

## Central Lancashire Online Knowledge (CLoK)

|          |   |
|----------|---|
| Title    | What are the Factors Influencing Service Provider Response to Working with Families Affected by Intimate Partner Violence and Abuse? A Qualitative Systematic Review of the Literature  |
| Type     | Article   |
| URL      | <a href="https://clock.uclan.ac.uk/53306/">https://clock.uclan.ac.uk/53306/</a>   |
| DOI      | <a href="https://doi.org/10.1007/s10896-024-00755-3">https://doi.org/10.1007/s10896-024-00755-3</a>   |
| Date     | 2024  |
| Citation | Mayrhofer, Andrea M., Alderson, Hayley, Sarma, Kausiki, Jackson, Caroline, Olive, Philippa, Toma, Madalina, Mansuri, Nushra, Waterfield, Amy, Crossen, Sharon et al (2024) What are the Factors Influencing Service Provider Response to Working with Families Affected by Intimate Partner Violence and Abuse? A Qualitative Systematic Review of the Literature. Journal of Family Violence. ISSN 0885-7482 |
| Creators | Mayrhofer, Andrea M., Alderson, Hayley, Sarma, Kausiki, Jackson, Caroline, Olive, Philippa, Toma, Madalina, Mansuri, Nushra, Waterfield, Amy, Crossen, Sharon, Parker, Deborah, Forder, Julien, Kaner, Eileen, Miller, Robin, Gabbay, Mark, Akeju, Dorcas and McGovern, Ruth  |

It is advisable to refer to the publisher's version if you intend to cite from the work.  
<https://doi.org/10.1007/s10896-024-00755-3>

For information about Research at UCLan please go to <http://www.uclan.ac.uk/research/>

All outputs in CLoK are protected by Intellectual Property Rights law, including Copyright law. Copyright, IPR and Moral Rights for the works on this site are retained by the individual authors and/or other copyright owners. Terms and conditions for use of this material are defined in the <http://clock.uclan.ac.uk/policies/>



# What are the Factors Influencing Service Provider Response to Working with Families Affected by Intimate Partner Violence and Abuse? A Qualitative Systematic Review of the Literature

Andrea M. Mayrhofer<sup>1</sup> · Hayley Alderson<sup>2</sup> · Kausiki Sarma<sup>2</sup> · Caroline Jackson<sup>3</sup> · Philippa Olive<sup>4</sup> · Madalina Toma<sup>5</sup> · Nushra Mansuri<sup>6</sup> · Amy Waterfield<sup>7</sup> · Sharon Crossen<sup>7</sup> · Deborah Parker<sup>7</sup> · Julien Forder<sup>5</sup> · Eileen Kaner<sup>2</sup> · Robin Miller<sup>3</sup> · Mark Gabbay<sup>8</sup> · Dorcas Akeju<sup>9</sup> · Ruth McGovern<sup>2</sup>

Accepted: 27 September 2024  
© The Author(s) 2024

## Abstract

**Purpose** Intimate partner violence and abuse (IPVA) is a major public health issue with long-term negative impacts on abused adults and affected children. Addressing this complex problem requires a multi-agency response, but barriers to effective joint working remain. This review aimed to understand the factors that influence multi-agency response to families who experience IPVA and to their children.

**Method** We undertook a qualitative systematic review of international literature via five electronic databases and supplemented the review by citation searches, online searches of grey literature, and hand searches of relevant journals. We analyzed data thematically.

**Results** The 31 identified papers reported findings from 29 unique studies undertaken in six countries and drew on data from 1049 professionals across health care, social care, the police, courts, schools and voluntary organisations. The main factors influencing service provider response to IPVA were siloed approaches to IPVA, particularly the separation between adult and childrens services. This influenced assessment and response to risk. Risk was also a consideration when child-protection staff were expected to work with perpetrators in ‘family settings’, even in lower-risk cases. Multi-agency working facilitated information sharing between agencies, an understanding of each other’s remit, and building trust.

**Conclusion** Multi-agency collaboration needs to be supported by clear policies of interaction between agencies. Providers of child protection services, health, mental health, housing police and probation need to be supported by specialist training in IPVA, not only in high-risk cases, but also to relieve pressure on an already overstretched workforce.

**Keywords** Domestic violence · Multi-agency · Family-approaches · Safeguarding

---

✉ Andrea M. Mayrhofer  
andrea.mayrhofer@newcastle.ac.uk

<sup>1</sup> Newcastle University, Population Health Sciences Institute, Baddiley-Clark Building, Richardson Road, Newcastle Upon Tyne NE2 4AX, UK

<sup>2</sup> Newcastle University, Newcastle Upon Tyne, UK

<sup>3</sup> University of Birmingham, Birmingham, England

<sup>4</sup> University of Central Lancashire, Preston, England

<sup>5</sup> University of Kent, Canterbury, England

<sup>6</sup> Coventry University, Coventry, England

<sup>7</sup> Darlington Local Authority, Darlington, England

<sup>8</sup> Liverpool University, Liverpool, England

<sup>9</sup> ARC North West Coast, Liverpool, England

## Introduction

Intimate Partner Violence and Abuse (IPVA) is a widespread social issue, with long-term harms to adult victims/survivors and affected children (World Health Organisation, 2013, 2018). The Domestic Abuse Act of 2021 defines domestic abuse and Intimate Partner Violence (IPVA) as “*physical or sexual abuse, violent or threatening behavior, controlling or coercive behavior, economic abuse, psychological, and/or emotional or other abuse. It does not matter whether the behavior consists of a single incident or a course of conduct*” (UK Government, 2021a) (p2). In the context of parenting, IPVA causes substantial harms to children (Humphreys & Bradbury-Jones, 2015; Peckover & Trotter, 2015). Due to such harms, IPVA is the most frequently identified risk

factor in Child in Need Assessments in England (Education Statistics Service UK Government, 2022). From April 2021 to March 2022 Multi-agency Risk Assessment Conferences (MARACs) in England and Wales discussed 114,067 cases of domestic abuse (94% of victims were female, 6% were male), involving 141,961 children (Multi Agency Risk Assessment Conference MARAC, 2022). This equates to an estimated 11,830 children affected each month in England and Wales alone. Globally, an estimated 1 in 3 women are affected (Sardinha et al., 2022; World Health Organisation, 2018). The devastating psychological impact on women and children is well documented (Doroudchi et al., 2023). Intimate Partner Violence and Abuse is therefore a priority issue that spans a range of agencies across public health, social care and the criminal justice system. However, there are variations between services in their understanding of, and approach to, IPVA, and in collaborating with organisations such as the police, the courts, and the voluntary sector (Gover et al., 2021; Lapierre, 2019; Notko et al., 2022; Saxton et al., 2020; Wilson & Goodman, 2021).

### The Importance of Collaboration in Multi-agency Working

When IPVA occurs within a parenting context, and agencies are trying to work with a family as a unit as opposed to with victims, children and perpetrators separately, the variation in approaches is further compounded by competing responsibilities and priorities between child focused services and adult focused services in relation to safeguarding not only children, but also the abused adult (Almiş et al., 2020; Forke et al., 2019; Katz et al., 2020; Singh, 2021). A series of guidance reports and reviews (HM Government, 2018; Local Government Association, 2015; Public Health England, 2015) have stressed the importance of multi-agency working in order to respond to all members of a family affected by IPVA, either as a family unit, or individually. This involves coordinating childrens services, organisations that focus on the abused mother, and police and probation services focusing on the perpetrator, especially in high-risk cases.

Multi-agency approaches are also important when working with ethnic minority groups (Thiara and Harrison 2021), refugee populations (Women's Aid, 2021), or persons depending on disability services (Public Health England, 2015) to protect vulnerable adults and children from harm. Agencies that operate individually tend to encounter barriers in relation to information sharing, and miss opportunities to

provide holistic, coordinated wrap around support to both the adult and child victims/survivors. However, whilst service providers advocate service integration, challenges to achieving an integrated, multi-agency approach to working with families as a unit (abused adult victim, child, perpetrator) persist. Specific reported challenges relate to difficulties in information sharing, different ways of measuring risk and responding to risk, agencies' foci on either safeguarding children, protecting the abused victim/survivor, or focusing on perpetrators (Cleaver et al., 2019; Peckover & Golding, 2017).

