did not emerge in relation to a theory. The process of the thematic analysis is displayed in the table below.

3.5.1 Thematic analysis table

Themes	Sub-themes	Initial codes
Practitioners' assessment of non-physical violence	Recognition of non-physical violence	Coercive Control
		Verbal abuse
		Emotional abuse
		Financial abuse
		Control/Isolation
		Tracking/Stalking
	Differing assessments	"The look"
	Practitioners' approach to non-physical violence	Wishing for more information about the relationship
		Psycho-education
		Client readiness
	Assessing potential risk and harm	Foresee escalation in absence of information
		Police lack of understanding
		Correlation between coercive control and homicide
	Differing assessments	Police involvement
		Policy framework
Practitioners' assessment when physical violence is present	Physical violence as an informal threshold	"Serious" violence
		"Active abusive relationship"
		High-risk
		"Make her realise"
		Case manager
		Refuge housing
	Differing assessments	Physical health interventions
		Mental health interventions

Limitations influencing assessments of IPV	Practitioners' coping mechanisms	Limited time
		High caseloads
		Resource constraints
		Referrals
		Risk assessments
	Consequences for clients	Funding requirement
		Loss of staff
		Advocacy
	Contextual influences on assessments of IPV	Training
		Knowledge and experience
	Differing assessments	Visa status

3.6 Ethical considerations

In social science research ethical considerations are a central part of the research process and are continual throughout all stages of the research process (Eldén 2020, p. 18). Therefore, this study has followed the ethical principles of research (Bryman 2018, p. 170), and the Faculty of Social Science guidelines.

Firstly, informed consent is a requirement meaning that the interviewees have the right to decide for themselves to participate (Bryman 2018, p. 170). In order to achieve the principle of informed participation all interviewees were informed of the overall plan of the study, its purpose, methods, who's in charge of the study, and that participation is completely voluntary and can be withdrawn at any time (Eldén 2020, p. 84). An information letter was thus sent to all interviewees prior to the interviews allowing them to gain full knowledge of the study before deciding to participate, such information was also reminded at the beginning of the interview. The interviewees' consent to participate is recommended to be documented (Eldén 2020, p. 85), and they were therefore given a consent form before the interview and asked to verbally consent both before and on voice recording when the interview was conducted.

Next, the requirement for confidentiality involves interviewees' personal data shall be anonymised during the transcription of the interviews and protected throughout the research process (Eldén 2020, p. 130-131) from a third party. Therefore, the interviews were recorded on digital voice recorders and stored on encrypted USB flash drives in accordance with local

guidelines and GDPR. Additionally, the audio files and the non-anonymised transcriptions were not shared between the researchers because of the distance to avoid online transfers. After an eventual quality control the audio files will be deleted in accordance to Lund University's rules. Lastly, the requirement of usage means that the collected data only shall be used for research purposes (Bryman 2018, p. 171), which has been fulfilled.

Another consideration to be made in the process is if the interviewees may suffer from harm or feel discomfort (Bryman 2018, p. 170). In regards to our study, researching practitioners' assessments of IPV, they could express personal and practice based values and experiences. Therefore, our interviews were structured to move the focus to the vignette instead of personal experiences. For interviewees feeling discomfort from the interview they were offered to speak with the interviewer or receive information on support resources after the interview. No interviewee expressed harm or discomfort.

When conducting a meeting in Australia the researcher has the opportunity to show their respects to the Traditional Owners and ongoing connection to Country by recognising that they are meeting on the land of First Nations people through an "Acknowledgement of Country" (Indigenous.gov.au, n.d.). This suggestion was followed and all interviews conducted in Australia began with the statement of "I would like to begin by acknowledging the traditional owners of the land on which we meet today. I would also like to pay my respects to elders past and present".

3.7 Strengths and limitations

Strengths and limitations of the study's methodology have been identified. Considering the limited time frame and resources associated with a student thesis fewer interviewees are required (Bryman 2018, p. 610). Rather than the quantity of the interviewees, focus is placed on the representativeness of the interviewees (ibid.). With a small sample in each country this study's results have a fairly limited transferability, since eight interviewees can't represent the two geographical areas. However, the results still provide a deep insight and can inspire further research on the subject.

Another possible limitation of the study is that we had to conduct the interviews digitally. Conducting interviews digitally can lead to a few limitations (Bryman 2018, p. 593). The study encountered occasional technical difficulties such as internet connectivity, resulting in reduced conversational flow and requests for repetitions. Furthermore, digital interviews limit the impression only available in in-person interactions such as overall body language.

However, conducting these interviews was preferred rather than excluding interviewees who were not able to meet in-person.

Additionally, when presenting cases depicting non-physical violence, practitioners may experience an easier time when identifying the violence rather than if they met the client in person. Moreover, through explicitly including the word *non-physical violence* in the aim of the study in the information letter, interviewees could be more prone to look for this type of violence. Such wording may also have influenced some interviewees to not recognise any type of physical violence when presented.

Contrarily, one strength that the study portrayed was using a qualitative method with the help of a vignette. This supported the exploration of the interviewees' assessment of cases of IPV, how and why they would intervene, and their thoughts and reflections on the case. Without a vignette we would not have been able to get such specific and elaborate answers.

3.8 Distribution of work

The study was primarily conducted jointly. Although distance we prioritised meeting virtually as well as when possible in person. However, due to the distance some work was allocated between us. In such instances, the other researcher examined the other's text and suggested changes where necessary. Even during individual work a close communication style was adopted.

4. Theoretical Framework

This study applies Michael Lipsky's *street-level bureaucracy theory* (2010) to examine the structural influences shaping non-governmental organisations practitioners' assessment of IPV. Furthermore, the study's analysis draws on Lipsky's theoretical framework focusing on discretion and organisational factors such as resource constraints and regulations, and how these shape and impact practitioners' assessment. This will provide a holistic explanation, taking into account both the direct environment and the broader societal structures that influence the practice of discretion when assessing cases of IPV. Lipsky (2010, p. 5) argues that street-level bureaucrats are government-employed practitioners. However, Lipsky (2010, p. 216) also argues that a new kind of street-level workforce, not in direct contact with the government, has emerged. This new street-level workforce fits the street-level bureaucracy profile and aims to serve citizens in the social services, welfare placements, mental health

facilities and many other service areas (ibid). The practitioners in this study align with this new type of street-level bureaucrat and thus makes the theory applicable.

