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Intimate Partner Violence and Other Associated Problems: Sectoral Cooperation to Optimize the Safety of Women and Children

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Abstract

The objective of this study was to evaluate the implementation of sectoral cooperation strategy involving different organizations concerned by intimate partner violence and other co-occurring problems in the province of Quebec (Canada). The sectoral cooperation meetings (N = 63) were held from February 2018 to June 2019 and 250 evaluation questionnaires were filled out by the practitioners. The data collection tool was composed of open-ended questions (qualitative section) along with Likert scales and multiple-choice questions (quantitative section). The results showed that a large majority of the practitioners considered that cooperation helped to improve the safety of the women and their children and to optimize their practice. Likewise, all of the practitioners considered that sectoral cooperation represented a winning strategy worthy of further development. Findings highlight the importance to support practitioners in complex clinical situations when IPV co-occurred alongside mental health problems, addiction problems, or child maltreatment, and this, in order to ensure the safety of intimate partner violence victims and their children.

Keywords

Intimate Partner Violence, Co-Occurrence with Mental Health, Addiction, or Child Maltreatment, Sectoral Cooperation, Safety Issues for Victims of Violence

1. Introduction

The aim of this study was to evaluate the implementation of a sectoral coopera-

tion strategy involving different organizations concerned by intimate partner violence (IPV) and other co-occurring problems. The article begins with a review on IPV problem and the high rates of co-occurrence with other associated issues. The need for cooperation between aid resources in these complex situations of co-occurrence will also be demonstrated. Subsequently, the theoretical framework and the methodology will be presented, before presenting and discussing the results.

1.1. Intimate Partner Violence and Co-Occurrence

IPV is a major social problem around the world (World Health Organization, WHO, 2017), that disproportionately affects women. In Canada, women are victims in 8 out of every 10 IPV situation reported to the police (Burczycka, 2017). In the Province of Québec, 7% of the children have been exposed to IPV in the last year (Clément et al., 2019). This is also one of the forms of maltreatment (MT) for which children are most often taken into care by Child Protection Services (CPS) in both Québec and Canada (Hélie et al., 2017; Trocmé et al., 2010). There has been a rise in this type of MT in Québec in recent years, going from 1.2 children per 1000 in 1998 to 3.2 per 1000 in 2014 (Hélie et al., 2017). This can be explained by a 2007 change to the Youth Protection Act (adding psychological maltreatment to section 38c) and by an increasingly greater social recognition of the deleterious impact exposure to IPV.

The consequences of IPV on the physical and mental health and social functioning of female victims (Laforest et al., 2018; WHO, 2017) as well as on that of their children have been widely documented (Camacho et al., 2012; Evans et al., 2008; Lessard et al., 2019; Wolfe et al., 2003). However, when IPV combines with other problems such as MT, mental health problems (MHP) and addiction problems (AP), the consequences are all the greater (Bauer et al., 2013; Bourassa et al., 2008; Bromfield et al., 2010; Cleaver et al., 2011; Holmes, 2013; Humphreys et al., 2005; Stover et al., 2013). This is particularly the case for issues related to the victims' safety (women and children) and the exercising of parental roles. Exposure to IPV, negligence, and the parents' use of alcohol and other drugs are the types of children risk situation that are most frequently reported to the CPS (Mirick, 2014; Trocmé et al., 2010), and these problems co-occur in one case out of two (Lavergne et al., 2018). Another study conducted with 101 women who were IPV victims and who were recruited in a city in the southeastern United States (Nathanson et al., 2012) showed that 46% of them had at least two distinct problems (e.g., posttraumatic stress disorder (PTSD) and depression; PTSD and alcohol addiction; depression and drug addiction). The portrait is not that different in Québec's community organizations specializing in IPV. Indeed, among women in shelters, 20% were diagnosed with an AP and 32% a MHP (Fédération des maisons d'hébergement pour femmes, FMHF, 2017). Likewise, several of their children (31%) were in the care of the CPS in the preceding year (FMHF, 2017). Concerning organizations working with perpetrators of IPV, from 2015 to 2016, 27% of their clients had a criminal record for IPV, close to a quarter had

already had suicidal thoughts (23%) or homicidal thoughts (5%), 15% had a child in CPS care, and an even higher percentage (23%) admitted to already having behaved violently with their children (À cœur d'homme, 2019). Young adults, exposed to IPV in their childhood or adolescence, also reported strong links between this victimization and direct MT in their life path (Lessard et al., 2021).