### Aims and Objectives

This qualitative systematic review aims to understand the factors that influence multi-agency response to families who are affected by IPVA. The research questions are: (1) What are the factors that influence service provider response in the context of parenting when working with the adult victim, the child victim, and the perpetrator as a family unit? (2) What are the factors that influence the way in which child-focused agencies, adult-focused agencies, and police and probation services work together when implementing family focused models in IPVA? Review findings will be used to develop recommendations for supporting the integration of childrens and adult social care within the wider multi-agency system, when responding to the needs of the adult victim and/or survivor in a parenting / family context.

### Methods

This systematic review was registered at PROSPERO, which is an international register of systematic reviews under protocol number CRD42022319157. We systematically searched international literature using electronic databases Medline (OVID), PsychoINFO (OVID), CINAHL (EBSCO), SCOPUS, and the Applied Social Science Index and Abstracts (ASSIA) (ProQuest) (May 2023). The search strategy was piloted and refined until preliminary searches returned selected key papers. Search terms conformed to the Population, Interest, Context (PICO) framework for qualitative systematic reviews (Bevan et al., 2022; Cooke et al., 2012; Methley et al., 2014). The PICO framework and search terms are set out in the text boxes below.

**PICo framework:**

**P: Population:** Organisations involved in responding to families who experience intimate partner violence and abuse

**I: Interest:** (a) Professional Practice in relation to Intimate Partner Violence and Abuse (IPVA) when it includes working with parents and children who experience IPVA; (b) approaches to identifying risk, responding to victims and/or perpetrators; innovations in service integration

**Co: Context:** The setting or distinct characteristics

**Search terms used:**

(Social care or social work or social services or welfare services or child welfare or child welfare workers or child protection or domestic violence service\* or service respons\* or family services or family support or family intervention or troubled families or service provider or criminal justice or crown prosecution service or court or police or perpetrator programme or probation or offender management or care management or care co-ordination or general practitioner or GP or emergency care or emergency department or accident department or accident room or refuge or A&E or voluntary organisation\* or third sector organisation\* or communit\* or charit\* or health visitors or domestic violence coordinator or DVC).ab,ti. AND (assessment or referral or screening or Identif\*of risk or risk\*identif\* or respon\* or integrat\* or service integrat\* or multi-agency or model\* or innovat\* or design or implement or intervention or implication).ab,ti. AND (((Intimate Partner Violence or intimate violence) and abuse) or intimate partner abuse or Spouse abuse or IPV or IPVA or domestic violence or domestic abuse).ab,ti. AND (interview\* or focus group\* or explore\* or examine\*).ab,ti.

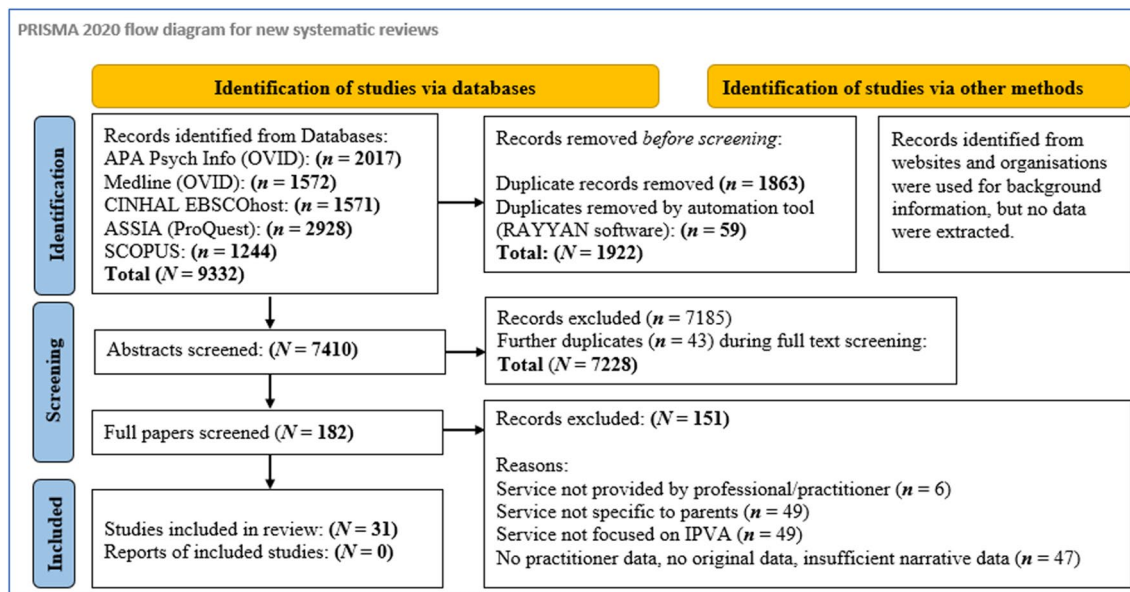


Fig. 1 PRISMA 2020 Flow chart for systematic reviews

No language or geographical limits were applied. Publication dates were limited to 2004–2023 to capture the last two decades of international work on this topic. Identified papers had been published in English. The review included qualitative studies with at least some qualitative data collection, analysis, and reporting, where the condition being studied was professional practice in relation to IPVA, and where participants in the studies reviewed here were practitioners, professionals and managers in settings as described in the PICO framework above. The review did not focus on the disruption and difficulty experienced by services during Covid-19, which is why ‘Covid’ was not entered as a search term.

Database searches were supplemented by citation searching, and by searching grey literature and websites of national level IPVA organisations such as the Violence Abuse and Mental Health Network (VAMHN), Women’s Aid, Safe Lives, Standing Together Against Domestic Violence, the National Society for the Prevention of Cruelty to Children (NSPCC), Joseph Rowntree Foundation, and Government UK. These searches were limited to UK based literature only for pragmatic reasons relating to project time constraints and difficulties in systematically searching the international grey literature. Grey literature searches did not yield any further papers for inclusion. No data were extracted from any reports.

### Screening, Selection, Data Extraction and Quality Assessment

Two reviewers independently screened all titles and abstracts using specified inclusion and exclusion criteria,

retrieved full articles for all potentially relevant papers and evaluated the full text. Discrepancies at each stage were resolved by discussion or consulting a third reviewer if consensus could not be reached. Studies were included if they used qualitative methods to collect, analyze and report data from professionals and practitioners who offered specialist services in IPVA and worked with adult or child victims/survivors or perpetrators of IPVA who were parents. Included papers were imported into NVivo12 (QSR International, 2018) for data extraction. NVivo’s case classification function was used to capture descriptive detail such as authors, country, date of publication, and variables such as the sector in which service providers operated, number of participants, their roles, and indications of how data had been collected and analysed. Included papers were quality assessed independently by two researchers using the Critical Appraisal Skills Programme (CASP) checklist for qualitative research (CASP Critical Appraisal Skills Programme, 2018).

### Data Analysis and Synthesis

Multiple readings of included papers provided an initial overview of factors that influenced service provider response to families affected by IPVA. These factors were coded according to barriers and facilitators that influenced service provider response, and those that influenced multi agency working. Using thematic analysis (Green & Thorogood, 2014; McLean et al., 2020), data were analyzed and synthesized into themes and sub-themes (Thomas & Harden, 2008) both within and across service sectors. As part of the iterative approach applied to data analysis and interpretation (Jackson

