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Intervening in domestic violence: interprofessional collaboration among social and health care professionals and the police

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ABSTRACT

Encountering domestic violence victims, perpetrators and witnesses in the multiprofessional fields of health and social care and policing includes various challenges. Each professional group perceives domestic violence from its own perspective, linked to its position in the field, core tasks, institutional practices and organizational structures. In this study, we examine interprofessional collaboration among Finnish social and health care professionals and police officers, focusing on the practices and conceptions concerning domestic violence interventions. The data consists of 16 focus group interviews, involving a total of 67 interviewees from social and health care professions and the police. The results indicate that successful interprofessional collaboration requires comprehensive knowledge and education on domestic violence as a phenomenon, on the tasks and the duties of different professionals, as well as tolerance and flexibility in their joint efforts. However, the emphasis on professional relationships often shifts the focus from the institutional and structural challenges of interprofessional collaboration to individual interactions. Organizational barriers and differences in goals may impede good intentions from being materialized into concrete outcomes. These findings challenge all organizations and professionals working on domestic violence intervention to reconsider their training, practices and organizational arrangements.

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Introduction

As a global social and health problem, domestic violence (DV) takes multiple forms of physical, sexual, financial and emotional abuse and control. It can take place in all types of family and other close relationships (Fagerlund et al., 2020). Over the last decade, health and social care professionals have been provided with various research findings, general policies, practical guidelines and concrete tools for identifying and intervening in DV (Ambuel et al., 2013; Garcia-Moreno & Watts, 2011; Ministry of Health, Social Services and Equality, 2015; Myhill, 2017). Similarly, DV has been an important area for improving policing practice based on evidence and intelligence (Lum & Koper, 2017; Ratcliffe, 2016; Sherman, 1998; Sherman et al., 2017; Weisburd & Eck, 2004). Despite multiple efforts and encouraging positive improvements, persistent structural and cultural factors still impede DV prevention and intervention. For instance, poor training and insufficient organizational support, unawareness of professionals' own responsibilities, constantly changing or unclear practices, and limited time and other resources are still pointed out as critical points in the research literature (Ballucci et al., 2017; Gover et al., 2011; Hallenberg & Cockcroft, 2017; Minsky-Kelly et al., 2005; Sanz-Barbero et al., 2018).

Violence within the family and other close relationships can be discussed using various terms with noteworthy nuances. Choosing to use DV in the English material of this study is consistent with the Istanbul Convention and its Finnish Action Plan (2017). It is also important to note the broad definition of relationships incorporated in the national legislation. This includes relationships between siblings, spouses and former spouses, children and their parents, people who live or have lived in a joint household or otherwise are or have been in similar personal relationship with each other (Fagerlund et al., 2020).

In addition to profession-specific efforts, effective intervention in DV and mitigation of its harm on health, wellbeing and security require constant professional collaboration among social workers, health care practitioners and police officers (Hester, 2011; Pratt-Eriksson et al., 2014; Skillmark et al., 2017; Stover & Lent, 2014; Szilassy et al., 2013). However, this requires rethinking of professional practices, responsibilities and roles, as well as beliefs and attitudes concerning DV-related issues.

DV touches multifaceted aspects, comprising health, social, psychological, economic and security issues that can be difficult to understand from a single professional framework. Moreover, the ineffectiveness of professional collaboration stems from the difficulties of passing and receiving information between agencies, for example, due to the protection of confidential information. Professionals are also educated to perform concrete actions that characterize their profession. Health care professionals provide care and treatment of physical and mental symptoms, social workers tailor appropriate supportive services, and police officers identify each incident with a term

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from the criminal code. Consequently, professionals may feel compelled to stay safely within their own jurisdiction and define a situation in terms of their own professional classifications and terminology, leaving aside aspects and interpretations that could be valuable for other professionals and the victim (see Sullivan-Wilson & Websdale, 2006).