It is likewise worth noting that families in co-occurrence situations live in a context of diverse vulnerabilities, where social exclusion is expressed in multi-dimensional, interrelated problems such as poverty, poor housing, poor education, employment integration difficulties, social isolation, etc. (Bromfield et al., 2010; Lavergne et al., 2018; Lessard et al., 2020). If poverty can't be considered as the cause of IPV, the majority of the clientele in CPS and community organizations for IPV are living in poverty (FMHF, 2017; Mirick, 2014).

As concerns the challenges related to parenting, they have not been greatly studied as regards co-occurrence. A recent Québec study nonetheless indicated that they are numerous (Lessard et al., 2020). Mothers, fathers, and adolescents living in these situations reported the various multiple and often circular links between co-occurrence problems. The mothers and adolescents were however more likely to describe AP and MHP as the consequences of IPV, whereas the fathers insisted that the AP aggravated the violence they perpetrated without being the cause (Lessard et al., 2020). In a co-occurrence context, both mothers and fathers were less likely to meet the children's needs: the mothers were less psychologically available due to the IPV they suffered and its consequences, whereas the fathers were less involved and less present, often leaving the parental responsibilities entirely to the mother (Lessard et al., 2020). Furthermore, different studies have highlighted the increased risk of MT by either of the parents when IPV is combined with MHP or AP (Bauer et al., 2013; Bromfield et al., 2010; Burlaka et al., 2017; Cleaver et al., 2011; Holmes, 2013; Humphreys et al., 2005; Lavergne et al., 2018; Stover et al., 2013).

1.2. Cooperation Challenges and the Need to Focus on Sectoral Cooperation

Numerous studies have shown that co-occurrent problems associated with IPV pose major challenges in the realization of coherent, integrated services for families, due to the use of parallel IPV, MT, MHP, and AP expertise in the health network (Cleaver et al., 2011; Hester, 2011; Humphreys et al., 2005; Laing et al., 2018; Macy et al., 2013; O'Leary et al., 2018; Potito et al., 2009; Stewart, 2020; Stylianou & Ebright, 2021; Thomas & Bennet, 2009; Wendt, 2010). The diversity of practitioners' expertise is based on various organizational missions, different ideologies and understandings of families' needs and problems (Laing et al., 2018; O'Leary et al., 2018). This can lead them to favour distinct intervention strategies and this, even though they may sometimes be working with the same families. Researchers speak of "distinct planets" (Hester, 2011) and of "cultural clashes" (Humphreys et al., 2005). It is worth noting, to more completely illu-

strate these challenges, that certain organizations adopt a feminist perspective focusing on power relationships between men and women, and insist on the importance of a social analysis, whereas others adopt a non-gendered analysis oriented towards individual factors or health problems, especially in organizations working with mental health and addiction problems (Humphreys et al., 2005).

1.3. Research Problem and Objectives

Since the different expertise is developed in parallel networks, it is complicated to offer integrated and coherent services to families (Stewart, 2020). Furthermore, there may exist issues of control between institutional and community organizations, the latter sometimes deploring that their expertise is not fully recognized (Lessard et al., 2014). It may thus be simpler for practitioners to work alone in their own field of expertise and forego cooperation with other sectors, since the diversity of concerned organizations rarely provide concrete and systematic mechanisms that would support this cooperation. Cooperation obstacles can lead, for IPV victims and their children, to numerous difficulties in accessing services and, consequently, compromise their safety (Humphreys et al., 2005; Laing et al., 2018; O'Leary et al., 2018; Stylianou & Ebright, 2021). Moreover, some practitioners think that they do not have the necessary tools to identify and recognize signs of IPV in the situations in which they intervene; others are uncomfortable in situations where there is IPV, particularly when it comes to intervening with the perpetrators of the violence (Mennicke et al., 2019). In order to address these issues, this research aimed to evaluate the implementation of a sectoral cooperation strategy involving various organizations concerned with the co-occurrence of IPV, MHP, AP, and MT. More specifically, the evaluation will examine, based on practitioners points of view, if this strategy can improve: 1) the safety of women and children; 2) the cooperation between practitioners from different organizations; and 3) the quality and continuity of the aid provided.