**Table 1** Description of included papers

| Author, date, country                      | Service sector                        | Participants and sample size   | Data collection and analysis                               | Quality appraisal |
|--|---------------------------------------|--|--|-------------------|
| Adams et al. (2022) Australia              | Maternal and Child health             | Nurse Managers ( $N = 12$ )  | Interviews<br>Thematic analysis                            | High              |
| Agnew-Brune et al. (2017)<br>United States | Social Service (Court)                | Judges ( $N = 20$ )  | Interviews<br>Thematic analysis                            | High              |
| Anderzén Carlsson et al. (2021) Sweden     | Child Health Care                     | Child Health Care Nurses ( $N = 9$ )   | Interviews<br>Thematic analysis                            | High              |
| Armstrong and Bosk, (2021) United States   | Child Welfare / Child Social Care     | Child Welfare Workers ( $N = 36$ )   | Interviews<br>Grounded Theory approach                     | High              |
| Clarke & Wydall (2015) Wales, UK           | Child Welfare                         | Practitioners' perspectives; undifferentiated ( $N = 54$ )   | Interviews, focus groups, observation<br>Thematic analysis | Low               |
| Colvin et al. (2021)<br>United States      | Multi agency Working                  | Organisations (NGOs) ( $N = 67$ )  | Interviews<br>Thematic analysis                            | High              |
| Cramp and Zufferey (2021); Australia       | Third Sector Organisations            | Practitioner perspectives<br>NGO workers ( $N = 16$ )  | Interviews and focus groups<br>Thematic analysis           | Medium            |
| Douglas and Walsh (2010) Australia         | Third Sector Organisations            | Community Workers ( $n = 30$ ); Community Lawyers ( $n = 2$ ); Total: ( $N = 32$ )   | Focus groups<br>Thematic analysis                          | High              |
| Elliffe and Holt (2019) Ireland            | Police                                | Children ( $n = 10$ ) Police Officers ( $n = 14$ )<br>Total: ( $N = 24$ )  | Interviews and vignettes<br>Thematic analysis              | High              |
| Goodman et al. (2020) United States        | Domestic Abuse Service                | Domestic Violence (DV) Advocates<br>( $N = 38$ )   | Focus groups<br>Content analysis                           | High              |
| Hughes and Chau (2013)<br>Canada           | Child Protection                      | Child Protection Social Workers ( $N = 39$ )   | Interviews; focus groups<br>Institutional Ethnography      | Medium            |
| Humphreys et al. (2020) Australia          | Multi-professional                    | Diverse services (child protection, family, domestic violence; undifferentiated); ( $N = 60$ )   | Online questionnaires, focus groups<br>Thematic analysis   | High              |
| Kulkarni et al. (2011)<br>United States    | Multi-professional                    | Teen Health Clinic ( $n = 7$ ); School Nurses ( $n = 11$ ); Health Department ( $n = 8$ ); Residential Facility for Pregnant Adolescents ( $n = 8$ ); Wrap-around Programme ( $n = 9$ )<br>Total ( $N = 43$ )                                      | Focus groups<br>Thematic analysis                          | High              |
| Laing et al. (2018)<br>Australia           | Domestic Abuse, Child Protection, Law | Practitioner perspectives ( $N = 54$ )<br>Undifferentiated   | Focus groups<br>Thematic analysis                          | High              |
| Lessard et al. (2006)<br>Canada            | Child Protection                      | Multi-Professionals working in Young Children's Services ( $n = 41$ ); Local Community Service Centers ( $n = 12$ ); Shelters for Battered Women and Children ( $n = 10$ ); Organisations that help Violent Partners ( $n = 8$ ) (Total $N = 71$ ) | Interviews<br>Thematic analysis                            | High              |
| Mennicke et al. (2019)<br>United States    | Community Organisations               | Practitioners based in the Community ( $n = 17$ ); in Shelters ( $n = 8$ ); in Prisons ( $n = 2$ ); Total: ( $N = 27$ )  | Focus Groups<br>Thematic analysis                          | High              |

Table 1 (continued)

| Author, date, country                         | Service sector   | Participants and sample size   | Data collection and analysis                                     | Quality appraisal |
|---|--|--|--|-------------------|
| Nichols (2020)<br>United States               | Domestic Violence Victim Advocates from 11 organisations (shelters, drop-in centers; transitional housing, hospital) | Practitioner's perspectives<br>Domestic Violence Victim Advocates<br>( <i>N</i> = 26)  | Interviews<br>Thematic analysis                                  | High              |
| O'Leary et al. (2018)<br>Australia            | Multi professional, Integrated Response<br>Various Agencies  | Integrated Response Team: DV ( <i>n</i> = 8);<br>Child Protection ( <i>n</i> = 13); Police /Justice<br>( <i>n</i> = 4); Men's Behavior Change ( <i>n</i> = 3)<br>Generalist ( <i>n</i> = 2); Total ( <i>N</i> = 30)  | Interviews<br>Thematic analysis                                  | High              |
| Olszowy et al. (2020)<br>Canada               | Child Protection   | Child Protection Workers from 19 different<br>Child Welfare Agencies ( <i>N</i> = 29)  | Interviews<br>Thematic analysis                                  | High              |
| Peckover and Trotter (2015)<br>England, UK    | Universal and additional services  | School Health Staff; School Nurses; Link<br>Teachers, Family Support Workers, Fam-<br>ily Intervention Project Workers (undiffer-<br>entiated); Total: <i>N</i> = 23)  | Focus groups<br>Thematic analysis                                | Medium            |
| Renner (2011)<br>United States                | Child Welfare / Child Social Care  | Foster Care Case Managers ( <i>n</i> = 44); Super-<br>visors ( <i>n</i> = 20); Total: ( <i>N</i> = 64)   | Focus groups<br>Content analysis                                 | High              |
| Saxton et al. (2020)<br>Canada                | Police   | Police Officers ( <i>n</i> = 15)   | Interviews<br>Thematic analysis                                  | Medium            |
| Saxton et al. (2022)<br>Canada                | Police   | Police Officers ( <i>n</i> = 15) (same study and par-<br>ticipants as above; different focus; number<br>of participants excluded from total)   | Interviews<br>Thematic analysis                                  | High              |
| Stanley et al. (2011);<br>England, UK         | Child Welfare, Child Social Care   | Child Protection Social Workers ( <i>n</i> = 25);<br>Young People ( <i>n</i> = 19); DV Survivor Par-<br>ents ( <i>n</i> = 11); Perpetrators ( <i>n</i> = 10); Total:<br>( <i>N</i> = 65)   | Interviews and Focus Groups; The-<br>matic analysis and vignette | High              |
| Stylianou and Ebright (2021)<br>United States | Multi Agency Working; Professionals from<br>Multiple Organisations   | Child Trauma Response Team; Law<br>enforcement ( <i>n</i> = 3); District Attorney<br>( <i>n</i> = 4); non-profit victim organization<br>( <i>n</i> = 4); funding office ( <i>n</i> = 1); Total:<br>( <i>N</i> = 12)  | Interviews<br>Grounded theory approach                           | High              |
| Taylor et al. (2013)<br>Scotland, UK          | Health Professionals' beliefs about DA<br>disclosure   | Midwives ( <i>n</i> = 11); health visitors ( <i>n</i> = 16);<br>GPs ( <i>n</i> = 2); Total: ( <i>N</i> = 29)   | Interviews and focus groups<br>Framework analysis                | Medium            |
| Tsantefski et al. (2021)<br>Australia         | Community of Practice; Service Delivery;<br>Justice  | Child protection ( <i>n</i> = 7); (Domestic &<br>Family Violence services ( <i>n</i> = 2); Family<br>Support Services ( <i>n</i> = 3); Justice Services<br>( <i>n</i> = 3); Total ( <i>N</i> = 15)   | Action research framework<br>Thematic analysis                   | High              |
| Tsantefski et al. (2024)<br>Australia         | Community of Practice; Service Delivery;<br>Justice  | Child Protection ( <i>n</i> = 8); (Domestic &<br>Family Violence Services ( <i>n</i> = 2); Family<br>Support Services ( <i>n</i> = 2); Justice Services<br>( <i>n</i> = 3); Total ( <i>N</i> = 15) (same study as<br>above; number of participants excluded<br>from total) | Action research framework<br>Thematic analysis                   | High              |

Table 1 (continued)

| Author, date, country                      | Service sector  | Participants and sample size  | Data collection and analysis      | Quality appraisal |
|--|---|---|-----------------------------------|-------------------|
| Wendt et al (2021)<br>Australia            | Department for Child Protection (DCP) and Department of Family Violence (DFV) | Non-Aboriginal Practitioners ( $n = 52$ ); Aboriginal Practitioners ( $n = 14$ ); Multicultural Practitioners ( $n = 6$ ); Police Officers ( $n = 6$ ); Aboriginal DFV Specialists (4); Women's DFV Specialists ( $n = 18$ ); Total ( $N = 100$ ) | Focus groups<br>Thematic analysis | High              |
| Witt and Diaz (2019)<br>England, UK        | Child Welfare / Child Social Care   | Social Workers (SW) ( $N = 9$ )   | Interviews<br>Thematic analysis   | High              |
| Zannettino and McLaren (2014)<br>Australia | Child Protection & Domestic Violence  | Child Protection Workers ( $n = 14$ ); Domestic Violence Workers ( $n = 16$ ) Total: ( $N = 30$ )<br>Participant Total ( $N = 1049$ )   | Focus groups<br>Thematic analysis | High              |

& Bazeley, 2019; Silver & Lewins, 2014) we used memos to note emerging concepts, generated an analytical memo, and discussed and synthesized data until final agreement on findings and reporting between researchers was reached.