In this article, we take a closer look at the interprofessional collaboration among social and health care professionals and police officers, as well as scrutinize the prerequisites for successful cooperation. Recent studies have examined various critical prerequisites for interprofessional interventions. Working together and finding a common ground while performing different institutional practices rooted in distinctive professional perspectives and responsibilities may pose several challenges (D'Amour et al., 2005; Hester, 2011; Petri, 2010). We consider the possibilities for overcoming these obstacles and finding ways for improvements by analyzing discourses of Finnish health and social care professionals and police officers.

Interprofessional collaboration: challenges in encountering domestic violence

In this article, we focus on the professional collaboration among social and health care professionals and police officers, as well as the differences and the similarities in the work on violence interventions (see also Husso et al., 2020; Piippo et al., 2021). We utilize Hester's (2011) "three-planet model", which can be applied to different professions working on DV-related issues. Originally, Hester's observations and insights came from the analysis of tensions and contradictions in professional discourses and practices across the work involving DV victims and perpetrators, child protection and child contact. Hester points out that these three areas of work are especially difficult to bring together in a coordinated approach because they are effectively on separate "planets" – the DV, the child protection and the child contact (post-separation) planets – with their own separate histories, cultures, laws and populations (sets of professionals). Bringing the three planets closer together requires coordinated and coherent practices across the three areas of work. This calls for a better understanding of professional assumptions and practices of other professional groups.

Similar arguments have been presented by D'Amour and Oandasan (2005) in their reflection on interprofessionality and interdisciplinarity in health care settings. Health care professionals have different disciplinary roots and organizational attachments associated with distinctive conceptions of clients, their needs and appropriate responses. Additionally, each profession has its own jurisdiction or scope of practice, which influences the delivery of services and can create silo-like divisions of professional responsibilities.

Wicked problems, such as DV, are systemic and can rarely be solved by a sectoral solution (Kadzin, 2011). Nonetheless, working together and approaching the issue from different perspectives often pose many challenges, as professional perspectives tend to be exclusive and incommensurate. When an incident or an issue is perceived and classified as worthy of attention from a particular professional perspective, such as a crime, it is defined as a professionally relevant problem, which could be worked out with a professional solution, such as an arrest of a suspect and an investigation of events (see Horn & Weber, 2007; Kadzin, 2011; Rittel & Webber, 1973). However, when an issue is situated and understood within a single professional taxonomy, for instance, as a crime or a non-crime, other possible interpretations of the situation tend to be excluded or not recognized at all because they fall outside the domain of professionally relevant problems. What defines a strong profession – its own disciplinary knowledge base, distinctive perspective, unique problems and solutions, and relative autonomy – paradoxically makes it weak for interprofessional collaboration. Issues outside the professional domain are not regarded as essential and consequently do not serve as motives for taking action.

Various initiatives have been introduced to fill in the gaps in the service processes for victims of DV. For instance, patrol officers are urged to hand out contact information on support services to victims. Similarly, health care professionals and social workers are reminded to encourage victims to report incidents of DV to the police. However, these assignments are often viewed as outside the scope of proper professional tasks. When something is perceived as extra work, or the proposed goals or means do not fit the scope of genuine tasks and duties, there might be a lack of motivation to work on the issue (see Head & Alford, 2015; Weber & Khademian, 2008). To be successful, interprofessional collaboration does not emerge by itself but needs deliberate planning and coordinated action. Furthermore, Petri (2010) highlights the importance of support in both the individual and the administrative sense. It is significant that the individuals participating in the process are supportive and committed, but organizational and managerial support is also important.

Methods

This study is part of the EU funded development and research project Enhancing Professional Skills and Raising Awareness on Domestic Violence, Violence against Women and Shelter Services (EPRAS) (Niklander et al., 2019). The research section of the project focused on police officers' and social and health care professionals' experiences, conceptions and operating practices related to DV, as well as the need for training on these issues. The project data was gathered with two sweeps of surveys and a round of focus group interviews. The study composition has been scrutinized according to COREQ reporting guidelines for qualitative studies (Tong et al., 2007).

