Critical interpretive synthesis:
Child protection involvement for families with domestic and family violence, alcohol and other drug issues, and mental health issues

AMY CONLEY WRIGHT
LAURA METCALFE
SUSAN HEWARD-BELLE
SUSAN COLLINGS
EMMA BARRETT

ANROWS

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ASSOCIATE PROFESSOR AMY CONLEY WRIGHT
Director, Research Centre for Children and Families, The University of Sydney

LAURA METCALFE
Research Assistant, Research Centre for Children and Families, The University of Sydney

ASSOCIATE PROFESSOR SUSAN HEWARD-BELLE
Associate Director, Research Centre for Children and Families, The University of Sydney

DR SUSAN COLLINGS
Research Fellow, Research Centre for Children and Families, The University of Sydney

DR EMMA BARRETT
Program Lead in Trauma and Crime Research, The Matilda Centre for Research in Mental Health and Substance Use, The University of Sydney

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THE UNIVERSITY OF SYDNEY

The University of Sydney
Camperdown NSW 2006

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Abbreviations

ACEs	Adverse childhood experiences
AOD	Parental alcohol and other drug use
DFV	Domestic and family violence
MH	Parental mental health issues
NSW HSDS	New South Wales Human Services Dataset
OOHC	Out-of-home care

Executive summary

Recent Australian research suggests that domestic and family violence (DFV) often co-occurs with parental alcohol and other drug issues (AOD) and mental health issues (MH) in reports of child abuse or neglect, and the co-reporting of these three risk factors often precipitates child protection involvement (see Humphreys et al., 2020). Yet despite a wealth of evidence in overseas jurisdictions pointing to the prevalence and co-occurrence of DFV, AOD and MH in families involved with the child protection system (see Blythe et al., 2010; Brandon et al., 2008 as cited in Skinner et al., 2021; Holly & Horvath, 2012; Lalayants, 2013; Webber et al., 2013), there is relatively little research in an Australian context exploring the occurrence, overlap or interrelationships between these factors and child protection involvement.

Given the reported prevalence of DFV, AOD and MH in families embroiled in child protection systems in overseas jurisdictions (primarily the United Kingdom and United States) and recent research to suggest similar prevalence in Australia, it is important to understand how these factors operate and interact to impact children and families in an Australian context. This paper reports the findings of a critical interpretive synthesis of academic and grey literature on the intersections of DFV, AOD and MH in the context of child protection. The research question that informs this project is: *How and to what extent are the social determinants of statutory child protection involvement, DFV, AOD and MH reflected in the literature?* To answer this question, several sub-questions guided a critical appraisal of the literature:

1. How are risk factors of DFV, AOD and MH described and framed in the literature?
2. What other factors are considered to co-occur with these risk factors?
3. What theoretical perspectives are used to understand these factors?

A critical interpretive synthesis (Dixon-Woods et al., 2006) was undertaken to allow an interrogation of the evidence base regarding the prevalence and impacts of DFV, AOD, MH and child protection in family environments. That is, the synthesis was "grounded *in* the literature but includes questioning *of* the literature in order to problematise gaps, contradictions and constructions of issues" (Isobe et al., 2020, p. 1399, emphases in original). In line with a critical interpretive synthesis approach, conventional systematic review techniques were used in the search strategies, while selection criteria prioritised relevance to the research question and theoretical contribution over evidence quality, research design or methodology (Dixon-Woods et al., 2006). Notes and data extraction on included studies documented emerging themes, gaps in the evidence, contradictions, and consideration of how key concepts and terms were framed and conceptualised throughout the literature. A total of 45 articles were included in the synthesis. Of these articles, 15 were published in the United States, 13 in Australia, nine in the United Kingdom, five in Canada, one in Japan, one in Germany and one in New Zealand.

Synthesis of this literature highlighted a number of limitations in the evidence base for the prevalence and outcomes of DFV, AOD and MH. Namely, there is a lack of:

- specificity and consistency around key terminology
- nuanced understanding of the correlations between risk factors and outcomes
- theory and concepts to frame the mechanisms by which DFV, AOD and MH factors interact and increase risk for particular outcomes
- consistently applied measurement tools across studies
- exploration and analysis of the interactions among DFV, AOD and MH and broader socioeconomic, demographic and contextual factors
- robust empirical research undertaken in an Australian context.

In light of the substantial limitations detailed in this evidence review, further research is needed to understand the mechanisms by which DFV, AOD and MH interact with one another; operate at micro, meso and macro levels; and intersect with broader socioeconomic, contextual and demographic factors to increase risk for poorer child outcomes.

Moreover, this research highlights the deficits in a child protection system response to incidence of DFV and co-occurring risk factors (AOD and MH) in families (Herrenkohl, 2019; Herrenkohl et al., 2016; Humphreys et al., 2018). Tertiary-level intervention involving removal of children to out-of-home care fails to attend to underlying and likely

ongoing issues of DFV, AOD and MH at an individual, familial or community level. Additionally, reliance on an individualised, deficit-oriented model of risk assessment currently in practice in child welfare systems across Australia and overseas risks stigmatising and marginalising families at risk for, or in contact with, the child protection system.

Given these criticisms, this report endorses calls to shift from reactive strategies based in tertiary child protection to proactive, primary prevention that aims to reduce risk factors and enhance protective factors prior to problems emerging (Herrenkohl et al., 2015; Herrenkohl et al., 2016). This can be achieved through a public health model that positions DFV, AOD and MH (in concert with other risk and protective factors) at individual, familial and community levels and offers an opportunity to intervene early and comprehensively via establishment of a large, multidisciplinary suite of services that cross-cut child welfare, juvenile justice, mental health and education systems (Herrenkohl, 2019).

This report represents Stage 1 of a two-stage research project titled "Analysis of linked longitudinal administrative data on child protection involvement for NSW families with domestic and family violence, alcohol and other drug issues and mental health issues" that aims to inform the use of a public health model that can reduce risk and enhance protective and resiliency factors at the individual, familial and community level for children and families with intersecting DFV, AOD and MH risk factors. While Stage 1 sought to synthesise research addressing these risk factors in order to critically assess the evidence base for both the prevalence and intersection of these factors in a child protection context, Stage 2 aims to produce population statistics on the interdependence of DFV, AOD and MH with child protection involvement using the NSW Human Services Dataset. Consequently, this report provides key context for subsequent data analyses to be undertaken in Stage 2 of the project, and grounds discussion in the policy context in which these risk factors arise and the academic literature in which these factors are studied and operationalised.

Introduction

Research undertaken in overseas jurisdictions, primarily the United States and the United Kingdom, has demonstrated the prevalence of domestic and family violence (DFV), parental alcohol and other drug use (AOD) and parental mental health issues (MH) in families embroiled in the child protection system (Blythe et al., 2010; Brandon et al., 2008; Holly & Horvath, 2012; Lalayants, 2013; Webber et al., 2013). Separately, DFV, AOD and MH are known to be indicators of risk for harm or abuse of children (Coates, 2017; Council of Australian Governments, 2009; Tsantefski et al., 2014; Wood, 2008). Evidence that these factors are independently associated with a risk of harm to children has bolstered assumptions that, in combination, these factors significantly increase risk for children (Masten & Wright, 1998; Solomon et al., 2016; Webber et al., 2013). That is, a cumulative risk framework is used to show that multiple risk factors exacerbate an individual's likelihood of experiencing adverse outcomes (Raviv et al., 2010) and that cumulative harm results from a complex intersection of risk and protective factors that exist at multiple levels including individual, familial, community and sociocultural. Children and young people at risk of maltreatment, including abuse, neglect or exploitation, are typically characterised by the presence of multiple adversities or risk factors in their lives (Lucenko et al., 2015). Consequently, under a cumulative risk framework, the number or combination of risks identified in a child's life is considered to better predict outcomes than the presence of any single risk factor.

In the United States, findings from a series of studies known as the "adverse childhood experiences (ACEs) research" have been influential in providing a framework for understanding how multiple ACEs affect a person's health and wellbeing across the lifespan. Conducted over 20 years ago, the first ACEs study (Felitti et al., 1998) examined the health records of 9,508 people who also completed questionnaires asking them whether they had experienced one or more of a defined set of ACEs during childhood or adolescence. The ACEs included experiences of abuse and maltreatment (physical, sexual, psychological) and experiences of "household dysfunction" (domestic violence, mental illness, criminal behaviour and substance use). In recent years, limitations of this framework have been brought to light. This includes the unrepresentative population used in the original study and the limited scope of the defined set of ACEs (Afifi et al., 2020; McEwan & Gregerson, 2019). It has been argued that ACEs should be considered in the broader context of the social determinants of health to address these limitations (McEwan & Gregerson, 2019). Nevertheless, the ACEs framework remains in common use across the United States, as well as internationally (Struck et al., 2021).

The co-occurrence of DFV, AOD and MH has also been represented in research primarily undertaken in the United Kingdom as comprising a "toxic trio". The term was first coined by Brandon (2009, p. 1109) in an article that built on previous publications which referred to "toxic caregiving environments" and "toxic environments" as descriptors for family environments featuring DFV, mental ill health, substance misuse and learning disability. The origins of the toxic trio can be traced to a series of research studies and overview analyses of Serious Case Reviews undertaken during the early 1990s. During this time, a range of studies examining parental risk factors for child abuse and neglect identified and reinforced focus on the prevalence of DFV, AOD and MH among families involved in the child welfare system (see Cleaver & Freeman, 1995; Cleaver & Nicholson, 2007; Cleaver et al., 1999, 2007 as cited in Skinner et al., 2021). Subsequently, an emphasis on the trio factors began to manifest in United Kingdom Serious Case Reviews, which suggested that the factors frequently existed in combination among cases where abuse or neglect of a child led to the child being seriously harmed or dying (Brandon et al., 2008 as cited in Skinner et al., 2021). These findings were soon translated into policy and practice and incorporated into UK national assessment frameworks and briefings for family justice practitioners (Brown & Ward, 2013; Cleaver & Walker, 2004; Cleaver et al., 2004 as cited in Skinner et al., 2021). Ultimately, the presence of trio factors in family environments became regarded as a marker for the presence of risk of serious harm.

Despite a wealth of evidence in overseas jurisdictions pointing to the prevalence and co-occurrence of DFV, AOD and MH in families involved with the child protection system, there is relatively little research in an Australian context exploring the occurrence, overlap or interrelationships between these factors and child protection involvement. An enquiry into

child protection services in New South Wales undertaken by Wood (2008) found that families in contact with the child protection system are characterised by a range of complex risk factors including DFV, AOD, MH, limited social supports, low income and a history of incarceration. Additionally, between 2017 and 2020, Humphreys led a team of researchers, experts from the Safe & Together Institute and practitioners across multiple Australian states in a suite of action research projects including:

- the PATRICIA project (Humphreys & Healey, 2017)
- Invisible practices: Working with fathers who use violence (Heward-Belle et al., 2019)
- the STACY (Safe & Together Addressing Complexity) project (Healey et al., 2019)
- the STACY for Children project (Humphreys et al., 2020)

In each of the research projects, the Safe & Together Institute was a central research partner involved in building the capacity of the workforce to embed DFV-informed practice. The Safe & Together Institute offers a model and suite of tools to promote DFV-informed practice that is gaining traction both internationally and nationally. For example, largescale rollout of Safe & Together training and participation in the aforementioned action research projects created a "cultural tsunami" of workforce development and the establishment of the Office of the Child and Family Official Solicitor in the Queensland Government Department of Child Safety, Youth and Women (De Simone & Heward-Belle, 2020).

Recent empirical research undertaken in Australia analysed the co-reporting of DFV, AOD and MH across 947 notifications that had finalised Investigation and Assessment phases and associated family risk evaluation forms (Humphreys et al., 2020). This analysis demonstrated that co-reporting of DFV with both AOD and MH was the most prevalent pattern across the reviewed family risk evaluations (Humphreys et al., 2020). Moreover, this research found that the combination of DFV with AOD and MH in reports of child abuse or neglect often precipitated children's and families' involvement in the child protection system.

This body of research also highlights the deficits in a child protection system response to incidence of DFV and co-occurring risk factors (AOD and MH) in families (see Herrenkohl, 2019; Herrenkohl et al., 2016; Humphreys et al., 2018). Specifically, the child protection system has been characterised as not being designed to adequately "respond to both adult and child victims/survivors, to engage with men, and to work effectively across organisations with multi-agency and complex needs clients" (Humphreys et al., 2018, p. 278). Similarly, the tertiary-level, last-resort intervention of removing children to out-of-home care (OOHC) fails to attend to underlying and likely ongoing problems of DFV, AOD and MH. For parents whose children are removed from their care, most Australian states and territories have legislated timeframes for considering reunification to parental care or alternative legal permanency orders (Australian Institute of Health and Welfare, 2020). Yet the demand for DFV, AOD and MH treatment often exceeds supply, leading to waiting lists that can impact the likelihood of achieving reunification (Commission for Children and Young People, 2017).

Given these criticisms of the inadequacies of a child protection response to families presenting with multiple and complex needs, an alternate model of system engagement has been promulgated in the United States and, more recently, in Australia. A public health model presents an opportunity to transition away from reactive strategies towards proactive, primary prevention that aims to reduce risk factors and enhance protective factors prior to problems emerging (Herrenkohl et al., 2015; Herrenkohl et al., 2016). The aim of a public health approach is to intervene early and comprehensively via whole-of-population scale prevention initiatives. Interventions within this model fall along a spectrum of escalating interventions, from wide-scale, universal prevention programs delivered to the community, to focused, tertiary interventions delivered to higher risk groups (Herrenkohl et al., 2015; Herrenkohl et al., 2016). This spectrum of interventions is achieved primarily via establishment of a large, multidisciplinary suite of services that cross-cut child welfare, juvenile justice, mental health and education systems of service delivery and care (Herrenkohl, 2019). This principle of cross-systems collaboration is critical as it envisions a new model of service delivery that can engage with children and families with intersecting risk and protective factors such as DFV, AOD and MH issues.

Growing interest in the application of a public health approach and better supporting families with complex needs is reflected in national policy efforts. The *National Framework for Protecting Australia's Children 2009–2020* argued for the application of a public health approach to achieve the outcome that all children and families receive appropriate supports, from targeted early intervention to protective interventions (Council of Australian Governments, 2009). An evaluation found that this plan did not achieve its goal of embedding a public health approach (Department of Social Services [DSS], 2020). National consultations to inform the successor plan included key findings such as "a focus on prevention and early support as key to changing trajectories for families and children, particularly those with high or complex needs", and the need to "intensify preventative approaches" (Families Australia, 2020, p. 111).

The successor plan, *Safe and Supported: The National Framework for Protecting Australia's Children 2021–2031*, will focus on children and families experiencing disadvantage and/or who are vulnerable, including children and families with multiple and complex needs (Community Services Ministers, 2020). A focus area under the National Framework is "early intervention and targeted supports for children and families experiencing vulnerability or disadvantage" (Community Services Ministers, 2021).

Similarly, the *National Plan to Reduce Violence against Women and their Children 2010–2022* (the National Plan) adopts a primary prevention approach that prioritises intervention at an early stage to positively influence attitudes before violence occurs (DSS, 2015). The National Plan acknowledges the "complex interplay between an individual, their relationships, community and societal factors" and endorses a campaign that integrates elements of primary, secondary and tertiary approaches to reducing violence against women in the Australian community (DSS, 2015, p. 8).