## Findings

Database searches identified a total of 9332 records, which were downloaded to the EndNote bibliographic software program (The EndNote Team, 2013), removing 1863 duplicates in the process. The remaining 7469 records were uploaded to the web-based RAYYAN programme (Ouzzani et al., 2016) for title and abstract screening. An additional 59 duplicates were removed. Of the 7410 records 182 papers were selected for full text screening based on the study's inclusion and exclusion criteria. A further 151 papers were excluded. Reasons for exclusion were coded in accordance with PICO's criteria (Methley et al., 2014). A total of 31 papers were included in the review (Fig. 1).

## Characteristics of Selected Articles

The 31 papers included in this review reported on 29 unique studies that were undertaken in six different countries: the US ( $n = 9$ ), Australia ( $n = 10$ ), UK ( $n = 5$ ), Canada ( $n = 5$ ) Ireland ( $n = 1$ ) and Sweden ( $n = 1$ ) (Table 1). Participants in the studies reviewed here were most often employed within agencies providing child welfare and child protection services ( $n = 12$ ), and multi-agency services which included a range of service sector types ( $n = 10$ ), followed by domestic abuse services ( $n = 3$ ), health care ( $n = 2$ ), police ( $n = 3$ ) and family court ( $n = 1$ ). The studies had collected data from 1049 participants via interviews only ( $n = 18$ ), focus groups only ( $n = 10$ ); ethnography ( $n = 1$ ), observation ( $n = 1$ ) and using an action research framework (1). Seven of the 31 studies used a combination of data collection methods such as interviews and focus groups. Twenty-five papers were assessed as high quality, which is indicative of the high quality of the work of included papers. Six papers scored medium or low due to a lack of reporting whether ethical issues had been taken into consideration, lack of clarity on data collection, or lack of information to assess whether the relationship between researcher and participants had been adequately considered (CASP Critical Appraisal Skills Programme, 2018). Authors, year of publication, country, service sector, type and number of participants interviewed, data collection and analysis methods, and quality assessment are described in Table 1.



**Table 2** Factors influencing service provider response to IPVA by service sector

| Service sector                 | Key factors / themes that influence individual service provider response and multi-agency working in IPVA   | Authors  |
|--------------------------------|---|--|
| <b>Child Protection</b>        | <ul style="list-style-type: none"> <li>• Risk-assessment tools different to those used by other agencies</li> <li>• Difficulties in balancing children's safety against providing support to the victimised parent</li> <li>• Ensuring practitioners' physical and emotional safety concerns regarding facing perpetrators</li> <li>• Emotional burden of engaging with perpetrators</li> <li>• Constraints around information sharing; Child Protection Service workers' lack of IPVA training</li> <li>• Child protection workers need to be educated about the wider dynamics of IPVA and impact on victims;</li> <li>• Lack of internal guidance / protocol for interagency collaboration</li> <li>• Lack of resources to deal with IPVA (time, staff, additional workload on staff)</li> </ul> | Armstrong and Bosk 2021; Clarke & Wyndall, 2015; Hughes & Chau, 2013; Lessard et al., 2006; Olszowy et al., 2020; Renner, 2011; Stanley et al., 2011; Wendt et al., 2021; Witt & Diaz, 2019; Zannettino & McLaren, 2014;                     |
| <b>Child Health, Health</b>    | <ul style="list-style-type: none"> <li>• IPVA screening policies were introduced, which require increased responsiveness from child health workers</li> <li>• Absence of referral mechanisms (pregnant adolescents; abused mothers)</li> <li>• Practitioners' emotional burden of working with IPVA; protecting nurses' emotional safety</li> <li>• Practitioners' safety concerns when working with perpetrators</li> </ul>  | Adams et al. (2022); Anderzén Carlsson et al., 2021; Olszowy et al., 2020;   |
| <b>Domestic Abuse Agencies</b> | <ul style="list-style-type: none"> <li>• Lack of common understanding of IPVA</li> <li>• Importance of safety planning and survivor centred practices</li> </ul>  | Goodman et al. 2020; Laing et al., 2018; Nichols, 2020;  |
| <b>Police / Courts</b>         | <ul style="list-style-type: none"> <li>• Tendency to focus on incidents rather than patterns of IPVA</li> <li>• Police non-engagement with children in IPVA incidents</li> <li>• Inconsistencies in police procedure when reporting; families' refusal to engage with police</li> <li>• Workers' safety in high risk domestic violence cases</li> </ul>   | Agnew-Brune et al. 2017; Elliffe & Holt 2019; Saxton et al., 2020; Saxton et al., 2022; Tsantefski et al., 2024;   |
| <b>Multi-agency Working</b>    | <ul style="list-style-type: none"> <li>• Individual service providers' diverse understandings of safety and risk management</li> <li>• Lack of information sharing between agencies</li> <li>• Family oriented approaches to IPVA require senior level leadership support</li> <li>• Referral mechanisms: not in place; long waiting lists; no access to 'specialist' services</li> </ul>   | Colvin et al., 2021; Cramp & Zufferey, 2021; Douglas & Walsh, 2010; Humphreys et al., 2020; Kulkarni et al. 2011; Mennicke et al., 2019; O'Leary et al., 2018; Peckover & Trotter, 2015; Stylianou & Ebright, 2021; Tsantefski et al., 2021; |

## Themes

The factors influencing service provider response to IPVA and multi-agency working (Table 2) are presented in the following themes: (1) Siloed approach to addressing IPVA, particularly the separation of adults and children's services; (2) Assessing and responding to risk; (3) Information sharing between agencies / access to information, (4) Structural barriers that influence service provider response to IPVA; and (5) Facilitators of service provider response to IPVA and multi-agency working.

## Siloed Approach to Addressing IPVA

Participants in the studies reviewed here highlighted how child protection agencies, and agencies that focus on adult victims/survivors of abuse and on perpetrators, differed in relation to their foci, and therefore practices, relating to IPVA. They confirmed that Child protection agencies had a clear focus on protecting and safeguarding children, (Cramp & Zufferey, 2021; Douglas & Walsh, 2010; Lessard et al., 2006; O'Leary et al., 2018; Olszowy et al., 2020; Renner, 2011; Taylor et al., 2013; Zannettino &

McLaren, 2014), whereas specialist domestic violence support services typically focused upon the adult victim (Goodman et al., 2020; Laing et al., 2018; Nichols, 2020), and on criminal justice services including the police (Elliffe & Holt, 2019; Saxton et al., 2020). Police tended to focus primarily on the adult victim and/or on the perpetrator (Saxton et al., 2020), and only recognized the affected child as victim of abuse when that child had been physically hurt (Elliffe & Holt, 2019). However, police officers may not have been trained to interview children, parents may have refused to engage with the police (Saxton et al., 2022) and did not allow their children to be interviewed, or children were too scared to be interviewed (Saxton et al., 2020). Children were therefore rendered invisible and often not referred to child protection services, counselling or support (Elliffe & Holt, 2019). Specific skills when interacting with families regarding domestic abuse were also required by health care professionals. For example, midwives and health visitors in community settings in the UK reported that some mothers had not recognized that they were being abused, whereas others had tried to conceal it. Both factors complicated arranging support for mothers experiencing IPVA (Taylor et al., 2013). Non-recognition and denial of abuse were also reported by health care professionals working with pregnant or parenting adolescents who stated that, for adolescents, multi-agency intervention strategies were required to address not only IPVA itself, but also adolescents' individual developmental stage, and influences from family and society in relation to IPVA (Kulkarni et al., 2011).

