



# Professional Representations of Collaboration in the Response to Intimate Partner Violence

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Accepted: 23 January 2023

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## Abstract

**Purpose** Due to the complexity of intimate partner violence (IPV) and the many actors involved in its social and legal responses, there is a broad consensus that collaboration is essential if IPV is to be overcome. Few studies, however, have provided details as to how these collaborations occur. Rather, research on collaboration in IPV has typically focused on a series of factors facilitating and hindering it. However, these factors are rarely articulated in a systemic, comprehensive, and integrated way.

**Method** To gain a better understanding of the socio-judicial response to IPV, we conducted a case study in an administrative region in the Province of Quebec, Canada. We conducted individual interviews with 37 key informants who work with people experiencing IPV. The data were subjected to deductive thematic coding as well as to intra- and inter-role matrices that cross-referenced the themes.

**Result** According to our findings, interagency referrals and information sharing were the most common collaborative practices reported by participants which leading us to characterize the region studied in this article as poorly integrated. Factors facilitating and hindering collaboration are discussed in relation to previous studies.

**Conclusion** Recommendations for cross-sectoral training, organizational policy development, and opportunities to leverage the expertise of specialized actors in IPV response systems are made.

**Keywords** Collaboration · Intimate partner violence · Challenges · Response systems

Intimate partner violence (IPV) is a considerable health and social problem (World Health Organization, 2021) that is often concomitant with other societal issues such as child maltreatment (Lessard et al., 2020; Stewart, 2020; Stylianou & Ebright, 2021). The needs of women and children who

are IPV victims are numerous and complex (Lessard et al., 2020). When the judicial system becomes involved in the situation, these needs are often amplified because cases are dealt with simultaneously in several branches of the system (e.g., criminal, civil, youth) involving diverse actors whose combined interventions may be incoherent and even contradictory (Government of Quebec, 2020a; Hester, 2011; Laing et al., 2018).

These collaborative contexts, which we defined as socio-judicial due to the intertwining of psychosocial and judicial system responses, are the focus of this article. Indeed, due to the complexity of IPV and the many actors involved in judicialized situations, there is broad consensus that collaborative practices are essential to the resolution of these situations (Government of Canada, 2014; Laing et al., 2018; Magruder, 2017; Stylianou & Ebright, 2021). Collaborative practices have the potential to be more comprehensive and coherent in addressing the distinct needs of family members struggling with IPV (Lessard & Alvarez-Lizotte, 2015). These practices can also initiate systemic changes by pointing organizations with different philosophical stances toward

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**Table 1** Levels of engagement in interdisciplinary and interagency practice

1. Service autonomy with networking	2. Collaborative practice – formalized networking arrangement and organizational policy development	3. Streamlined referrals (incidence-based process such as police fax backs)	4. Cooperation (regular communication around clients and common goals)	5. Coordination (agreed plans, protocols, or a separately appointed coordinator)	6. Integration (single system with subunits and cross-unit accountability)
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Low level of engagement

(adapted from Wangman)

High level of engagement

(Wilcox, 2010, p. 1020)

a common goal (Stylianou & Ebright, 2021). Furthermore, collaborative practices are considered critical to ensure the IPV victim's safety and the perpetrator's accountability because they are often more effective in reducing risks (White & Sienkiewicz, 2018). However, there are challenges associated with collaboration. These include: 1) diverging representations of both the problems in need of action and their solutions (Hester, 2011; Laing et al., 2018; Magruder, 2017; Stylianou & Ebright, 2021), 2) concerns regarding information sharing and confidentiality (Government of Canada, 2014; Lessard et al., 2014; Saxton et al., 2020), and 3) inconsistent commitment on the part of collaborators (Johnson & Stylianou, 2020). Finally, the more integrated collaborative practices are, the more they require a high level of human and economic resources to be effective (Carreau et al., 2014). It is therefore important that their intensity and level of engagement be well known and adapted to be cost effective. This article aims to highlight the ways and conditions in which such collaboration occurs, and the factors facilitating and hindering it, in a qualitative case study conducted in the Province of Quebec, Canada.

## Collaboration

In this article, we refer to *collaboration* to speak broadly about a process involving multiple actors and practices. In contrast, when we use terms such as: *references*, *cooperation*,<sup>1</sup> and, *coordination*,<sup>2</sup> we are referring to specific ways of collaborating. Collaboration has been conceptualized by

several authors as a process on a continuum (Carreau et al., 2014; Couturier & Belzile, 2018; Fine et al., 2005; Wilcox, 2010) with independent practices at one end and, at the other, fully integrated practices. Numerous models have theorized and defined the collaboration process. The present research is based on the work of Wilcox (2010), illustrated in Table 1. It is particularly relevant since it was developed to describe interdisciplinary and interagency practices in IPV.