4.1 Service providers

Public service delivery is not limited to government-employed practitioners but instead places the focus on the direct interaction with clients and public policy. Lipsky (2010, p. 3) describes street-level bureaucrats as public service workers who work directly with citizens in a discretionary way. Although the domestic violence practitioners in this study are not employed by the government, their work within non-governmental organisations aligns with Lipsky's definition of street-level bureaucrats' work. Lipsky (2010, p. xi) further explains that street-level bureaucrats provide public services through dispensation of benefits or allocation of public sanctions. Similarly, since the practitioners in this study are not employees of the government they do not themselves impose public sanctions or dispense state benefits, the practitioners instead exercise discretion and operate within a system where their assessments may influence the clients' access to state interventions. When Lipsky (2010, p. xi) refers to street-level bureaucrats it's often in the association of social workers, policemen, teachers and health workers (Lipsky 2010, p. xi). These practitioners work under demands from service recipients to be effective and responsive, as well as under demands from citizens on the government services' efficiency and efficacy (Lipsky 2010, p. 4). Due to the systematic set-up in both geographical areas, non-governmental organisations handle a substantial proportion of IPV referrals making them frontline workers for domestic violence. They work closely with clients and other street-level bureaucrats, practicing professional discretion. Their discretion is influenced by funding and policies. Many of the non-governmental organisations receive funding from the government with the aim that non-governmental organisations provide additional support to individuals experiencing IPV, particularly where state owned agencies are unable to offer sufficient support. However, most non-governmental organisations also rely heavily on private sourced funding.

4.2 Professional discretion

Discretion is a defining feature of domestic violence practitioners, displaying how the practitioners interpret external and internal factors when assessing complex cases. Street-level bureaucrats practice discretion when determining the nature and quality of benefits and

sanctions provided by their organisation (Lipsky 2010, p. 13). However, their work is regulated by rules, regulations, policies, guidelines, instructions on who receives the service and to which extent, impacting their discretion (Lipsky 2010, p. 14-15). Discretion is an important aspect of street-level bureaucrats since their work often involves complex tasks for which elaboration of rules, guidelines or instructions cannot circumscribe the alternatives (Lipsky 2010, p.15). Thereby, the practitioners can provide interventions on behalf of the clients as well as discriminate among them (Lipsky 2010, p. 23). Such discretionary power is an essential element in our study in order to examine how practitioners assess a case depending on what form of IPV is displayed.

Moreover, Lipsky (2010, p. 40) argues that street-level bureaucrats characteristically work in jobs with conflicting and ambiguous goals. Such conflicts can arise when there are tensions between client-centered goals and organisational goals (Lipsky 2010, p. 44). Furthermore, public service goals tend to have an idealised dimension making them difficult to achieve and complicated to approach (Lipsky 2010, p. 40). Such tensions make it more difficult for practitioners to apply rational or abstract knowledge they learn in training or apply appropriate policies making it important to study how domestic violence practitioners assess cases of IPV.

4.3 Organisational capacity

Organisational capacity plays an essential role in both the scope and quality of service that practitioners can provide. Street-level bureaucracy organisations often have constrained resources (Lipsky 2010, p. 33) and heavy caseloads (Lipsky 2010, p. 36), which may have an influence on their assessments. They are forced to prioritise between the service recipients and spend less time with each client, which in turn affects the clients' service quality (Lipsky 2010, p. 36-37). Moreover this could risk differentiating among recipients forcing some clients to be less entitled to services than others (Lipsky 2010, p. 105). Such differentiations could be a result in practitioners adopting coping mechanisms. Lipsky (2010, p. 18) suggests that street-level bureaucrats develop shortcuts and simplifications to cope with the press and responsibilities.

Additionally, the public expectations of what street-level bureaucrats should primarily do often contradicts street-level bureaucrats' own belief, creating a role conflict (Lipsky 2010, p. 46). However, by contracting non-profit organisations the governments are able to spread out the service delivery and create an additional street-level workforce (Lipsky 2010, p.

215-216). Even though many non-profit organisations aren't working in contract with governments, they still fill the gap in the service which governmental organisations cannot provide. In England and Australia clients are referred to specialist non-profit organisations to receive service and support. Therefore, employees in non-profit organisations can also be viewed as mediators between the client and state.

5. Results and Analysis

In this chapter the result will be presented and analysed with the help of Lipsky's (2010) *street-level bureaucracy theory*. The themes identified are: practitioners' assessment of non-physical violence, practitioners' assessment of physical violence, and overarching influences on practitioners' assessment. When referring to the vignette, we refer to the victim-survivor as *Julia* and the perpetrator as *John* as depicted in the vignette presented to the practitioners.

5.1 Practitioners' assessment of non-physical violence

Non-physical violence was depicted throughout the whole vignette. Stage one and two of the vignette solely depicted non-physical violence in order to examine how practitioners assess cases of IPV without the presence of physical violence. The following sub-themes analyse the practitioner's interpretation of the violence and what considerations they take into account when suggesting interventions.

5.1.1 Recognition of non-physical violence

Across both South England and New South Wales, practitioners consistently acknowledged coercive control and non-physical violence as types of domestic violence. They further discussed these types of violence as harmful and that they had the potential to escalate. In stage one and two of the vignette, which only portrayed non-physical violence, practitioners focused largely on interpreting the violence shown. The practitioners in both geographical areas used terminology to help them identify the different types of violence visible in the vignettes. One practitioner said:

> Yeah, I would say that there is clear, very clear abuse. I can identify financial abuse, I can identify emotional and psychological abuse around the humiliation and the put

> downs, and there's definitely a verge of controlling behavior. (New South Wales practitioner D)

The terminology used to identify the violence illustrated aligns with the definitions and categorisations of non-physical violence the vignette is based on, as mentioned in the methodology section. The use of terminology provides evidence that the practitioners recognise non-physical violence as IPV. Furthermore, the practitioners argued that using terminology for the violence displayed can support clients in recognising themselves in the practitioners' descriptions.

> When you explain that "no this is verbal, this is coercive" when you put this into words you're defining their [...] kind of struggles. (New South Wales practitioner B)

The use of terminology can further educate the clients allowing them to understand the complexities surrounding non-physical violence and what types of violence non-physical violence incorporates. This argument aligns with Doolabh, Fisher & O'Donnell (2022, p. 874) findings which noted that women need support in recognising the violence in order to seek help. Street-level bureaucrats operate under conflicting and ambiguous goals (Lipsky 2010, p.40). The use of institutional terminology can thus also serve as a support mechanism in simplifying complex cases. However, by simply identifying the violence through the use of terminology practitioners can miss information. This was exemplified through practitioners in South England being quick to recognise "the look" as something severe. Contrarily, none of the practitioners in New South Wales identified or discussed this aspect of the vignette. This portrays how certain aspects of non-physical violence can be disguised and thus be lost when only focusing on identifying the violence visible and not always looking at the behaviour as a whole. An English practitioner discussed the possibility of missing information:

> Lots of people talk about this like when they're describing abuse, and sometimes this doesn't get picked up by professionals or maybe taken seriously. But I think victims have like a very intimate understanding of, obviously, of their own experience. (South English practitioner A)

Here the practitioner argues the importance of taking the clients' own understanding and experience of the violence into consideration when identifying the violence that is present. Furthermore, clients may not use terminology, the practitioners therefore need to dive deeper

into what the clients disclose and look beyond simply the terminology when assessing cases of IPV.