2. Theoretical Framework: The Sociology of Innovation

The sociology of innovation model, developed by Callon and Latour in 1986 (Amblard et al., 1996; Burger-Helmchen et al., 2016) is a theoretical framework that can be quite useful when the interests and organizational missions of different actors diverge. This approach focuses on building bridges that help to develop new ways of seeing and resolving difficulties, as in the case with co-occurrences associated with IPV. As mentioned above, practitioners face persistent challenges to provide integrated and coherent services to families concerned by co-occurrence of IPV, CM, MHP, and AP (Cleaver et al., 2011; Hester, 2011; Humphreys et al., 2005; Laing et al., 2018; Macy et al., 2013; O'Leary et al., 2018; Potito et al., 2009; Stewart, 2020; Stylianou & Ebright, 2021; Thomas & Bennet, 2009; Wendt, 2010). The sociology of innovation thus proposes a theorization of the process by which actors having distinct interests, coming from

different cultural backgrounds and practices, and having different access to resources and institutions (e.g., volunteer-based community organizations versus institutional organizations whose work is structured by laws), can succeed in reconciling their interests when a common objective is established and, thereby, contribute to developing joint, innovative strategies for sectoral interventions. This process is composed of four steps, namely: 1) the problem statement, which allows a better understanding of the participating actors and what distinguishes them, brings them together, and motivates them; 2) interestment which refers to the development of strategies that spark the actors' interest in the problem and that help them to create alliances; 3) commitment, which aims to clarify and negotiate each person's role, thereby helping to set the basis for a fruitful collaboration; and 4) mobilization, which entails encouraging participants to actively contribute.

3. Methodology

3.1. Sampling Strategies

Three regions were selected to participate to the study, namely Montréal, Québec City, and Saguenay-Lac-St-Jean. The choice was made, on the one hand, to extend the field of analysis and application of a previous study (Lessard et al., 2014) conducted in Québec City to both the rural and urban regions. It is worth noting that this is not a representative sample of all the regions of the Province of Québec; rather, it was the round tables interest in participating to the study that was taken into account. Several organizational and institutional practitioners voluntarily proposed cases, which ultimately resulted in the meetings that took place from February 2018 to May 2019.

The recruitment of participants with suitable cases for the sectoral cooperation strategy, which refers to the second step of the theoretical framework, namely interestment step, was carried out by three outreach workers, one in each region. The mandate of these outreach workers was to make known the sectoral cooperation strategy through various methods (presentations at round tables, sending of pertinent documents, etc.). Recruitment in the Saguenay-Lac-Saint-Jean proved to be a bit more complex despite the holding of numerous meetings in which the regional outreach worker presented the experimentation. The concerns of the region's organizations were discussed during a regional workshop in November 2018 with the two main researchers so as to explain how cooperation meetings functioned and what the direct advantages and benefits were. This workshop helped to spark the interest of the participants, and clarified the difference between sectoral cooperation meetings and personalized service plans that were initiated only by practitioners from public institutions, and reassured them about confidentiality issues. The workshop turned out to be an excellent strategy for stimulating the initial recruitment and cooperation meetings, and constituted a concrete example of the implementation of a mobilization strategy (fourth and final step in the theoretical framework).

The clinical situations were referred by practitioners to the regional outreach worker. The role of the latter was to ensure with the referee practitioner that the eligibility criteria were encountered:

- A situation of IPV associated with another problem (child abuse, mental health or addiction);
- The number of practitioners who were involved with the family and their role;
- The safety of the woman or children is at stake.

The referent practitioner and the regional outreach worker together assess the type of meetings to be held (cooperation or consultation, the next section explains the difference between both types of meeting) and identify the other practitioners involved in the file or the external experts required to fully understand all the issues of the problems associated with IPV. Once all these verifications were done, the regional outreach worker took care of organizing and facilitating the clinical meeting. The two-hour meeting aims to find solutions together to help and resolve the complex issues experienced by the family.

For example, a practitioner may refer a family including the father, the mother and the child, where the mother was victim of IPV and suffers from post-traumatic stress as a result of the violence. In this specific case, four practitioners from different organizations could be present: the shelter, the organization that help perpetrators of violence, the CPS and a mental health organization. If one of the organizations was not involved with this family, an external expert could be invited to the meeting.

The sample included 250 practitioners who participated to the sectoral cooperation strategy discussing the clinical situation of 37 different families. Two sectoral cooperation meetings were planned for most of the accompanied families. The goal of the first meeting consisted in finding potential solutions that could improve the safety of IPV victims and their children; that of the second was to monitor changes in the social intervention and the family's needs.

The 37 cases were distributed throughout the three regions: 23 in Montréal, 8 in Québec City, and 6 in Saguenay-Lac-Saint-Jean. The difference in the number of cases by region can be explained by the size of the various regional population. These cases led to 63 meetings that is: 36 in Montréal; 16 in Québec City; and 11 in Saguenay-Lac-Saint-Jean. Table 1 shows which type of organization the practitioners came from, whereas Table 2 provides a more precise identification of the practitioners' roles with the family, distinguishing the external experts from practitioners involved in cases.