The benefits of application of a public health model to the conceptualisation of multiple and complex risk in families embroiled in the child protection system are manifold (see Sanders et al., 2018). Grounded in policies that promote community participation and universal services that cross-cut different systems for service delivery, the public health model prioritises the needs of children and their families and provides a means by which systems can engage with families before entrenched problems emerge. Moreover, by shifting focus away from individualised, deficit-oriented conceptualisations of risk and protective factors towards emphasis on early intervention to develop the strengths and resiliency of children and families, this model presents an opportunity to engage with families in a way that avoids stigmatisation and marginalisation. The prevailing approach of targeted interventions that single out families on the basis of risk profiles has been shown to stigmatise individuals and families so identified (Herrenkohl et al., 2019; Sanders et al., 2018). By contrast, a public health approach shifts the narrative from a deficit-based approach to parenting capacity and skills, with the goal of ensuring all children have what they need to develop and thrive, thereby normalising help-seeking and lowering stigma (Klevens & Alexander, 2019; Sanders et al., 2018). Cross-collaboration between service systems can enable families with intersecting risk factors such as DFV, AOD and MH to obtain holistic service and care responses as opposed to the siloed approach of different services addressing one risk factor at a time.

This two-part research project aims to inform a public health approach to lessen risk and enhance protective and resiliency factors at the individual, familial and community levels for children and families with intersecting DFV, AOD and MH risk factors. Stage 1 of this project comprises a critical interpretive synthesis of literature exploring the overlap and interrelationships between DFV, AOD and MH; the implications and outcomes of these factors in the lives of children and families involved with the child protection system; and the way in which these factors are conceptualised, framed and understood in academic and grey literature. Stage 2 of this project aims to determine the prevalence and joint occurrence of DFV, AOD and MH in the lives of children in New South Wales who have experienced OOHC via production of prevalence data that can identify where there are potential opportunities to engage with families with these intersecting factors before they come into contact with the child protection system.

This report, representing Stage 1 of the broader research project, seeks to better understand how DFV, AOD and MH risk factors operate and interact to impact children and families. Synthesis of literature addressing the intersection of these factors in families in contact with child protection will help guide epidemiological data analysis in Stage 2 and, more broadly, inform a best practice service system response in the Australian context based on a public health prevention model. Understanding these factors in the broader context of individual, familial, cultural and community factors that intersect to increase or mitigate risk for children and young people is crucial to policy and practice planning for service provision.

Research aims and scope

This critical interpretive synthesis is Stage 1 of the research project "Analysis of linked longitudinal administrative data on child protection involvement for NSW families with domestic and family violence, alcohol and other drug issues and mental health issues" that aims to produce population statistics on the interdependence of DFV, AOD and MH with child protection involvement for New South Wales. Using the NSW Human Services Dataset (HSDS), this project will produce prevalence rates of multiple risk factors, time trends and geographic clusters as well as the predictive power of multiple risk factors (including DFV, AOD and MH) for children's entry into OOHC. The HSDS is a population-based, comprehensive dataset encompassing all children residing in or born in New South Wales since 1990 and containing variables on life events, service usage and outcomes, allowing for novel population-based analyses to understand dynamics for families experiencing DFV, AOD, MH and child protection involvement. The analysis will include consideration of rural or geographically remote areas, where service planning is most challenging.

The broader objectives of the "Analysis of linked longitudinal administrative data on child protection involvement for NSW families with domestic and family violence, alcohol and other drug issues and mental health issues" research project are as follows:

- Determine the prevalence and joint occurrence of DFV, AOD and MH in the lives of children who have experienced OOHC.
- Identify multiple-risk-factor hotspots by mapping geographic clusters with a special focus on rural and remote areas.
- Assess the probability of children's entry into OOHC by individual and multiple risk factors.
- Document time trends in multiple risk factors and their predictive power for OOHC entry over the past 20 years.
- Estimate the rates of engagement with family support services prior to child protection involvement for families with multiple risk factors.

The key research questions of the overall research project are:

- What is the prevalence of individual and joint DFV, AOD and MH for children who have experienced statutory OOHC in New South Wales? What is the geographic distribution of these risk factors (i.e. disaggregated by urban versus regional and rural areas)?
- How does having a parent with multiple risk factors affect the probability that a child will enter OOHC? Have the rates of entry into OOHC for children whose parents are affected by multiple risk factors changed over time?
- For families with multiple risk factors and child protection involvement, what was their service usage prior to entry into OOHC? For families with multiple risk factors, is usage of intensive family support services associated with child protection involvement?

This project builds on two recent Australian studies (Humphreys et al., 2020; Healey et al., 2019). The first study, the STACY project (Safe & Together Addressing ComplexitY), investigated and developed practitioner and organisational capacity to drive improvements in collaborative and holistic service provision for children and families living with DFV where there are parental issues of MH and/or AOD co-occurring. The second project, STACY for Children, involved two studies that explored whether there was emerging evidence that the Safe & Together™ Model (S&T Model), where it is implemented holistically, with an authorising environment and strong collaborative practice, leads to better outcomes for children and families living with DFV, AOD and MH.

The present research study complements these studies by contributing data about the prevalence of these intersecting factors across the population and considers their relationship with statutory child protection involvement for families. Similar to the previous studies, the findings of this study will contribute to developing the knowledge base to inform policy and practice responses that improve the safety and wellbeing of victims and survivors and accountability of perpetrators of DFV.

Stage 1: Critical interpretive synthesis: Aims and research questions

To inform the next stage of empirical research, this critical interpretive synthesis examines the intersection of DFV, AOD and MH in the context of child protection. The research question that guides this synthesis is: *How and to what*

extent are the social determinants of statutory child protection involvement, DFV, AOD and MH reflected in the literature?

To answer this question, several sub-questions were drafted to inform a critical appraisal of the literature. These include:

- How are risk factors of DFV, AOD and MH described and framed in the literature?
- What other factors are considered to co-occur with these risk factors?
- What theoretical perspectives are used to understand these factors?

The aim is to synthesise research addressing these risk factors in order to critically assess the evidence base for both their prevalence and interactions among these factors in a child protection context. This provides key context for subsequent data analyses to be undertaken in Stage 2 of the project, and grounds discussion in the policy context in which these risk factors arise and the academic literature in which these factors are studied and operationalised.

Methods

Our approach is informed by two recently published reviews (Isobe et al., 2020; Skinner et al., 2021). Skinner et al. (2021) used a systematic review design, screening 20 documents, nine of which were serious case reviews, leading to broad conclusions being drawn on the basis of only 11 empirical studies. Observing the shortfalls of Skinner et al.'s inclusion criteria, our team cast a wider net to capture evidence excluded from their review. Isobe et al. (2020) undertook a critical interpretive synthesis to focus on the practice implications of multiple risk factors. Our review adopts a similar study design to canvass a broad range of relevant research and to prioritise analysis of literature with "relevance to the research question and theory development, rather than the appraisal of evidence quality that underpins more traditional techniques of a systematic review" (Isobe et al. 2020, p. 1395). For our critical interpretive synthesis, we frame our guiding questions around a social determinants policy lens to understand how interactions among DFV, AOD and MH in the context of child protection have been conceptualised and reported.

This critical interpretive synthesis interrogates the evidence base regarding the prevalence and impacts of DFV, AOD, MH and child protection in family environments. A critical interpretive synthesis is adopted to allow the literature surrounding the intersection of these risk factors to be problematised and critiqued such that the synthesis is "grounded *in* the literature but includes questioning *of* the literature in order to problematise gaps, contradictions and constructions of issues" (Isobe et al., 2020, p. 1399, emphases in original; see also Dixon-Woods et al., 2006). In line with a critical interpretive synthesis approach, conventional systematic review techniques are used in the search strategies, while selection criteria prioritise relevance to the research question and theoretical contribution over evidence quality, research design or methodology (Dixon-Woods et al., 2006). Notes and data extraction on included studies document emerging themes, gaps in the evidence, contradictions and consideration of how key concepts and terms are framed and conceptualised throughout the literature.

Search strategy

A search strategy was developed, identifying relevant search terms that address the interactions among DFV, AOD and MH in the context of child protection and OOHC (e.g. "domestic or family violence" AND "mental health" OR "substance abuse" AND "child protection or foster care"). Terms to capture parental learning disabilities or cognitive impairments were included and integrated with mental health-related terms. While these terms were integrated with mental health terms in the searches, during data extraction and analysis, learning disability terms were disaggregated from mental health terms to understand the ways in which parental learning disability factors were conceptualised and framed as distinct from mental health factors in the reviewed literature. A list of key search terms and their iterations is included in Table 1. Search strategies identified keywords in title, abstracts and, where available, subject headings.

Searches were conducted across the following multidisciplinary electronic databases: Social Services Abstracts, Sociological Abstracts, PsycINFO, MEDLINE, ERIC, Family & Society Studies Worldwide, Google Scholar, PubMed, JSTOR, Science Direct/Web of Science and the University of Sydney Library database. The search strategy was adapted for each database used (see Appendix A for full list of searches and results). These searches yielded 796 citations.

All results were initially screened for threshold inclusion and exclusion criteria, which are as follows.

Inclusion criteria:

- addresses intersection of domestic and family violence with alcohol and other drug use and mental health as they relate to child protection involvement or risk
- addresses intersection of risk factors in context of working with children and families
- studies wherein context of research is relatable to an Australian context
- studies published from the year 2000 onwards.

Exclusion criteria:

- studies not published in English
- studies that are contextually disparate from an Australian context
- foreign language studies not indexed and translated to English

Table 1: Key search terms

Domestic and family violence or abuse	• DFV or DV • interpersonal or intimate partner violence or abuse • violence against women • gender-based violence • battered wom*n
Substance abuse or misuse	• drug use or abuse • alcohol abuse or misuse • addict* • drug or alcohol or substance dependence
Mental health issue*	• mental health problem* • mental health illness or disorder • mood or emotional disorder • learning disability or cognitive impairment or intellectual disability
Child protection	• foster care • out-of-home care or OOHC
Intersection*	• co-occur* • comorbid* • multi-problem families • dysfunctional families • troubled families • toxic trio or trigger trio • fragile families

- does not address a minimum of two of the three key terms (i.e. domestic/family violence, alcohol and other drug use/mental ill health)
- does not address two of the three key terms in the context of child protection/foster care/OOHC
- books, theses/dissertations, protocol papers, book reviews, newsletters, poster presentations
- does not address key search terms listed above.

A grey literature search was conducted across eight databases and the NSW Department of Community and Justice website (see Appendix A). The search terms included:

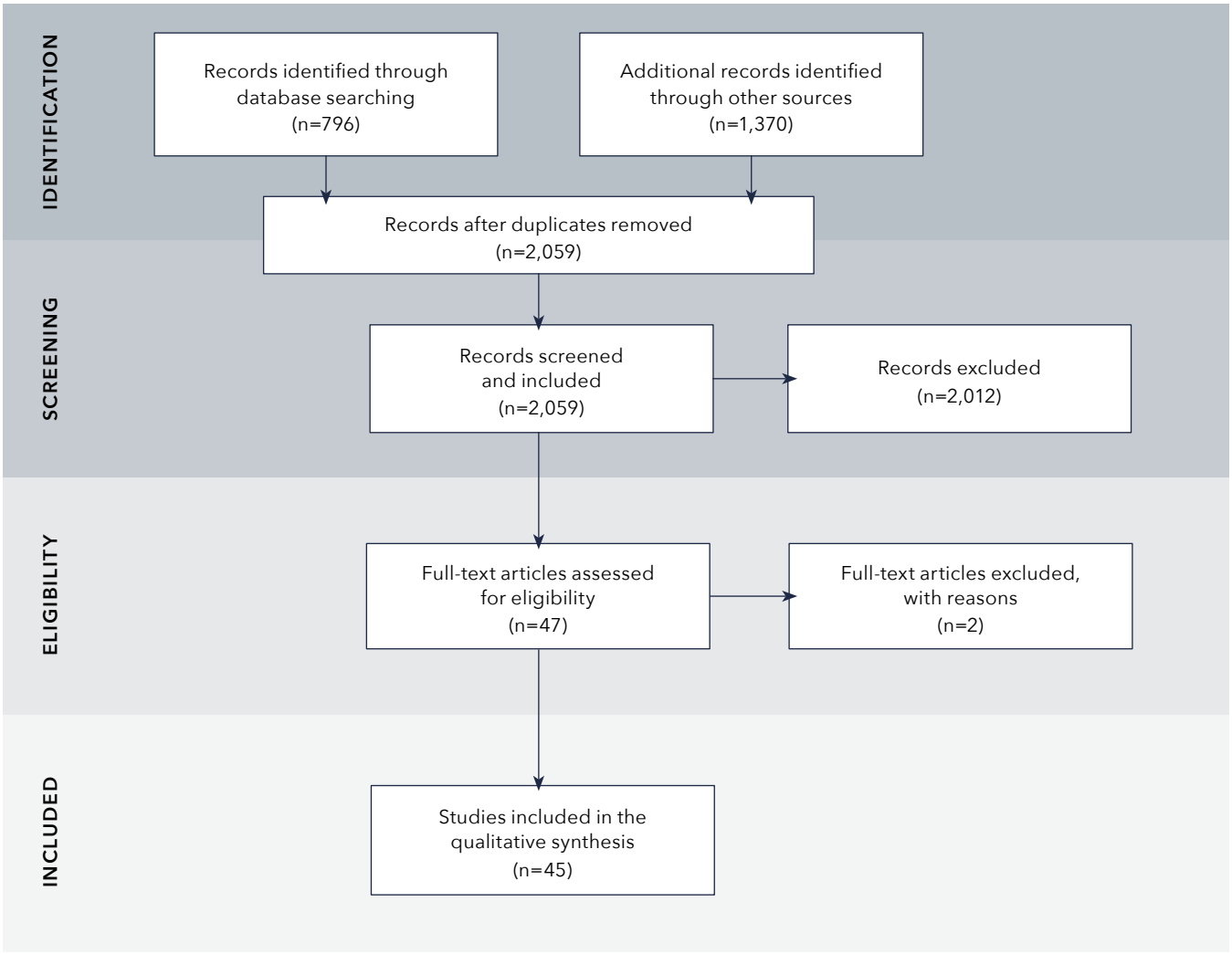
- multi-problem families
- dysfunctional families
- troubled families
- toxic trio
- trigger trio
- fragile families.

In addition to these search terms, researchers searched subject-relevant topic pages of the databases. Where this yielded over 1,000 results (for example "children and families"), the search was narrowed. These searches resulted in a total of 1,370 citations.

Following removal of duplicates, 2,059 citations remained (see Figure 1). Two researchers screened titles and abstracts of all 2,059 search results, excluding 2,012 references that were immediately irrelevant based on exclusion criteria. The remaining 47 citations that met inclusion criteria were retrieved in full text for subsequent data extraction and analysis.

Two additional references were excluded following a full-text reading, leaving 45 articles included in this synthesis. Of these articles, 15 were published in the United States, 13 in Australia, nine in the United Kingdom, five in Canada, one in Japan, one in Germany and one in New Zealand. The included articles were published between 2005 and 2021 (see Appendix B for a list of articles and published dates).

Figure 1: PRISMA flow chart



Data extraction and analysis

A total of six researchers developed a data extraction form on Excel to extract the following information:

- **For academic literature:** authors and year of publication; country of publication; overview of the article including study design, location, sample size; research question(s) and aim(s); strengths of the publication (noting robustness of evidence, sample size, confidence); limitations of the publication; framing of factor(s) (noting language used, and approach to the risk factors); key messages of publication (noting key findings and implications); areas omitted by publication.
- **For grey literature:** authors and year of publication; country of publication; brief description of publication and intended audience; research question(s) and aim(s); strengths of publication; weaknesses of publication; framing of factor(s) (noting language used, and approach to the risk factors); key messages of publication (noting key findings and implications); areas omitted by publication.