## Collaboration in Intimate Partner Violence

The challenges of transforming police practices (Syers & Edleson, 1992) and the justice system response to IPV led to the development of community intervention projects in the early 1980s in the United States (Buzawa et al., 2012). These projects had the general objective of increasing coordination between various actors of the social and judicial systems, so as to enhance offender accountability and offer a more coherent, efficient, and adapted response to the needs of victims (Buzawa et al., 2012; Klevens et al., 2008). This trend toward collaboration spread to other countries like Canada, Australia, and the United Kingdom (Breckenridge et al., 2015). It has resulted in the development of community coordinated responses in the United States (Johnson & Stylianou, 2020; Shorey et al., 2014; White & Sienkiewicz, 2018) and integrated response systems in Australia (Day et al., 2010; O'Leary et al., 2018). In addition, settings as coordination councils (Allen et al., 2013; Javdani & Allen,

<sup>1</sup> Defined as "Parties having established ongoing ties, but formal surrender of independence not required. A willingness to work together for some common goals. Communication emphasized. Requires good will and some mutual understanding" (Fine et al., 2005, p. 4).

<sup>2</sup> Defined as "Planned harmonization of activities between the separate parties. Duplication of activities and resources is minimized. Requires agreed plans and protocols or appointment of an external coordinator or (case) manager" (Fine et al., 2005, p. 4).

2011; Rondeau et al., 2001), high-risk case management committees (Robinson & Tregidga, 2007; Stewart, 2020), clinical case management committees (Lessard et al., 2014), specialized teams combining police officers and social workers (Hamilton et al., 2021; Johnson & Stylianou, 2020; Magruder, 2017; Stylianou & Ebright, 2021), and co-located victim services (Simmons et al., 2016) were created along the years.

In Quebec, Canada, the government has promoted a collaborative approach toward IPV in its social policy since the mid-1980s (see Ministère de la Justice & Ministère du Solliciteur général, 1986). Consequently, there are coordination councils bringing together the actors involved in IPV in most regions of the province (Rondeau et al., 2001; Author, 2021). Recently, expert panels mandated by the government have examined IPV-related practices so as to overcome persistent systemic issues and the dissatisfaction of victims toward the justice system. They emphasized improved cross-sectoral cooperation and synergy among the many people and organizations involved in IPV (Government of Quebec, 2020a, b). Given that collaboration in IPV has been promoted and implemented in Quebec for more than three decades, one wonders why experts still need to recommend it. One possible answer to this question is that, despite their benefits and the experience accumulated over the years, collaborative practices come with persistent challenges. Yet, to better understand these challenges, studies conducted in recent years have highlighted factors that can cause, aggravate, or help to overcome them.

## Factors Facilitating and Hindering Collaboration in Intimate Partner Violence

Collaborative practices in the field of IPV have been studied for several years and numerous factors are now known to promote or hinder their success. As explained below, these factors can range from individual to structural elements.

For example, on the individual level, knowledge (or lack of knowledge) of IPV, of partners' work and the attitudes of collaborators will greatly impact collaborations (Banks et al., 2008; Langenderfer-Magruder et al., 2019; Lessard & Alvarez-Lizotte, 2015; Notko et al., 2021; O'Leary et al., 2018). On the relational and microsystem level, it is noted that partnership will be more effective when there is frequent and regular communication and when partners have shared vision, and common goals. On the contrary, the absence of the latter, unresolved conflicts, or interference with partner's work will negatively impact partnerships (Langenderfer-Magruder et al., 2019; Lessard et al., 2014; Notko et al., 2021; Stylianou & Ebright, 2021; Vinton & Wilke, 2014). On the organization level, collaboration is supported by a formal commitment to collaboration in the

organizational culture, openness to organizational change, and allocation of human resources. It is hindered by a lack of continuing education within the organization and by staff turnover (Hamilton et al., 2021; Langenderfer-Magruder et al., 2019; Lessard & Alvarez-Lizotte, 2015; Macvean et al., 2018; Notko et al., 2021; Stylianou & Ebright, 2021). On the community level, collaboration is impacted by the commitment of key leaders (or absence thereof), co-location of resources, joint intersectoral training or formal protocols among stakeholders (Allen et al., 2013; Banks et al., 2008; Healy et al., 2018; Langenderfer-Magruder et al., 2019; Lessard et al., 2014; Macvean et al., 2018; O'Leary et al., 2018). Lastly, at the macrosocial level, a key element of successful collaborations is sufficient and recurring financial support, in the absence of which collaboration may be inhibited (Ross et al., 2016; Stylianou & Ebright, 2021).

Our synthesis leads us to conclude that while some of these factors are more specific to particular contexts in the literature (e.g., collaboration between child protection services (CPS) and specialists in IPV), many factors intersect with multiple contexts.