### The Separation of Adults and Childrens Services

The separation of adults and childrens services was reported to present a major challenge to multi-agency working (Douglas & Walsh, 2010; Mennicke et al., 2019; O'Leary et al., 2018), wherein each agency had a different view of the difficulties the family was experiencing, and of the appropriate response. Whilst there was an increasing emphasis within all services to hold perpetrators to account (Tsantefski et al., 2021), practitioners suggested that, by focusing upon the welfare of the child, child protection services may not recognize the mother as a victim of abuse (Lessard et al., 2006; Wendt et al., 2021; Witt & Diaz, 2019; Zannettino & McLaren, 2014). Further, practitioner confidence and competence in working with IPVA differed depending upon their primary focus and training. For example, child care practitioners reported a reluctance to engage the perpetrator within their services, which meant that the responsibility was placed upon the mother to protect the child from the perpetrator's abuse (Anderzén Carlsson et al., 2021; Cramp & Zufferey, 2021; Humphreys et al. 2020; Taylor et al., 2013; Wendt et al., 2021). In professional settings, such as a child

health care clinic, workers reported being worried about "...*their own safety and being subjected to violence from the victim's perpetrator ...they wished for an alarm to be installed or to have locked doors at the child health clinic*" (Anderzén Carlsson et al., 2021) (p4). Traditionally, child health practitioners looked after the child and the mother and did not have contact with perpetrators, but practitioners across services pointed out that this was changing. Literature acknowledged that "...*increased attention to fathers who use violence requires a parallel increase in attending to worker safety; practitioners fear for their own safety and that of survivors*" (Humphreys et al. 2020) (p5). Whilst school staff recognized signs of IPVA exposure in children, they did not necessarily feel equipped to address such issues. Teachers and school nurses felt that all they could do was 'to listen', but "*this did not meet childrens safeguarding and support needs*" (Peckover & Trotter, 2015) (p405).

### Assessing and Responding to Risk

An underlying divergence in assessing risk was that different professions each used profession specific risk assessment tools (Hughes & Chau, 2013). In child protection, risk assessment focused on assessing safeguarding risk for the child. This included assessing the primary caregiver, who was mostly the abused mother, but little attention was given to the role of the perpetrator in child maltreatment cases. Such an approach also overlooks the child as a victim of the perpetrator's abuse. As expressed by a child protection worker, "...*the secondary partner [perpetrator] really doesn't fit.....the risk assessment tool does a very poor job on assessing the risk of domestic violence*" (Olszowy et al., 2020) (p5). In contrast, agencies that focused on adult victims/survivors, or on perpetrators, used tools that assessed risk more comprehensively in relation to IPVA. Assessing behaviors that were used to threaten, intimidate or harm, such as coercive control, financial control, or stalking (Armstrong & Bosk, 2021; Humphreys et al. 2020), was reported to enable IPVA practitioners to respond to the needs of the abused victim/survivor more comprehensively (Hughes & Chau, 2013; Mennicke et al., 2019; Nichols, 2020). Risk assessment tools also differed in terms of being punitive or supportive toward the adult victim of abuse (Armstrong & Bosk, 2021). For example, the use of assessment tools which focused upon the mother's responsibility to protect the child from the abuser tended to lead to "...*the placement of both caregivers on a child maltreatment registry and to child removal*" (Armstrong & Bosk, 2021) (p442), whereas supportive risk assessment tools based on the Safe and Together Model™ led to the "...*placement of the perpetrator on a child maltreatment registry, and to services for the adult victim and the child*" (Armstrong & Bosk, 2021) (p442). The type of risk assessment tool used by service

providers therefore had a direct impact on the adult victim of abuse and their child. The use of different tools remained a challenge in multi-agency working (Laing et al., 2018), not least due to organizations' different foci (child focused or with adult victims of abuse). Overall, IPVA screening was described as difficult, not only by child protection workers, but also by trained IPVA practitioners (Mennicke et al., 2019). Risk assessments were also linked to safety concerns when child protection workers have to engage with perpetrators, even in low-risk cases.

### Information Sharing Between Agencies / Access to Information

Included practitioners reported that a lack of collaboration, communication and information sharing impacted negatively upon multi-agency working in cases of IPVA (Agnew-Brune et al., 2017; Anderzén Carlsson et al., 2021; Tsantefski et al., 2021). Agencies often experienced uncertainty about how much information to share, when to share it, and with whom (Nichols, 2020; O'Leary et al., 2018; Olszowy et al., 2020; Wendt et al., 2021). For example, practitioners in child protection services highlighted that the distinction between multi-agency sharing of information, and a duty to report to safeguard children, was not always clear: "...lots of times we are not being notified because the child was not present for the assault, but there is still a child that lives in that home, there is still a role for us" (Olszowy et al., 2020) (p5). Lack of information sharing was also perceived as difficult by child health professionals who encountered mothers affected by IPVA, but "...did not receive any information about what actions the social services had taken about a child. This was regarded as a hindrance for Child Health Care nurses in their ongoing work with the family (Anderzén Carlsson et al., 2021) (p6). As expressed by a specialist social worker: "...I know that people can be very protective about information sharing....there is not always that joined-up thinking about risks as a whole between practitioners working with a child, and practitioners working with the adult victim" (Clarke & Wydall, 2015) (p187). Domestic violence staff working in shelters for abused women stated that their roles required them to be a 'reporter' (having to report on mother/child interactions) as well as a 'supporter' (supporting the mother in relation to parenting skills), and that these roles were in conflict when working with mothers who had experienced intimate partner violence (Goodman et al., 2020). Practitioners felt that the mothers did not trust them, fearing that they would be reported if they did something wrong. Requirements around information sharing made supporting abused mothers difficult.

Recommendations to improve inter-agency communication around IPVA included developing inter-agency structures to share information (Stanley et al., 2011) which, in the

UK, is one of the functions of Multi-Agency Risk Assessment Conferences (MARAC) (Clarke & Wydall, 2015). It is suggested that policies and practices involving information sharing be informed by considerations of victim safety and child safety (Olszowy et al., 2020). "*Information sharing protocols can equally be used to clarify expectations of goals so as to decrease confusion and frustration upon referrals*" (Wendt et al., 2021) (p709). The importance of having information sharing protocols in place, and using shared frameworks and a common language, should not be underestimated (Wendt et al., 2021).

### Structural Barriers that Influence Service Provider Response to IPVA

Key factors affecting service provider response to IPVA across services (Table 2) were also influenced by wider structural factors (Cramp & Zufferey, 2021; Douglas & Walsh, 2010; Laing et al., 2018; Olszowy et al., 2020), sometimes leading to lengthy processes in family courts' decision making regarding child protection and/or child custody. For example, "...under Australia's federal system of government most of the responses to domestic violence such as criminal justice, civil protection orders, domestic violence support services, men's behavior change programs, and child protection services are the responsibility of state and territory governments. In terms of the legal response, some families experiencing domestic violence may find themselves simultaneously in multiple systems: the criminal or civil courts, or both; the child protection system at state and territory level; and the family law system, which is a federal government responsibility (p216) (Laing et al., 2018). Authors described services as "tough to navigate" for both "mothers and workers at the interface of statutory and non-government organisations across legal, court, housing, child protection, and domestic violence support organisations, which are further characterized by competing values between women- and child-focused agencies" (p417) (Cramp & Zufferey, 2021).

Multi-agency collaboration in the context of child welfare was also influenced by costs such as (a) cost of collaboration (process and procedural); (b) roles and resources (engagement); and (c) environmental challenges (political and policy shifts) (Colvin et al., 2021). Child protection workers' lack of specialist IPVA training, already high workloads, and lack of resources (time, staff) made their working with perpetrators and abused mothers difficult (Humphreys & Bradbury-Jones, 2015; Mennicke et al., 2019). Consequently there was a lack of onward referral mechanisms, which was reported across agencies for abused mothers and children (Anderzén Carlsson et al., 2021), for children affected by IPVA needing timely help (Clarke & Wydall, 2015; Peckover & Trotter, 2015; Stylianou & Ebright, 2021), for pregnant

and parenting adolescents needing support (Kulkarni et al., 2011), for families (Renner, 2011) and for onward referral to shelters that had vacancies (Zannettino & McLaren, 2014). This tended to create a sense of frustration for service providers who were required to screen for IPVA, but were unable to offer a solution. Practitioners were often uncertain of who to speak to, whilst communicating with agencies that had different goals and perspectives. The ensuing organizational bureaucracy detracted from their day-to-day work processes (Colvin et al., 2021). As a public health issue (UK Government, 2021b), and with an increased focus on perpetrators (Humphreys et al. 2020), multi-agency collaboration in relation to “...referrals sent, referrals received, case coordination of joint programs for service delivery, shared resources for service delivery, shared training, and evaluation” (Colvin et al., 2021) (p7) will need to be resourced appropriately.