5.1.2 Practitioners' approach to non-physical violence

The vignette presented to the practitioners was intentionally concise and lacking institutional terminology in order to highlight what the practitioners themselves identified as worthy to discuss. The practitioners in both South England and New South Wales frequently pointed out that their ability to assess depends on the information the client discloses. In the first two stages of the vignette the practitioners wished to ask Julia for further information surrounding other potential events or behaviours that John had portrayed in the relationship. Arguing that this would give them a holistic picture of the relationship, one practitioner said:

> I would ask her more broader questions as well. Is that, "has there been anything else happening before this? Not necessarily physical. How do you feel about this?" I would also ask if there's anything else going on, so, in terms of any sexual abuse, in terms of any coercive controlling, I would also ask her more questions in relation to that. "Does she feel isolated? […] also does she feel safe when she is actually being calm or even not being calm, but how does he respond to this? If she doesn't agree to it, what will his response be like, and will she feel safe?". (South English practitioner D)

The practitioners imply that such questions, as presented above, can help them understand the dynamics of the relationship and the potential extent of John's actions. While some practitioners focused on Julia's interpretation of the relationship others placed a larger focus on asking questions about John to understand the type of person he is, his behaviour and how he might act if Julia accepts their support. Primarily, such questions revolved around further controlling behaviour of Julia's life and John's occupation. The main reason for such questions was to assess Julia's safety in regards to technical abuse such as tracking. This was a concern for most practitioners in both South England and New South Wales. One practitioner stated:

> I would want to know other things he's been up to. Does he have other [pause] what does he know and what does he know about where she goes, what she does, and around that safety. (New South Wales practitioner C)

The practitioners signified that such information can help them understand how they would need to support Julia in terms of keeping her safe and how to help her leave the relationship, if

she wanted to. Lipsky (2010, p. 13) suggests that street-level bureaucrats have considerable discretion in determining the nature, amount and quality of benefits and sanctions provided by their agencies. Therefore, the amount of relevant information the practitioners gather can widen their scope of discretion; how they will suggest to proceed with the case and what support or interventions they will offer. Furthermore, Lipsky (2010, p. 29) also explains that street-level workers have to work within a degree of uncertainty and need to make decisions under limited information and time. Thus, the more detailed information the broader and more precise their discretionary choices become. The practitioners have to assess the clients' situation within the small window of their encounter and suggest appropriate support that will not put the client at harm. Through further questions they can expand their scope to rightfully assess what they deem the level of seriousness is for the case and which interventions that are appropriate.

The practitioners further argue that when approaching Julia they gauge if Julia herself acknowledges the violence as IPV and her standpoint on the relationship. Based on such information they adjust their approach and interventions. All practitioners were seeking to support Julia in recognising the dynamics of violence without heavily urging her to leave the relationship, further allowing the client to have autonomy. One practitioner stated:

> It's one of those things of like I can't tell people you need to leave and things like that, but when people start to recognise you know the fact that she's even having this conversation with me is telling me that she recognises that something is wrong and being able to validate that for her […]. And kind of getting people to reflect on that themselves […]. (South English practitioner A)

In relation to helping Julia reflect on her relationship, practitioners in both geographical areas suggested similar early intervention strategies, showing that they practice their discretion similarly given the information shared in stage one and two. The overarching general intervention for non-physical violence was to provide the client with psycho-education seeking to educate Julia in recognising the dynamics of violence.

> I guess as a counselor we would be providing psycho-education around what to look out for as well, that things can progress into x y and z. And kind of navigate and hold them around how they manage that. (New South Wales practitioner D)

The practitioners in New South Wales urged Julia to self-reflect on her experiences in order to make her own decision to leave or to stay in the relationship. This way, Julia is gently guided

to recognise the reality of John's behaviour as non-physical violence. Similarly, practitioners in South England also suggested that the decision to leave is up to Julia; however, they did not place emphasis on the importance of self-reflection by the client. Although almost all practitioners respected Julia's own decision, most practitioners, in both geographical areas, wished to create a safety-plan together with Julia in case the violence continues and/or Julia would change her mind.

> So it's about well "we understand that where you're coming from" and "we're just going to stay with you and when you need us we are here and we'll just safety-plan a way with you". (New South Wales practitioner C)

Through respecting the clients' own boundaries but still assuring the client that there is a safety net the practitioners don't push the client away. When participation is voluntary the client will set a limit to how far they are willing to go, and if that is exceeded then the relationship between the client and practitioner risks ending (Lipsky 2010, p. 56). Therefore, they respect the clients' readiness. One practitioner explained:

> What we tend to do is gauge a sense of client readiness and we don't necessarily go into providing advice as to what we believe or what we think is happening in their relationship. In order not to lose Julia, I think you need to go with where she is at. (New South Wales practitioner D)

A cautious approach can further support the worker-client relationship. According to Lipsky's (2010, p. 71) human model of interaction street-level bureaucrats are motivated by helping others, while clients are encouraged to trust them and be guided to receive help. This shows that access to support isn't only determined by the clients' need, but also by the worker-client relationship. Thus, if there is trust between the client and the practitioner the client will open up further which in return widens the practitioners' understanding of the case and thereby also their scope of discretion. The practitioners' discretion can further be used in self-regard to encourage clients to believe that they will increase their well-being (Lipsky 2010, p. 15), which points out the significance in meeting the client where they are. Furthermore, Lipsky (2010, p. 56) argues that if both the client and the practitioner want something from the other, they will continue the relationship as long as they value the exchange. In this instance the practitioners want Julia to stay in touch in order to protect her, and Julia wants to feel safe and secure with the possibility of support whenever she is ready to accept it. Therefore, the practitioners must ensure a correct approach.