Data collection

In this article, the data consists of ten focus group interviews with social and health care professionals and six with police officers. The data was collected between May 2017 and February 2018 from voluntary participants who were recruited by contact persons in the organizations and the municipalities involved in the project. The size of the focus groups varied from two to seven participants, including both men and women. The duration of each interview was approximately 1.5 hours. We engaged with 67 participants in total, of whom 13 were males and 54 were females. The focus group interviews were guided and supported by the researchers, and as is common with this method (Farnsworth &

Table 1. Focus group interview themes.

Encountering domestic violence (DV) in interviewees' professions	• definitions and conceptions of DV • frequency and relevance of DV-related tasks • emotions related to these tasks • practices, instructions and guidelines
Training on DV in education programme and during career	• previous training (education programme and/or during career) • contents and duration of training • forms of training (voluntary/mandatory)
Training needs relating to DV	• relevant topics for future training • format and content needed and wanted in future training
DV and interprofessional cooperation	• defining the most frequent collaborators • challenges in cooperation • good practices in cooperation • factors facilitating or hindering effective cooperation
Three wishes to a good fairy: this would be the best way of intervening in DV in our work	• key aspects that would help to optimally resolve issues relating to DV

Boon, 2010; Fern, 2001; Markovà et al., 2007), covered specific topics that elicited the participants' opinions and attitudes. Our study's topics covered prevention, identification, intervention and professional collaboration in cases of DV (Table 1; see also Niklander et al., 2019).

Focus groups need to be hierarchically homogeneous to render discussions easier (Bryman, 2004). Therefore, we ensured that while the participants might work in different sectors, they still shared either an organizational affiliation or worked at the same operational level with respect to DV-related issues. The focus group discussions were led by one to three female researchers experienced in studying DV-related topics, interviewing professionals and applying the focus group interview method. The interviewers and the participants were not familiar with each other before the interviews. All interviews were audio- and video-taped and transcribed verbatim. For ethical reasons, all identifiable references to the focus groups and the interviewed individuals were eliminated from the data and the quotations. In the cited extracts, G refers to the focus group by number, P refers to the participant by number (e.g. G4P1).

Data analysis

Our analytical strategy can be regarded as a theory-directed reading of data that shifted from particular observations and general ideas (e.g., Braun & Clarke, 2006; Bryman, 2004). The focus group interview themes are noted in Table 1.

We coded the focus group interviews to identify all the references to interprofessional collaboration present in the data. Thematic analysis was utilized to approach similarities and differences and to reveal unanticipated insights concerning interprofessional collaboration (Braun & Clarke, 2006). The analysis of the interprofessional collaboration descriptions was based on our research aims to examine both challenges and possibilities in working on DV-related issues in the specific context of interprofessional cooperation, as well as to further develop our previous findings on confronting DV in social and health care settings (see also Husso et al., 2020; Virkki et al., 2015).

After organizing the data according to the main and sub themes presented in Table 2, we completed a more in-depth thematic analysis, which resulted in a detailed description of how interprofessional collaboration in the DV context is realized at different levels. The *level of practice* included the accounts of the challenges and the possibilities in multiagency collaboration. The challenges touched on the difficulties in fitting together the different goals and means of the agencies. The possibilities to reconcile different goals and to find ways of working together were also raised. Descriptions of both rigid and flexible practices and processes were recognized and examined. The *level of awareness* covered the discussions on accurate and inaccurate knowledge about different agencies and professional tasks and responsibilities. Descriptions of the awareness of the DV phenomenon (e.g., what professionals considered true or false knowledge about their own and others' tasks and responsibilities) were examined. The *level of communication* encompassed the references to attitudes, perceptions and conceptions about the issue at hand and the descriptions of using different languages and misunderstanding one another. The *level of structure* comprised the references to structural and processual obstacles and the possibilities of overcoming these barriers. Descriptions of difficulties in combining different organizational systems, as well as the forms of well-functioning cooperation among organisations, were examined.