### **Facilitators of Service Provider Response to IPVA and Multi-agency Working**

Although the literature identified a range of factors that complicated service provider response to IPVA (Table 2), studies also reported factors that had facilitated multi-agency working. Examples included establishing trusted relationships between organisations (Anderzén Carlsson et al., 2021; Kulkarni et al., 2011; O’Leary et al., 2018; Olszowy et al., 2020), and getting to know each other’s practice settings to facilitate the improvement of knowledge

exchange (Lessard et al., 2006; Wendt et al., 2021). The co-location of services was reported to facilitate such processes (Olszowy et al., 2020; Stylianou & Ebright, 2021). Included studies suggested that cross-sector collaboration needed to have clear policies of interaction between child health care, child social care, the police, and voluntary sector organisations supporting adult victims of abuse (Colvin et al., 2021; Olszowy et al., 2020; Wendt et al., 2021). Practitioners frequently highlighted the need for IPVA-specific training across child protection services (Nichols, 2020; Peckover & Trotter, 2015; Renner, 2011; Saxton et al., 2020; Zannettino & McLaren, 2014), health services (Taylor et al., 2013), social work (Witt & Diaz, 2019), and the courts (O’Leary et al., 2018; Tsantefski et al., 2021). This required organizational support for practitioners who manage already high workloads (Humphreys & Bradbury-Jones, 2015), by ...securing policies for protective time for their workers” (Mennicke et al., 2019) (p53). Practitioners suggested that senior managers be involved in implementation processes so they would fully appreciate the impact of IPVA policy on practice (Humphreys et al., 2020). The operationalization of these factors, which are both a requisite for, and an outcome of, multi-agency working, has been described as difficult, but achievable by co-producing protocols and policies for inter-professional collaboration in family-focused service provision around IPVA (Wendt et al., 2021). All such approaches need to be resourced in the longer term and embedded in family-focused, multi-agency working.

#### **What does this systematic review add to existing knowledge?**

- Siloed service provider response to IPVA needs to be replaced by multi-agency working and family safeguarding approaches that consider the family as a unit consisting of adult and child victims of abuse, and the perpetrator
- Family orientated models to IPVA need to ensure the safety of child protection workers when interacting with perpetrators in a family setting
- Family focused approaches to IPVA need to be resourced sustainably if they are to become fully embedded in multi-agency working

## Discussion

This review identified high quality literature which focused on factors that influenced multi-agency working in the context of working with families affected by IPVA. Service response to IPVA was multi-faceted, and the implementation of multi-agency working challenging (Laing et al., 2018; O’Leary et al., 2018; Tsantefski et al., 2021). Factors relating to risk-assessment and safety planning highlighted that the separation of childrens and adults’ services was unhelpful when responding to IPVA. This is in line with research that highlights family-safeguarding approaches which focus on the family both as a family unit, and by focusing on all its individual members (abused victim, child, perpetrator) (Mandel, 2013; Safe & Together Institute, 2023; The Centre for Family Safeguarding Practice, 2023). Such an approach requires children to be recognized as victims of IPVA, including in situations where there have not been physically injured (Walters, 2019). Further, a growing body of literature calls for perpetrators to be held to account for their actions (Wild, 2023).

However, although working with the whole family was advocated by practitioners in included papers (Humphreys et al. 2020) and in the wider body of literature (Buivydaite et al., 2023; NSPCC Learning, 2021; UK Department of Education, 2020), some child protection services and health services found having to engage with perpetrators difficult, not only because it was emotionally challenging (Adams et al., 2022), but also because doing so was perceived as a safety issue for staff (Anderzén Carlsson et al., 2021; Cramp & Zufferey, 2021; Humphreys et al. 2020; Taylor et al., 2013; Tsantefski et al., 2024; Wendt et al., 2021). Reluctance to engage with perpetrators was also expressed by views that the primary role of child protection services was to safeguard children “...not to work with dads to reduce their violence” (Cramp & Zufferey, 2021) (p415).

Family-safeguarding approaches will need to differentiate between cases where a perpetrator actually wishes to change their behavior, and high risk cases that present a continuing danger for the adult and child victim (Bates et al., 2017; Nichols, 2020; Tsantefski et al., 2021, 2024). Family-safeguarding work needs to find a balance between holding perpetrators to account, yet supporting them, whilst safeguarding the rest of the family to avoid children having to be placed outside of the family (The Centre for Family Safeguarding Practice, 2023).

To facilitate the implementation of family-safeguarding (Buivydaite et al., 2023; Mandel, 2013; The Centre for Family Safeguarding Practice, 2023), service providers were encouraged to get to know and understand each other’s practice environments (Lessard et al., 2006) and to develop relationships of trust (Olszowy et al., 2020). In the UK, some Local Authorities work closely with the police, the national probation service, housing, adult social care,

childrens services, health services, and the voluntary sector to provide a family focused response to IPVA (The Centre for Family Safeguarding Practice, 2023); key issues pertaining to risk assessment, safeguarding and information sharing need to be finely tuned and coordinated carefully. The same issues were highlighted in Humphrey’s work in Australia (Humphreys & Healey, 2017).

The relevance of these findings to multi-agency working is that, whilst service providers continue working within their primary mandate and remit, they may need to develop IPVA related frameworks that take cognizance of each collaborating organizations’ remit and corresponding risk assessment pertaining to IPVA. A better knowledge of each other’s practice settings, potentially via co-location or opportunities for secondment, increased knowledge exchange, and information sharing would help to change entrenched organizational views across agencies (Lessard et al., 2006), reduce current barriers to multi-agency working, and facilitate the implementation of family focused approaches advocated in the wider literature (HM Government, 2018; Local Government Association, 2015; Murray et al., 2022; The Centre for Family Safeguarding Practice, 2023).

Recent literature on factors influencing service provision shows that the narrative of ‘the mother’s failure to protect’ her child from domestic abuse has changed to a narrative of how to change ways of working to safeguard the family as a unit (abused victim, child, perpetrator). This qualitative systematic review contributes the views of professionals, practitioners and managers providing services in the field of IPVA concerning factors that need to change to facilitate family focused approaches to IPVA if they are to become embedded in multi-agency working.

## Implications and Recommendations for Policy, Practice and Research

---

**Policy:** Multi-agency collaboration needs to be supported by clear policies of interaction inclusive of information sharing between child health care, child social care, the police and voluntary sector organisations supporting adult victims of abuse

**Practice:** Providers across child protection services, health, mental health, housing, police and probation need to be united in their recognition of adult and child victims of IPVA. This should necessarily include holding perpetrators to account, and moving away from a ‘failure to protect’ discourse which blames the mother (victim/survivor), forgets the father (perpetrator), and overlooks the child as a victim

**Research:** Future research needs to focus on structural factors that may hinder or facilitate multi-agency working such as commissioning, funding, and short-term contracts that lead to repeated staff changes and loss of knowledge transfer. A systematic review of qualitative studies exploring how parents affected by IPVA and their children experience services should be conducted

---

## Strengths and Limitations

The strength of this qualitative systematic review is that it used rigorous systematic methods to draw together factors that influenced service provider response to IPVA and multi-agency working with a focus on safeguarding families. The review includes a wide range of provider perspectives across statutory and voluntary services. Included literature was of good quality.

### Limitation

Despite a growing body of literature on family-focused approaches to IPVA, and discussions of factors that enable multi-agency working, there was little evidence of the implementation of shared protocols to guide multi-agency working between statutory (children focused) and voluntary sector (adult focused) organisations. Innovative approaches to family focused, multi-agency working in the field of IPVA are fairly recent developments and it may take time for them to be developed, commissioned, and implemented more widely. Our review has focused upon the service providers' perception of the factors that influence multi-agency response to families who experience IPVA and to their children. A major limitation of our approach is that we did not examine the experiences of services from the perspectives of adult and child victims/survivors or perpetrators. It is likely that a systematic review of qualitative studies exploring how parents affected by IPVA, and their children, experience services will provide important insights to inform future policy, practice and research.

## Conclusions

The factors influencing service response to IPVA are multi-layered. Factors which were identified as practical issues that can be addressed and modified at the organizational level were the provision of specialist IPVA support for child protection staff when working with abused mothers, child victims and perpetrators, and assessing and responding to risk when interacting with perpetrators. Evidence suggests that multi-agency working strengthens family focused approaches to IPVA. Multi-agency working needs to be integrated across services, and resourced.

**Funding** This work is funded by the National Institute for Health and Care Research NIHR Applied Research Collaboration (ARC) National Priorities Programme for Adult Social Care and Social Work, led by the ARC Kent, Surrey and Sussex (ARC KSS) and University of Kent, Award Nr NIHR 201892.