The included articles were divided among the six researchers to ensure each article was read, analysed and subject to data extraction by a minimum of two researchers who analysed their allocated articles independently. This initial data extraction process enabled analysis of the strengths, weaknesses and key findings of the evidence base for the prevalence and implications of DFV, AOD and MH.

Subsequently, two researchers undertook a secondary data extraction process with all included articles. This involved extracting the information described in Table 2.

Table 2: Data extraction process

Data extraction topic	Questions
Key terms, definitions and framing	• Does the article mention mental health, alcohol and other drug use and domestic or family violence? • Does the article define mental health? • Does the article refer to parental mental health, maternal mental health, or paternal mental health; a combination of the above; or all three? • Does the article define alcohol and other drug use? • Does the article define domestic or family violence? • Does the article mention intellectual disability or cognitive impairment? If so, does it define the term?
Outcomes for children – which outcomes are canvassed and measured?	• Does the article specify neglect? • Does the article specify physical abuse? • Does the article specify sexual abuse? • Does the article specify verbal/emotional abuse including exposure to domestic or family violence? • Does the article refer to unspecified abuse such as maltreatment?
Outcomes for children – how is the outcome measured?	• Does the article use self-report (parental or practitioner)? • Does the article use screening tools? • Does the article use administrative data including court reports, case files etc.? • Does the article use something else ("other" category)?
Discussion of socioeconomic, environmental or demographic factors	• Does the article mention socioeconomic or environmental or contextual factors? • If so, is this mentioned only summarily or in a discussion? • If so, is this measured alongside DFV, AOD and MH? • Does the article mention or identify demographic factors and variables? • If so, is this mentioned only summarily or in a discussion? • If so, is this measured alongside DFV, AOD and MH?
Framing and consideration of DFV, AOD and MH	• Does the article mention a cumulative impact framework? • Does the article discuss or consider the interaction of DFV, AOD and MH? • Does the article use a theoretical framework to discuss the interaction of DFV, AOD and MH?

Following the data extraction processes, a qualitative thematic analysis of the literature was undertaken by all six researchers (see Braun & Clark, 2006; Dixon-Woods et al., 2006). Data were coded and then reread to generate categories iteratively. The researchers were then able to summarise the data, identify emerging themes and patterns, and consider relationships across the group. Further detailed analysis was then undertaken to refine the data contained in each of the broad categories into sub-themes and sub-categories.

Findings

This critical interpretive synthesis identified a range of emerging themes, gaps in the evidence, and insights into the conceptualisation and framing of co-occurring factors of DFV, AOD and MH in terms of child outcomes and engagement with the child protection system across the 45 included studies. These are discussed below.

How are factors of DFV, AOD and MH described and framed in the literature?

Of the 45 studies reviewed, nine (20%) defined MH, six (13%) defined AOD and six (13%) defined DFV. For those that did define these terms, there was considerable variation in the measures used to capture and define the scope of these risk factors. For example, some relied upon definitions in relevant legislation and policy documents, others relied upon diagnostic and clinical definitions, and others broadly defined the term with no reference to the source of the definition. Thirteen (29%) of the reviewed articles mentioned cognitive impairment, but none defined the term or specified whether this had been formally diagnosed or was suspected.

Mental health issues

This report found an overall lack of consistency and specificity in the definitions used for mental health or mental ill health across the reviewed literature. This is to be expected given the broadness of the term; however, these studies rarely attempted to define the term. Moreover, distinctions between diagnosed mental health conditions and mental health problems not necessarily diagnosed are often not clear. For example, while the term "mental illness" generally designates a clinically diagnosed condition, terms such as "mental health issues" or "mental distress" are often used interchangeably where a mental health condition is not necessarily diagnosed.

Where definitions are provided, there is minimal differentiation between diagnoses, duration or timing of an illness in relation to child outcomes, treatment options and provision of treatment or service supports. This level of detail and specificity is difficult to canvass and possibly not easily accessible depending on the source of data used, but this lack of information is problematic for several reasons. Firstly, it fails to ascertain which behaviours or diagnostic implications impact the child in different ways. For example, are particular symptoms of certain diagnoses associated with higher likelihood of the child experiencing abuse and/or neglect? Does access to treatment and/or support mitigate the impacts of this diagnosis or of these symptoms? Does duration of symptoms confound the impacts of this diagnosis or of these symptoms for the child? And how does the type of diagnosis impact parenting capacity given substantial differences in clinical presentation and symptomatology across different diagnoses (see Lewin & Abdrbo, 2009)? Secondly, it precludes an understanding of the potential impacts of corollary factors such as low social supports and higher incidence of unemployment that often coincide with MH. Importantly, in the case of MH, where distinctions between parents are drawn, there tends to be a predominant focus on maternal mental health to the exclusion of paternal mental health (10 articles or 22% only mention maternal mental health compared to one article or 2% which only mentions paternal mental health).

The conflation of cognitive impairment and MH was notable across the reviewed literature. Thirteen (29%) of the reviewed articles mentioned cognitive impairment, but none defined the term or specified whether this had been formally diagnosed or was suspected. Consequently, most of the evidence in this review collapsed cognitive impairment and MH together or neglected to mention it entirely. Moreover, of the few articles that do explicitly explore the impacts of parental intellectual disability, there is no attempt to define the term or discuss the implications of including it under the broad umbrella of cognitive impairment. Of significant concern was a minority of studies that used stigmatising language to describe cognitive impairment, including "mentally challenged" (Meyer et al., 2010) and "developmental delay or retardation" (Lewin & Abdrbo, 2009).

Alcohol and other drug issues

Similarly, this report found an overall lack of consistency in the literature regarding what is meant by "substance misuse or abuse" or "alcohol and other drug issues". Some articles refer exclusively to alcohol misuse, others use the broader term "alcohol and other drugs", and many fail to define what types of substances are canvassed in the research. The lack of

specificity here precludes any understanding of the association between particular types of AOD and poor outcomes for children. For example, is there a distinction between licit or illicit AOD and higher risk for child neglect or abuse, or child welfare involvement? This, in conjunction with a blurring of boundaries around categories of MH results in overall confusion around the context for AOD (is it a corollary of MH by way of self-medication in the absence of accessible services and supports, or a risk factor independent from presence or not of MH?), the severity of the abuse, and the related outcomes for the child.

Domestic and family violence

DFV is an umbrella term that captures "acts of violence that occur between people who have, or have had, an intimate relationship" (Council of Australian Governments, 2011, p. 2). While there is no single definition, the central element of DFV is an ongoing pattern of behaviour aimed at controlling a partner through fear, via actions which are violent or threatening. In most cases, violent behaviour is part of a range of tactics used to exercise power and control over women and their children, and can be both criminal and non-criminal. DFV includes physical, sexual, emotional and psychological abuse (Council of Australian Governments, 2011).

Distinctions between types or subcategories of DFV were not always drawn in the literature. For example, while some articles drew a distinction between children who experienced physical abuse and children who were exposed to DFV being perpetrated by one parent or caregiver on another, many did not. This confusion is partially attributable to an historical divide in academic research surrounding DFV whereby one group of researchers – "family violence researchers" – deem all violence that occurs within families as "family violence", while feminist researchers distinguish between types of violence and concentrate their research on the proportion of abuse that occurs in intimate partner relationships (Wangmann, 2010). To exacerbate this complexity, in an Australian context, the term "family violence" is conventionally used in reference to violence that occurs between partners and/or family members in Aboriginal and Torres Strait Islander families and communities. Similarly, many studies did not isolate and identify forms of abuse or distinguish between sexual, physical or verbal/emotional abuse and neglect. Finally, the vast majority of reviewed studies failed to report on the frequency of experiences of DFV and consequently, to inform an understanding of whether a one-time incident or a repeat pattern of exposure to violence is correlated with a higher likelihood of poor outcomes for the child.

Outcome measures: Definitions and framing

Outcome measures were variously correlated with risk factors across the studies. Studies identified outcomes via parental or caregiver self-report or practitioner report measures (89%), via screening tools (29%), and via administrative data (61%). In addition, child outcomes measured in the context of DFV, AOD and MH varied along a spectrum of abuse and neglect experiences. This included neglect (measured in 35 articles), physical abuse (measured in 31 articles), sexual abuse (measured in 29 articles), emotional and verbal abuse (measured in 30 articles), and unspecified abuse, for example, "maltreatment" (measured in 27 of 43 articles). As is evident from this mapping of outcome measures across the reviewed articles, a majority of articles assessed correlations between DFV, AOD and MH and multiple outcome measures.

This report identified significant blurring of distinctions between abuse, neglect and maltreatment as key child outcome measures throughout the literature. The majority of studies (27 or 60%) conflated the terms or used the ill-defined term "maltreatment" to capture poor child outcomes. Moreover, while some articles distinguished between subtypes of abuse and neglect, many did not. For example, most studies used "neglect" as an outcome measure but failed to distinguish between subtypes of neglect including emotional, physical, educational, supervisory etc. Physical abuse was mentioned in 31 (69%) articles, sexual abuse in 29 (64%) articles, and emotional or verbal abuse (including exposure to DFV) in 30 (67%) articles. A majority of reviewed articles failed to define the outcome measures used. Additionally, in a minority of studies, outcome measures did not directly relate to child outcomes targeted towards statutory child protection involvement. For example, two studies investigated the impact of risk factors on the mental health of children.

What other factors are considered to co-occur with these factors?

This review found that the majority of papers (26 of 45, or 58%) mentioned socioeconomic and environmental factors, and mentioned demographic factors to some degree. While the majority of articles reviewed made mention of socioeconomic, environmental or demographic factors in the context of poor outcomes for children, there was significant variation in the extent to which these factors were measured and considered alongside DFV, AOD and MH factors. A considerable number of articles included these factors in the data sample and measured these factors as variables. However, few considered these factors in concert with DFV, AOD and MH factors. Additionally, few considered the way in which contextual factors may interact with and inform DFV, AOD and MH factors and their outcomes. That is, most articles discussed context and risk factors in isolation from each other.

There was significant diversity in the category of contextual factors reported. Some measured demographic information relevant to the study sample; others reported on socioeconomic status indicators such as housing, employment and education; others reported on "poverty" indicators such as minimum wage thresholds; and some reported on systems and service usage and availability. Of 45 articles reviewed, 19 did not mention socioeconomic, environmental or demographic factors. This leaves 26 articles that, to some degree, mentioned these factors. Across these 26 studies, the report authors differentiated between articles that measured socioeconomic, environmental and demographic factors as variables, and those that included these factors in the study sample but not as measurable variables (see Appendix C). Socioeconomic and environmental factors were found to be measured as variables more often than simply being included in descriptive information provided about study samples. Housing and homelessness, and income and income proxies (including receipt of welfare or household relationship to poverty line), were the most common socioeconomic and environmental measures across the studies. Other socioeconomic and environmental factors mentioned and/or measured included caregiver level of education, caregiver social isolation, maternal and paternal level of education (respectively), and employment.

Demographic factors relating to children and young people were disaggregated from parents in most categories of the demographic data collected across the 26 relevant studies. Age, race or ethnicity, living arrangements and parental relationship status were the most common demographic factors examined across the studies. Other demographic factors mentioned and/or measured across the reviewed studies included parental marital status, parent and child or youth gender, parental criminal justice involvement, parent and child or youth physical health status, household composition including number of children in the home, bereavement, cognitive impairment and child or youth intellectual functioning, a history of parenting service use and child or youth service use, and parents who have previously had a child removed to OOHC.

What theoretical perspectives are used to understand these factors?

A minority of articles (14 articles or 31%) described a theoretical framework to underpin discussion of risk factors and correlated outcomes. This lack of theoretical grounding problematises any attempt to draw firm conclusions about the mechanisms by which DFV, AOD and MH interact to increase the likelihood of poor outcomes for the child. Only seven articles (16%) were identified as having attempted to explore the interrelationships between DFV, AOD and MH factors. While the majority of articles do not apply a theoretical framework to ground discussion of the correlation between risk factor and outcome, most implicitly frame discussion around the concepts of "risk", "risk assessment" and "risk factors" as well as "adverse childhood experiences". The implications of this focus will be discussed in greater detail below; however, it is important to note that these processes of framing the issue all constitute distinct lenses through which discussion of risk factors is defined and limited.

Over half of the reviewed articles framed their discussion of DFV, AOD and MH in a cumulative impact framework (26 articles, or 58%). As noted in the Introduction, cumulative risk analyses suggest that risk factors can accumulate for

individuals (Raviv et al., 2010) and that children at high risk are characterised by the presence of multiple adversities or risk factors in their lives (Lucenko et al., 2015). While instructive to an understanding of the additive impacts of risk factors in children's lives, this framework does not conceptualise ways in which factors interrelate to result in poor outcomes for the child. Consequently, the cumulative impact framework should be distinguished from a discussion of the interactions among DFV, AOD and MH in the context of child protection. Nevertheless, the distinction between risk factors having an additive effect as opposed to interacting to result in a poor outcome is blurred and the two are often conflated in the literature.

Discussion

How are factors of DFV, AOD and MH described and framed in the literature?

Overall, this report found that a minority of reviewed studies defined key terms including DFV, AOD and MH. Of those that did define these terms, there was considerable variation in the measures used to capture and define the scope of these risk factors. Conceptual and definitional inconsistencies in the key terminology used undermine the robustness of the evidence and risk over- or underestimating the prevalence and impact of DFV, AOD and MH in real-world settings. Moreover, there is minimal understanding of how these terms are operationalised in practice. Given the considerable emphasis on the impact of DFV, AOD and MH on child outcomes in academic research, policy and practice, there is also a surprising level of variation in how these factors are measured and which correlational factors are assessed across the literature. This diversity in outcome measures precludes a more nuanced understanding of the specific impacts of particular risk factors in children's lives.

Additionally, this synthesis documented a degree of gender bias and "mother blaming" across the literature. The slant towards investigation of the MH, parenting patterns and age of mothers (as opposed to both mothers and fathers) exacerbates the stigmatising impact of DFV, AOD and MH for mothers. This is especially apparent in practice papers and academic research on MH which predominantly focus on maternal mental ill health (where the mental health of one parent or caregiver is examined). This focus on mothers has ramifications, some more tangible than others, for families at risk of child welfare involvement. First, it discursively limits the way in which DFV, AOD and MH can apply to both parents, precluding a nuanced understanding of the differential impacts these risk factors can have on children. Second, it constitutes the mother as a key agent in negative child outcomes to the exclusion of any consideration of the father's agency in outcomes for the child, and third, it risks influencing how practitioners assess families, focusing on maternal risk factors rather than paternal or parental risk and protective factors. This is particularly concerning in the context of DFV, where the vast majority of perpetrators are male, and the vast majority of victims and survivors are women and their children. There is an abundance of literature that highlights how mothers who experience DFV are often deemed to be "failing to protect" their children while men who perpetrate DFV are often rendered invisible (see Heward-Belle et al., 2019).

Ultimately, focus on individual parental risk factors including DFV, AOD and MH is shown, throughout the literature, to have a potential stigmatising effect on parents and families deemed at risk as a result of having these intersecting issues. This is particularly pronounced in literature from the United Kingdom which uses the problematic terminology of the "toxic trio". Research exploring the prevalence and impacts of the toxic trio in the United Kingdom has highlighted a number of problems both with the evidence supporting the existence of a trio of factors that prevail in child protection contexts (Skinner et al., 2021) and the deleterious consequences of toxic trio terminology that is considered "offensive and alienating" (Skinner et al., 2021, p. 1) and serves to "disembed human behaviours from their social determinants and gloss over or obscure complexities in meanings and attributions" (Featherstone et al., 2017, p. 191). A corollary of the stigmatising impact of "trio factors" or parental risk factors such as DFV, AOD and MH in risk assessment practices is the potential for under-reporting of incidents of DFV and reluctance to seek help for MH and AOD. Where families associate identification of these risk factors with child welfare involvement, this is likely to exacerbate the already gross underreporting of these issues among the community. For example, in New South Wales in 2020, there were around 2,500 reports of DFV to the police every month and these were estimated to represent approximately 40 per cent of the actual incidence of DFV (NSW Council of Social Service, 2021).