The proposed cases which led to meetings most often came from the following sectors: organizations for women victims of IPV, CPS, organizations for perpetrating partners, mental health, and the family services. Two thirds came from community organizations and one third, from institutional organizations. Concerning total participation, a third came from institutional organizations (34.8%) and two thirds from community sectors (65.2%).

Table 1. Practitioners' participation based on type of organization (N = 250).

Types of organization	N (%)
Intimate partner violence for victims	77 (30.8)
Mental health problems	52 (20.8)
Maltreatment	49 (19.6)
Intimate partner violence for perpetrators	35 (14)
Others	21 (8.4)
Addiction	16 (6.4)

Table 2. Role of the practitioners who participated in the meetings (N = 250).

Roles	N (%)
Practitioners involved in a case	142 (6.8)
Practitioners proposing a case	75 out of 142 (52.8)
External experts	108 (43.2)

3.2. Cooperation and Consultation Meetings

The meetings were led by the regional outreach worker who acted as facilitator to ensure the smooth running of the meeting. The meetings could take one of two forms, namely a sectoral cooperation meeting or a consultation meeting depending on the needs and particularities of each situation. Sectoral cooperation meetings were used when the parents of the children or the parent with legal authority had signed the consent form for their practitioners to participate in the meeting and when there were several practitioners involved in the clinical situation. The consultation meetings were conducted anonymously when: 1) the fact of asking the parents for consent posed safety problems; 2) there was only one practitioner involved in the clinical situation. External expertise could be requested for the meetings, whether they were experts in intervention with IPV victims or violent partners, or in CPS, mental health, or addiction sectors. They could be requested for both sectoral cooperation and consultation, depending on the needs and co-occurrences. The presence of practitioners from other sectors as health, community police, and support programs for people with intellectual disabilities was requested for certain meetings, while all the while respecting ethical and confidentiality issues. The presence of different participants was thus a conscious choice stemming in particular from the request of practitioners involved in the case. The ethical issues were taken into account all throughout the project and formal authorizations allowing practitioners to participate in the sectoral cooperation meetings were systematically signed. As concerns the consultation meetings, the family members' anonymity was protected, the practitioners signing, in all cases, a confidentiality agreement.

The three regional outreach workers facilitated all the meetings using the same interview guide, which covered the following points in order: 1) presenta-

tion of the participating practitioners, 2) presentation of the family situation by the referent practitioner, 3) adding of complementary information by the other practitioners involved in the file, 4) question and discussion period and search for a concerted solution to help women and children in order to better ensure their safety. A goal-oriented discussion method was applied in the meetings. This allowed us, whenever the discussion got off track, to focus the debate on the meeting's key issues, namely the improvement of women's and children's safety. Moreover, this type of discussion moderation made it possible to balance the power relationships of the various practitioners.

3.3. Data Collection Methods

The data was gathered using quantitative and qualitative methods. The mixed methodology helped to enrich and solidify the analysis through the complementary nature of the two methods. For instance, the qualitative data provided explanations and examples which were more precise and which improved the understanding of the quantitative results. The questionnaire filled by the participant practitioners was comprised of Likert scales, some closed-ended questions, and some open-ended qualitative questions. The qualitative questions looked at various themes, such as points of consensus or divergence, difficulties, elements that facilitated the meeting, and the overall perception of the meeting. The specific objectives of the study were also measured quantitatively. These variables are the perceived impact of the meetings on: 1) the safety of the women and children; 2) the cooperation between practitioners from different organizations; and 3) the quality and continuity of the aid provided.

3.4. Data Analysis Methods

The quantitative data was subjected to descriptive analysis using Excel, in keeping with the study's goals and the nature of the collected data. Thematic content analysis was carried out for the qualitative portion using a Huffman coding tree, which was developed based on the themes that emerged in the practitioners' answers to open-ended questions. These themes were then gathered into larger categories. The work was carried out so as to ensure that there was consensus about the categorization of the different grid themes. When there was disagreement about a category, interrater agreement was systematically conducted for all the excerpts coded in these sections. The use of a mixed method (qualitative and quantitative) allowed us to establish relationships and complement data coming from the two methods as well as to further develop certain questions. For example, answers to closed-ended questions were very often supported by open-ended answers, as shall be seen in the results.

4. Results

According to the practitioners who participated in the study, the sectoral cooperation strategy provided a structure that responded better to the women's and

children's safety issues. The practitioners also considered that it improved their practice and, consequently, should be deployed as a mean of improving collaboration between practitioners in complex cases of IPV with co-occurrence of other problems such as MT, MHP, AP. Table 3 summarizes the quantitative results, which will be clarified with the qualitative data for each of the findings presented.