## The Current Study

The originality of our study is its systemic, comprehensive, and integrated approach, in which an entire region has been studied in Quebec. Although there have been studies about IPV practices and collaboration, they have generally focused on specific mechanisms (e.g., a multidisciplinary team or council). In addition, we interviewed 10 different types of professionals involved in IPV response, whereas most studies include only one or two subgroups (e.g., CPS workers and shelter workers). This gave us a nuanced overview where complementary, competing, and antagonistic perspectives could be analyzed concomitantly.

## Theoretical Framework: Professional Representations

Social representations are "beliefs, social practices, and shared knowledge that exist as much in individuals' minds as in the fabric of society" (Moscovici, 1961, in Morant, 2006, p. 817). Professional representations are a category of social representations and specifically relate to the work environment (Piasser & Bataille, 2011). They are references structuring professional knowledge and intentions while organizing professional actions. They are structured according to individual's viewpoint, occupational affiliation, and contextual constraints (Blin, 1997). We specifically oriented our research within the system of professional activities developed by Blin (1997). According to Blin, professional representations are actualized along three dimensions: 1)

the objects that are meaningful for the practices (functional dimension: i.e., how, when, actors involved, issues); 2) the contextual framework (dimension of organizational and institutional contexts, i.e., guidelines, laws, social values and norms, ideologies); 3) objects related to identity issues (professional identity dimension, i.e., goals, competencies, motivation). For ease of reading, in this article the participants' "professional representations" will often be referred to as "viewpoints" or "perspectives".

## Method

A single case study (Yin, 2009) was conducted from 2015 to 2018 in one of the 17 administrative regions of the Province of Quebec.<sup>3</sup> The overall aim of the study was to deepen our understanding of the socio-judicial responses to IPV (practices, contexts, issues, etc.) seen as a system and based on the professional representations of the involved practitioners. Given that health and social services are organized and systematized by region in Quebec, the choice of a single geographic case seemed the best option to meet our objective. The case was selected because of its informative potential regarding the object investigated: this was a case where IPV resources were well developed, where coordination had been documented in a previous study (Rondeau et al., 2001), where the rates of criminalized IPV was higher than the Quebec average, and finally, with a geographic diversity (including urban and rural areas) considered favorable to the transferability of the data. As for ethics principles, measures, such as informed consent, confidentiality of data and limitation of risks associated with participation in the study, were in place. Ethical approval from the research ethics board of the University of Montreal was obtained for the study as well as from the research ethics board of the integrated health and social service centers of the region studied.

Thirty-seven key informants from the case were interviewed between July 2015 and November 2016 in semi-structured individual interviews averaging 82 min in length. We employed three strategies to select our participants: variation, inclusion criteria, and convenience sampling (Miles et al., 2021). Firstly, to collect data from various informants, the participants were recruited from diverse organizations involved in IPV in the region of the study. Secondly, to select key informants from within these organizations, four criteria were used: 1) being a practitioner at the time of the study; 2) working with people experiencing IPV whose situation was (or could have been) judicialized; 3) having at least two years of professional experience in IPV; and 4) being employed by a governmental or community organizations, as they are more directly influenced by social policies than

private organizations. Thirdly, a convenience sample was created with practitioners who met these criteria and who voluntarily agreed to participate in the study (Miles et al., 2021). They were recruited through their organization which had agreed to display a recruitment poster. Interested practitioners were asked to contact the researcher on their own, thus preserving confidentiality within their organization.

## Participants

Within our sample of 37 key informants, 25 were women, with an average professional experience in IPV of 12.1 years. Furthermore, 10 of the participants were trained in criminology, 10 in social work, seven had police training, seven had legal training, and four had other training (psychology, sexology, special care counseling).<sup>4</sup> As for participants' organizational background, seven were police officers, two were judges at a criminal court, two were lawyers affiliated with legal aid, five worked in IPV victim shelters, five worked at the CPS, four worked in a specialized service for perpetrators, three worked at a community residential center (CRC) providing services to offenders in the community, four worked in victims' services affiliated with the criminal court, four were probation or correctional officers, and one worked in a local community service center (LCSC). Finally, 17 of the participants practiced in an urban area, 12 in rural areas, and eight in both.

## Measure and Procedures

Individual interviews were conducted using a semi-structured interview guide based on Blin's (1997) theory of professional representation. Thus, the themes discussed were related to: 1) the participants' socio-judicial IPV practices (notably their collaboration); 2) the institutional and organizational contexts of these practices (e.g., the impact of organizational guidelines and governmental policy); and 3) specific aspects of their professional identity (e.g., their motivation, skills, knowledge, etc.) considered to impact these practices. Individual interviews were chosen because they are an appropriate method for in-depth exploration of the actors' viewpoints, and they have the advantage of being focused on the studied topics. Furthermore, these interviews with 10 different types of practitioners from the same region made it possible to corroborate and cross-reference their viewpoints (Yin, 2009), which increased the credibility of our data.