Ethical considerations

According to the World Health Organisation (2001), ethical recommendations for DV research and the safety of both respondents and the research team are paramount and should

Table 2. Focus group interview data and thematic analysis.

Main themes	Sub-themes	Data examples of challenges in collaboration	Levels constructed by in-depth thematic analysis
Multiagency collaboration	*People*: Professionals working together	"If you think about the municipalities around here, yes, [there is distrust]."	Level of communication
Structural factors	*Work*: Institutional, professional and collaborative practices	"And such genuine, flexible, effective collaboration doesn't exist. Or it rarely does."	Level of practice and Level of structure
Cultural climate and attitudes	*Cultures*: Assumptions, habits and conceptions	"A worker from a mental health office called and said that (s)he was calling now, that (s)he didn't know what a shelter was, what it meant."	Level of awareness

inform all project decisions. Regarding sensitive issues, ethically appropriate research requires much more than formal assessments or ethical board reviews. Throughout the research project, we followed the principles of staying alert and ethically sensitive and reflecting on the consequences of all actions (Niklander et al., 2019; Notko et al., 2013). During this study, it was important to take into account possible power relations among the participants, such as hierarchies in different occupations or positions in the organisation (e.g., Markovà et al., 2007). The research plan was approved by the Ethical Committee of the University of Jyväskylä, Finland.

Findings

Practices: fitting together goals and means

At the level of practice, the goals and the means of different professional agencies seem to vary. The interviewees especially discussed the division of work among different professions and the concerns dealing with the timing of violence interventions and processes in interprofessional collaboration. For professionals, interprofessional collaboration often appears in the form of prolonged processes because profession-specific tasks cannot be carried out simultaneously.

> *G4P1: This is exactly what often causes terrible contradiction at work, internal contradiction with myself. For example, if in the family, the child tells about the situations of domestic violence or about violence against him/her. So, for me, it means as if I cannot deal with these people now because I have to wait for that police investigation. Somehow, it feels pretty awful if it takes a long time before it starts.*

The police conducts child abuse investigations in cooperation with child protection services. As an essential part of the criminal investigation, the child is interviewed by the police. To ensure an authentic testimony, other processes related to the exposure to violence, such as therapy, cannot be started before the child is heard. Our interviewees told us that this caused moral distress because the moral and professional responsibility to take action conflicts with the demand to ensure a successful criminal investigation. If the effects of DV and the severity of the situation with various aspects and phases are not understood, different agencies might only deal with a limited scope of this totality and process, without the necessary connection between all the agencies involved (see Husso et al., 2020; Virkki et al., 2015).

> *G10P5: And yes, everything in this society is somehow blocked. The school is in its own corner, and the school tells us [child protection workers] that now, all the school's means are used, that now is your turn. And such genuine, flexible, effective collaboration doesn't exist. Or it rarely does. Sometimes you may be surprised. (laughing)*

According to our analysis and in line with Hester's (2011) findings, one critical point seems to concern the rather rigid and sometimes contradictory conceptions about the proper division of work among the professions. Additionally, DV intervention was often perceived as a responsibility of social care only (see Koistinen & Holma, 2015). The interviewees expressed some confusion about who should do what and at which phase of the process the representatives of other professions should enter (see Virkki et al., 2015). This implies that the professions work in non-overlapping domains with clear boundaries that are not crossed by the professionals themselves. Instead, as suggested in the preceding excerpt, multiprofessionalism was understood as "crossing the professional borders", which occurs when an intervention reaches the phase that exceeds a professional's expertise. In the previous excerpt, the interviewee sarcastically comments that well-functioning cooperation is not a common occurrence but more of a pleasant surprise. According to the viewpoint of a police officer in the next excerpt, adequate and more effective collaboration is needed when the victims of DV search for help in health care settings.