It is worth noting that N varies from one question to another, depending on the role of the practitioners (involved in the case or external expert) or on missing data when practitioners did not answer a question. This is why, for the sake of analytical accuracy, the actual number of valid data is adjusted in the table and the percentages are calculated based on the actual number of valid responses for each indicator.

It is likewise worth noting that the practitioners appreciated the meeting process. Indeed, 32.8% felt that the meetings helped them understand "to a large extent" the situation and 44.6% thought that the meetings helped them. "fair amount" Moreover, these meetings gave them a better understanding of the work of their partners from other organizations; 65.5% of the participants felt that the meetings helped them "to a large extent" and 29.9% thought the meetings helped them "fair amount".

4.1. Sectoral Cooperation: Improving the Safety of Women and Children

Understanding the safety and danger issues. Safety issues were primarily divided into two areas, namely the issues of short- and long-term safety. First, to better understand safety issues, the practitioners felt that it was important to have a more complete analysis of co-occurrence situations and their impacts on victims. One practitioner who worked with men who perpetrated violence pointed out several difficulties: "*the male partner had multiple problems*, *was impulsive*, *the case was complex*," and also indicated the "*importance of cooperating on this case*." In the same manner, one practitioner for IPV victims mentioned that the meetings "*helped us to understand the complexity of the issues and thus to increase the victims' safety*." Second, an understanding of the safety and danger issues likewise required that practitioners take into account the issues involved in the children's custody. Several practitioners raised concerns about the children's exposure to IPV during custody exchanges and supervised contacts. For example, the ex-male-partners' violent behavior towards their ex-female-partner

Table 3. Summary of the quantitative results.

Cooperation meetings…	N	Yes	No	Maybe or do not know
…respond to safety issues	228	86.8%	3.1%	10.1%
…improve practice	141	87.9%	4.9%	7.1%
…constitute a strategy worth developing	229	100%	0%	0%

sometimes occurred during the custody exchange with the children.

Several other elements can likewise contribute to making women and children more vulnerable, such as immigration questions involving: 1) the fear of losing child custody as long as the situation is not normalized; 2) the intercultural issues that can weaken the mothers' and children's stability; 3) the return of mothers and their children to a milieu where there is IPV due to social pressure from a religious community, as described by a practitioner working with violent partners: "*The complex situation due to enormous social pressure put on women by the members of their religious community. The danger of Madam returning with her husband";* and 4) the risks associated with the possibility of returning to their country of origin. It thus proved to be important for several families to consider issues relating to immigration and to the normalization of their migratory status to ensure the women's and children's safety. Uncertainty about one's status can thus lead to other difficulties in addition to IPV, such as "*the need to refer the children for psychosocial intervention*, *the need for the mother to normalize her situation here in Quebec with regard to child custody*" (practitioner in IPV against women).

Establishing safety measures. The potential solutions suggested in the meetings took into account the dangerousness of the situation and the imperative to act quickly. The risk of renewed violence and homicide following a separation were also discussed during several meetings, which gave rise to "*protection scenarios*, *homicide risk evaluations*," and the creation of "*a more complete intervention plan*." Socio-community agents from the local police forces were invited to participate in some meetings due to the: "*need for interventions and follow-up by the police forces so that there are* (…) *more elements to help families*" (practitioner in intellectual disabilities). This measure helped to reassure the practitioners about rapid and effective intervention that would have a concrete impact on the family, especially when there is a high risk of situations becoming lethal. Moreover, as noted by an IPV practitioner during a meeting, sectoral cooperation allowed them to establish "*several protection scenarios*," to evaluate "*the risk of homicide*" and the development of a "*more complete intervention plan*."

Apart from the imminent risks for women and children, the importance of ensuring a more complete safety net in the mid- and long-term stood out as a priority, and this, even after the end of interventions. One participant from the family-childhood-youth sector highlighted the "*need to set up a safety net* (*and be creative in this regard*) *for women and children*, *analyze the impact on the children in order to obtain support from the CPS*, *and take into account the safety and risk factors*."

More generally, the safety of the children represents a primary issue and numerous potential solutions were proposed, in particular reporting cases to the CPS. When the children's safety was at stake, making a report was strongly encouraged. This helped, most of the time, to reassure the practitioners involved in the case that safety measures could be put in place to ensure the children's safety.

Nonetheless, this does not completely guarantee the children's safety. Indeed, it can depend on subsequent cooperation meetings, as indicated by a practitioner in MT, who felt "*confident about the steps to be taken. New safety elements are in place* [and] *I'm less afraid about the impacts of the reporting* [on the] *mother*." Another practitioner in MT considered that she was "*well-equipped to ensure a better safety net for families*" and felt "*better informed about the situation and more confident about which steps to apply*." Finally, psychological violence towards children was the subject of several discussions about possible short- and long-term repercussions and establishing appropriate follow-up.