The national priority project reported in this paper is funded by the National Institute for Health and Care Research (NIHR) Applied

Research Collaboration (ARC) North East and North Cumbria (NENC) (NIHR200173), in collaboration with NIHR ARC West Midlands (University of Birmingham) and ARC North West Coast (University of Liverpool and University of Central Lancashire). Collaborating universities receive funding from the ARC KSS (University of Kent).

Prof Eileen Kaner is supported via an NIHR Senior Investigator award.

The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

## Declarations

**Ethical Approval** N/A. This was a systematic review of the literature.

**Data Availability** N/A.

**Competing Interest** None declared.

**Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>.

## References

- Adams, C., Hooker, L., & Taft, A. (2022). Managing maternal and child health nurses undertaking family violence work in Australia: A qualitative study. *Journal of Nursing Management*, 30(6), 1620–1628. <https://doi.org/10.1111/jonm.13466>
- Agnew-Brune, C., Moracco, K. E., Person, C. J., & Bowling, J. M. (2017). Domestic violence protective orders: A qualitative examination of judges' decision-making processes. *Journal of Interpersonal Violence*, 32(13), 1921–1942.
- Almıř, B. H., Gümüřtař, F., & Kütük, E. K. (2020). Effects of domestic violence against women on mental health of women and children. *Psikiyatride Guncel Yaklasimler*, 12(2), 232–242.
- Anderzén Carlsson, A., Bäckman, C., & Almqvist, K. (2021). The professional relationship forms the base: Swedish child health care nurses' experiences of encountering mothers exposed to intimate partner violence. *International Journal of Qualitative Studies on Health and Well-Being*, 16(1), 1988043.
- Armstrong, E. M., & Bosk, E. A. (2021). Contradictions and their consequences: How competing policy mandates facilitate use of a punitive framework in domestic violence-child maltreatment cases. *Child Maltreatment*, 26(4), 441–451.
- Bates, E. A., Graham-Kevan, N., Bolam, L. T., & Thornton, A. (2017). A review of domestic violence perpetrator programs in the United Kingdom. *Partner Abuse*, 8(1), 3–46.
- Bevan, M. P., Priest, S. J., Plume, R. C., & Wilson, E. E. (2022). Emergency first responders and professional wellbeing: A qualitative systematic review. *International Journal of Environmental Research and Public Health*, 19(22), 14649.
- Buivydaite, R., Morgan, M., Irving, D., Carter, J., Farncombe, H., & Vincent, C. (2023). Staff experience of a new approach to

- family safeguarding in Oxfordshire Childrens Social Care Services. *Child & Family Social Work*, 28(4), 1001–1011.
- CASP Critical Appraisal Skills Programme. (2018). *CASP Qualitative Studies Checklist* In. online: <https://casp-uk.net/casp-tools-checklists/> [accessed 22 07 29]: CASP.
- Clarke, A., & Wydall, S. (2015). From 'Rights to Action': Practitioners' perceptions of the needs of children experiencing domestic violence. *Child & Family Social Work*, 20(2), 181–190.
- Cleaver, K., Maras, P., Oram, C., & McCallum, K. (2019). A review of UK based multi-agency approaches to early intervention in domestic abuse: Lessons to be learnt from existing evaluation studies. *Aggression and Violent Behavior*, 46, 140–155.
- Colvin, M. L., Thompson, H. M., & Cooley, M. E. (2021). The 'cost' of collaborating and other challenges in inter-organizational child welfare practice: A community-wide perspective. *Journal of Public Child Welfare*, 15(5), 617–651.
- Cooke, A., Smith, D., & Booth, A. (2012). Beyond PICO: The SPIDER tool for qualitative evidence synthesis. *Qualitative Health Research*, 22(10), 1435–1443.
- Cramp, K. J., & Zufferey, C. (2021). The removal of children in domestic violence: Widening service provider perspectives. *Affilia*, 36(3), 406–425.
- Doroudchi, A., Zarenezhad, M., Hosseinezhad, H., Malekpour, A., Ehsaei, Z., Kaboodkhani, R., & Valiei, M. (2023). Psychological complications of the children exposed to domestic violence: A systematic review. *Egyptian Journal of Forensic Sciences*, 13(1), 26.
- Douglas, H., & Walsh, T. (2010). Mothers, domestic violence, and child protection. *Violence Against Women*, 16(5), 489–508.
- Education Statistics Service UK Government. (2022). *Characteristics of children in need - Factors for referring children to social care*. In. online: <https://explore-education-statistics.service.gov.uk/find-statistics/characteristics-of-children-in-need#dataBlock-dd01cc49-7bcf-4125-951a-08d9986262b5-tables> [accessed 22 10 11]: Gov UK
- Elliffe, R., & Holt, S. (2019). Reconceptualizing the child victim in the police response to domestic violence. *Journal of Family Violence*, 34, 589–600.
- Forke, C. M., Catalozzi, M., Localio, A. R., Grisso, J. A., Wiebe, D. J., & Fein, J. A. (2019). Intergenerational effects of witnessing domestic violence: Health of the witnesses and their children. *Preventive Medicine Reports*, 15, 100942.
- Goodman, L. A., Fauci, J. E., Hailes, H. P., & Gonzalez, L. (2020). Power with and power over: How domestic violence advocates manage their roles as mandated reporters. *Journal of Family Violence*, 35, 225–239.
- Gover, A. R., Boots, D. P., & Harper, S. B. (2021). Courting justice: Tracing the evolution and future of domestic violence courts. *Feminist Criminology*, 16(3), 366–381.
- Green, J., & Thorogood, N. (2014). *Qualitative Methods for Health Research* (Vol 3rd ed.). Sage Publications Ltd.
- HM Government. (2018). *Working together to safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*. HM Government.
- Hughes, J., & Chau, S. (2013). Making complex decisions: Child protection workers' practices and interventions with families experiencing intimate partner violence. *Children and Youth Services Review*, 35(4), 611–617.
- Humphreys, C., & Healey, L. (2017). *The PATRICIA PROJECT; PATHways and Research Into Collaborative Inter-Agency practice; Collaborative work across the child protection and specialist domestic and family violence Interface; Final Report (ANROWS Horizons 03/2017)*. ANROWS.
- Humphreys, C., & Bradbury-Jones, C. (2015). Domestic abuse and safeguarding children: Focus, response and intervention. *Child Abuse Review*, 24(4), 231–234.
- Humphreys, C., Healey, L., & Heward-Belle, S. (2020). Fathers who use domestic violence: Organisational capacity building and practice development. *Child & Family Social Work*, 25, 18–27.
- Jackson, K., & Bazeley, P. (2019). *Qualitative data analysis with NVivo*. Sage.
- Katz, E., Nikupeteri, A., & Laitinen, M. (2020). When coercive control continues to harm children: Post-separation fathering, stalking and domestic violence. *Child Abuse Review*, 29(4), 310–324.
- Kulkarni, S. J., Lewis, C. M., & Rhodes, D. M. (2011). Clinical challenges in addressing intimate partner violence (IPV) with pregnant and parenting adolescents. *Journal of Family Violence*, 26, 565–574.
- Laing, L., Heward-Belle, S., & Toivonen, C. (2018). Practitioner perspectives on collaboration across domestic violence, child protection, and family law: Who's minding the gap? *Australian Social Work*, 71(2), 215–227.
- Lapierre, S. (2019). 'Just another side of the coin': Support for women as mothers in the context of domestic violence. In *Intersections of Mothering* (pp. 180–193). Routledge.
- Lessard, G., Lavergne, C., Chamberland, C., Damant, D., & Turcotte, D. (2006). Conditions for resolving controversies between social actors in domestic violence and youth protection services: Toward innovative collaborative practices. *Children and Youth Services Review*, 28(5), 511–534.
- Local Government Association. (2015). *Adult safeguarding and domestic abuse: A guide to support practitioners and managers*, 2nd ed. LGA.
- Mandel, D. (2013). Safe and together. *DVRCV Advocate*(2), 8–11. <https://doi.org/10.3316/informit.784487911461951>
- McLean, S., Bray, I., de Viggiani, N., Bird, E., & Pilkington, P. (2020). *Research Methods for Public Health* Sage Publications Ltd.
- Mennicke, A., Langenderfer-Magruder, L., & MacConnie, L. (2019). "It's tricky...": Intimate partner violence service providers' perspectives of assessments and referrals by child welfare workers. *Journal of Family Violence*, 34, 47–54.
- Methley, A. M., Campbell, S., Chew-Graham, C., McNally, R., & Cheraghi-Sohi, S. (2014). PICO, PICOS and SPIDER: A comparison study of specificity and sensitivity in three search tools for qualitative systematic reviews. *BMC Health Services Research*, 14(1), 1–10.
- Multi Agency Risk Assessment Conference MARAC. (2022). *MARAC National Dataset 2021/2022 England and Wales*. In. online: <https://safelives.org.uk/node/2181> [accessed 22 10 14].
- Murray, S., Bullen, J., Theobald, J., & Watson, J. (2022). Building the evidence for family violence policy reform: The work of specialist women's refuges in Victoria. *Australia. Social Policy and Society*, 21(3), 422–438.
- Nichols, A. (2020). Advocacy responses to intimate partner stalking: Micro, mezzo, and macro level practices. *Journal of Family Violence*, 35(7), 741–753.
- Notko, M., Husso, M., Piippo, S., Fagerlund, M., & Houtsonen, J. (2022). Intervening in domestic violence: Interprofessional collaboration among social and health care professionals and the police. *Journal of Interprofessional Care*, 36(1), 15–23.
- NSPCC Learning. (2021). *The Case for Change: The independent review of childrens social care: CASPAR Briefing* In. NSPCC Learning.
- O'Leary, P., Young, A., Wilde, T., & Tsantefski, M. (2018). Interagency working in child protection and domestic violence. *Australian Social Work*, 71(2), 175–188.
- Olszowy, L., Jaffe, P. G., Dawson, M., Straatman, A.-L., & Saxton, M. D. (2020). Voices from the frontline: Child protection workers' perspectives on barriers to assessing risk in domestic violence cases. *Children and Youth Services Review*, 116, 105208.
- Ouzzani, M., Hammady, H., Fedorowicz, Z., & Elmagarmid, A. (2016). Rayyan—a web and mobile app for systematic reviews. *Systematic Reviews*, 5, 1–10.