5.1.3 Assessing potential risk and harm

In the absence of further information, some practitioners used prior professional knowledge and their own judgement to interpret the situation, further making assumptions to fill any gaps. These assumptions often consisted of more expansive violence than portrayed. Many suggested that the events shown were not the only times John had practiced IPV. Some practitioners also used their knowledge to foresee escalations of violent behaviour, both non-physical and physical. One practitioner expressed concern for further escalation already at the first stage of the vignette:

> That's a lot of controlling issues to me from the very start that would suggest this behaviour is gonna amplify as we go on through the relationship. (South English practitioner C)

Through foreseeing an amplification of John's behaviour early on in the vignette the practitioner saw beyond the disclosed information and further assessed the seriousness of the case, given the assumptions made. Lipsky (2010, p. 72) indicates that street-level bureaucrats are advocates for their clients and need to use their knowledge and skills to ensure the best treatment for their clients under constraints. Such anticipatory judgements may prevent the client from being overlooked and receive the best possible support. Furthermore, it provides evidence that the practitioners in both geographical areas recognise non-physical violence as harmful and that it can result in long term consequences. In the early stages of the vignette practitioners in South England and one in New South Wales emphasised that there is a correlation between coercive control and homicide suggesting that physical violence is not more or less severe from coercive control. One practitioner reasoned:

> It's actually quite dangerous too because what we also know that there you know there could be no acts of violence for those people that are perpetrating coercive control that the survivors could be at quite high risk of homicide. (New South Wales practitioner D)

The correlation between coercive control and homicide was however, only brought up by one practitioner in New South Wales. This divergence suggests that homicide is more readily integrated into professional judgement in South England. This could be due to the different times that coercive control was integrated into the legal framework.

However, the practitioners in both South England and New South Wales mentioned that other street-level bureaucrats such as the police still lack an understanding of the

complexities surrounding domestic violence. In turn, it influences the support available outside of their services to the clients.

> To be honest, we need a lot of understanding of coercive controlling behaviour, from police perspective, from social services perspective, uh from other agencies pers. There's a lack of understanding of that. (South English practitioner D)

> Obviously we do always still hear stories of people being told "oh the council said they wouldn't re-house me because I've not experienced physical abuse". (South English practitioner A)

This clear structural misalignment was discussed by most practitioners, displaying how different street-level bureaucracies involved in responding to IPV approach the cases differently. The practitioners' expressions align with prior research stating a lack of knowledge amongst police forces regarding coercive and controlling behaviour (Robinson, Myhill & Wire 2018, p. 44). Moreover, Doolabh, Fisher & O'Donnell (2022, p. 874) mentions that law enforcement and the legal system do not consider non-physical violence as a serious incident, creating a barrier in accessing support. The practitioners in our study also emphasised coercive control and emotional abuse as a risk for further harm; they describe police responses to frequently be evidence driven.

> The police is dismissive. Sometimes the police say"oh we don't have any evidence to put IVO" and this would kind of I don't know this would trigger the other person more. This would feed to [the perpetrator] view that "nobody will listen to you" and "see police came and didn't do anything", "see even police doesn't even believe you". (New South Wales practitioner B)

Their descriptions suggest that rules and regulations only provide a measure of guidance in determining eligibility of further support (Lipsky 2010, p. 60), while discretion of the practitioner holds a lot of power. A difference between the practitioners in South England and New South Wales was when and if to include police involvement as an intervention strategy. The South English practitioners were more prone to involve the police. They discussed one of the reasons for this to be Clare's Law, an English law which enables police to disclose information to a "victim or potential victim" of domestic violence about their partner's or ex-partner's previous violence or violent offendings (Home Office n.d). One practitioner explained how the law the can be used in Julia's case:

> If she was reporting it then we can also go through Clare's Law so that we can get some more information on John because victim have the right to know about the, their previous, yeah if there's any previous uhm assaults or information on him. (South English practitioner D)

This law further supports England's law surrounding coercive control since it sheds light on recurring violence, enabling practitioners to foresee further amplifications for Julia. Lipsky (2010, p. 15) argues that discretion is regulated by rules and policies. Thus the South English practitioners' can take use of the legal framework to broaden their discretion, and support them to foresee further escalation. Meanwhile, one practitioner in New South Wales claimed that anything before the law about coercive control was implemented is categorised as historical violence influencing the ability to use external supports like the police.

> Because some people are living in constant fear for many years before it goes it ends up with physical violence and incident based violence which really police like but if you really have that and nothing has happened they call "oh its historical abuse". (New South Wales practitioner B)

The quote displays a clear difference in how the practitioners respond to police involvement. In South England it is promoted, allowing practitioners to integrate escalation narratives when assessing. Instead, practitioners in New South Wales place a larger focus on immediate safety interventions such as refuge housing. Consequently, non-physical violence although recognised might become institutionally secondary to physical violence.

Although policies have been put in place to support victim-survivors, practitioners in both geographical areas express that clients still may miss out on formal interventions such as protection orders or police reports due to the police responses primarily being evidence-driven. This aligns with Halliwell et al. (2021, p. 260), who suggests that the police's lack of awareness can lead to victim-survivors not accessing legal protection. A consequence of this is that street-level bureaucrats "make" policy through routines and categories developed in order to process decisions effectively (Lipsky 2010, p. 83-84), indirectly forcing clients to delay support-seeking until crisis. Consequently, non-physical violence may be unsupported by the wider system increasing the clients to be missed between services.

> There are huge gaps between service that if you're not matching the criteria you can kind of fall into that cracks because you're not part of this, you're not part of that, so you will be left without any support. (New South Wales practitioner B)

> We often find clients say "I wish he would just hit me so I have proof of what he's doing". So actually there's probably, I wouldn't say more damage than physical but mentally there's more damage. (South English practitioner B)

Due to the different understanding of IPV between services non-physical violence remains at risk of being unsupported. Although the practitioners within the study portrayed an understanding of the possible effects of non-physical violence, the seriousness of the violence still differs with physical violence at the forefront.

5.2 Practitioners assessment when physical violence is present

Physical violence was presented in the third stage of the vignette alongside non-physical violence in order to explore if and if so how the physical violence factors into practitioners' assessments of IPV. The following sub-theme analyses the influence of physical violence on practitioners assessment and their choices of interventions.

5.2.1 Physical violence as an informal threshold

In stage three of the vignette, an event of physical violence was introduced to explore whether the practitioners' assessment depends on the type of violence present. The inclusion of physical violence led practitioners to assess the case as more serious, further affecting their choices of interventions. When they exercise their discretion to assess the nature, amount and quality of benefits provided (Lipsky 2010, p. 13), their identification and categorisation of "serious" violence appears to be influenced by the presence of physical violence.

> She's been picked and nibbled at to the fact that now she's in an active abusive relationship where it's not just financial, mental, it's physical aggression […]. (South English practitioner C)

Although the practitioner recognises the non-physical violence in the quote above, Julia's relationship is only identified as an "active abusive relationship" once the physical violence was portrayed. Similarly, the other practitioners, in both South England and New South

Wales, altered their evaluation at stage three of the vignette with physical violence functioning as a decisive threshold for extensive interventions.