Interviews were conducted in person, at the participants' location of choice, for the most part at their workplace. A

<sup>3</sup> To protect the anonymity of the participants, the region is kept confidential.

<sup>4</sup> Some participants were trained in more than one discipline, which is why the cumulative of that attribute exceeds 37.

few days before the interview, participants were emailed the consent form and interview guide. On the day of the interview, the consent form was reviewed and explained. The length of the interviews varied between 55 and 180 min, with an average duration of 82 min. At the end of the interviews, participants filled out a socio-demographic information form (age, number of years of professional experience, years of IPV experience, etc.). These data were compiled to describe the sample, to cross-reference our data, and to understand the influence of different attributes on our participants' viewpoints. Fictitious names were given to the participants and only the principal investigator had access to the file with real names. For this article, excerpts were translated from French to English.

## Data Analysis

The interviews were recorded, transcribed, and then coded through content analysis (Miles et al., 2021) using NVivo (version 10). Thematic coding (Miles et al., 2021) was used, which allowed for the description of the participants' professional representations. Based on Blin's work (1997), the data in our study were first coded deductively along his three dimensions of professional representations to reduce data and to ensure the fit of our theoretical framework. As stated before, these refer to the participant's practices, their organizational and institutional context, and their professional identity. Seventeen first-level codes were created in the process. We next conducted a more in-depth inductive thematic coding to identify relevant child codes and common sub-themes in the participants' representations (Paillé & Mucchielli, 2016). This allowed us to describe socio-judicial practices in IPV, including collaboration, its context, and how stakeholders understand their professional identities within that field of practice. Finally, data were discursively coded in three subsets of cognitions (knowledge and beliefs, evaluative representations, and prescriptive representations). This article mainly discusses those themes related to practices and the participants' professional identity rooted in two subsets of cognition (their knowledge and evaluative representations), as these were most likely to shed light on collaboration practices.

In addition, intra- and inter-role matrices that cross-referenced the themes with various attributes (e.g., organizational affiliation, field of practice, geographic location, intervention targets, etc.) were used to explain, contextualize, and deepen our understanding of the basis of these representations (Blin, 1997; Miles et al., 2021). Given the social foundation of professional representations, only themes that were shared by a minimum of 50% of the members of the subgroups were retained and considered. At a last step, we deductively analyzed the results related to IPV practices using the conceptual model developed by Wilcox (2010). This allowed

us to adopt a processual and integrative view of the collaborative practices discussed by the participants. Lastly, to enhance the trustworthiness of our work and counterbalance the fact that we were unable to have our results corroborated by participants, we presented our preliminary results to peers and practitioners at conferences on six occasions, thereby increasing their reliability and credibility.

## Findings

### Collaborative Practices

The collaboration described by the participants, categorized according to Wilcox's (2010) model, is presented in Table 2. As mentioned earlier, only practices reported by at least 50% of subgroup participants were retained as outcomes.

Table 2 shows that referral and information sharing are the most common practices in the participants' representations of collaboration. Cooperation and coordination, however, are unevenly distributed, and largely unreported among the judicial participants (i.e., police officers, lawyers, and judges). Table 2 also shows that organizational policies for IPV were only mentioned by police officers. Finally, we noticed that practices characterized as fully integrated in Wilcox's (2010) continuum were absent from participant discourses, suggesting that such practices may not exist in the case studied.

### Factors Favoring Collaboration

Results emerging from our analyses lead us to believe that there is fertile ground for developing and improving collaboration in the region studied. These are shared elements of professional identity that go beyond specific occupational affiliation as well as generally positive attitude toward collaboration and its importance in the field.

**Shared Elements of Professional Identity** There was a high level of agreement among the participants, regardless of their professional affiliation, about the knowledge and attitudes required in the socio-judicial context of IPV. As reported, the most salient were: "listening, empathy, good understanding" (Sam, center for victims); "a willingness to get involved, to get informed, to work and further our analysis" (Valerie, CPS); "to be able to collaborate between the various stakeholders" (Laurent, lawyer); "to manage the risk through the back and forth [of the relationship], also feeling that you can manage the risk (Leah, CPS). Participants also mentioned the importance of being patient: "I think it takes a lot of patience in IPV because not all women file a definitive, categorical complaint that takes them straight from point A to point B without hesitating or backing up" (Rose, shelter).