- Peckover, S., & Golding, B. (2017). Domestic abuse and safeguarding children: Critical issues for multiagency work. *Child Abuse Review*, 26(1), 40–50.
- Peckover, S., & Trotter, F. (2015). Keeping the focus on children: The challenges of safeguarding children affected by domestic abuse. *Health & Social Care in the Community*, 23(4), 399–407.
- Public Health England (2015). *Disability and domestic abuse: Risk, impacts and response*. PHE 2015498 <https://www.gov.uk/government/publications/disability-and-domestic-abuse-risk-impacts-and-response>
- QSR International. (2018). NVivo qualitative data analysis software, Version 12. In. online: <https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software> QSR International Ltd.
- Renner, L. M. (2011). The presence of IPV in foster care cases: Examining referrals for services, reunification goals, and system responsibility. *Children and Youth Services Review*, 33(6), 980–990.
- Safe and Together Institute. (2023). *Safe & Together: An introduction to the Model*. In. online <https://academy.safeandtogetherinstitute.com> [accessed 23 02 13].
- Sardinha, L., Maheu-Giroux, M., Stöckl, H., Meyer, S. R., & García-Moreno, C. (2022). Global, regional, and national prevalence estimates of physical or sexual, or both, intimate partner violence against women in 2018. *The Lancet*, 399(10327), 803–813.
- Saxton, M. D., Jaffe, P. G., Dawson, M., Olszowy, L., & Straatman, A.-L. (2020). Barriers to police addressing risk to children exposed to domestic violence. *Child Abuse & Neglect*, 106, 104554.
- Saxton, M. D., Jaffe, P. G., Dawson, M., Straatman, A. L., & Olszowy, L. (2022). Complexities of the police response to intimate partner violence: Police officers' perspectives on the challenges of keeping families safe. *Journal of Interpersonal Violence*, 37(5–6), 2557–2580.
- Silver, C., & Lewins, A. (2014). *Using software in qualitative research: A step-by-step guide*. Sage.
- Singh, S. (2021). Punishing mothers for men's violence: Failure to protect legislation and the criminalisation of abused women. *Feminist Legal Studies*, 29(2), 181–204.
- Stanley, N., Miller, P., Richardson Foster, H., & Thomson, G. (2011). A stop-start response: Social services' interventions with children and families notified following domestic violence incidents. *The British Journal of Social Work*, 41(2), 296–313.
- Stylianou, A. M., & Ebright, E. (2021). Providing coordinated, immediate, Trauma-focused, and interdisciplinary responses to children exposed to severe intimate partner violence: Assessing feasibility of a collaborative model. *Journal of Interpersonal Violence*, 36(5–6), NP2773–NP2799.
- Taylor, J., Bradbury-Jones, C., Kroll, T., & Duncan, F. (2013). Health professionals' beliefs about domestic abuse and the issue of disclosure: A critical incident technique study. *Health & Social Care in the Community*, 21(5), 489–499.
- The EndNote Team. (2013). *EndNote*. In (Version EndNote 20) [64 bit]. Clarivate.
- The Centre for Family Safeguarding Practice. (2023). A guide to Family Safeguarding In. <https://www.hertfordshire.gov.uk/services/business/services-for-businesses-charities-and-other-public-bodies/centre-for-family-safeguarding-practice/centre-for-family-safeguarding-practice.aspx> [accessed 2023 02 17].
- Thiara, R. K., & Harrison, C. (2021). *Reframing the links: Black and minoritised women, domestic violence and abuse, and mental health: A review of the literature*. Women's Aid
- Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology*, 8(1), 1–10.
- Tsantefski, M., Humphreys, C., Wilde, T., Young, A., Heward-Belle, S., O'Leary, P., (2024). Worker safety in high-risk child protection and domestic violence cases. *Journal of Family Violence*, 39, 973–984.
- Tsantefski, M., Young, A., Wilde, T., & O'Leary, P. (2021). High-risk cases at the intersection of domestic/family violence and child protection: Learning from practice. *Journal of Family Violence*, 36, 941–952.
- UK Department of Education (2020). *Family Safeguarding: Evaluation report*. REF: DFE-RR574. [https://assets.publishing.service.gov.uk/media/5a82205640f0b62305b929f9/Family\\_Safeguarding\\_Hertfordshire.pdf](https://assets.publishing.service.gov.uk/media/5a82205640f0b62305b929f9/Family_Safeguarding_Hertfordshire.pdf)
- UK Government. (2021a). The Domestic Abuse Act 2021. . In. online: <https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted> [accessed 2022 02 20]. Gov UK.
- UK Government. (2021b). The role of healthcare services in addressing domestic abuse: House of Commons Briefing Paper 9233, 20 May 2021. In M. Macdonald (Ed.). London: UK Government, House of Commons.
- Walters, A. (2019). The Forgotten Children: Victims Of Domestic Violence, Victims Of The System. *Government Law Review*, 12(2).
- Wendt, S., Bastian, C., & Jones, M. (2021). Building collaboration with child protection and domestic and family violence sectors: Trialling a living lab approach. *The British Journal of Social Work*, 51(2), 692–711.
- Wild, J. (2023). Gendered discourses of responsibility and domestic abuse victim-blame in the english children's social care system. *Journal of Family Violence*, 38, 1391–1403.
- Wilson, J. M., & Goodman, L. A. (2021). "A Community of Survivors": A Grounded Theory of Organizational Support for Survivor-Advocates in Domestic Violence Agencies. *Violence Against Women*, 27(14), 2664–2686.
- Witt, L., & Diaz, C. (2019). Social workers' attitudes towards female victims of domestic violence: A study in one English local authority. *Child & Family Social Work*, 24(2), 209–217.
- Women's Aid. (2021). Rail to Refuge: Impact briefing. In. online: <https://www.womensaid.org.uk/what-we-do/supporting-our-members/rail-to-refuge/> [accessed 22 10 23]: Women's Aid
- World Health Organisation. (2013). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. WHO.
- World Health Organisation. (2018). *Violence Against Women Prevalence Estimates*. WHO
- Zannettino, L., & McLaren, H. (2014). Domestic violence and child protection: Towards a collaborative approach across the two service sectors. *Child & Family Social Work*, 19(4), 421–431.

**Publisher's Note** Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.