> *G12P2: It was a surprise that in health care, if a patient with a black eye is encountered, the patient with the black eye is treated by putting bruise lotion on it and saying that you should take a painkiller. But not at all by exploring the background where the black eye has come from.*

As can be observed from the preceding extract, violence as an event may be overlooked even if physical signs are clearly visible (see O'Campo et al., 2011; Virkki et al., 2015). However, an opportunity for fitting together the diverse goals and means emerges when professionals from different agencies know one another and have a shared vision on how to proceed (Hester, 2011). This awareness of a shared purpose and a common action and the possibility for consultation also enhance the professionals' personal ability to act.

> *G12P2: We [the police] have good cooperation with social services; we have a social worker here with a face and a name that we know. It is very easy to share the information. But when we have just a name on the phone and we have never met, we should exchange confidential information, however.*
>
> *So that confidence doesn't sort of come out of the same level. That kind of cooperation is more difficult.*

As a question of power and as a wicked problem, DV may arouse strong affects among professionals. Additionally, the responsibilities of professionals may include ethically and emotionally demanding decisions. Hence, the conceptions about the proper division of the work, the timing of the violence interventions, and trustworthiness, especially in demanding cases, were mentioned as essential themes and the basis of the facilitation of negotiations of interprofessional practices.

Awareness: tasks and responsibilities of different professionals

Crossing professional boundaries is essential for genuine and flexible collaboration. This in turn requires that the professions' representatives be aware of the core tasks, duties, responsibilities and functioning of the agency in question.

> *G1P3: A worker from a mental health office called and said that (s) he was calling now, that (s)he didn't know what a shelter was, what it meant, how a referral could be made and how a client could reach the place and what it meant in practice.*

After the ratification of the Istanbul Convention in 2015 (see Action plan, 2017) on preventing and combating violence against women and domestic violence, Finnish shelters have been funded by the government. One of the aims

of this reform was to ensure equal access for all citizens, regardless of their place of residence. However, research indicates that professionals do not recognize DV, and the limited availability of DV services is connected to the lack of knowledge and insufficient cooperation among the service agencies (Nikupeteri, 2017).

Predeterminations of professional roles and the insufficient fulfillment of these roles may cause tensions among professionals (see also Collin et al., 2010). In our data, from the viewpoint of the child protection social workers themselves, this issue indicates a disrespectful neglect of the legislative framework of child protection and an over-estimation of social workers' autonomy to take action in DV cases.

> *G10P6: Yeah, yes, it* [collaboration] *has been tried. Yeah. But as many colleagues know, we* [child protection workers] *are being targeted by unreasonable expectations and pressure and criticism from those who work together.*

> *G10P1: Our tools are quite limited. Even if we have the feeling that we would like to do something, we have to act within the framework of legislation. Maybe it's disappointing in cooperation: "They didn't start extensive interventions even though I called and told them I had worries."*

Acting against the other professionals' expectations is interpreted as incompetence or an unwillingness to carry out one's duties. In line with previous research (e.g., Virkki et al., 2015), one of the obstacles to violence intervention is that the authorities are confused about the process and stages of DV intervention. From the perspective of the police, this was discussed as unawareness of one's own responsibility, for example, to report an offense in the case of child abuse in the context of schools.

> *G11P3: It seems like it is not clear if there is a child abuse case, who is responsible for the reporting. They often call from school and kindergartens and elsewhere. Who is reporting this? There seems to be a little bit of confusion. It's just the same from our [police] point of view on who makes the report.*

> *G11P5: I just say the same thing, that it doesn't matter who makes the report. How they make it so difficult!*

> *G11P3: I've always said that the one who first gets to know it, you make the report. Otherwise, it is not done.*

Professionals usually mentioned clear communication and interaction as prerequisites of good collaboration. However, in the extract above, consultation as a form of cooperation occurred, but the information provided did not cause an expected change in action. Sufficient knowledge of the different stages of the process when intervening in DV and awareness of the professional roles and network partners when taking action were considered important factors of successful cooperation (see Ambrose-Miller & Ashcroft, 2016; Collin et al., 2010). Furthermore, cooperating with other professions requires a strong professional identity and confidence in one's own expertise (Bronstein, 2003).