4.2. Cooperation Meetings: Improving Practice

Here as well, the qualitative results proved to be quite useful in better understanding why 87.9% considered that the sectoral cooperation and consultation strategies helped to improve their practice. First, several participants mentioned that cooperation helped them develop a better understanding of IPV and the issues encountered by victims. These topics were mentioned quite often by the participants, which shows a positive, direct effect of cooperation: "*the presence of the IPV shelter helped me to better understand the issues the victims were faced with. The meetings helped me develop a more global, nuanced view*" (MT practitioner). Moreover, the presence of people with external expertise who contribute their knowledge to problems that co-occur with IPV helped to expand the expertise of the practitioners involved in the cases. These practitioners consequently arrived at a more complete, overall analysis of the situation, as was explained by this practitioner working with female victims of IPV: "*Even though we share some common knowledge, we are also specialists and it's sharing this more detailed knowledge and discussing it together… that enriches all of us and helps us form hypotheses and find potential solutions*."

The cooperation meetings likewise helped to clarify each practitioner's roles and mandates and share information about possible resources. This was all greatly appreciated by the practitioners, who felt better equipped to refer cases to other practitioners and subsequently collaborate with them. A total of 95.5% of the practitioners considered that their involvement in the cooperation meetings helped them gain a considerable or fair amount of knowledge about their partner organizations. The project facilitated the "breaking down of walls" as several practitioners described it and developing a genuine complementarity between the partners. Consequently, this improved their practices as noted by one MT practitioner: "*this generated intervention possibilities that I'd never imagined before. They'll make my own interventions more complete*." One practitioner working with IPV victims called it a genuine "*expertise network*" that worked to "*target solutions rather than only to identify problems*." The sectoral cooperation made it possible to avoid the duplication of services and contradictory solutions. Interventions were also combined more effectively, which was an essential element in improving practices. For one practitioner from the family, childhood, and youth program, sectoral cooperation led to "*more coherent interventions*."

Improvements in safety and practice thus represented two essential elements explaining the success of the cooperation model and the practitioners' enthusiasm for it as a strategy worthy of long-term application.

4.3. Cooperation Meetings: A Model to Be Extended

There are several reasons to explain why all (100%) of the practitioners who participated in the study considered that the model should be more broadly developed over the long term. First, the cooperation meetings provided precious support for their practice. In particular, the practitioners appreciated being able to break down the walls that had them working in silos, which created difficult situations when complex cases arose. One practitioner working with IPV victims pointed out several elements that had an impact, such as "(…) *complementary resources and services*, *an overall view* [that] *addresses the whole situation*," and the ability to "*decrease the pressure on practitioners when they work in silos*." Exchanges with other colleagues made it possible to share responsibilities and thus reduce the stress and worries related to a difficult case. Sharing responsibilities, collaborating, and consequently improving coherence was mentioned by several practitioners: "*I think it is a considerable asset that could definitely prevent dramatic situations*, *coordinate interventions*, *increase coherence*, *prevent problems*, *and determine each professional's responsibilities*" (practitioner working with IPV victims). One MT practitioner likewise remarked on the importance of consulting each other in complex situations. This effectively highlights the relevance of this research, given that there is "*a bridge to be built between the different organizations. In complex situations*, *it is even more important to consult each other*."

Several practitioners considered that cooperation had positive impacts and that they could apply some of the ideas, tools, and solutions to other situations similar to the case in question, which represented an indirect, sustainable effect. One MHP practitioner stated: "*It points to several things we can try out with the family in question*, *but also with other clients*." This was also echoed by an AP practitioner: "*Yes*, *it helps the victims in the short term*, *but it also equips the practitioners here with the tools needed to support IPV victims in the long term*." All of this was accomplished by sharing "*different viewpoints and perspectives regarding one case in particular which in turn enriched our practice in general*" (practitioner working with IPV victims). Finally, the model's dissemination, sustainability, and systematization all involved integrating it into their practice, a step desired by the participants. According to one AP practitioner, the cooperation model "*should be available in Québec- and even Canada-wide*." She also thought that it would be "*very interesting that this mechanism be integrated into public services with a facilitator*, *but someone aware of the various problems we have to deal with*." This model should *"be applied more widely"* in the opinion of one MT practitioner. A practitioner working with IPV victims likewise considered that "*cooperation is the road to follow*." In the practitioners' minds, cooperation represented a strategy to be applied at a larger scale in all of

the population's services, that is the different institutions and community organizations in the Province of Québec.