Furthermore, practitioners displayed a sense of urgency for Julia's safety once physical violence was displayed. This goes in line with prior research conducted by Doolabh, Fisher & O'Donnell (2022, p. 874) who argued that domestic violence services may rank non-physical violence lower in hierarchy when assessing the urgency of interventions. Such potential informal prioritisations were identified but were not expressed as moral judgement by the practitioners. Furthermore, access to more extensive interventions such as receiving a case manager, refuge housing, or financial assistance was often only discussed once physical violence was included in the vignette. Such interventions suggest that physical violence becomes somewhat of a threshold to what practitioners assess as "serious" violence and worthy of further intervention.

> Obviously you'd need a bit more information but I would say if he's started physical abuse we'd be looking at high risk so that would be multi-professional approach. (South English practitioner B)

In earlier stages practitioners expressed the need for further information before determining the level of risk and intervention. However, once physical violence was included some practitioners classified the case as high-risk. This was done even though non-physical violence wasn't explicitly discussed to be more or less severe than physical violence. However, physical violence was discussed as an example of life-threatening violence.

> I guess as soon as it becomes uhm threats to kill, or you know there's been strangulation at any point in the in the past then it's an immediate high risk just as like a base line. (South English practitioner B)

The quote above exemplifies how, when referring to life threatening violence, examples of physical violence were brought up rather than non-physical violence. Physical violence can thus be seen to shift the practitioner's interpretation of the violence into urgency of intervention. This even though practitioners in both geographical areas argued that coercive control also can lead to homicide and be as dangerous as physical violence. The same practitioner as above also argued the following:

> I would say uhm you don't need physical abuse uhm stalking is quite controlling in itself and actually escalates to homicide with no uhm with no physical abuse in

between that, it would just jump straight over and do that. (South English practitioner B)

Thus they show contradictory views on what type of IPV is dangerous and not. Although this contradicting statement is exemplified by one practitioner, this was a pattern that could be seen amongst many other practitioners.

Moreover, a difference that was observed was that the New South Wales practitioners placed a larger focus on Julia's physical health as a consequence of both non-physical and physical violence. In relation to when physical violence was introduced all but one practitioner expressed the need to assess Julia's physical health, and what physical injuries that may be present. Focus was placed primarily on potential brain damage from strangulation if further information would reveal such violence.

> That's definitely in the area where there's a lot more information that's coming up around you know brain damage caused by choking strangulation so I guess it's just about further assessing the risk around either fact of what we need to consider. (New South Wales practitioner D)

> [...] and the physical, we'd check to make sure that she's physically okay as well. We've seen more and more women who are getting into this stage and they don't do all their health checks. They're not looking after themselves because they're so traumatised so they're just living in the household so we'd want to make sure they've got everything they'd need for their health. (New South Wales practitioner C)

In contrast to the practitioners in New South Wales, only one of the practitioners in South England expressed the need to check for potential injuries that could have followed physical violence.

> I can kind of saying you know "is this the worst instance, is this the" you know "did you have any injuries, is this the first time he has been physical with you". (South English practitioner B)

The other practitioners in South England requested information about potential injuries in order to make an overall assessment of how serious the physical violence was. Unlike the New South Wales practitioners, who proposed interventions in correlation with healthcare practitioners to check for physical injuries, the South English practitioners remained at the level of assessment. Although the practitioners in South England did not deny physical health

interventions, they placed a larger focus on interventions for Julia's mental health, offering counseling and therapy support or referrals in relation to that, wanting to build on her self-esteem.

> I would also be looking at getting her talking therapies as well because I think she would need something for her uhm self-confidence and pos, possibly coping strategies. (South English practitioner B)

Contrarily, half of the practitioners in New South Wales expressed wanting to check her mental health with the same aim to offer therapy support as an intervention. However, they place an overall larger focus on practical solutions such as refuge housing rather than talking-therapy. A commonality seen between the practitioners in both geographical areas was the suggestion for Julia to document any violence that left physical marks to use as evidence for the police.

Lipsky (2010, p. 27) explains that street-level bureaucrats work in an environment that defines their way of perceiving problems and which solutions they use to solve them. In turn, the patterns of their practice is based on the common conditions and the situational context of the practice (ibid.). Therefore, the practitioners focus in their assessments and choice of interventions could be based on the common pattern of their practice.

5.3 Limitations influencing assessments of IPV

In relation to the vignette as a whole, depicting both non-physical and physical violence, overarching patterns and considerations can be explored without a correlation to a specific form of violence. The following sub-themes analyse the organisational and cultural influences on how practitioners assess cases of IPV and on what interventions are available.

5.3.1 Practitioners' coping mechanisms

A core condition shaping practitioners assessments in both South England and in New South Wales is the resource constraints. Practitioners in both South England and New South Wales mentioned high caseloads, limited time and restrained resources influencing the interventions available. A common reflection from the practitioners was that they often worked together with external organisations and referrals to other services as a possible way to manage the high workload.

> So depending on how much we get through with that, depends on what level of service we can give. We'd like to do lots more, and we've, and we try to meet the need of what we can. If not, we try to find the service that can meet that need. I think it makes services more collaborative because […] we're sharing clients all the time. But yeah it's a challenge. (New South Wales practitioner C)

> We still have the cases come through to us whether we've got the funding there or not. We will always be there to be able to signpost and do everything in our power to work with those individuals. But we do rely on some funding to be able to provide our activities and buy classes and courses that we provide to them. (South English practitioner C)

Hereby, the practitioners emphasise that services are always available although limited time and resources. Street-level bureaucrats often operate in environments where resources are constrained and inadequate relative to the tasks the workers are asked to perform (Lipsky 2010, p. 27). In such instances, multi-agency collaboration enables practitioners to ensure support for clients through other organisations, thereby reducing the risk that clients are left without support.

Although the practitioners can refer clients to external organisations, the underlying organisational pressure related to limited resources and high caseloads remains. Lipsky (2010, p. 18) implies that another way to cope with the pressure and responsibilities is the use of shortcuts and simplifications. In this study, such shortcuts were evident in the use of risk assessments and structured tools, using predetermined criteria and questionnaires to determine the clients' eligibility. Throughout the responses the practitioners however, expressed ambivalence about the tools. Some argued that it could risk overlooking non-physical violence or discourage clients to disclose.

> We wouldn't sit there and say "oh does he have guns". We'd be more in a conversational level to get that information, asking straight questions people rock up don't want to give answers. (New South Wales practitioner C).