This is particularly troublesome for Aboriginal and Torres Strait Islander communities given the overrepresentation of Aboriginal and Torres Strait Islander children and young people in the child protection and welfare system (AIFS, 2020).[1] The overrepresentation of Aboriginal and Torres Strait

1 From July 2017 to June 2018, the rate of substantiations of abuse,

Islander children in the child protection system is in large part attributable to historical and ongoing cycles of Aboriginal and Torres Strait Islander child removal, dispossession, marginalisation and racism. The devastating impact of this history and colonial child welfare policy continues to be felt by Aboriginal and Torres Strait Islander peoples, with long-term socioeconomic consequences coupled with a lack of culturally competent practices in mainstream services cumulatively increasing risk for Aboriginal and Torres Strait Islander children coming into contact with child protection systems (Family Matters, 2020). Research demonstrates that removal of Aboriginal and Torres Strait Islander children from families inherently risks their disconnection from family, kinship, land, spiritual practices, culture and community (Family Matters, 2020). Consequently, for Aboriginal and Torres Strait Islander families subject to greater scrutiny from child welfare organisations, reporting victimisation or seeking help for DFV, AOD or MH carries even greater risk.

What other factors are considered to co-occur with these factors?

This report found that the majority of papers mentioned socioeconomic and environmental factors as well as demographic factors to some degree. While the majority of articles reviewed made mention of these contextual factors in discussion of poor outcomes for children, there was significant variation in the extent to which these factors were measured and considered alongside DFV, AOD and MH factors. Overall, the synthesised articles mentioned contextual factors but did not measure an association between these and DFV, AOD or MH on outcomes. This makes it impossible to interpret mechanisms by which these factors – both risk and protective – interact in the lives of children and their families.

Application of DFV, AOD and MH in an assessment of familial risk to the exclusion of other risk and protective factors, including demographic information and service supports, positions children and their caregivers as a homogeneous group. This review found that many studies failed to account for demographic variables in their samples or disaggregate findings by ethnicity, race, gender and age. The result is an oversimplification of the problems faced by at-risk families and reduced contemplation of the role and adequacy of service responses to address their needs. For example, research has established that age is a risk factor in poor child outcomes because infants and young children are more dependent on caregivers than older children. As they grow up, children may develop coping, resilience and self-care strategies and gain greater access to supports outside the family (i.e. schools and community organisations) that can potentially reduce their risk of poor outcomes. Children and young people of all ages remain vulnerable to poor outcomes, however risk changes over the lifespan. Risk is not uniform, and an arbitrary assessment of a family based on DFV, AOD and MH is likely to ignore important child, family and support contexts, and result in an unreliable determination of risk and service needs. This review also found that negative outcomes for children were wide-ranging and indistinct, traversing broad categories of abuse, maltreatment and neglect with minimal explanation of key terms and measures. Once again, this blurs the parameters for those services that assess and investigate risks faced by families.

Similarly, potentially confounding variables such as demographic factors including parental co-habitation status, separation or age; socioeconomic factors such as poverty, employment, housing and available services and supports; and identity factors such as race, gender and ethnicity are not given due weight and consideration in an assessment of the service needs and priorities of a family. Cumulatively, focus on the presence of DFV, AOD and MH within family contexts can orient service providers towards tertiary-level care where practitioners consider presence of these factors to indicate high risk for poor child outcomes. This can lead to a crowding out of other factors that could influence whether or not child welfare involvement is required, such as access and availability of treatments and services that could have a protective impact on family members. This not only precludes an understanding of the impacts of treatment and service availability in mitigating (or not) the heightened risk

neglect or risk of harm was 42 per 1,000 Aboriginal and Torres Strait Islander children nationwide which is 6.5 times that of non-Aboriginal and Torres Strait Islander children subjected to substantiated reports of harm (AIFS, 2020). Similarly, as at June 2018, the rate of Aboriginal and Torres Strait Islander children in OOHC was 59.4 per 1,000 children with a total of 17,787 Aboriginal and Torres Strait Islander children in care. This equates to 11 times the rate of non-Aboriginal and Torres Strait Islander children (5.2 per 1,000; AIHW, 2020; Family Matters, 2020).

and poor outcomes for children, but also fails to holistically assess the risk and service needs in a real-world family setting.

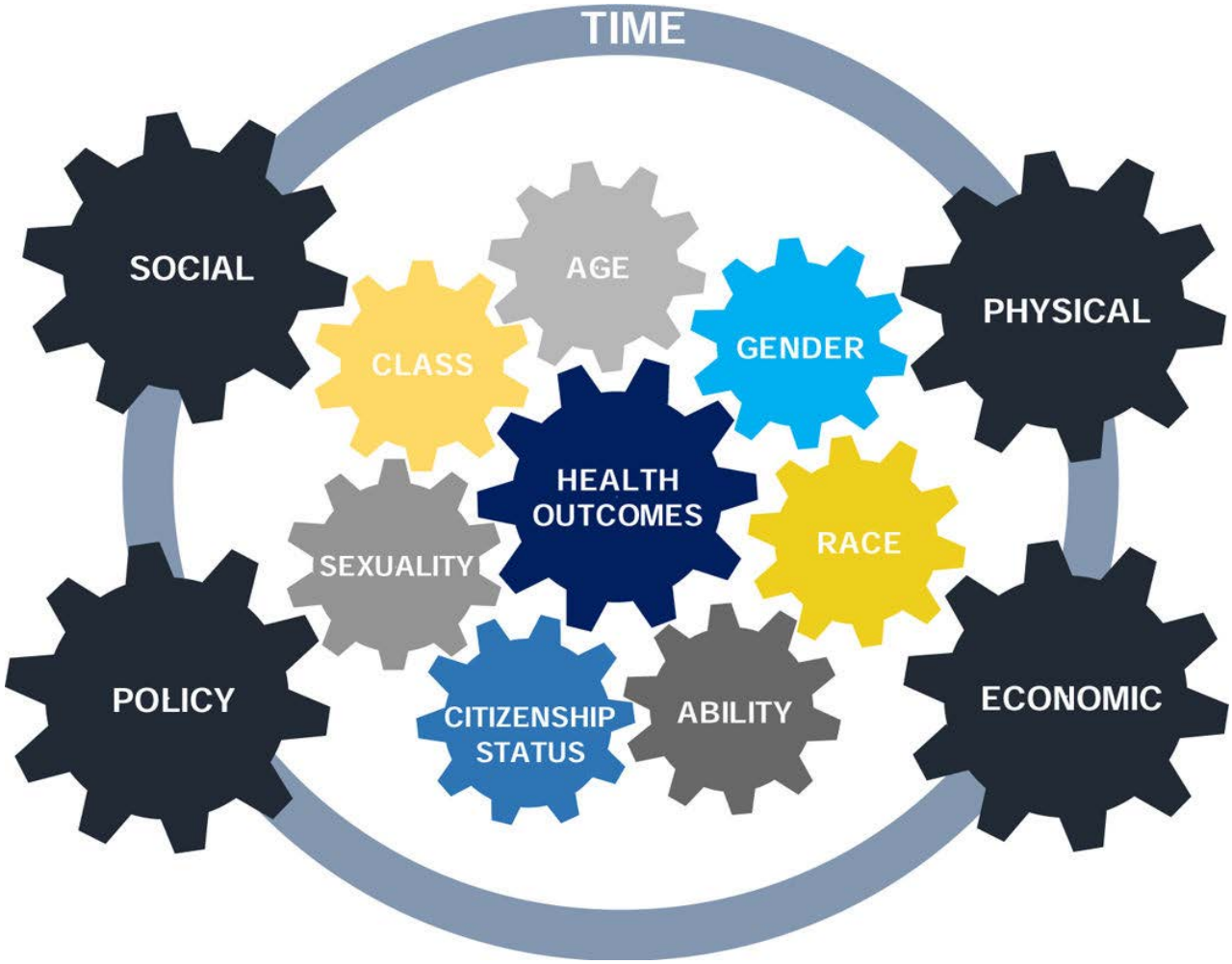
What theoretical perspectives are used to understand these factors?

This synthesis found that a minority of reviewed articles utilised a theoretical framework to ground discussion of DFV, AOD, MH, child protection and correlated outcomes. While most articles in the review did not explicitly use theories to explain the intersection of DFV, AOD and MH factors and their correlation with poor child outcomes, the majority implicitly relied upon a "risk assessment" or "risk" framing to describe the factors. That is, over half of the reviewed articles framed their discussion of DFV, AOD and MH in a cumulative impact framework. This is not surprising given the extent to which the risk paradigm has come to dominate the field of child welfare policy and practice.

A key problem with the application of a risk frame to child welfare policy and practice is the highlighting of certain risks and exclusion or minimisation of others. For example, and as has been seen in this report, where parental factors such as DFV, AOD or MH are the sole focus, other risks such as attitudes towards violence and accessibility of services and supports remain unaddressed. Similarly, the concentration of social disadvantage among child protection-involved families calls into question the system's focus on parental risk (Featherstone et al., 2018). Moreover, thinking in terms of risk factors can isolate particular risk factors from their wider social, moral and political context. For example, the risk factor "the client moves frequently" may have a host of meanings, including an inability to pay rent, an effort to improve one's living circumstances, and an attempt to avoid violence (Krane & Davies, 2000). Similarly, help-seeking can be conflated with evidence of risk or parental failure rather than a sign of agency, resourcefulness and strength (Henderson et al., 2013; Kennedy et al., 2020). The concept of risk can also be used to mask prejudice. An "at risk" label is often applied to behaviour that varies from the white, suburban, middle-class standard (Roberts, 2002). Discussing the impact of the so-called "toxic trio" factors, Featherstone and colleagues comment, "the experiences of those trying to parent in a profoundly unequal society are subject to practices that misrecognise symptom for cause rendering the possibilities of meaningful change less likely" (2018, p 10). As Beck (1992) argues, discourses of risk are essentially reductionist. When considering the impacts of factors such as DFV, AOD and MH, it is important to keep human complexity at the fore.

Moreover, this synthesis found that very few articles (seven or 16%) attempted to explore the interrelationships between DFV, AOD and MH risk factors. Failure to consider the interaction of these factors precludes an understanding of the mechanisms by which they intersect to heighten risk for poor child outcomes. A more nuanced and complex understanding of the intersectionality of these lived experiences is needed to better respond to the needs of children and families with intersecting issues, and to account for the ways in which risk *and* protective factors interact in the lives of children and their families. For example, Collins et al. (2019, p. 6) engage with the "intersectional risk environment" of people with alcohol and other drug issues as an approach to better understand the ways in which "social and structural dimensions and individuals' intersecting social locations … interact with, and impact individual behaviours to produce health outcomes". Specifically, Collins et al. (2019) consider risk and interventions targeting risk to be situationally dependent and experienced differently depending on the interactions between intersecting social locations (e.g. gender, sexuality, ability) and socio-structural processes (see Figure 2). In the context of this report, an intersectional approach can help to discern the interconnected ways in which DFV, AOD, MH and child protection outcomes are informed, and produced by, processes operating across social, economic and political levels. This approach can facilitate understanding of how these factors differentially impact children of different ages and identities, with different backgrounds and living in different contexts. Moreover, applying Collins et al.'s (2019) approach, these factors operate within social locations that differently impact people depending on the social, historical and geographic context in which they arise. Ultimately, recognition that a multitude of factors converge to shape daily lives and experiences necessitates a theoretical approach that addresses the convergence of these factors and the mechanisms by which they interact to produce outcomes in the lives of children and their families.

Figure 2: The intersectional risk environment framework



Source: Collins et al. (2019)

Applicability of context and lack of transferability between jurisdictions

The majority of research undertaken in this area is based in the United States and the United Kingdom. Despite key differences in welfare systems, populations, and legal and administrative frameworks, research findings in overseas jurisdictions are often relied upon to bolster evidence that DFV, AOD and MH are prevalent, and lead to similarly poor outcomes across diverse groups. Literature on policy learning emphasises caution is needed in transplanting findings from one jurisdiction to another, and considering the fit between social, political, economic and ideological contexts (Williams & Dzhekova, 2014). However, there appears to be a lack of scrutiny in the synthesised literature on how to address the question of applicability of evidence derived from overseas jurisdictions.

This review identified 13 articles published in Australia. Nine of these articles were produced by government organisations (grey literature) and four were academic studies. Of these 13 articles, two constituted empirical studies undertaken in Australia (Gwynne et al., 2008; Raman & Sahu, 2014), while the remainder comprised literature reviews and discussion pieces with an overreliance on overseas research. The dearth of empirical research undertaken in Australia severely undermines any confidence in evidence regarding both the prevalence and implications of DFV, AOD and MH in families involved in child protection in an Australian context.

Issues with available data, missing data and sample biases

There are a number of limitations inherent in the quality of data used to map the prevalence and impacts of DFV, AOD and MH across the literature.

For example, several articles employed self-report measures from caregivers/parents or practitioners/caseworkers. For self-report studies, limitations around specificity and comparability are evident and basic demographic information is not always reported. For example, studies using caseworker self-report measures rely on the discretionary judgement and diligence of caseworkers making the reports, and introduce a risk of bias. Similarly, there is a relatively high likelihood of bias where (in the case of caregiver or parental self-report measures) parents are reticent to report behaviours or circumstances likely to be perceived negatively by child welfare services.

Comparatively, a number of articles reported on administrative data accrued from case reports or records. These articles were often limited by the information available in the reports or records, which failed to report on nuances in the severity or frequency of abuse, specific mental health diagnoses and treatments, and temporal proximity of incidents to welfare intervention. Ultimately, data collected for administrative purposes do not necessarily capture information that offers a complete picture of individual, familial and environmental factors and circumstances. Incomplete or missing data can reduce reliability and this report noted a lack of basic demographic information available across most of the reviewed studies. Lack of this level of detail in administrative data is common and may be a limitation in Stage 2 of this project; however, as further discussed below, linked administrative data can overcome some of the limitations of studies in this report, by including data collected across different service systems, rather than relying exclusively on data compiled by child protection workers.

Limitations

The nature of the critical interpretive synthesis process and, particularly, the collaborative and iterative aspects of the analysis precludes replicability. The fact that themes, gaps and key conceptualisations were drawn from the included literature via multiple conversations between review authors and reflexively developed based on the authors' critical engagement with the literature makes replicating the process of this synthesis difficult.

Our search criteria excluded articles that did not include DFV. It should be noted that this potentially excluded articles that investigated interrelationships between MH and AOD via, for example, a "dual diagnosis" or "co-morbidity" framework. This was rationalised on the basis that our primary focus was on the intersection of DFV, AOD and MH in the context of child protection.

Conclusion

Ultimately, this critical synthesis of the literature has highlighted weaknesses in the evidence base for the prevalence and outcomes of DFV, AOD and MH. Namely, there is a lack of:

- specificity and consistency around key terminology
- nuanced understanding of the correlations between risk factors and outcomes
- theory and concepts to frame the mechanisms by which DFV, AOD and MH factors interact and increase risk for particular outcomes
- consistently applied measurement tools across studies
- exploration and analysis of the interactions among DFV, AOD and MH and broader socioeconomic, demographic and contextual factors
- robust empirical research undertaken in an Australian context.