5. Discussion

The results of this study made it possible to identify certain fundamental needs in interventions with complex IPV cases. This finding was consistent with various articles recommending more cooperation between organizations and institutions in co-occurrence cases (Bromfield et al., 2010; Dumont, 2018; Hamilton et al, 2021; Laing et al., 2018; Lessard et al., 2014; Mason & DuMont, 2015; Mason et al., 2017; O'Leary et al., 2018; Stewart, 2020; Stylianou & Ebright, 2021). In each cooperation meeting, numerous possible avenues were identified for improving the victims' safety and enhancing practices in all of the regions' participating organizations. The results highlight two main findings. First, cooperation is essential to mitigate "*cultural clashes*" between different organizations. Second, the establishment of structured and systematic cooperation mechanisms helps families to benefit of a better integrated help. These two aspects are discussed below, concluding with the strengths and limitations of the present study.

5.1. Cooperation Meetings That Help to Reduce "Cultural Clashes"

Each practitioner is an expert in her/his field but does not necessarily have the tools needed to intervene when there are multiple co-occurrent problems, and thus cannot respond to all the needs of IPV victims and their children. Moreover, the presence of multiple co-occurrent problems, which is the norm rather than the exception in IPV (Estefan et al., 2013; FMHF, 2017; Lavergne et al., 2018; Nathanson et al., 2012), can generate numerous challenges in terms of integrated, coherent services for victims and their children, particularly when there are *"cultural clashes"* (Humphreys et al., 2005). Indeed, the practitioners' different approaches were a limitation that, at the beginning of the recruitment process in this study, sometimes led organisms to refuse to participate. Nonetheless, the fears expressed early on about differing viewpoints did not disrupt the smooth functioning of the cooperation meetings. The research objectives were clearly explained in the presentation meetings and thereby allowed us to recruit more participants. These participants were consequently able to optimize the safety of IPV victims and their children, as shown by the results. As other studies have shown (O'Leary et al., 2018; Stylianou & Ebright, 2021), relationships of trust between practitioners from different organizations must be nurtured and sustained over time, to ensure effectively the safety of victims of IPV.

Cooperation is probably more important in situations where divergences are greater at the outset, given that some authors highlight the fact that *"cultural clashes"* constitute a major obstacle in attempts to keep victims safe (Humphreys et al., 2005; Mason et al., 2017). One of the elements that contributed to reducing these divergences was the facilitation method focusing on the objectives, which helped to re-focus the discussion on the women's and children's safety and avoid

obstacles that could put the discussion off track. This highly structured method, which is adopted when there are divergent ideologies, was designed by theoreticians of the sociology of innovation to assist in translating ideas from one group to another (Amblard et al., 1996; Burger-Helmchen et al., 2016). The facilitator sometimes reformulated the participants' statements into a more neutral expression so as to concentrate on the objective and thereby take advantage of the other participants' interest in contributing to development of collectively identified solutions. The theoretical framework of this study showed its relevance and effectiveness in these complex co-occurrence cases, as could be seen in the presentation of the results. The goal-centered facilitation method was, according to the practitioners, an essential factor in the successful application of the cooperation model. Since a lack of knowledge about IPV or one or another of its associated problems can lead to a poorly adapted intervention with a family (Mason & DuMont, 2015), cooperation helps to improve interventions by adding new expertise that fosters the sharing and enhancement of useful knowledge.

Participants in two studies carried out in the United States with practitioners in child protection and addiction sectors considered that practitioners did not have the necessary IPV training and knowledge to effectively conduct evaluations, thus contributing to counterproductive or otherwise inappropriate practices (Mennicke et al., 2019; Langenderfer-Magruder et al., 2019). Lack of communication, of knowledge about organizations' sectoral missions, and of training can all hinder cooperation. To facilitate cooperation between the different sectors (IPV, MT, MHP, AP), some elements must be reinforced, such as the exchange of ideas, balanced power, and shared decision-making. Intersectoral IPV training and a better understanding of the roles and missions of organizations from different sectors would likewise be an asset in improving cooperation (Laing et al., 2018; Langenderfer-Magruder et al., 2019; Stylianou & Ebright, 2021). Complex clinical situations must be analyzed with more finesse to take into account all the issues and particularities specific to each situation. This leads to more coherent interventions with families and entails a more serious consideration of the IPV (Stylianou & Ebright, 2021). Given the fact that IPV co-occurs with other difficulties in one case out of two in both the general population and that receiving services from the CPS (Lavergne et al., 2018), there would seem to be a certain urgency to have access to a model that responds to and treats these situations coherently. In the same way that cooperation meetings help practitioners to better understand IPV, the contribution of other expertise (MT, MHP, AP) ensures that the other issues in co-occurrence situations are better grasped by all of the concerned practitioners. This leads to a better understanding of the overall complexity of these situations.