Communication: shared responsibility

In the best cases, interprofessional work was identified as a shared responsibility that could also reduce one's own workload. However, this requires a functioning communication and a shared understanding of both the phenomenon dealt with and the purpose of the work. Experiences with differing viewpoints may result in a reluctance to work with certain professionals from other agencies and distrust in the possibilities of functioning collaboration.

> *G1P3: If you think about the municipalities around here, yes [there is distrust].*

> *G1P1: Frankly, there are some places that make me disgusted when I know that I have to call there. When you know that there will be quite shocking answers.*

The history of cooperation, both successful and unsuccessful, influences professionals' orientation toward cooperation (Bronstein, 2003). In the interviewees' discourses concerning cooperation, it was evident that the purpose of the work was not understood in the same way. In many cases, such an attitude was connected to earlier experiences of collaboration with a particular partner. This was noticeable in the reflections of the professionals from the family counseling unit.

> *G3P2: That's the issue [the negotiation on the role of the family counseling unit] with child protection.*

> *G3P3: Yes. And if things go wrong, child protection doesn't go there. They say, "We contacted the father already, and he said, 'Everything is ok', and that's it. So that was the child protection. But we have to deal with the case. It is not only once when this has happened, unfortunately.*

The situations in which a professional's own understanding of the client's situation differed significantly and continuously from those of other professionals were considered frustrating. Our data shows that it can reduce the motivation to take responsibility and produce an unsuccessful outcome of cooperation.

Structures: organizational barriers

On the level of structure, organizational factors were essential when the professionals reflected on the success and the failure in interprofessional collaboration. Regional differences in service supply were discussed as challenges in providing equal services at the national level. This creates differences in the actual collaboration possibilities. Additionally, a serious concern seemed to be the total absence of official guidelines for cooperation. Developing interventions and organizational practices requires the professionals' active role in promoting the topic in the organizational debate.

> *G2P3: But that's how it was, 30 years after that. So every time we are silent, it is forgotten. Whenever there is nothing happening in newspapers and on TV, there is no longer a point. There will be no clients who talk about it if you don't keep up that topic all the time.*

> *G2P3: It is not in the structures. That's why this is like it is. It doesn't matter to anyone. But it's everybody's concern, and then it doesn't matter to anyone again.*

The lack of permanent procedures and practices as part of structures causes instability and discontinuity. Now and then, for example, when particularly severe DV cases have strong media coverage, these can generate more attention and

endeavors to tackle the problem. Nonetheless, these cases can still have short-term effects in terms of structural changes. Facilitating permanent change and developing a collaborative culture in organizations entail a long-term process, requiring not only dedicated professionals but also commitment at the managerial level (Husso et al., 2020; Ambrose-Miller & Ashcroft, 2015).

The division of responsibilities, tasks and resources among agencies and the changing roles of non-governmental organizations (NGOs), the state and municipalities can also create uncertainty in collaboration. Additionally, the varying data systems for electronic records can be problematic for collaboration, and it can be impossible to work together on certain issues due to incompatible systems. Despite these challenges, our interviewees emphasized the importance of a collaborative meeting.

> *G4P2: In my opinion, in a good collaborative meeting or a network meeting, you have the client and those authorities whose presence is needed. And then everyone brings in their own skills.*

> *Things are negotiated; okay, "I will take care of this, and you will handle that thing".*

Working together for a common goal is possible when different professionals meet together with the client, all the professionals are able to present their personal expertise, and actions are jointly negotiated. Concrete face-to-face meetings and negotiations can also enhance the client's trust in the professionals and the agencies working on his/her case.

Discussion

An understanding of the intricate societal, social, psychological, physical and economic factors associated with DV is a foundation for enhancing professional work on and collaboration in DV-related issues (Virkki et al., 2015). Adequate responses to the victims' needs, the perpetrators and possible third parties require appropriate and timely practices and procedures from all service agents. The coordination of practices depends on the awareness of other professions' tasks and well-functioning communication flows among the different agencies involved.