In light of the substantial limitations detailed in this evidence review, further research is needed to understand the mechanisms by which DFV, AOD and MH interact with one another; operate at micro, meso and macro levels; and intersect with broader socioeconomic, contextual and demographic factors to increase risk for poor child outcomes. Specifically, a shift from reliance on an individualised, deficit-oriented model of risk assessment to a public health model that positions DFV, AOD and MH (in concert with other risk and protective factors) at individual, familial and community levels is needed. Moreover, a public health model presents an opportunity to transition away from reactive strategies towards proactive, primary prevention that aims to reduce risk factors and enhance protective factors prior to problems emerging (Herrenkohl et al., 2015; Herrenkohl et al., 2016).

Consequently, Stage 2 of this research project aims to inform a public health model to explore the utility of prevention and early intervention programs that can lessen risk and enhance protective and resiliency factors at the individual, familial and community level for children and families with intersecting DFV, AOD and MH risk factors (Herrenkohl, 2019). This stage will involve analysis of service usage of families with DFV, AOD and MH and consideration of how families interact with services and child protection. A public health approach will underpin a population-level analysis on the interdependence of DFV, AOD and MH factors in the context of child protection involvement in New South Wales. The aim of Stage 2 will be to produce population statistics to strengthen the evidence base for children and young people impacted by interactions among DFV, AOD and MH using the NSW HSDS. Using population-based linked administrative data in child protection research offers many advantages, including measuring trajectories from childhood to adult outcomes, and reducing missing data and bias associated with other forms of longitudinal research (Chikwava et al., 2021). It should be noted that this dataset is limited to administrative data records of contact with police, health, child protection and other services, and may underreport the true incidence of these factors in the population if they have not received services associated with DFV, AOD and MH.

In addition to identifying prevalence across the New South Wales population, statistical analysis will focus on rural or geographically remote areas where service planning is considered to be the most challenging. This focus acknowledges the limited access to services in these areas, and we hope, by disaggregating analyses by postcode, to shed light on how families affected by multiple risk factors and child protection involvement cluster geographically, to guide service planning.

Given the reported prevalence of DFV, MH and AOD in families embroiled in child protection systems in overseas jurisdictions (the United States and the United Kingdom), it is important to understand how these factors operate and interact to impact children and families in an Australian context. This report has found that the evidence base for the prevalence and impacts of co-occurring or intersecting DFV, AOD and MH is marred by definitional inconsistencies; lack of theoretical grounding; an overreliance on the presence of DFV, AOD and MH factors to the exclusion of other interrelated variables and risk and protective factors; and an overall dearth of empirical research undertaken in Australian jurisdictions. These findings highlight a need to better understand the operation of these factors in an Australian context, and in the broader context of individual, familial, cultural and community factors that intersect to increase or mitigate risk for children and young people.

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APPENDIX A:

Searches and results

The search strategies and results adapted for each database are in the tables below. Note, *af* refers to "all fields" and *noft* refers to "anywhere except full text".

PsycINFO

#	Searches
1	((domestic or family or interpersonal or intimate partner) adj ((violen* or abus*) or (DFV or DV or IPV).af.))
2	((substance or drug or alcohol or AOD) adj (abus* or misuse or addict* or depend*).af.)
3	((mental health) adj ((issue* or problem* or illness* or disorder*) or (trauma or post-traumatic stress or PTSD or complex trauma) or (learning disability or cognitive impairment or intellectual disability) or mental ill-health). af)
4	((child protection or foster care or out-of-home care or OOHC or child welfare).af.)
5	((intersection* or co-occur* or comorbid*).af.)
6	((toxic trio or trigger trio or (multi-problem or dysfunctional or troubled or fragile) adj (famil*)af.)
7	1 and 2 and 3 and 4 (N = 535) 1 and 2 and 3 and 4 and 5 (N = 3) 6 (N = 1057); note, when isolated to 'toxic trio or trigger trio', N = 1. 1 result was exported to Endnote

Social Services Abstracts

#	Searches
1	((domestic or family or interpersonal or intimate partner) adj ((violen* or abus*) or (DFV or DV or IPV)af.))
2	((substance or drug or alcohol or AOD) adj (abus* or misuse or addict* or depend*)af.)
3	((mental health) adj ((issue* or problem* or illness* or disorder*) or (trauma or post-traumatic stress or PTSD or complex trauma) or (learning disability or cognitive impairment or intellectual disability) or mental ill-health)af.)
4	((child protection or foster care or out-of-home care or OOHC or child welfare)af.)
5	((intersection* or co-occur* or comorbid*)af.)
6	((toxic trio or trigger trio or (multi-problem or dysfunctional or troubled or fragile) adj (famil*)af.)
7	NOFT: 1 and 2 and 3 and 4 (N = 0) AF: 1 and 2 and 3 and 4 (N = 33) NOFT: 1 and 2 and 3 and 4 and 5 (N = 0) AF: 1 and 2 and 3 and 4 and 5 (N = 13) AF: 6 (N = 20) NOFT: 6 (N = 1)

Sociological Abstracts

#	Searches
1	((domestic or family or interpersonal or intimate partner) adj ((violen* or abus*) or (DFV or DV or IPV)af.))
2	((substance or drug or alcohol or AOD) adj (abus* or misuse or addict* or depend*)af.)
3	((mental health) adj ((issue* or problem* or illness* or disorder*) or (trauma or post-traumatic stress or PTSD or complex trauma) or (learning disability or cognitive impairment or intellectual disability) or mental ill-health)af.)
4	((child protection or foster care or out-of-home care or OOHC or child welfare)af.)
5	((intersection* or co-occur* or comorbid*)af.)
6	((toxic trio or trigger trio or (multi-problem or dysfunctional or troubled or fragile) adj (famil*)af.)
7	NOFT: 1 and 2 and 3 and 4 (N = 0) AF: 1 and 2 and 3 and 4 (N = 42) NOFT: 1 and 2 and 3 and 4 and 5 (N = 0) AF: 1 and 2 and 3 and 4 and 5 (N = 14) AF: 6 (N = 120) NOFT: 6 (N = 0)

ERIC

#	Searches
1	((domestic or family or interpersonal or intimate partner) adj ((violen* or abus*) or (DFV or DV or IPV)af.))
2	((substance or drug or alcohol or AOD) adj (abus* or misuse or addict* or depend*)af.)
3	((mental health) adj ((issue* or problem* or illness* or disorder*) or (trauma or post-traumatic stress or PTSD or complex trauma) or (learning disability or cognitive impairment or intellectual disability) or mental ill-health)af.)
4	((child protection or foster care or out-of-home care or OOHC or child welfare)af.)
5	((intersection* or co-occur* or comorbid*)af.)
6	((toxic trio or trigger trio or (multi-problem or dysfunctional or troubled or fragile) adj (famil*)af.)
7	NOFT: 1 and 2 and 3 and 4 (N = 0) AF: 1 and 2 and 3 and 4 (N = 0) NOFT: 1 and 2 and 3 and 4 and 5 (N = 0) AF: 1 and 2 and 3 and 4 and 5 (N = 0) AF: 6 (N = 0) NOFT: 6 (N = 0)

JSTOR

#	Searches
1	((domestic or family or interpersonal or intimate partner) adj ((violen* or abus*) or (DFV or DV or IPV)af.))
2	((substance or drug or alcohol or AOD) adj (abus* or misuse or addict* or depend*)af.)
3	((mental health) adj ((issue* or problem* or illness* or disorder*) or (trauma or post-traumatic stress or PTSD or complex trauma) or (learning disability or cognitive impairment or intellectual disability) or mental ill-health)af.)
4	((child protection or foster care or out-of-home care or OOHC or child welfare)af.)
5	((intersection* or co-occur* or comorbid*)af.)
6	((toxic trio or trigger trio or (multi-problem or dysfunctional or troubled or fragile) adj (famil*)af.)
7	NOFT: 1 and 2 and 3 and 4 (N = 0) AF: 1 and 2 and 3 and 4 (N = 0) NOFT: 1 and 2 and 3 and 4 and 5 (N = 0) AF: 1 and 2 and 3 and 4 and 5 (N = 0) AF: 6 (N = 0) NOFT: 6 (N = 0)

Family and Society Studies Worldwide

#	Searches
1	((domestic or family or interpersonal or intimate partner) adj ((violen* or abus*) or (DFV or DV or IPV)af.))
2	((substance or drug or alcohol or AOD) adj (abus* or misuse or addict* or depend*)af.)
3	((mental health) adj ((issue* or problem* or illness* or disorder*) or (trauma or post-traumatic stress or PTSD or complex trauma) or (learning disability or cognitive impairment or intellectual disability) or mental ill-health)af.)
4	((child protection or foster care or out-of-home care or OOHC or child welfare)af.)
5	((intersection* or co-occur* or comorbid*)af.)
6	((toxic trio or trigger trio or (multi-problem or dysfunctional or troubled or fragile) adj (famil*)af.)
7	AF: 1 and 2 and 3 and 4 (N = 0) AF: 1 and 2 and 3 and 4 and 5 (N = 0) AF: 6 (N = 2)

PubMed

#	Searches
1	((domestic or family or interpersonal or intimate partner) adj ((violen* or abus*) or (DFV or DV or IPV)af.))
2	((substance or drug or alcohol or AOD) adj (abus* or misuse or addict* or depend*)af.)
3	((mental health) adj ((issue* or problem* or illness* or disorder*) or (trauma or post-traumatic stress or PTSD or complex trauma) or (learning disability or cognitive impairment or intellectual disability) or mental ill-health)af.)
4	((child protection or foster care or out-of-home care or OOHC or child welfare)af.)
5	((intersection* or co-occur* or comorbid*)af.)
6	((toxic trio or trigger trio or (multi-problem or dysfunctional or troubled or fragile) adj (famil*)af.)
7	AF: 1 and 2 and 3 and 4 (N = 0) AF: 1 and 2 and 3 and 4 and 5 (N = 0) AF: 6 (N = 22) – note from title screening, results not relevant

ScienceDirect

#	Searches
1	((domestic or family or interpersonal or intimate partner) adj ((violen* or abus*) or (DFV or DV or IPV)af.))
2	((substance or drug or alcohol or AOD) adj (abus* or misuse or addict* or depend*)af.)
3	((mental health) adj ((issue* or problem* or illness* or disorder*) or (trauma or post-traumatic stress or PTSD or complex trauma) or (learning disability or cognitive impairment or intellectual disability) or mental ill-health)af.)
4	((child protection or foster care or out-of-home care or OOHC or child welfare)af.)
5	((intersection* or co-occur* or comorbid*)af.)
6	((toxic trio or trigger trio or (multi-problem or dysfunctional or troubled or fragile) adj (famil*)af.)
7	AF: 1 and 2 and 3 and 4 (N = 0) AF: 1 and 2 and 3 and 4 and 5 (N = 0) AF: 6 (N = 2) – note, from title screening, results not relevant

Google Scholar

#	Searches
1	((domestic or family or interpersonal or intimate partner) adj ((violen* or abus*) or (DFV or DV or IPV)af.))
2	((substance or drug or alcohol or AOD) adj (abus* or misuse or addict* or depend*)af.)
3	((mental health) adj ((issue* or problem* or illness* or disorder*) or (trauma or post-traumatic stress or PTSD or complex trauma) or (learning disability or cognitive impairment or intellectual disability) or mental ill-health)af.)
4	((child protection or foster care or out-of-home care or OOHC or child welfare)af.)
5	((intersection* or co-occur* or comorbid*)af.)
6	((toxic trio or trigger trio or (multi-problem or dysfunctional or troubled or fragile) adj (famil*)af.)
7	AF: 1 and 2 and 3 and 4 (N = 1) AF: 1 and 2 and 3 and 4 and 5 (N = 0) AF: 6 (N = 0)

University of Sydney Library database

#	Searches
1	((domestic or family or interpersonal or intimate partner) adj ((violen* or abus*) or (DFV or DV or IPV)af.))
2	((substance or drug or alcohol or AOD) adj (abus* or misuse or addict* or depend*)af.)
3	((mental health) adj ((issue* or problem* or illness* or disorder*) or (trauma or post-traumatic stress or PTSD or complex trauma) or (learning disability or cognitive impairment or intellectual disability) or mental ill-health)af.)
4	((child protection or foster care or out-of-home care or OOHC or child welfare)af.)
5	((intersection* or co-occur* or comorbid*)af.)
6	((toxic trio or trigger trio or (multi-problem or dysfunctional or troubled or fragile) adj (famil*)af.)
7	AF: 1 and 2 and 3 and 4 (N = 0) AF: 1 and 2 and 3 and 4 and 5 (N = 0) AF: 6 (N = 0)

MEDLINE

#	Searches
1	((domestic or family or interpersonal or intimate partner) adj ((violen* or abus*) or (DFV or DV or IPV)af.))
2	((substance or drug or alcohol or AOD) adj (abus* or misuse or addict* or depend*)af.)
3	((mental health) adj ((issue* or problem* or illness* or disorder*) or (trauma or post-traumatic stress or PTSD or complex trauma) or (learning disability or cognitive impairment or intellectual disability) or mental ill-health)af.)
4	((child protection or foster care or out-of-home care or OOHC or child welfare)af.)
5	((intersection* or co-occur* or comorbid*)af.)
6	((toxic trio or trigger trio or (multi-problem or dysfunctional or troubled or fragile) adj (famil*)af.)
7	AF: 1 and 2 and 3 and 4 (N = 11) AF: 1 and 2 and 3 and 4 and 5 (N = 1) AF: 6 (N = 708); note, when isolated to 'toxic trio or trigger trio', N = 6. Title screening of 6 results found all results to be irrelevant. 0 results were exported to Endnote

Overview of database searches

Name of database	*PsycINFO*	*PubMed*	*Social Services Abstracts*	*Sociological Abstracts*	*JSTOR*	*Family and Society Studies Worldwide*
Date of search	23 March 2021	18 March 2021	17 March 2021	17 March 2021	18 March 2021	18 March 2021
Search string 1	((domestic or family or interpersonal or intimate partner) adj ((violen* or abus*) or (DFV or DV or IPV). af.)) AND ((substance or drug or alcohol or AOD) adj (abus* or misuse or addict* or depend*).af.) AND ((mental health) adj ((issue* or problem* or illness* or disorder*) or (trauma or post-traumatic stress or PTSD or complex trauma) or (learning disability or cognitive impairment or intellectual disability) or mental ill-health).af) AND ((child protection or foster care or out-of-home care or OOHC or child welfare).af.)	((domestic or family or interpersonal or intimate partner) adj ((violen* or abus*) or (DFV or DV or IPV). af.)) AND ((substance or drug or alcohol or AOD) adj (abus* or misuse or addict* or depend*).af.) AND ((mental health) adj ((issue* or problem* or illness* or disorder*) or (trauma or post-traumatic stress or PTSD or complex trauma) or (learning disability or cognitive impairment or intellectual disability) or mental ill-health).af) AND ((child protection or foster care or out-of-home care or OOHC or child welfare).af.)	((domestic or family or interpersonal or intimate partner) adj ((violen* or abus*) or (DFV or DV or IPV). af.)) AND ((substance or drug or alcohol or AOD) adj (abus* or misuse or addict* or depend*).af.) AND ((mental health) adj ((issue* or problem* or illness* or disorder*) or (trauma or post-traumatic stress or PTSD or complex trauma) or (learning disability or cognitive impairment or intellectual disability) or mental ill-health).af) AND ((child protection or foster care or out-of-home care or OOHC or child welfare).af.)	((domestic or family or interpersonal or intimate partner) adj ((violen* or abus*) or (DFV or DV or IPV). af.)) AND ((substance or drug or alcohol or AOD) adj (abus* or misuse or addict* or depend*).af.) AND ((mental health) adj ((issue* or problem* or illness* or disorder*) or (trauma or post-traumatic stress or PTSD or complex trauma) or (learning disability or cognitive impairment or intellectual disability) or mental ill-health).af) AND ((child protection or foster care or out-of-home care or OOHC or child welfare).af.)	((domestic or family or interpersonal or intimate partner) adj ((violen* or abus*) or (DFV or DV or IPV). af.)) AND ((substance or drug or alcohol or AOD) adj (abus* or misuse or addict* or depend*).af.) AND ((mental health) adj ((issue* or problem* or illness* or disorder*) or (trauma or post-traumatic stress or PTSD or complex trauma) or (learning disability or cognitive impairment or intellectual disability) or mental ill-health).af) AND ((child protection or foster care or out-of-home care or OOHC or child welfare).af.)	((domestic or family or interpersonal or intimate partner) adj ((violen* or abus*) or (DFV or DV or IPV). af.)) AND ((substance or drug or alcohol or AOD) adj (abus* or misuse or addict* or depend*).af.) AND ((mental health) adj ((issue* or problem* or illness* or disorder*) or (trauma or post-traumatic stress or PTSD or complex trauma) or (learning disability or cognitive impairment or intellectual disability) or mental ill-health).af) AND ((child protection or foster care or out-of-home care or OOHC or child welfare).af.)

