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REVIEW ARTICLE

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

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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

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

2 Newcastle University, Newcastle Upon Tyne, UK

3 University of Birmingham, Birmingham, England

4 University of Central Lancashire, Preston, England

5 University of Kent, Canterbury, England

6 Coventry University, Coventry, England

7 Darlington Local Authority, Darlington, England

8 Liverpool University, Liverpool, England

9 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

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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 (Almış 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.

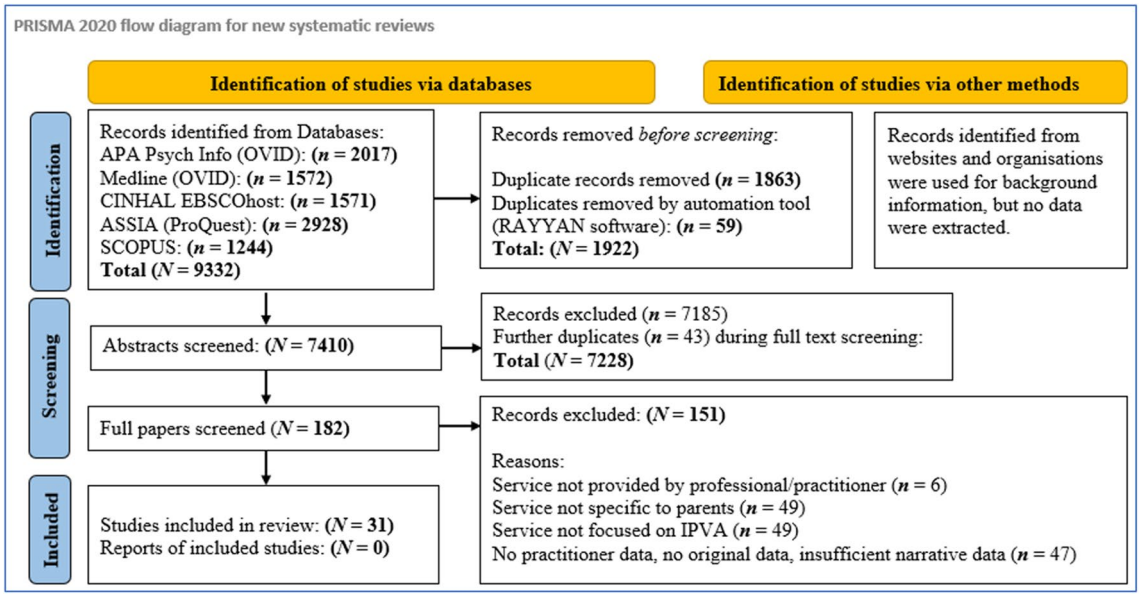

Fig. 1 PRISMA 2020 Flow chart for systematic reviews

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 reseaons 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 Thematic analysis	High
Agnew-Brune et al. (2017) United States	Social Service (Court)	Judges ($N=20$)	Interviews Thematic analysis	High
Anderzén Carlsson et al. (2021) Sweden	Child Health Care	Child Health Care Nurses ($N=9$)	Interviews Thematic analysis	High
Armstrong and Bosk, (2021)Unites States	Child Welfare / Child Social Care	Child Welfare Workers ($N=36$)	Interviews Grounded Theory approach	High
Clarke & Wydall (2015)Wales, UK	Child Welfare	Practitioners' perspectives; undifferentiated ($N=54$)	Interviews, focus groups, observation Thematic analysis	Low
Colvin et al (2021) United States	Multi agency Working	Organisations (NGOs) ($N=67$)	Interviews Thematic analysis	High
Cramp and Zufferey (2021); Australia	Third Sector Organisations	Practitioner perspectives NGO workers ($N=16$)	Interviews and focus groups Thematic analysis	Medium
Douglas and Walsh (2010) Australia	Third Sector Organisations	Community Workers ($n=30$); Community Lawyers ($n=2$); Total: ($N=32$)	Focus groups Thematic analysis	High
Elliffe and Holt (2019) Ireland	Police	Children ($n=10$) Police Officers ($n=14$) Total: ($N=24$)	Interviews and vignettes Thematic analysis	High
Goodman et al. (2020)United States	Domestic Abuse Service	Domestic Violence (DV) Advocates ($N=38$)	Focus groups Content analysis	High
Hughes and Chau (2013) Canada	Child Protection	Child Protection Social Workers ($N=39$)	Interviews; focus groups Institutional Ethnography	Medium
Humphreys et al (2020) Australia	Multi-professional	Diverse services (child protection, family, domestic violence; undifferentiated); ($N=60$)	Online questionnaires, focus groups Thematic analysis	High
Kulkarni et al. (2011) 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 ($n=9$) Total ($N=43$)	Focus groups Thematic analysis	High
Laing et al (2018) Australia	Domestic Abuse, Child Protection, Law	Practitioner perspectives ($N=54$) Undifferentiated	Focus groups Thematic analysis	High
Lessard et al (2006) 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 Thematic analysis	High
Mennicke et al (2019) United States	Community Organisations	Practitioners based in the Community ($n=17$); in Shelters ($n=8$); in Prisons ($n=2$); Total: ($N=27$)	Focus Groups Thematic analysis	High

Table 1 (continued)