**Table 2** Collaborative practices reported by subgroup of participants

	Organizational policy	Cooperation			Coordination			Inte-grated practices	
		References	Informa-tion shar-ing	Training of partners	Consultation	Orientation of partners	Informal co-intervention	Coordinated inter-vention planning	Official liaison
Victim resources									
<i>Victim services (4)</i>	*	*	*	*	*	*	*	*	*
<i>LCSC (1)</i>	*	*	*	*	*	*	*	*	*
<i>Shelters (5)</i>	*	*	*	*	*	*	*	*	*
<i>CPS (5)</i>	*	*	*	*	*	*	*	*	*
Perpetrator resources									
<i>Perpetrator services (4)</i>	*	*	*	*	*	*	*	*	*
<i>CRC (3)</i>	*	*	*	*	*	*	*	*	*
<i>Probation (4)</i>	*	*	*	*	*	*	*	*	*
Judiciary									
<i>Police (7)</i>	*	*	*	*	*	*	*	*	*
<i>Lawyers (2)</i>	*	*	*	*	*	*	*	*	*
<i>Judges (2)</i>	*	*	*	*	*	*	*	*	*

Furthermore, knowledge of three specific components were identified: “we must have a good understanding of violence” (Isabelle, perpetrator services); “[we must] be familiar with the resources” (Sean, police officer); “I must be informed of the laws and procedures” (Linda, shelter).

Our analysis of the participants' professional goals and missions in IPV also revealed a noticeable inter-group consensus. These were: “to protect” (Malcolm, perpetrator services); “[to help] the population and [to help] the victims” (Philip, police officer); “to help reduce violence against women and children” (Rose, shelter); “to make a difference in people’s lives” (Lidia, probation officer); “to break the cycle of violence and to increase the awareness of women, men and children about domestic violence” (Maude, perpetrator services).

Globally, our results highlight that shared elements of professional identity are rooted in: 1) empathy, open-mindedness, and good analytical judgment due to the complexity of the phenomenon; 2) consideration for one’s own safety and that of others; 3) knowledge of three specific components: IPV, related resources, and the justice system; and 4) a profound desire to protect, help, take action in a significant way and increase awareness of the deleterious effects of violence.

**Positive Representations of Collaborative Practices** A general positive attitude toward collaboration was noted among participants. For several, it was clear that socio-judicial responses in IPV should be collaborative: “You can’t work in silos in IPV, it’s impossible. If we do, then we are doomed to fail.” (Sylvia, victims center). This attitude seems particularly relevant in complex or high-risk cases: “In homicidal, suicidal risk assessments, consultation is important. You shouldn’t take that kind of decision alone.” (Malcolm, perpetrator services).

In addition, most participants report good collaborations that have been built up over time with partners: “I would say that [collaboration with the prosecutors] is going very, very well. It’s been running for several years now; we didn’t start this a month ago” (Sylvia, victims center). Many advantages of collaboration were mentioned during the interviews, the most notable being a greater knowledge of IPV and other resources, the effectiveness and quality of the interventions carried out, and, the complementarity of services resulting from collaborative arrangements: “When we meet with the victim and explain the whole court process, it’s a big deal. So, when Mary, at the victims’ center, is there to explain the steps, [...] I know that it takes a huge weight off [the victim’s] shoulders and ours.” (Michelle, police officer).

That said, it was noted by some that their collaboration was more frequent with actors with whom they had formal agreements and that these agreements usually involved

two organizations or actors and rarely more. In addition, our analyses showed that collaboration occurred primarily between those who worked with victims, on the one hand, and those who worked with perpetrators on the other, thus implying the presence of silos within the system:

Participant (Lidia, probation): I think that we would benefit from these people (actors involved in IPV) talking to each other more and working together more.

Interviewer: [...] Currently, it's more of a silo intervention...?

P: Yes

We also noticed that the theme of collaboration was much more common and prevalent among psychosocial practitioners than among the judiciary, which is consistent with the fact that the latter reported fewer collaborative practices, as shown in Table 2.

### Factors Hindering Collaboration in Intimate Partner Violence

Although the results presented above allow us to identify a set of elements that are favorable to IPV collaboration, the participants also reported several negative factors. These were related to the following: a lack of knowledge of IPV; being unknown and unrecognized by some partners; issues regarding information sharing, insufficient levels of coordination, and insufficient resources.

**Lack of Knowledge of Intimate Partner Violence** One important issue reported by participants is poor understanding of IPV, particularly among judicial actors: “[S]ometimes I think that they [civil lawyers] don't understand IPV, that there's a lot they don't get [in terms of child custody cases]” (Sam, victims center); “I find that police officers have a poor understanding [of IPV]” (Claude, LCSC).

This lack of knowledge can have the unfortunate impact of secondary victimization for victims: “it re-victimizes the woman all the time. I have the impression that they [the judiciary] don't understand [the IPV dynamic]” (Francis, shelter). It can also contribute to maintaining the abusive relationship: “I find that [the lack of knowledge on IPV] harms women and sometimes it encourages them to stay in an abusive relationship” (Rose, shelter).