5.2. Sectoral Cooperation Generates New Approaches towards a Better Integrated Help

This study had several strong points, most notably the validation of an innovative sectoral cooperation strategy to better help IPV victims and their children.

Among these were the concrete solutions that arise during cooperation and consultation meetings. A large number of the proposed methods were subsequently applied, which bears witness to the cooperation's concrete repercussions in optimizing practitioners' interventions.

As concerns the solutions that were implemented, the most common were: the identification of new possible resources, strategies for accompanying family members in using these resources (shelters, mental health resources, addiction services, etc.), the possibility of consulting with CPS, and request of police support. These solutions can have positive impacts, particularly in optimizing the safety and well-being of women and their children. As several authors have noted (Bauer et al., 2013; Bourassa et al., 2008; Bromfield et al., 2010; Cleaver et al., 2011; Holmes, 2013; Humphreys et al., 2005; Stover et al., 2013), the co-occurrence of IPV with other problems can accentuate the severity of the victims' consequences. This is why sectoral cooperation is being recommended to discuss these issues and implement a safety net for women and children victims in situations where IPV co-occurs with MT, MHP or AP (Hamilton et al., 2021; O'Leary et al., 2018; Stewart, 2020; Stylianou & Ebright, 2021). This would allow the different services to combine their strengths in responding, for example, to the needs of children who are no longer exposed to IPV but who still need emotional support to help them deal with the effects of violence (Zannettino & McLaren, 2014).

5.3. Strengths and Limitations

Despite the smooth functioning of the project, a few strengths and limitations were noted. We observed that some organizations that did not wish to participate in the beginning finally chose to participate after a few months by sending an external expert or a practitioner involved in a case. Moreover, some participating practitioners considered that the exchanges during the meetings and the new solutions that resulted sometimes represented months of work in terms of information gathering and a better understanding of the problems experienced by women and their children. It is worth noting that practitioners working in a silo who are confronted with a multifactorial problem may find analyzing the said problem to be overly complex and anxiogenic when they do not have a good grasp of all of the parameters. While the first goal of the cooperation is to ensure the victims' safety, it also helps to create new solutions and to reassure practitioners about their decisions, which means time saved over the long term. Furthermore, considering that IPV is primarily taken care of by specialized community organizations, the participation of institutional organizations demonstrates the importance of cooperation for the latter, even though they may have clientele with a wide range of problems. Greater ease in contacting community organizations was probably the main factor explaining the larger number of participants coming from these organizations. Community organizations have a simpler, less hierarchical internal structure, which makes it easier to reach decision-makers, whereas in institutional organizations, one must go through several

levels of decision-makers and obtain various authorizations before reaching the practitioners and presenting the project to them. However, when the presentations were given in the various institutional organizations, a large number of practitioners noted cases of concomitant problems and several stated their wish to participate. The difficulty in contacting institutional organizations at the beginning of the recruitment process indicates the importance of having a resource person in charge of cooperation and the IPV file in each service center. This measure has moreover been included in the most recent Quebec's Government IPV action plan (2018). The managers of these organizations must also assume leadership to enable practitioners to collaborate with other organizations, providing enough time and resources (Hamilton et al., 2021; O'Leary et al., 2018). As concerns the strategies for data collection and analyses, we considered it was an effective strategy to have chosen a mixed methodology with both quantitative indicators (to determine the degree to which each specific objective was reached) and qualitative (to help us interpret the meaning of the quantitative results and further their analysis).

6. Conclusion

In conclusion, the study discussed in this article represented an approach for responding to different challenging situations that arose when IPV co-occurred alongside MHP, AP, and MT, and this, in order to ensure the safety of IPV victims and their children. The presence of *"cultural clashes"* (Humphreys et al., 2005) arising from the parallel development of diverse expertise (IPV, MT, MHP, and AP) and distinct strategies for responding to people's needs constitutes a considerable challenge for sectoral cooperation in co-occurrence situations. In response to these challenges, the sociology of innovation proposes a process that attenuates the *"cultural clashes"* present in the various sectors, in particular through the sharing of knowledge and expertise, a facilitation method, and clear objectives shared by all the practitioners. The results of the study indicated that cooperative practices contribute, in the practitioners' opinion, to greater safety for women and children, and to better intervention quality due to a deeper understanding of the problems and the various available resources. A concerted effort should be invested in knowledge about this essential field so that interventions will more positively benefit IPV victims and their children (Johnson & Stylianou, 2020; Stewart, 2020).

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Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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