While others argued for risk assessments to be valuable because of its structure, allowing practitioners to identify patterns and give a holistic picture of the client:

> I will do the risk assessment because they're quite comprehensive uhm and it again, it gives me the opportunity to kind of say you know "has this happened, has this happened, has this happened". (South English practitioner A)

While risk assessments can help function as a coping mechanism and enable practitioners to navigate within their discretion, they also risk narrowing how violence is recognised and responded to. Similarly, Brennan et al. (2019, p. 645-646) argued that risk assessments may overlook non-physical violence and focus on the immediate physical violence, leaving coercive control overlooked. Although the legal framework is expanding, recognising various violence, the tools used in organisations can risk trailing behind. In England coercive control was made illegal in 2015, however, one practitioner in South England still expressed delays in risk assessments:

> Although the landscape, legal landscape, has changed, the tools which we use to assess victim-survivors, particularly the risk assessment toolkit. It hasn't, it needs lots of adjusting and changing. (South English practitioner D)

The quote above exemplifies how rules and regulations only provide a measure of guidance in determining eligibility while the practitioners' discretion is still the largest influence (Lipsky 2010, p.60). Practitioners in both South England and New South Wales expressed that they navigate high caseloads, limited time and scarce resources influencing their assessments of IPV. Altogether, these findings show how resource constraints, organisational expectations and shortcuts together influence the support available to clients.

5.3.2 Consequences for clients

Practitioners in South England and New South Wales both expressed different requirements placed upon them to secure resources for their clients. Some practitioners in New South Wales recognised that they had to provide evidence such as how many clients they support when applying for funding. One practitioner added that their funding was based on police statistics rather than the organisation's statistics:

> We keep getting told we'll want we are a part of services that don't get funding a lot because there isn't the need because the need of funding is based on the police statistics and because we don't get the police statistics we don't get the funding so for us coercive control and around the financial and the emotional abuse it's been huge. (New South Wales practitioner C).

Illustrating how organisational survival becomes linked to forms of violence that are primarily institutionally countable, such as physical violence. Halliwell et al. (2021, p. 263) notes that consequently practitioners are powerless in helping survivors of non-physical violence because of for instance limited time and lack of resources. Moreover, street-level bureaucrats' goals tend to be ambiguous, vague or conflicting (Lipsky 2010, p. 27), yet the practitioners in both geographical areas noted that they are required to demonstrate effectiveness to secure resources.

> I have to write my quarterly report basically to prove that my job should exist and I'm the only one that can contribute to it. (South English practitioner A)

Such reports were often discussed by the South English practitioners, mentioning how funding constraints caused loss of specialist staff impacting organisational capacity. Similarly, Halliwell et al (2021, p. 262) discussed that there are not enough specialists in domestic violence services to support cases of non-physical violence. The practitioners did not insinuate that the loss of specialist knowledge has a direct impact on the clients since other practitioners may possess similar knowledge. It could nonetheless be argued to have indirect consequences since without specialist consultation, practitioners may be constrained in their ability to respond to complex cases further affecting the clients.

Another responsibility that took away time from clients was the need for advocacy. Street-level bureaucrats are often expected to be advocates, use their knowledge, skill and position to secure the best treatment for their clients (Lipsky 2010, p. 72). Such advocacy includes educating other agencies within the field to ensure equal treatment for clients experiencing all types of IPV.

> Yeah. But it needs more education with the police rather than us, and with the services. Sometimes we are the ones who are educating and doing the institutional advocacy on behalf of victim-survivors when other agencies don't have as much knowledge and understanding. (South English practitioner D)

With already high caseloads and limited time such advocacy can reduce time available to create in depth client engagement, forcing organisations to further use coping mechanisms. Such findings align with Doolabh, Fisher & O'Donnell (2022, p. 873-874) assertion that limited funding and capacity can result in domestic violence services needing to prioritise

higher risk cases. Thereby, the practitioners are forced to balance advocacy and client relationships under conditions of limited resources.

5.3.2 Contextual influences on assessments of IPV

Resource constraints also force practitioners to distinguish between clients. According to Lipsky (2010, p. 105) this results in clients not being equally entitled to public services. Thereby, resource constraints influence the depth and availability that the organisations can offer clients. In such situations the practitioners are forced to use their discretion to determine eligibility for the presented situation (Lipsky 2010, p. 60). The practitioners could use their knowledge, training and experience to do so. All practitioners but one stated that they have received training in their career and emphasised the impact it has had on their judgement. They noted that it has helped them identify different forms of violence as well as assess cases. Furthermore, some practitioners in both South England and New South Wales raised that they continuously receive training to update their knowledge.

> Yes so we keep doing these on and off so we will see what trainings are available we try actually keep updating our knowledge. (New South Wales practitioner A)

Continuous training shapes their knowledge and influences how the practitioners can use their discretion when assessing cases of IPV. Training may differ between countries creating an organisational culture which the practitioners follow when assessing. What the practitioners chose to focus on differed between South England and New South Wales. The vignette did not inform the practitioners of Julia's background leading most of the practitioners in New South Wales wishing for further information about Julia's potential visa status. The practitioners argued that this could influence their assessment and interventions available.

> I'd also want to know about their visas, sorry I should of said that at the beginning, because we that's another issue to work with her around even if she came to us and there was stuff going on at the beginning and she was on his visa and that's the other reason if [Julia] staying with him then we could talk to her about around that aspects for around you know looking at other alternatives putting her in touch with legal people who could assist with that. (New South Wales practitioner C)

Altogether the practitioners' experience and training may impact their ability to differentiate between information and thus influence what intervention that they deemed applicable. Such differences in the ability to identify any forms of violence illustrate how discretion is

conditioned by institutional contexts. Lipsky (2010, p. 181) proposes that street-level bureaucrats don't fully invent responses to work stressors but instead that the culture in their agency influences the practitioners discretion. The reason why the South English practitioners did not take Julia's visa status into consideration is unknown. The observed differences between the practitioners in New South Wales and South England are not primarily a result of individual professional judgement but rather institutional environments that advise what is recognised as relevant. This further displays how the major dimensions of public policy can be applied; such as the levels of benefits, categories of eligibility, nature of rules and regulations (Lipsky 2010, p. 14-15). Thereby, practitioners discretion is affected by policies which need to be taken into consideration (ibid.). What aspects that are taken into consideration exemplifies how policy is practised on street-level in street-level bureaucrats' choices (ibid.), emphasising that when practitioners use policy in their discretion they also help create policy.