Lastly, it can negatively impact collaborations between partners and subsequent interventions: “[Even] if I do the right intervention, if the police officer next to me says something stupid like I've heard before, I'm working in a vacuum. They are not my work team, but they are important partners, without their work I can't really do mine” (Stef, center for victims).

**Being Unknown and Unrecognized by Partners** Secondly, the impression of not being properly known or recognized by partners was raised by several participants. It was clearly an important topic for many, although there were no questions regarding this theme in our interview guide. For example, participants who worked in community organizations, such as CRCs, perpetrator services, or victim shelters, mentioned that they felt that participants from other sectors, particularly the judicial actors, knew little about their work:

It's more difficult with judges, defense lawyers, and prosecutors. I have the impression that they don't know us very well... Well, they know who we are. They recommend us a lot. But there are certain technicalities of the work we do here that they don't know or understand. (Carol, perpetrator services).

On a broader level, psychosocial actors sometimes felt that they went unrecognized by some judicial actors as indicated by this social worker: “I went a few times [to help women in their civil proceedings] and then I met the lawyers twice. [...] They didn't even look at me.” (Claude, LCSC).

As for other examples of similar issues, CPS workers reported that their mandate was misunderstood: “It's hard sometimes with the other practitioners, because they have a hard time understanding our mandate” (Ann, CPS). Those working with perpetrators mentioned for their part feeling marginalized by those working with victims: “[W]e experiences a lot of marginalization from organizations working with [victims]. Some marginalize quite a lot” (Maude, perpetrator services). We also noted that workers practicing with perpetrators of violence were generally less likely to be mentioned when other participants were asked to identify the main actors involved in the socio-judicial response to IPV, which leads us to believe that this feeling of being marginalized was well-founded.

**Information Sharing** Participants indicated that sharing information between partners was sometimes challenging. This especially seemed to be the case between shelters and CPS workers when there was a co-occurrence of IPV and child maltreatment, and the expectations and understanding of the partner mandates didn't seem to match. This was mentioned by Nina, a shelter worker: “In their minds [CPS], they have more control if she [the abused woman] lives in a shelter. Even when we explain very well that we don't monitor the woman's comings and goings because it's not our mandate.” This issue is corroborated by a CPS worker, Sarah: “[Collaboration is challenging with] the shelters when they don't report to us, and we don't necessarily know where the woman is [...]. Very often with shelters, it's difficult because of our protection mandates and our confidentiality policies.”

Participants intervening with perpetrators also report challenges regarding information sharing. These were not

related to the diverse mandates or role misunderstanding as in the previous example, but rather to the tension between the perpetrator's right to professional confidentiality and the practitioner's obligation to protect:

[W]hen there are aggravating factors or factors that you're concerned about, and you're not able to assess [risk], well the authorization to release information is very helpful. [...] If there aren't enough factors to breach confidentiality and share information [or the authorization to do so], that's where we have a challenge (Malcolm, perpetrator services).

**Lack of Coordination** According to some participants, there was insufficient coordination within the socio-judicial IPV response system in their region. “[I]n an ideal world, these people [social and judicial actors] should have more consultation and coordination at the intervention level. What I am saying is that this is not done often enough” (Lidia, probation).

It is thus not surprising that participants mentioned a lack of continuity and consistency in the services in their region. Indeed, for some, it had a significant negative impact on their activities:

Sometimes I feel like a headless chicken shopping around and trying to find out who's going to give me that service this time, who's available. You know, there's like no procedures. [...] Where do we start? Whom do we talk to? Who should oversee and manage the intervention process? (Leah, CPS)

However, viewpoints on the discontinuity of services were not unanimous. Indeed, according to nearly a third of the participants, continuity and coherence often characterize their practice. Two factors seem to be related to the level of consistency reported: the geographical context in which things seem smoother in rural areas, “This is the advantage of being on a small territory [...]. There is only one shelter, I know the workers, they know me” (Joan, victims' services); and the use of protocols that structure the intervention:

If there is a police intervention, the victim's center is immediately informed [because of the referral protocol]. They contact the woman, and if there is ever something that needs to be done at the [social] level, they'll transfer her to us very quickly (Nina, shelter for victims in a rural area).

**Lack of Resources** Lastly, many participants point to insufficient resources and an increase in caseloads. These are present in most of the professional contexts, but the challenge seems to be particularly significant for those working with offenders (e.g., probation officers and CRCs) as reported by Beatrice: “Lately we have so many cases. We've had a big increase in caseloads [...]. Now we can't always

respect the time limits, which sometimes has repercussions” (CRC). Laurie likewise stated: “There are no services, and even though we ask a lot of things from [the offenders in rehabilitation], they can't or don't do much [because there are so few resources available for them]” (probation).