Name of database	*PsycINFO*	*PubMed*	*Social Services Abstracts*	*Sociological Abstracts*	*JSTOR*	*Family and Society Studies Worldwide*
Date of search	23 March 2021	18 March 2021	17 March 2021	17 March 2021	18 March 2021	18 March 2021
Search string 2	((domestic or family or interpersonal or intimate partner) adj ((violen* or abus*) or (DFV or DV or IPV). af.)) AND ((substance or drug or alcohol or AOD) adj (abus* or misuse or addict* or depend*).af.) AND ((mental health) adj ((issue* or problem* or illness* or disorder*) or (trauma or post-traumatic stress or PTSD or complex trauma) or (learning disability or cognitive impairment or intellectual disability) or mental ill-health).af) AND ((child protection or foster care or out-of-home care or OOHC or child welfare).af.) AND ((intersection* or co-occur* or comorbid*). af.)	((domestic or family or interpersonal or intimate partner) adj ((violen* or abus*) or (DFV or DV or IPV). af.)) AND ((substance or drug or alcohol or AOD) adj (abus* or misuse or addict* or depend*).af.) AND ((mental health) adj ((issue* or problem* or illness* or disorder*) or (trauma or post-traumatic stress or PTSD or complex trauma) or (learning disability or cognitive impairment or intellectual disability) or mental ill-health).af) AND ((child protection or foster care or out-of-home care or OOHC or child welfare).af.) AND ((intersection* or co-occur* or comorbid*). af.)	((domestic or family or interpersonal or intimate partner) adj ((violen* or abus*) or (DFV or DV or IPV). af.)) AND ((substance or drug or alcohol or AOD) adj (abus* or misuse or addict* or depend*).af.) AND ((mental health) adj ((issue* or problem* or illness* or disorder*) or (trauma or post-traumatic stress or PTSD or complex trauma) or (learning disability or cognitive impairment or intellectual disability) or mental ill-health).af) AND ((child protection or foster care or out-of-home care or OOHC or child welfare).af.) AND ((intersection* or co-occur* or comorbid*). af.)	((domestic or family or interpersonal or intimate partner) adj ((violen* or abus*) or (DFV or DV or IPV). af.)) AND ((substance or drug or alcohol or AOD) adj (abus* or misuse or addict* or depend*).af.) AND ((mental health) adj ((issue* or problem* or illness* or disorder*) or (trauma or post-traumatic stress or PTSD or complex trauma) or (learning disability or cognitive impairment or intellectual disability) or mental ill-health).af) AND ((child protection or foster care or out-of-home care or OOHC or child welfare).af.) AND ((intersection* or co-occur* or comorbid*). af.)	((domestic or family or interpersonal or intimate partner) adj ((violen* or abus*) or (DFV or DV or IPV). af.)) AND ((substance or drug or alcohol or AOD) adj (abus* or misuse or addict* or depend*).af.) AND ((mental health) adj ((issue* or problem* or illness* or disorder*) or (trauma or post-traumatic stress or PTSD or complex trauma) or (learning disability or cognitive impairment or intellectual disability) or mental ill-health).af) AND ((child protection or foster care or out-of-home care or OOHC or child welfare).af.) AND ((intersection* or co-occur* or comorbid*). af.)	((domestic or family or interpersonal or intimate partner) adj ((violen* or abus*) or (DFV or DV or IPV). af.)) AND ((substance or drug or alcohol or AOD) adj (abus* or misuse or addict* or depend*).af.) AND ((mental health) adj ((issue* or problem* or illness* or disorder*) or (trauma or post-traumatic stress or PTSD or complex trauma) or (learning disability or cognitive impairment or intellectual disability) or mental ill-health).af) AND ((child protection or foster care or out-of-home care or OOHC or child welfare).af.) AND ((intersection* or co-occur* or comorbid*). af.)

Name of database	*PsycINFO*	*PubMed*	*Social Services Abstracts*	*Sociological Abstracts*	*JSTOR*	*Family and Society Studies Worldwide*
Date of search	23 March 2021	18 March 2021	17 March 2021	17 March 2021	18 March 2021	18 March 2021
Search string 3	((toxic trio or trigger trio or (multi-problem or dysfunctional or troubled or fragile) adj (famil*)af.)	((toxic trio or trigger trio or (multi-problem or dysfunctional or troubled or fragile) adj (famil*)af.)	((toxic trio or trigger trio or (multi-problem or dysfunctional or troubled or fragile) adj (famil*)af.)	((toxic trio or trigger trio or (multi-problem or dysfunctional or troubled or fragile) adj (famil*)af.)	((toxic trio or trigger trio or (multi-problem or dysfunctional or troubled or fragile) adj (famil*)af.)	((toxic trio or trigger trio or (multi-problem or dysfunctional or troubled or fragile) adj (famil*)af.)
Documented changes	Search string 3 resulted in 1057 results. When isolated to 'toxic trio or trigger trio', there was 1 result. 1 result from this search was consequently exported/ saved	Search string 3 resulted in 22 results. From title screening, results were found to not be relevant. 0 were exported/saved	Search strings 1 and 2 were conducted with all fields search strategy. Search string 3 was conducted with both all fields (AF) and NOFT (anywhere except full text). AF resulted in 20 results, NOFT resulted in 1 result			
Total number of citations	539	0	66	176	0	2

Name of database	*Science Direct*	*Google Scholar*	*USYD Library database*	*MEDLINE*	*ERIC*
Date of search	22 March 2021	19 March 2021	22 March 2021	23 March 2021	17 March 2021
Search string 1	((domestic or family or interpersonal or intimate partner) adj ((violen* or abus*) or (DFV or DV or IPV).af.)) AND ((substance or drug or alcohol or AOD) adj (abus* or misuse or addict* or depend*).af.) AND ((mental health) adj ((issue* or problem* or illness* or disorder*) or (trauma or post-traumatic stress or PTSD or complex trauma) or (learning disability or cognitive impairment or intellectual disability) or mental ill-health).af) AND ((child protection or foster care or out-of-home care or OOHC or child welfare).af.)	((domestic or family or interpersonal or intimate partner) adj ((violen* or abus*) or (DFV or DV or IPV).af.)) AND ((substance or drug or alcohol or AOD) adj (abus* or misuse or addict* or depend*).af.) AND ((mental health) adj ((issue* or problem* or illness* or disorder*) or (trauma or post-traumatic stress or PTSD or complex trauma) or (learning disability or cognitive impairment or intellectual disability) or mental ill-health).af) AND ((child protection or foster care or out-of-home care or OOHC or child welfare).af.)	((domestic or family or interpersonal or intimate partner) adj ((violen* or abus*) or (DFV or DV or IPV).af.)) AND ((substance or drug or alcohol or AOD) adj (abus* or misuse or addict* or depend*).af.) AND ((mental health) adj ((issue* or problem* or illness* or disorder*) or (trauma or post-traumatic stress or PTSD or complex trauma) or (learning disability or cognitive impairment or intellectual disability) or mental ill-health).af) AND ((child protection or foster care or out-of-home care or OOHC or child welfare).af.)	((domestic or family or interpersonal or intimate partner) adj ((violen* or abus*) or (DFV or DV or IPV).af.)) AND ((substance or drug or alcohol or AOD) adj (abus* or misuse or addict* or depend*).af.) AND ((mental health) adj ((issue* or problem* or illness* or disorder*) or (trauma or post-traumatic stress or PTSD or complex trauma) or (learning disability or cognitive impairment or intellectual disability) or mental ill-health).af) AND ((child protection or foster care or out-of-home care or OOHC or child welfare).af.)	((domestic or family or interpersonal or intimate partner) adj ((violen* or abus*) or (DFV or DV or IPV).af.)) AND ((substance or drug or alcohol or AOD) adj (abus* or misuse or addict* or depend*).af.) AND ((mental health) adj ((issue* or problem* or illness* or disorder*) or (trauma or post-traumatic stress or PTSD or complex trauma) or (learning disability or cognitive impairment or intellectual disability) or mental ill-health).af) AND ((child protection or foster care or out-of-home care or OOHC or child welfare).af.)

Name of database	*Science Direct*	*Google Scholar*	*USYD Library database*	*MEDLINE*	*ERIC*
Date of search	22 March 2021	19 March 2021	22 March 2021	23 March 2021	17 March 2021
Search string 2	((domestic or family or interpersonal or intimate partner) adj ((violen* or abus*) or (DFV or DV or IPV).af.)) AND ((substance or drug or alcohol or AOD) adj (abus* or misuse or addict* or depend*).af.) AND ((mental health) adj ((issue* or problem* or illness* or disorder*) or (trauma or post-traumatic stress or PTSD or complex trauma) or (learning disability or cognitive impairment or intellectual disability) or mental ill-health).af) AND ((child protection or foster care or out-of-home care or OOHC or child welfare).af.) AND ((intersection* or co-occur* or comorbid*).af.)	((domestic or family or interpersonal or intimate partner) adj ((violen* or abus*) or (DFV or DV or IPV).af.)) AND ((substance or drug or alcohol or AOD) adj (abus* or misuse or addict* or depend*).af.) AND ((mental health) adj ((issue* or problem* or illness* or disorder*) or (trauma or post-traumatic stress or PTSD or complex trauma) or (learning disability or cognitive impairment or intellectual disability) or mental ill-health).af) AND ((child protection or foster care or out-of-home care or OOHC or child welfare).af.) AND ((intersection* or co-occur* or comorbid*).af.)	((domestic or family or interpersonal or intimate partner) adj ((violen* or abus*) or (DFV or DV or IPV).af.)) AND ((substance or drug or alcohol or AOD) adj (abus* or misuse or addict* or depend*).af.) AND ((mental health) adj ((issue* or problem* or illness* or disorder*) or (trauma or post-traumatic stress or PTSD or complex trauma) or (learning disability or cognitive impairment or intellectual disability) or mental ill-health).af) AND ((child protection or foster care or out-of-home care or OOHC or child welfare).af.) AND ((intersection* or co-occur* or comorbid*).af.)	((domestic or family or interpersonal or intimate partner) adj ((violen* or abus*) or (DFV or DV or IPV).af.)) AND ((substance or drug or alcohol or AOD) adj (abus* or misuse or addict* or depend*).af.) AND ((mental health) adj ((issue* or problem* or illness* or disorder*) or (trauma or post-traumatic stress or PTSD or complex trauma) or (learning disability or cognitive impairment or intellectual disability) or mental ill-health).af) AND ((child protection or foster care or out-of-home care or OOHC or child welfare).af.) AND ((intersection* or co-occur* or comorbid*).af.)	((domestic or family or interpersonal or intimate partner) adj ((violen* or abus*) or (DFV or DV or IPV).af.)) AND ((substance or drug or alcohol or AOD) adj (abus* or misuse or addict* or depend*).af.) AND ((mental health) adj ((issue* or problem* or illness* or disorder*) or (trauma or post-traumatic stress or PTSD or complex trauma) or (learning disability or cognitive impairment or intellectual disability) or mental ill-health).af) AND ((child protection or foster care or out-of-home care or OOHC or child welfare).af.) AND ((intersection* or co-occur* or comorbid*).af.)
Search string 3	((toxic trio or trigger trio or (multi-problem or dysfunctional or troubled or fragile) adj (famil*)af.)	((toxic trio or trigger trio or (multi-problem or dysfunctional or troubled or fragile) adj (famil*)af.)	((toxic trio or trigger trio or (multi-problem or dysfunctional or troubled or fragile) adj (famil*)af.)	((toxic trio or trigger trio or (multi-problem or dysfunctional or troubled or fragile) adj (famil*)af.)	((toxic trio or trigger trio or (multi-problem or dysfunctional or troubled or fragile) adj (famil*)af.)

Name of database	*Science Direct*	*Google Scholar*	*USYD Library database*	*MEDLINE*	*ERIC*
Date of search	22 March 2021	19 March 2021	22 March 2021	23 March 2021	17 March 2021
Documented changes	Search string 3 resulted in 2 results. Title screening found both results to not be relevant. 0 were exported/ saved		Search strings 1 and 2 were conducted with all fields search strategy. Search string 3 was conducted with both all fields (AF) and NOFT (anywhere except full text). AF resulted in 20 results, NOFT resulted in 1 result	Search string 3 found 708 results. When isolated to "toxic trio or trigger trio", the search came up with 6 results. Title screening of these 6 results found all to be irrelevant. 0 were exported/saved	
Total number of citations	0	1	0	12	0

Overview of grey literature database searches

Name of database	Cochrane Collaboration	Campbell Collaboration	Child Family Community Australia (CFCA)
Date of search	17 March 2021	17 March 2021	18 March 2021
Search term	Number of records	Number of records	Number of records
multi-problem or multi problem families	32	4	N/A (1000+ results for searches, narrowed search using topic pages instead)
dysfunctional families	17	1	N/A (see above)
troubled families	2	2	N/A (see above)
toxic trio	17	0	N/A (see above)
trigger trio	3	0	N/A (see above)
fragile families	6	0	N/A (see above)
"topic" page	0	0	6
Total number of citations	77	7	6

Name of database	*Analysis & Policy (APO)*	*California Evidence-Based Clearinghouse for Child Welfare (CEBC)*	*Child Welfare Information Gateway (CWIG)*
Date of search	19 March 2021	19 March 2021	22 March 2021
Search term	Number of records	Number of records	Number of records
multi-problem or multi problem families	2	0	30
dysfunctional families	0	0	75
troubled families	29	2	84
toxic trio	0	0	1
trigger trio	0	0	0
fragile families	4	0	466
"topic" page	4	6	1
Total number of citations	39	6	657

Name of database / website	*Canadian Child Welfare Research Portal (CCWRP)*	*What Works Network (WWN)*[a]	*NSW Department of Communities and Justice Website*
Date of Search	22 March 2021	23 March 2021	12 May 2021
Search term	**Number of records**	**Number of records**	**Number of records**
multi-problem or multi problem families	N/A (1000+ results for searches, narrowed search using topic pages instead)	302	2
dysfunctional families	N/A (see above)	86	0
troubled families	N/A (see above)	82	0
toxic trio	N/A (see above)	2	0
trigger trio	N/A (see above)	4	0
fragile families	N/A (see above)	95	1
"topic" page	2	0	2
Total number of citations	**2**	**571**	**5**

[a] Databases searched within the WWN include the National Institute for Health and Care Excellence, the Early Intervention Foundation, What Works Network Children's Social Care and the Wales Centre for Public Policy.