Author, date, country	Service sector	Participants and sample size	Data collection and analysis	Quality appraisal
Nichols (2020) United States	Domestic Violence Victim Advocates from 11 organisations (shelters, drop-in centers; transitional housing, hospital)	Practitioner's perspectives Domestic Violence Victim Advocates ($N=26$)	Interviews Thematic analysis	High
O'Leary et al. (2018) Australia	Multi professional, Integrated Response Various Agencies	Integrated Response Team: DV ($n=8$); Child Protection ($n=13$); Police /Justice ($n=4$); Men's Behavior Change ($n=3$) Generalist ($n=2$); Total ($N=30$)	Interviews Thematic analysis	High
Olszowy et al. (2020) Canada	Child Protection	Child Protection Workers from 19 different Child Welfare Agencies ($N=29$)	Interviews Thematic analysis	High
Peckover and Trotter (2015) England, UK	Universal and additional services	School Health Staff; School Nurses; Link Teachers, Family Support Workers, Family Intervention Project Porkers (undifferentiated); Total: $N=23$)	Focus groups Thematic analysis	Medium
Renner (2011) United States	Child Welfare / Child Social Care	Foster Care Case Managers ($n=44$); Supervisors ($n=20$); Total: ($N=64$)	Focus groups Content analysis	High
Saxton et al; (2020) Canada	Police	Police Officers ($n=15$)	Interviews Thematic analysis	Medium
Saxton et al; (2022) Canada	Police	Police Officers ($n=15$) (same study and participants as above; different focus; number of participants excluded from total)	Interviews Thematic analysis	High
Stanley et al (2011); England, UK	Child Welfare, Child Social Care	Child Protection Social Workers ($n=25$); Young People ($n=19$); DV Survivor Parents ($n=11$); Perpetrators ($n=10$); Total: ($N=65$)	Interviews and Focus Groups; Thematic analysis and vignette	High
Stylianou and Ebright (2021) United States	Multi Agency Working; Professionals from Multiple Organisations	Child Trauma Response Team; Law enforcement ($n=3$); District Attorney ($n=4$); non-profit victim organization ($n=4$); funding office ($n=1$); Total: ($N=12$)	Interviews Grounded theory approach	High
Taylor et al (2013) Scotland, UK	Health Professionals' beliefs about DA disclosure	Midwives ($n=11$); health visitors ($n=16$); GPs ($n=2$); Total: ($N=29$)	Interviews and focus groups Framework analysis	Medium
Tsantefski et al (2021) Australia	Community of Practice; Service Delivery; Justice	Child protection ($n=7$); (Domestic & Family Violence services ($n=2$); Family Support Services ($n=3$); Justice Services ($n=3$); Total ($N=15$)	Action research framework Thematic analysis	High
Tsantefski et al (2024) Australia	Community of Practice; Service Delivery; Justice	Child Protection ($n=8$); (Domestic & Family Violence Services ($n=2$); Family Support Services ($n=2$); Justice Services ($n=3$); Total ($N=15$) (same study as above; number of participants excluded from total)	Action research framework 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) 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 Thematic analysis	High
Witt and Diaz (2019) England, UK	Child Welfare / Child Social Care	Social Workers (SW) ($N = 9$)	Interviews Thematic analysis	High
Zannettino and McLaren (2014) Australia	Child Protection & Domestic Violence	Child Protection Workers ($n = 14$); Domestic Violence Workers ($n = 16$) Total: ($N = 30$) Participant Total ($N = 1049$)	Focus groups 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 PICOs 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
Child Protection	• Risk-assessment tools different to those used by other agencies • Difficulties in balancing children's safety against providing support to the victimised parent • Ensuring practitioners' physical and emotional safety concerns regarding facing perpetrators • Emotional burden of engaging with perpetrators • Constraints around information sharing; Child Protection Service workers' lack of IPVA training • Child protection workers need to be educated about the wider dynamics of IPVA and impact on victims; • Lack of internal guidance / protocol for interagency collaboration • Lack of resources to deal with IPVA (time, staff, additional workload on staff)	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;
Child Health, Health	• IPVA screening policies were introduced, which require increased responsiveness from child health workers • Absence of referral mechanisms (pregnant adolescents; abused mothers) • Practitioners' emotional burden of working with IPVA; protecting nurses' emotional safety • Practitioners' safety concerns when working with perpetrators	Adams et al. (2022); Anderzén Carlsson et al., 2021; Olszowy et al., 2020;
Domestic Abuse Agencies	• Lack of common understanding of IPVA • Importance of safety planning and survivor centred practices	Goodman et al. 2020; Laing et al., 2018; Nichols, 2020;
Police / Courts	• Tendency to focus on incidents rather than patterns of IPVA • Police non-engagement with children in IPVA incidents • Inconsistencies in police procedure when reporting; families' refusal to engage with police • Workers' safety in high risk domestic violence cases	Agnew-Brune et al. 2017; Elliffe & Holt 2019; Saxton et al., 2020; Saxton et al., 2022; Tsantefski et al., 2024;
Multi-agency Working	• Individual service providers' diverse understandings of safety and risk management • Lack of information sharing between agencies • Family oriented approaches to IPVA require senior level leadership support • Referral mechanisms: not in place; long waiting lists; no access to 'specialist' services	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 childrens 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 Deparment 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 & Healyey, 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 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.

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Declarations

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