6. Concluding Discussion

The purpose of this study has been to understand how domestic violence service practitioners assess cases of IPV characterised primarily by non-physical violence. Additionally, the study explored contextual factors between practitioners in South England and New South Wales and how such elements, including systematic differences and policy influence domestic violence service practitioners. The research questions that have been answered are: *How do domestic violence service practitioners assess cases of predominantly non-physical violence against women? In what ways could the presence of physical violence influence practitioners' assessments in cases of predominantly non-physical violence? What considerations guide practitioners' assessment in cases of IPV?*

Based on the results and analysis, it became evident that domestic violence practitioners possess extensive knowledge of both physical and non-physical IPV. This allowed them to recognise non-physical violence and coercive control when applicable. The practitioners used their knowledge to make assumptions about the case and thus foresee potential escalations. When necessary, they wished for further information highlighting what insight they needed in order to make an accurate assessment and provide interventions.

It is important to note that in our study the practitioners argued that they do not value non-physical violence or coercive control to be more or less severe than physical violence. The practitioners also emphasised the need to assess the client's readiness to adjust their

approach to prevent disengagement from Julia. However, once physical violence was depicted in the vignette, the practitioners shifted from their cautious approach to more imposing interventions. Simultaneously, the practitioners argued that they valued coercive control and non-physical violence as "high-risk". Contrarily, physical violence still appeared to be a threshold for what extensive interventions that were made available as well as the sense of urgency for interventions.

All practitioners discussed limitations which they needed to take into consideration when assessing. Some considerations that the practitioners stressed were the high caseloads, limited time and limited resources, and their influence on assessments and interventions. Another consideration expressed by the practitioners was the influence of the legal landscape and police involvement. The practitioners argued that other agencies such as the police lack understanding of non-physical violence and coercive control, which in turn limits available legal support outside of the organisations.

Furthermore, there were notable differences in the practitioners' assessment between the geographical areas. The South English practitioners placed emphasis on "the look" depicted as a form of non-physical violence in the vignette, which none of the practitioners in New South Wales recognised. Another difference was that South English practitioners placed a larger focus on interventions for Julia's mental health, such as talking therapies. However, the New South Wales practitioners primarily focused on her physical health, suggesting the need for a medical consultation. Additionally, the practitioners in New South Wales focused on Julias's visa status; contrarily, none of the South English practitioners took this into consideration. Through Lipsky's (2010) theory on street-level bureaucracy, these findings suggest an organisational cultural influence on the practitioners' discretion when assessing. These findings further emphasise the considerations that may otherwise be overlooked. It is important to note that this does not indicate a difference in individual professional knowledge.

This study has deepened the knowledge on domestic violence service practitioners' assessments of IPV. Prior studies have focused on practitioners' ability to recognise non-physical violence in cases of IPV. This study has further evolved the research field adding to a new perspective on how practitioners assess cases of IPV, exemplifying how their knowledge is used in practice. Similar to prior studies, our study has also shown limited knowledge within other sectors. The gaps in knowledge within the legal sector combined with lack of understanding in other agencies constrains the range of available support that the women experiencing IPV can rely on. These findings agree with studies conducted by Brennan et al. (2019), Robinson, Myhill & Wire (2018), Doolabh, Fisher & O'Donnell (2022),

Halliwell et al. (2021), and Vejlgaard et al. (2025), stressing the importance for all sectors to have equal knowledge in identifying and assessing the needs of affected women.

This study acknowledges the external factors as well as the practitioners' own knowledge in relation to assessments. Building on the results, domestic violence practitioners have considerable knowledge to recognise non-physical violence, and foresee violence beyond limited information. However, they are restricted in their assessments in regards to high caseloads, limited time and resources. This confirms the results shown by Doolabh, Fisher & O'Donnell (2022, p. 873-874).

Even though this study has provided broad insights to the research field there is still the need for continued research. In future research aiming to extend the field may consider a comparative study examining domestic violence service practitioners' and polices' assessment of non-physical violence. Furthermore, research is needed surrounding how to improve the collaborations between sectors. Lastly, exploring how the varying understanding of non-physical violence impacts the victim-survivors can be of interest.

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8. Appendix

8.1 Information letter

LUNDS UNIVERSITET
Samhällsvetenskapliga fakulteten

Domestic Violence Service Providers' Assessment of Intimate Partner Violence: A Comparative Study Between Australia and England.

You are invited to participate in this study. This document contains information about the study and what your participation involves.

My name is Ellie, and I am a student of the Bachelor's Programme in Social Work at Lund University. The study aims to better understand how professionals within the field of intimate partner violence assess different types of non-physical violence. This is a comparative qualitative study between England and Australia.

The study will be carried out by either Ida or Ellie through in-person or virtual interviews with professionals with a minimum of one year's experience working in the field of intimate partner violence. During the interview you will be shown one fictitious vignette depicting cases of intimate partner violence. The case has three stages. Between each stage the interviewer will ask a few open-ended questions allowing you to reflect and assess the stages. The interview will last approximately 40 minutes to 1 hour and will be recorded on a digital voice recorder to ensure your personal data is kept safe. The collected empirical material will then be transcribed and thematised. It will further be analysed through a theoretical perspective and a conclusion will be drawn to answer our research question.

This interview will give the interviewers a deeper understanding of domestic violence service providers assessment of cases of intimate partner violence and what relevant interventions that are deemed appropriate. Participating in this study, talking and resonating about intimate partner violence, may be challenging due to violence being an emotionally challenging topic. If you found the interview emotionally challenging, you will be given the opportunity to speak to the interviewer. We are also prepared to offer information on support resources if needed.

Participation in this study is completely voluntary and cannot be forced by an outsider. Participation can be withdrawn at any time during the interview. You shall only share as much as you feel comfortable with and may decline answering a question or stop the interview at any time without explanation.

You will need to sign a form of consent to be able to participate. This consent entails that the interview will be recorded on a digital voice recorder. Any personal information about you or information about your workplace will be kept confidential and not shared with a third party. In citations used in the study you will be anonymised. Even name, workplace or other personal information will be changed or removed to avoid identification.

You may access the study's results by emailing either Ida Meyer or Ellie Andersson Disley. If you wish to speak to our course director, Teres Hjärpe, you may email her. You can find the contact information below.

Contact information:
Ida Meyer, student: ida.meyer@hotmail.se
Ellie Andersson Disley, student: ellanddisley@yahoo.com
Teres Hjärpe, course director: teres.hjarpe@soch.lu.se

8.2 Consent form

LUNDS
UNIVERSITET

Consent for participation in Bachelor's thesis at the Faculty of Social Science, Lund, Sweden

I consent to participate in "Domestic Violence Service Providers' Assessment of Intimate Partner Violence: A Comparative Study Between Australia and England."

The study conducted is a student research thesis and will be published as such. We are required to collect certain personal data to be able to contact participants if needed, ensure participants' relevance to the study and to ensure that necessary comparable elements of the study can be carried out.