APPENDIX B:

Included studies

List of reviewed articles

Reference	Title of paper	Source type	Country of publication	Research questions and aims
Watson, 2005	*Child neglect: Literature review*	Research report	Australia	Sought to refine definitions, examine risk factors, investigate developmental consequences, guide management of cases, inform policy and identify service strategies. Examines issues associated with defining neglect and its prevalence; summarises research in relation to risk factors, effects on child development, assessment issues and effective service sector response. Addresses neglect issues relevant to Indigenous communities
Jordan & Sketchly, 2009	*A stitch in time saves nine: Preventing and responding to the abuse and neglect of infants*	Research report	Australia	Discusses overrepresentation of infants in child protective services, vulnerability of infants and infancy as a foundational developmental stage for later outcomes and key challenges for protecting and caring for infants removed from their families

Reference	Title of paper	Source type	Country of publication	Research questions and aims
Amussen et al., 2020	*Adverse childhood experiences: What we know, what we don't know, and what should happen next*	Research report	UK	Report on adverse childhood experiences – aims to examine evidence underpinning ACEs in terms of quality and conclusions. Considers strength of evidence underpinning common ACE-related activities, including routine ACE screening and trauma-informed care to better understand potential of these activities for reducing symptoms of trauma and preventing ACEs from occurring in the first place. Five chapters focus on individual elements of ACE evidence base: 1) what we know about prevalence of original 10 ACE categories and extent to which they co-occur; 2) strengths and limitations of methodologies used to estimate prevalence rates; 3) what is known about association between ACEs and adult physical and mental health outcomes; 4) current theories involving various biological and social processes which potentially link ACEs to poor physical and mental adult outcomes; 5) strength of evidence underpinning various practice responses to ACEs including routine ACEs screening and trauma-informed care (describes how ACEs might be prevented/reduced through a tiered public health strategy providing evidence-based support); 6) summary of key messages and implications for future ACEs-related policy and practice
Chamberland et al., 2012	*Correlates of substantiated emotional maltreatment in the second Canadian Incidence Study*	Journal article	Canada	Article sought to build on the Canadian Incidence Study (CIS-2003) to identify factors that predict membership in groups of young people and families with a single form or concurrent with other forms of maltreatment

Reference	Title of paper	Source type	Country of publication	Research questions and aims
Parkinson et al., 2017	*Child neglect: Key concepts and risk factors*	Research report	Australia	Report aimed to provide an overview of key concepts in defining neglect and a systematic review of reviews investigating common risk factors for neglect. Purpose to inform NSW FACS to identify issues of particular relevance to statutory child protection and implications for practice
Clemens et al., 2019	*Child maltreatment is mediating long-term consequences of household dysfunction in a population representative sample*	Journal article	Germany	Article assessed the risk for child maltreatment associated with the occurrence of household dysfunction, and whether the long-term consequences of household dysfunction are mediated by child maltreatment and may therefore be targeted by effective child protection programs
Asmussen et al., 2017	*Commissioning parenting and family support for troubled families*	Research report	UK	Draws on existing EIF evidence reviews to answer the following RQs about selection and implementation of effective parenting interventions: 1. How do adverse circumstances impact family functioning and how might negative cycles be reversed? 2. What is evidence-based parenting support and how might it benefit the Troubled Families program? 3. What must commissioners consider when selecting and implementing evidence-based parenting interventions? 4. How can evidence-based parenting interventions improve the circumstances of Troubled Families parents and children? 5. How might evidence-based parenting interventions reduce the cost of providing services to troubled families?

Reference	Title of paper	Source type	Country of publication	Research questions and aims
Estefan et al., 2013	*Relationships between stressors and parenting attitudes in a child welfare parenting program*	Journal article	US	This article sought to explore the nature and co-occurrence of family stressors, particularly violence, substance abuse and mental health problems, in a sample of parents involved in the child welfare system who have been referred to an intensive therapeutic parent training program. Also sought to identify whether parenting outcomes differed according to whether or not partner abuse or conflict, alcohol and other drug use or mental health issues were identified
Lambie & Gerrard, 2018	*Every 4 minutes: A discussion paper on preventing family violence in New Zealand*	Research report	New Zealand	Outlines definitions of violence and rates in NZ; discusses impacts on those affected and prevention and intervention at levels ranging from individual to whanau/family and communities, organisations and governments. Discusses "implementation science" – what gets in the way of implementing effective prevention and intervention strategies. Discussion paper aimed at raising findings from current science to prompt informed reflection and discussion on family violence issues faced in NZ
Fallon et al., 2013	*Opportunities for prevention and intervention with young children: Lessons from the Canadian incidence study of reported child abuse and neglect*	Journal article	Canada	Examined maltreatment-related investigations in Canada involving children under the age of 1 year to identify which factors determine service provision at the conclusion of the investigation

Reference	Title of paper	Source type	Country of publication	Research questions and aims
Hunter et al., 2012	*Family structure and child maltreatment: Do some family types place children at greater risk?*	Research report	Australia	Aims to assist practitioners and policymakers who work with children and families to make evidence-informed decisions relating to correlates between certain family structures and exposure to higher risk for child maltreatment. Updates 1996 discussion paper on child maltreatment and family structure
Finkelstein et al., 2005	*Building resilience in children of mothers who have co-occurring disorders and histories of violence*	Journal article	US	Describes development of the Children's Study intervention that included clinical assessment, group intervention and resource coordination for children aged 5–10 to build resilience
Fong et al., 2018	*Factors associated with mental health services referrals for children investigated by child welfare*	Journal article	US	Aimed to identify factors associated with caseworker referral of children to mental health services after a maltreatment investigation. Analysed data from 1,956 children 2–17 years old from the Second National Survey of Child and Adolescent Well-being
Frederico et al., 2014	*Child protection and cross-sector practice: An analysis of child death reviews to inform practice when multiple parental risk factors are present*	Journal article	Australia	Sought to assist in understanding the impact on children of the coexistence of the parental risk factors of mental health problems, family violence and substance abuse. Analysed a group of review reports and interviewed and surveyed practitioners in a range of fields
Fuller-Thompson & Agbeyaka, 2020	*A trio of risk factors for childhood sexual abuse: Investigating exposure to parental domestic violence, parental addiction, and parental mental illness as correlates of childhood sexual abuse*	Journal article	US	Study investigated how parental addictions, parental mental illness and exposure to domestic violence, both individually and cumulatively, are associated with childhood sexual abuse

Reference	Title of paper	Source type	Country of publication	Research questions and aims
Fusco, 2015	*Second generation mothers in the child welfare system: Factors that predict engagement*	Journal article	US	Study compared risk factors among first- and second-generation child welfare-involved mothers. 336 mothers with children younger than 5 years old were interviewed
Ghaffar et al., 2012	*Exploring the experiences of parents and carers whose children have been subject to child protection plans*	Journal article	UK	Explored experiences of 42 families in 3 local authorities in UK in 2009 whose children were subject to child protection plans
Gwynne et al., 2009	*Pilot evaluation of an early intervention programme for children at risk*	Journal article	Australia	Aimed to evaluate the Spilstead Model of early intervention in Australia which provides a uniquely integrated model of centre-based care, incorporating best practice approaches
Holmes, 2013	*Aggressive behaviour of children exposed to intimate partner violence: An examination of maternal mental health, maternal warmth and child maltreatment*	Journal article	US	Investigated the influence of IPV exposure on children's aggressive behaviour and tested if this relation was mediated by poor maternal mental health and, in turn, by maternal warmth and child maltreatment, and moderated by children's age and gender
Humphreys, 2007	*Domestic violence and child protection: Exploring the role of perpetrator risk assessments*	Journal article	Australia	Explored issue of severity in relation to domestic violence and provided a number of reasons for necessary engagement by workers. Identified a range of factors that heighten risks of increased violence
Isobe et al., 2020	*A critical interpretive synthesis of the intersection of domestic violence with parental issues of mental health and substance misuse*	Journal article	Australia	Aimed to inform practice with children and families when domestic and family violence and parental issues relating to alcohol and other drugs and mental health are also present

Reference	Title of paper	Source type	Country of publication	Research questions and aims
King et al., 2018	*Troubled teens and challenged caregivers: Characteristics associated with the decision to provide child welfare services to adolescents in Ontario, Canada*	Journal Article	Canada	Aims to explore characteristics of adolescents investigated for child protection concerns in Ontario and determine factors associated with receiving further supports and services after an investigation
Lewin & Abdrbo, 2009	*Mothers with self-reported Axis I diagnoses and child protection*	Journal article	US	Aimed to broadly describe women with serious mental illness who had lost temporary custody of some or all of their children. Sought to enumerate maternal, child and contextual factors and provide groundwork for further in-depth examination of factors that occur with greatest frequency in a review of child and family protective services case files
Lucenko et al., 2015	*Childhood adversity and behavioural health outcomes for youth: an investigation using state administrative data*	Journal article	US	Aimed to explore value of using administrative data to create ACEs scores for adolescents and determine whether known relationships between ACEs scores and adult outcomes can be observed. Also aimed to identify relative contribution of specific experiences to decreased behavioural health and functional wellbeing during childhood

Reference	Title of paper	Source type	Country of publication	Research questions and aims
Marsh et al., 2006	*Integrated services for families with multiple problems: Obstacles to family reunification*	Journal article	US	Aims to investigate role of multiple problems for caregivers involved with public child welfare. Focuses on presence of co-occurring problems and how existence of co-occurring problems may interfere with reunification process and examines how progress is achieved within each problem area. Research questions: 1. What percent of substance-abusing families in child welfare system also align with issues of DV, housing and mental health? 2. Are substance-abusing families in child welfare system making progress in terms of dealing with these co-occurring problems? 3. To what extent do co-occurring problems interfere with family reunification?
Meyer et al., 2010	*Substance-using parents, foster care and termination of parental rights: The importance of risk factors for legal outcomes*	Journal article	US	Aims to compare cases under appeal involving parental AOD use where parents' rights were terminated to those in which decisions to TPR were reversed or remanded. Primary goal to determine similarities and differences between TPR and non-TPR groups. Research questions were: 1. Do risk factors (poverty, DV, MH, incarceration, total number of risks) predict whether or not appeals are reversed/ remanded for AOD parents? 2. Does substance abuse treatment relate to TPR decisions for AOD parents? 3. Are there qualitative differences between groups in terms of risk factors and substance abuse treatment?
Middleton, 2014	*Vulnerability and the "toxic trio": The role of health visiting*	Journal article	UK	Explores association between domestic violence, maternal mental health and alcohol and other substance misuse and how when they are combined, risk of significant harm is made more probable

Reference	Title of paper	Source type	Country of publication	Research questions and aims
Bromfield et al., 2010	*Issues for the safety and wellbeing of children in families with multiple and complex problems: The co-occurrence of domestic violence, parental substance misuse and mental health problems*	Research report	Australia	Investigates separate impacts of parental substance misuse, domestic violence and parental mental health problems and presents evidence regarding extent to which these problems co-occur and discussion of wider context of exclusion and disadvantage, its causes and its consequences
Ohashi et al., 2018	*Cumulative risk effect of household dysfunction for child maltreatment after intensive intervention of the child protection system in Japan: A longitudinal analysis*	Journal article	Japan	Research questions: 1. Does household dysfunction predict future child maltreatment occurrence? 2. Does multi-type maltreatment (MTM) influence incidence of maltreatment reports? 3. Does household dysfunction predict future child maltreatment occurrence after adjustment of MTM? 4. Does cumulative effect of MTM and household dysfunction contribute to future maltreatment occurrence?
Lamont & Bromfield, 2009	*Parental intellectual disability and child protection: Key issues*	Research report	Australia	Aims to discuss key issues associated with parental intellectual disability and child protection. Canvasses: definitions of intellectual disability; whether there is a link between parental competence and intellectual disability; risk factors for abuse and neglect and whether or not parents with an intellectual disability experience higher rates of these problems; and role of support services in assisting parents with intellectual disability

Reference	Title of paper	Source type	Country of publication	Research questions and aims
Raman & Sahu, 2014	*Health, developmental and support needs of vulnerable children – Comparing children in foster care and children in need*	Journal article	Australia	Aimed to describe health and service needs of children attending community paediatric clinics specifically set up for children exposed to psychosocial risk factors in south-western Sydney. Broader aim to develop pathways and best practice models of assessment and care that suit needs of vulnerable children exposed to a range of early life adversities in south-western Sydney
Raviv et al., 2010	*Cumulative risk exposure and mental health symptoms among maltreated youth placed in out-of-home care*	Journal article	US	Goal was to elucidate relation between cumulative risk and mental health symptomatology within a sample of maltreated youths placed in OOHC. Examines whether a linear or threshold model better describes the relationship between cumulative risk and mental health outcomes
Smart, 2017	*Risk and protective factors for child abuse and neglect*	Resource sheet	Australia	Aims to provide an overview of risk and protective factors for child abuse and neglect in families. Designed for practitioners and policymakers who work in areas of child maltreatment
Skinner et al., 2021	*The "toxic trio" (domestic violence, substance misuse and mental ill-health): How good is the evidence base?*	Journal article	UK	Aims to trace emergence of the idea of the toxic trio and its subsequent assimilation into practice and data collection processes and identify and review the evidence base relevant to the claim that children are at particular risk of child abuse and neglect where domestic violence, parental mental health issues and/or learning disability, and parental alcohol and/or drug misuse are co-present
Solomon et al., 2016	*Cumulative risk hypothesis: Predicting and preventing child maltreatment recidivism*	Journal article	US	Aimed to examine role of cumulative risk in the recurrence of maltreatment following CPS intervention. Also attempted to explore the relation between temporary removal of a child and later recidivism

Reference	Title of paper	Source type	Country of publication	Research questions and aims
Taillieu et al., 2019	*Caregiver vulnerabilities associated with the perpetration of substantiated child maltreatment in Canada: Examining the Canadian Incidence Study of reported child abuse and neglect (CIS) 2008*	Journal article	Canada	Objectives were to: 1) examine distribution of caregiver vulnerabilities and total number of caregiver vulnerabilities by type of substantiated maltreatment; 2) examine association of types of substantiated maltreatment with child physical and mental/emotional harm as a result of maltreatment; 3) examine association of types of caregiver vulnerabilities with child physical and mental/emotional harm as a result of substantiated maltreatment; and 4) determine whether a dose–response relationship exists between the number of caregiver vulnerabilities and an increased likelihood of child physical and mental/emotional harm as a result of the substantiated maltreatment
Taylor et al., 2008	*Parental alcohol misuse in complex families: The implications for engagement*	Journal article	UK	Explores challenges of reaching children and parents in circumstances where families experience a constellation of impacting pressures of which alcohol and/or drug misuse is a central component. Key research question was: what is it about such families that makes engagement so problematic from the perspective of professionals and parents?
Turney & Wildeman, 2017	*Adverse childhood experiences among children placed in and adopted from foster care: Evidence from a nationally representative survey*	Journal article	US	Aims to extend research on correlates of foster care placement by documenting relationship between placement and exposure to 7 indicators of ACEs that are tightly linked to poor child health and wellbeing throughout the life course
Reid & Burton, 2017	*Safeguarding and protecting children in the early years*	Book chapter	UK	Book chapter considers toxic trio of parental mental illness, substance misuse and domestic violence and explores impact of parental learning disability

Reference	Title of paper	Source type	Country of publication	Research questions and aims
Westad & McConnell, 2012	*Child welfare involvement of mothers with mental health issues*	Journal article	Canada	Aims to: 1) investigate prevalence of mothers with mental health issues in Canadian child maltreatment investigations; 2) profile cases featuring mothers with mental health issues, including alleged maltreatment type and child, caregiver and family/household risk factors; and 3) determine outcomes of child protection investigations involving mothers with mental health issues
Woods-Jaeger et al., 2019	*The association between caregiver substance abuse and mental health problems and outcomes for trauma-exposed youth*	Journal article	US	Sought to compare youth with trauma exposure and an impaired caregiver due to either substance use, mental health problems or both substance use and mental health problems to youth without a reported impaired caregiver to determine if type of impaired caregiver status is associated with the following: 1) increased likelihood of PTSD, depression and behavioural and emotional problems; 2) increased likelihood of suicidality, self-injury and substance abuse; and 3) increased service utilisation (number and type of services used)
Yoon et al., 2017	*Co-development of internalising and externalising behaviour problems during early childhood among child welfare-involved children*	Journal article	US	Sought to examine cross-domain associations and early risk factors of internalising and externalising behaviour trajectories in young children involved in the child welfare system. Research questions: 1. What are the initial levels and growth rates of internalising and externalising behaviour problems in early childhood among children who have been involved in the child welfare system? 2. How are the trajectories of internalising and externalising behaviour problems associated across domains? 3. How are early risk factors related to the developmental trajectories of internalising and externalising behaviour problems?