This lack of resources seems to have an important impact on the professional experience of participants as well as on the quality of services offered:

We try to do the best we can with the time we have, but on the other hand, we have a suspect who is usually agitated, aggressive, uncooperative, plus we have legal deadlines, and we often lack resources at the police level, so we try to do a complete intervention with the victim, but [...] it is too much for the police. (Sean, police officer)

It also impacts collaboration such as references between organization: “we can't refer to [other resources], we're all caught up in these cuts [...] this is one of the major issues in the last year” (Daniel, CRC). Given the resources and time required for the most intensive collaboration such as coordination, there are arguably connections between the findings in the previous section, even if these were not formally made explicit by the participants.

## Discussion

This article highlights different collaboration practices reflected in 37 key informant's professional representations of the socio-judicial response to IPV in one region of the Province of Quebec, Canada. According to our findings, interagency referrals and information sharing are the collaborative practices most frequently reported by participants. Practices requiring a higher level of interdependence, such as consultation and coordination, are unevenly noted in our sample and no fully integrated practices were reported. Given that the literature on IPV collaboration has focused mostly on its facilitators, benefits, challenges, and barriers, it is difficult to compare these findings with those of other cases of socio-judicial responses to IPV. We know, however, that coordinated (Johnson & Stylianou, 2020; Shorey et al., 2014; White & Sienkiewicz, 2018) and integrated systems (Breckenridge et al., 2015; Day et al., 2010; O'Leary et al., 2018) exist elsewhere. Hence, we would tend to characterize the case studied here as being poorly integrated when compared to some other IPV response systems.

Our results also draw attention to factors impacting collaboration. On the enabling side, a set of common knowledge, attitudes and goals were identified as well as a positive stance toward collaboration. On the



detrimental side, factors such as a lack of knowledge of IPV, a lack of knowledge and recognition of one's partners, communication issues, and insufficient resources were reported. Most of these elements echo previous studies (Banks et al., 2008; Langenderfer-Magruder et al., 2019; Lessard & Alvarez-Lizotte, 2015; Notko et al., 2021; Rondeau et al., 2001; Ross et al., 2016; Stylianou & Ebright, 2021; Vinton & Wilke, 2014), but cross-referencing them with data on the collaborative practices in place allows us to gain a deeper understanding of them. Indeed, given that referral and information sharing are the most common collaborative practices, the fact that there are issues of partner knowledge and communication points to the importance of prioritizing these aspects in order to improve already common practices. In addition, the identification of actors specifically concerned with these challenges (e.g., the judiciary) increases the possibility of targeting training and action, which will benefit the system as a whole and its actors.

Our findings add, to the previously known factors in literature, the importance of knowledge of the judicial system, and of analytical skills to understand the complexity of situations and safety considerations. This also seems essential to the specific socio-judicial context of practice and its associated collaborations. Indeed, the need for training (Langenderfer-Magruder et al., 2019; Lessard et al., 2014; Macvean et al., 2018) and cross-sectoral training (Laing et al., 2018; Stylianou & Ebright, 2021) is a key recommendation in the literature. Our results not only support such a recommendation but provide a solid foundation for it, by highlighting the core elements that could and should be taught. This has the potential to be particularly relevant to training given to CPS and CRC workers as well as for police and probation officers, who are not specialists in IPV.

Although our data were collected a few years ago, they coincide with recent statements made by the Expert Committee on Support for Victims of Sexual Assault and Domestic Violence (Government of Quebec, 2020a), which reported unequal degrees of coordination in the different regions of Quebec. We must conclude that despite decades of promotion of intersectoral action in Quebec's social policies, this remains an issue in need of continued attention. That said, our results support the importance of organizational guidelines (Notko et al., 2021) and protocols (Healey et al., 2018; Macvean et al., 2018; Stylianou & Ebright, 2021). They also put forward stable interagency networks (Stewart, 2020) as factors that facilitate coordination. When workers are trained and have expertise in collaboration, we must ensure that their working conditions are appealing, since staff turnover is a key obstacle in the implementation and maintenance of collaborative mechanisms (Stylianou & Ebright, 2021). In addition, the planning, monitoring, and evaluation of these protocols and formalized collaboration structures must be in place (Banks et al., 2008). In our study, only police officers mentioned an organizational

protocol for IPV. It may not be surprising that specialized IPV resources such as victim shelters and perpetrator services do not have such guidelines since their mission is specifically oriented by IPV. However, it should be expected and recommended that participants from other generalist agencies, such as CPS or probation, have clearer guidance in this issue.