In this study, we have outlined four key factors affecting the collaboration among health care, social work and police professionals working in the area of DV prevention and intervention. First, it is important to develop practices and procedures by sharing knowledge among the different agencies and professionals. Second, there is the need to notice the critical points for successful action and to find solutions to problems together. Third, the structural or institutional stability of the practices and the continuity in the allocation of the tasks among the professionals are essential. Fourth, it is necessary to provide obligatory education and maintain continuous training regarding the practices related to DV intervention and prevention. It is crucial to ensure accurate knowledge of different professionals' tasks and responsibilities, as well as of current laws and regulations.

The development of collaborative practices is challenged by the fact that all professionals, both in social and health care and in the police organizations, work in settings that are controlled by several, often divergent and conflicting, laws and regulations. The laws and regulations can function in two ways. First, they can be preventive, such as the data and privacy protection regulation. Second, they can also significantly improve interprofessional cooperation, such as the new Social Welfare Act (2015) in Finland. Additionally, the development work on the local level is an important part of effective action. Moreover, enhancing structural practices should enable the client's voice to be heard in collaboration and support its importance.

Our findings show plenty of good intentions for interprofessional collaboration to tackle DV, but the lack of stable institutional practices and of organizational support creates challenges in coordinating various efforts. Successful work requires mutual understanding, awareness of one another's tasks, established procedures and well-functioning individual and collegial relationships among different professionals. However, reliance on individualization of the professional challenges and solutions creates a vulnerability in the system. Consequently, without strong institutional practices, procedures and structures, staff turnover creates instability in interprofessional collaboration.

The importance of sharing a purpose and of speaking the same language seems critical for successful actions as well. Different professionals become involved in a DV case at different points of the process and thus tend to observe only some aspects of the overall situation and a limited number of relevant facts. This temporal or processual limitation, especially as it is linked with profession-specific perspectives and approaches to DV that tend to notice only professionally relevant facts, is prone to bracket out many concerns, which might be significant for other professional agencies.

Limitations

The limitations of this study include, that participants were recruited from the organizations involved in the EPRAS project, which aimed to enhance professionals' skills in encountering DV (Niklander et al., 2019). We may assume that because of their organizations' commitment to the project, the topic of DV has been taken into account in these organizations slightly more than average. However, the research shows that the variation in professionals' knowledge can be significant even with an official protocol or previous training concerning DV (see Ambuel et al., 2013; Campbell et al., 2001; Minsky-Kelly et al., 2005). In this sense, the data collection in these particular organizations offers valuable insights into DV-related practices and professionals' experiences.

Conclusion

The awareness of the DV phenomenon and an understanding of the varying forms in which different professionals may perceive DV form a critical foundation for effective interprofessional collaboration. It is crucial to be able to bring different professional concerns – health, wellbeing or security – under a shared purpose and interpretation. Many studies have shown the importance of interprofessional or interdisciplinary training in overcoming these kinds of "language barriers", but there is a significant lack of proper DV-related training for many

professionals in general (see Husso et al., 2020; Koistinen & Holma, 2015; Minsky-Kelly et al., 2005; Stover & Lent, 2014; Szilassy et al., 2013; Warrener et al., 2013). Without a proper understanding of the many causes and consequences of violence, it can be difficult to get hold of the multiple but separate processes that are concurrently ongoing within the different agencies (Bacchus et al., 2003; Nikupeteri, 2017).

We agree with D'Amour et al. (2005) that the dynamic established among professionals is as important as the context of collaboration. However, collaboration should be understood as not only a professional and personal endeavor but also a human process and an institutional practice embedded in organizational structures. Based on our study, organizational support for interprofessional collaboration is a key issue for encouraging cultural changes and adopting new values and sustainable institutional practices in the professional context. Professionals' individual efforts are needed, but without permanent organizational structures and the commitment of the management, good intentions may turn futile (see also Husso et al., 2020). Therefore, future research topics should include investigations on managerial practices and institutional structures that sustain and enforce the functioning of interprofessional work in tackling DV and its effects on societies.

Declaration of interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of this article.

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