Reference	Title of paper	Source type	Country of publication	Research questions and aims
Esposito & Field, 2016	*Child sexual abuse: What does the research tell us? A literature review*	Research report	Australia	Paper reviewed the current literature about child sexual abuse with a focus on key messages for child protection workers and their practice
Department for Communities and Local Government, 2012	*Working with troubled families: A guide to the evidence and good practice*	Research report	UK	A "guide to the research evidence on working with troubled families". Evaluations of family intervention services have typically included analysis of case data; qualitative interviews with project staff, stakeholders and service users; and estimations of costs and savings
Huntsman, 2008	*Parents with mental health issues: Consequences for children and effectiveness of interventions designed to assist children and their families*	Research report	Australia	Report reviews research on the consequences for children of having a parent with mental health issues and the effectiveness of strategies and interventions designed to support affected families

Number of publications by year

Year of publication	Number of articles published	Year of publication	Number of articles published
2005	2	2014	2
2006	1	2015	2
2007	1	2016	2
2008	3	2017	6
2009	3	2018	4
2010	3	2019	3
2012	5	2020	3
2013	4	2021	1
Total publications			45

APPENDIX C:

Co-occurring factors reported in reviewed literature

Socioeconomic or environmental factors

Of 45 articles reviewed, 19 did not mention socioeconomic or environmental factors. This leaves 26 articles that, to some degree, mentioned socioeconomic or environmental factors. The subcategories and framing/key terminology for socioeconomic or environmental variables used throughout these 26 articles are tabulated below.

Subcategory of socioeconomic factors	Number of articles	Descriptions of factor	References
Education: total articles included in study sample or measured	**8 of 26 articles – 30.7%.** 3 of 26 articles – 11.5% included in study sample. 5 of 26 articles – 19% measured	• Education • Maternal education • Caregiver education • Parental education • Level of education	Estefan et al., 2013; Fusco, 2015; Holmes, 2013; Lewin & Abdrbo, 2009; Marsh et al. 2006; Turney et al., 2012; Wildeman 2017; Yoon et al., 2017
Housing & homelessness: total articles included in study sample or measured	**12 of 26 articles - 46%.** 3 of 26 articles – 11.5% included in study sample. 8 of 26 articles - 30.7% measured. 1 of 26 articles – 3.8% measure *youth* housing/ homelessness	• Housing stability • Housing • Number of household moves • Type of housing (rental, owned, temporary/other) • Overcrowded housing • Public housing or shelter • Homelessness	Chamberland et al., 2012; Fallon et al., 2013; Finklestein et al., 2005; Ghaffar et al., 2012; King et al., 2018; Lucenko et al., 2015; Marsh et al., 2006; Meyer et al., 2010; Westad & McConnell, 2012

Subcategory of socioeconomic factors	Number of articles	Descriptions of factor	References
Income & income proxy: total articles included in study sample or measured	**18 of 26 articles – 69%** 5 of 26 articles – 19% included in study sample. 12 of 26 articles – 46% measured. 1 of 26 articles – 3.8% measure *youth* income & income proxy	• Maternal socioeconomic status (ability to meet basic needs) • Caregiver income source • Low-income household/ Household income • Financial problems • Welfare recipient • WIC program recipient • TANF receipt • Food stamps or SFA receipt • Receiving public assistance • Poverty • Household income below poverty line • Household relationship to poverty line • "Does household regularly run out of money" • "Ran out of money for basic necessities"	Chamberland et al., 2012; Fallon et al., 2013; Fusco, 2015; Ghaffar et al., 2012; Holmes, 2013; King et al., 2018; Lewin & Abdrbo, 2009; Lucenko et al., 2015; Meyer et al., 2010; Ohashi et al., 2018; Taillieu et al., 2019; Turney & Wildeman 2017; Westad & McConnell, 2012
Employment: total articles included in study sample or measured	**4 of 26 articles – 15.3%** 2 of 26 articles – 7.6% included in study sample. 2 of 26 articles – 7.6% measured	• Employment • Household employment	Ghaffar et al., 2012; Marsh et al., 2006; Turney & Wildeman 2017; Westad & McConnell, 2012
Social isolation: total articles included in study sample or measured	**8 of 26 articles – 30.7%** 3 of 26 articles – 11.5% included in study sample. 5 of 26 articles – 19% measured	• No support from family • Isolated single parent relationship • Few social supports • Primary caregiver few social supports from community	Fallon et al., 2013; Ghaffar et al., 2012; Gwynne et al., 2008; King et al., 2018; Lewin & Abdrbo, 2009; Taillieu et al., 2019; Westad & McConnell, 2012

Subcategory of socioeconomic factors	Number of articles	Descriptions of factor	References
Youth school transitions: total articles included in study sample or measured	1 of 26 articles – 3.8% measured	• School transitions	Raviv et al., 2020
Youth exposure to community violence: total articles included in study sample or measured	1 of 26 articles – 3.8% measured	• Exposure to community violence	Raviv et al., 2020

Demographic factors

Of 45 articles reviewed, 19 did not mention demographic factors. This leaves 26 articles that, to some degree, mentioned demographic factors. The subcategories and framing/key terminology for demographic variables used throughout these 26 articles are tabulated below.

Subcategory of demographic factors	Number of articles	How factor was described in the article	References
CHILD race/ethnicity/ CALD included in sample study only	**5 of 26 articles – 19.2%**		
PARENT race/ ethnicity/CALD measured	**7 of 26 articles – 26.9%**		
CHILD race/ethnicity/ CALD measured	**7 or 26 articles – 26.9%**	• Race/ethnicity	

Subcategory of demographic factors	Number of articles	How factor was described in the article	References
RACE/ETHNICITY/ CALD: total articles included in study sample or measured	**23 of 26 articles – 88.4%** 3 of 26 articles – 11.5% included in study sample	• Ethnicity • Race • Maternal race/ethnicity • Language/primary language • Immigration status (e.g. first- or second-generation migrant) • Aboriginal and/or Torres Strait Islander status	Estefan et al., 2013; Finklestein et al., 2005; Fong et al., 2018; Fuller-Thompson & Agbeyaka, 2020; Fusco, 2015; Ghaffar et al., 2012; Holmes, 2013; King et al., 2018; Lewin & Abdrbo, 2009; Lucenko et al., 2015; Marsh et al., 2006; Ohashi et al., 2018; Solomon et al., 2016; Taillieu et al., 2019; Turney & Wildeman, 2017; Westad & McConnell, 2012; Woods-Jaeger et al., 2019; Yoon et al., 2017
Age			
PARENT age included in sample study only	**3 of 26 articles – 11.5%**	• Age • Maternal age	Estefan et al., 2013; Taillieu et al., 2019; Turney & Wildeman, 2017
CHILD age included in sample study only	**6 of 26 articles – 23%**	• Age • Age of youngest child	Estefan et al., 2013; Ghaffar et al., 2012; Marsh et al., 2006; Solomon et al., 2016; Taylor et al., 2008; Turney & Wildeman, 2017
PARENT age measured	**6 of 26 articles – 23%**	• Teen parenthood • Age • Maternal age/age at first birth • Age of youngest caregiver	Estefan et al., 2013; Fallon et al., 2013; Fusco, 2015; Holmes, 2013; Marsh et al., 2006
CHILD age measured	**7 of 26 articles – 26.9%**	• Age	Chamberland et al., 2012; Fong et al., 2018; Holmes, 2013; King et al., 2018; Ohashi et al., 2018; Westad & McConnell, 2012; Woods-Jaeger et al., 2019
All age	**22 of 26 articles – 84.6%**		

Subcategory of demographic factors	Number of articles	How factor was described in the article	References
Gender			
PARENT gender included in sample study only	**3 of 26 articles – 11.5%**	• Gender	Estefan et al., 2013; Ghaffar et al., 2012; Taillieu et al., 2019
CHILD gender included in sample study only	**3 of 26 articles – 11.5%**	• Gender	Estefan et al., 2013; Ghaffar et al., 2012; Turney & Wildeman, 2017
PARENT gender measured	**1 of 26 articles – 3.8%**	• Gender	Frederico et al., 2013
CHILD gender measured	**8 of 26 articles – 30.7%**	• Gender	Chamberland et al., 2012; Fong et al., 2018; Holmes, 2013; King et al., 2018; Ohashi et al., 2018; Westad & McConnell, 2012; Woods-Jaeger et al., 2019; Yoon et al., 2017
All gender	**15 of 26 articles – 57.6%**		
Criminal justice involvement (CJI)			
PARENT CJI included in sample study only	**1 of 26 articles – 3.8%**	• CJI	Estefan et al., 2013
PARENT CJI measured	**5 of 26 articles – 19.2%**	• Parental CJI • CJI • Incarceration • Caregiver CJI	Lucenko et al., 2015; Marsh et al., 2006; Meyer et al., 2010; Raviv et al. 2020; Turney & Wildeman, 2017
All CJI	**6 of 26 articles – 23%**		
Experience of childhood adversity			
PARENT experience of childhood adversity included in sample study only	**1 of 26 articles – 3.8%**	• Parental history of abuse in family of origin	Estefan et al., 2013

Subcategory of demographic factors	Number of articles	How factor was described in the article	References
PARENT experience of childhood adversity measured	**4 of 26 articles – 15.3%**	• Parent's own childhood adversity • Caregiver mistreated as child • Parental history of OOHC • Mum in foster care	Fallon et al., 2013; Fusco, 2015; Ghaffar et al., 2012; Westad & McConnell, 2012
All parental childhood adversity	**5 of 26 articles – 19.2%**		
Cognitive impairment			
PARENT cognitive impairment included in sample study only	**2 of 26 articles – 7.6%**	• Parental developmental disability • "Mentally challenged"	Estefan et al., 2013; Meyer et al., 2010
PARENT cognitive impairment measured	**2 of 26 articles – 7.6%**	• Cognitive impairment • Perpetrator cognitive impairment	Taillieu et al., 2019; Westad & McConnell, 2012
CHILD cognitive impairment measured	**1 of 26 articles – 3.8%**	• Intellectual functioning	Raviv et al., 2020
All cognitive impairment	**5 of 26 articles – 19.2%**		
Home & marital status			
PARENT marital status & parental arrangements included in sample study only	**3 of 26 articles – 11.5%**	• Single parenthood/parent • Maternal marital status	Ghaffar et al., 2012; Gwynne et al., 2008; Lewin & Abdrbo, 2009
CHILD home setting & parental arrangements included in sample study only	**1 of 26 articles – 3.8%**	• Home setting (foster/kinship care, single parent, both parents)	Raman & Sahu, 2014

Subcategory of demographic factors	Number of articles	How factor was described in the article	References
PARENT marital status & parental arrangements measured	**8 of 26 articles – 30.7%**	• Living with partner single parent/marital status • Parents living together • Caregiver marital status • Single parent household • Divorce or separation • Lone parent • Number of caregivers in home	Fallon et al., 2013; Holmes, 2013; King et al., 2018; Marsh et al., 2006; Ohashi et al., 2018; Raviv et al. 2020; Turney & Westad & McConnell, 2012; Wildeman, 2017
CHILD home setting & parental arrangements measured	**6 of 26 articles – 23%**	• Placement in care caregiver • Transitions foster care status • In foster care • Living arrangements (with parents, relatives, foster care) • OOHC	Ohashi et al., 2018; Raviv et al. 2020; Turney & Wildeman, 2017; Woods-Jaeger et al., 2019; Yoon et al., 2017
All home, marital & parental status arrangements	**18 of 26 articles – 69.2%**		
Physical health			
PARENT physical health issues included in sample study only	**3 of 26 articles – 11.5%**	• Physical health issues • Physical disability • Caregiver health status	Meyer et al., 2010; Solomon et al., 2016; Turney & Wildeman, 2017
CHILD physical health issues included in sample study only	**5 of 26 articles – 19.2%**	• Chronic health condition • Diagnosis • Physical disability • Demonstration of behavioural problems • Low birth weight	Finklestein et al., 2005; Gwynne et al., 2008; Solomon et al., 2016; Taylor et al., 2008; Turney & Wildeman, 2017
PARENT physical health issues measured	**3 of 26 articles – 11.5%**	• Parental disability • Perpetrator physical health issues • Physical health issues	Ghaffar et al., 2012; Taillieu et al., 2019; Westad & McConnell, 2012

Subcategory of demographic factors	Number of articles	How factor was described in the article	References
CHILD physical health issues measured	**5 of 26 articles – 19.2%**	• Child functioning • Chronic condition • Functioning issues • Health and developmental issues	Fallon et al., 2013; Fong et al., 2018; King et al., 2018; Raman & Sahu, 2014; Westad & McConnell, 2012
All physical health issues	**16 of 26 articles – 61%**		
Household composition			
PARENT number of children in home included in sample study only	**2 of 26 articles – 7.6%**	• 3+ children in home • Number of children	Fusco, 2015; Solomon et al., 2016
PARENT number of children in home & home composition measured	**5 of 26 articles – 19.2%**	• Number of children in household • Household composition one child in family	Fusco, 2015; Holmes, 2013; King et al., 2018; Marsh et al., 2006; Ohashi et al., 2018
CHILD number of siblings measured	**1 of 26 articles – 3.8%**	• Number of siblings	Marsh et al., 2006
Total composition, #, siblings	**8 of 26 articles – 30.7%**		
Bereavement			
PARENT bereavement issues included in study sample only	**1 of 26 articles – 3.8%**	• Bereavement	Taylor et al., 2008
PARENT bereavement measured	**2 of 26 articles – 7.6%**	• Death of either parent • Death	Lucenko et al., 2015; Turney & Wildeman, 2017
CHILD deaths in the family	**1 of 26 articles – 3.8%**	• Deaths in the family	Raviv et al., 2010
Total bereavement & death	**4 of 26 articles – 15.3%**		

Subcategory of demographic factors	Number of articles	How factor was described in the article	References
Rights & service use			
History of parenting rights measured	**2 of 26 articles – 7.6%**	• Prior termination of parental rights • Ever had a child in foster care	Estefan et al., 2013; Fusco, 2015
CHILD service use measured	**1 of 26 articles – 3.8%**		Woods-Jaeger et al., 2019

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