Information about the personal data processing

Following personal data will be processed:
We will be collecting the participant's name, workplace, professional role and current work experience within the field of domestic violence.

Following sensitive personal data will be processed:
We will be collecting the participants' voices through voice recording the interview.

Personal data will be processed as following:
The personal data collected will be processed solely for the use of this study and will be permanently disposed of when no longer required for the completion of the thesis. All personal data will be handled confidentially, meaning it won't be shared with a third party. The interviews will be stored on cryptated USB.

Lund University, Box 117, 221 00 Lund, with organisation number 202100-3211 is data controller. You can find Lund University's privacy policy on www.lu.se/integritet

You have the right to receive information about your personal data that we process. You also have the right to have faulty personal data about you corrected. If you have complaints regarding our process of your personal data you can contact our data protection officer via dataskyddsombud@lu.se. You also have the right to file complaints to the regulatory authority (Swedish Authority for Privacy Protection, IMY) if you think we are processing your personal data improperly.

Post address: *Box 117, 221 00 Lund.* Visiting address: *Allhelgona kyrkogata 8, 223 62 Lund, Sweden*. Telephone: *+ 46 46-222 00 00*. Email: *info@soch.lu.se* Website*: https://www.soch.lu.se*

I consent to participate in "Domestic Violence Service Providers' Assessment of Intimate Partner Violence: A Comparative Study Between Australia and England."

Place	Signature
Date	Printed name

8.3 Interview guide

Domestic Violence Service Providers' Assessment of Intimate Partner Violence: A Comparative Study Between Australia and England.

Research aim:

The study aims to better understand how domestic abuse practitioners assess cases of intimate partner violence characterized primarily by non-physical violence against women

Introduction

Interview questions:

- In Australia: state acknowledgement towards the traditional owners of the land we meet today.
- Short presentation of the study and present the study's aim.
- Ask if the interviewee has read the information letter and feels informed about the study.
- Ask if the interviewee has read the consent form and if they have any further questions.
- Begin recording when consent has been given.
- Gather verbal consent once voice recording has begun.
- Provide an overview of the study.
- Begin asking introductory questions.

Introductory questions:

1. How do you, in your current role, meet domestic violence?
2. How long have you been working with cases involving intimate partner violence?

Stage 1

Stage 1 of the vignette. [The first part of the vignette is now presented to the interviewee to read before questions are asked].

Julia still has a good friendship with one of her past boyfriends and they sometimes meet and have a coffee. In the beginning of the relationship with her current partner John, he expressed jealousy surrounding Julia's previous relationships and requested her to end all contact with her ex. Julia sympathised with John and agreed to only meet her past boyfriend in group settings, since they have mutual friends, and when John was included since John stated he otherwise would leave the relationship. One night, after a friend's birthday party, John got upset after seeing Julia talking with her ex boyfriend. When they arrived home John expressed worry that seeing her ex could stir up old feelings or memories that weren't good for her. John questioned whether Julia was sure that she wasn't giving off mixed signals,

which made Julia increasingly unsure herself. He demanded that Julia cut all contact with her ex boyfriend and that Julia never should attend the same gatherings as him in the future. John then proposed that they both share each other's locations to ensure each other's safety and meant that this is a modern form of mutual trust. Julia agreed to this in order for the conversation to end.

Questions:

1. How would you describe part 1 that you see in front of you?
    a. Is there anything that sticks out to you and if so why?
2. How would you describe John's behaviour at this point?
3. If Julia asked for your opinion on her relationship at this point, what would you say and why?
    a. Is there something you would recommend her to do and if so what?
4. Do you have any other thoughts you would like to add before we move on?

Stage 2

Stage 2 of the vignette. [The second part of the vignette is now presented to the interviewee to read before questions are asked]

John urged that they both should contribute equally financially to the household in order to run the household smoother. Since Julia earned less than John, John demanded that Julia transfer all her wages to him, and that he then would transfer an amount each week to a joint account which she could access to pay for groceries and household expenses. Julia questioned these demands asserting that she was happy to share part of her finances and that she would try to find a new job to earn more. John joked that Julia was too dumb to do anything else but stay home and cook dinner. John often made jokes on her behalf but Julia defended it as lighthearted jokes. John never deposited enough money in the joint account. Julia had to regularly ask for more money, which she found humiliating, but John simply gave her a warning look that she immediately recognised and made her stop.

Questions:

1. How would you describe their interactions in this part, without taking the other parts into account?
    a. Is there anything that sticks out to you and if so why?
2. How would you describe their interactions overall so far in the vignette?
3. How would you describe John's behaviour at this point?
4. If Julia asked for your opinion on her relationship at this point, what would you say and why?
    a. Is there something you would recommend her to do and if so what?
5. Do you have any other thoughts you would like to add before we move on?

Stage 3

4. Stage 3 of the vignette. [The third part of the vignette is now presented to the interviewee to read before questions are asked]

John often surprised Julia with different types of date ideas. He often proposed extravagant flower bouquets and expensive presents. John meant that this was his primary love language. One night John had planned for Julia and him to cook dinner together as a part of their weekly date night. John had gathered ingredients for them to make pizza together. When the pizza was in the oven they stood discussing the wine that John had bought for the occasion. Julia then looked over to the oven and realised that the pizza was burning. As John rushed over to the oven to take the pizzas out he pushed her to the ground and said "look what you made me do!". Julia had started crying to which John had slammed the baking tray onto the table and shouted "shut up" and rushed out of the apartment. John ignored Julia for the rest of the week. His silence was common after an argument and something Julia dreaded since it left her constantly guessing how to regain his love.

Questions:

1. How would you describe their interactions in this part, without taking the other parts into account?
    a. Is there anything that sticks out to you and if so why?
2. How would you describe their interactions in addition to the prior parts?
3. How would you describe John's behaviour at this point?
4. If Julia asked for your opinion on her relationship at this point, what would you say and why?
    a. Is there something you would recommend her to do and if so what?
5. Considering all three stages together, what interventions would you consider appropriate and why?
6. Do you have any other thoughts you would like to add before we move on to the closing questions?

Closing questions

1. With all three stages combined, what patterns or behaviour stick out to you and why?
2. Has the criminalisation of coercive control impacted your assessment of domestic violence, if so how?
3. Have you received training at any point of your career regarding coercive control or non-physical violence?

- Do you deem that this has helped you be able to identify or support cases of non-physical violence and if so how?

4. What resources do you have available at your organisation?
5. How do you use these resources to support clients experiencing non-physical violence?
    - Have you felt restrained by these resources?
6. How dependent do you feel based on the funds that you receive?

End of interview.