Finally, psychosocial actors and those practicing in community organizations reported often not feeling recognized by some partners, particularly by judicial actors. We believe that this is a valid indicator of the power imbalances in place in the response system under study. Recognition is an essential component of the need for esteem as put forward by Maslow in his theory on human needs. According to Honneth (2013), the denial of recognition is directly linked to a more limited autonomy and a loss of integrity. Yet most of these psychosocial and community workers were experts in IPV in the response system studied here and played a central role within it. Opportunities for the actors to get to know each other and to put their expertise to work in the response system must be created to overcome this challenge. As discussed earlier, cross-sectoral training is an option in this regard. Other events, such as forums, workshops, and clinical coordination involving the actors in the field, must also be developed, and specifically include the judicial actors, who are sometimes more difficult to integrate in these activities. Obviously, the implementation of such initiatives is a challenge to all while resources are limited. To facilitate the process, it is now possible however, to rely on innovative solutions that have emerged from the pandemic. For example, collective events online are now much more common and should be used. In addition, given the importance of recognition in our data and the absence of knowledge on the matter in socio-judicial settings, research should further investigate this topic to better understand its influence on collaboration.

It is relevant to ask how these recommendations can be implemented, as the COVID-19 pandemic has significantly affected the ways we connect and work together. In Quebec, the damaging effects of the pandemic on IPV have contributed to a high level of political and social concern and significant investments from the government. Among other things, these investments have supported the development of high-risk case management committees and pilot projects of specialized courts for IPV cases, two types of settings where collaboration is central. Thus, once the first phase of COVID-19 was over, practitioners quickly innovated to do better together despite the imposed distancing. In addition, the technological means to concretize their ideas were made accessible to them, for instance through creation of business accounts for online meetings. In fact, while collaboration in IPV could have been deeply affected and limited by the crisis, studies we are presently conducting show that collaboration is very active. In our view, this observation supports other research arguing that structural factors such as government commitment and investment (Ross et al., 2016;

Stylianou & Ebright, 2021) are critical to the success of collaborative practices.

## Limitations

Some limitations were encountered in conducting our research. The first is related to recruitment. For several reasons, four practitioner subgroups out of ten were underrepresented in the sample.<sup>5</sup> The results collected from these subgroups should thus be considered with caution. In addition, central actors in the judicial response to IPV, the prosecutors, did not participate in the research because the Director of Criminal and Penal Prosecutions did not authorize it. Consequently, an important point of view on IPV practices and collaboration remains absent, which limits the scope of our findings. Further research with these key players is recommended to overcome this limitation. Secondly, to ensure the feasibility of the study, a convenience sample was chosen over a theoretical sample even though it reduces the transferability of the results. What is more, only the individual interview technique was used to collect data, whereas in case studies, it is generally recommended to combine several means of collection. We compensated for these limitations by developing specific selection criteria and variation within the sample, which favored empirical triangulation (Miles et al., 2021). Regarding the focus of this article, a specific question about the challenges of the socio-judicial practices in IPV was part of the interview guide. There were no questions, however, about their optimal conditions. This may explain why there are more findings that identify challenges and issues that impede collaboration than those that promote it. A final limitation is related to the fact that our data were collected between 2015 and 2016, as social practices evolve rapidly. However, they are consistent with studies conducted in different countries and times, which leads us to assume the persistence of the challenges described in IPV collaboration. Furthermore, since 2019, there have been important political actions taken in Quebec regarding IPV that have the potential to impact collaboration, and more broadly the entire response system. Our data will therefore offer a comparison to examine the practical changes resulting from these reforms and policy actions.

Despite these limitations, the study examined the experiential knowledge and attitudes towards collaboration of most of the actors involved in social and judicial responses to IPV in a specific geographic case in Quebec, Canada. This enabled us to report on the realities, experiences, and

difficulties of the various parties, while leaving room for the diversity of viewpoints. These qualitative findings shared by multiple subgroups of practitioners are solid in terms of transferability and are key to our understanding of the response system studied here. It also allows us to describe an IPV intervention system in Canada, with its strengths and weaknesses, whereas this holistic approach is generally absent in the literature.

## Conclusion

Our study revealed that the most frequent collaborative practices in IPV in this region of Quebec, Canada were interagency referrals and information sharing, which requires little interdependence between actors. Moreover, we identified factors that impact the collaboration taking place within the studied system, including the knowledge and attitudes necessary for such work. Given the importance of collaboration in overcoming and adequately responding to the complex social problem of IPV, our results lead us to recommend multilevel actions. These include cross-sectoral training, specifying certain themes to be taught, and organizational guidelines that promote collaboration and coherent intervention and community networking, such as forums or clinical consultations within the response systems.

**Funding** The first author of this research was supported by a Social Sciences and Humanities Research Council doctoral fellowship.

## Declarations

**Conflict of Interest** The authors declare that they have no conflict of interest.

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<sup>5</sup> Community residential centers (CRC,  $n=3$ ), local community services centers (LCSC,  $n=1$ ), judges ( $n=2$ ) and defense lawyers ( $n=2$ ).

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