



# Family Violence & Family Law Brief

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Family violence: clinical collaboration  
and community of practice

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Natalia Hidalgo, member of the Communications Department at the Centre for Research & Education on Violence Against Women & Children.

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# Family violence: clinical collaboration and community of practice

**Katja Smedslund, Dominique Bernier and Geneviève Lessard**

Clinical collaboration among practitioners is used more and more to reduce and prevent the risk of family violence (FV). It enables different sectors to work together in search of solutions and to improve the safety of female victims of family violence and their children. Practitioners in various sectors may be confronted with FV in the course of their practice, but they are often very isolated and sometimes have inadequate training. They may also lack information on existing resources as well as screening and support measures designed to help women. Clinical collaboration is thus an excellent way to reduce practitioners' isolation and to enable different sectors to better guard against FV, screen for FV survivors, and refer them to appropriate services. However, even though clinical collaboration is essential to improving the safety of FV victims, it involves a number of complex issues that must be taken into account when using this type of approach.

In this brief, we will begin by reviewing some of the challenges posed by clinical collaboration. We will then go on to discuss the effectiveness and impact of communities of practice in FV from the perspective of two practitioners who took part in a community of practice on family violence and family law in Québec.

Many studies have shown that the presence of co-occurring problems associated with FV poses major challenges when it comes to implementing integrated service offerings aligned with families' needs. This is due to the development of services in parallel networks of expertise in FV and other areas, such as maltreatment, mental health problems and dependency (Cleaver et al., 2011; Hester, 201; Macy et al., 2013; Wendt, 2010).

Practitioners in the practice sectors concerned adhere to different organizational missions based on different ideologies or divergent understandings of the needs and problems of people who receive services. These different understandings may lead to the implementation of different intervention methods, even within the same family. In such instances, authors talk about “distinct planets” (Hester, 2011) or “cultural clashes” (Humphreys et al., 2005). To illustrate these challenges in more concrete terms, it should be mentioned that some sectors adopt a feminist perspective based on power relationships between men and women, while stressing the importance of doing a social analysis of the problem. Other sectors, particularly those that intervene in mental health and dependency, adopt a non gender-based analysis focused on individual factors or disease. These different networks of expertise have emerged in parallel with one another, which can make it more complicated to offer integrated services attuned to the needs of the families concerned. Such obstacles to collaboration can make it very difficult for female victims of FV and their children

to access services, and can thus have an adverse effect on their safety (Humphreys et al., 2005). Furthermore, it appears that many practitioners do not feel equipped to recognize and identify signs of FV in situations where they are required to intervene, and they sometimes feel ill at ease when FV is present, especially if they have to deal with the perpetrators of violence (Mennicke et al., 2019). Many articles recommend greater cooperation between organizations and institutions in cases of co-occurring problems for the purpose of preventing FV more effectively (Dumont, 2018; Lessard et al., 2014; Mason et al., 2017a).

In addition to clinical collaboration in cases of FV, a new approach involving collaboration among researchers, community practitioners and legal professionals has been developed to better assist FV survivors. To more effectively prevent violence and collaborate on good practices and issues of current concern and to define innovative solutions and new perspectives, organizational and university settings have created communities of practice (CoPs) where practitioners and researchers can meet with one another and discuss the problems they face. The expression “community of practice” was coined by Wenger to refer to an organizational learning approach, and its definition has evolved over the years. Since 2011, Wenger et al. have defined a community of practice as a “learning partnership among people who find it useful to learn from and with each other about a particular domain. They use each other’s experience of practice as a learning resource” (Greville et al., 2023). In *A community of practice approach to improving gender equality in research*, Palmen notes how inter-organizational collaboration can foster change for gender equality through sharing of experiences (Palmen and Müller, 2023).

During a study in Western Australia, 10 interviewees explained that they had joined a CoP due to their passion and interest to make a difference in tackling issues related to family and domestic violence. Some of them explicitly said that they wanted to fill gaps in their own knowledge and learn from other disciplines. The vast majority of participants in the study noted that the CoP’s greatest achievement was that “it brought together a lot of different people from different disciplines with an interest in family violence” (Greville et al., 2023).

Two members of the aforementioned community of practice established in Québec made the same observation as part of a project conducted in Canada on family violence and family law:<sup>1</sup> “the community of practice is a good way to collaborate, reflect jointly on common solutions, and bring together different sectors, precisely in cases involving family violence.” One mental health professional said that the family violence network is particularly effective. During the COVID pandemic, “multiple ties were forged with the judicial authorities as a whole, the police and women’s shelters, with the result that practitioners began to want to use these methods in other areas as well, including mental health.” According to this practitioner, bringing together the

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<sup>1</sup> Project funded by the Public Health Agency of Canada involving five research centres in Canada, Supporting the Health of Survivors of Family Violence in Family Law Proceedings. Project conducted by CREVAWC (Centre for Research & Education on Violence Against Women & Children) at Western University in London, Ontario.

different actors who work directly with families can only raise their awareness and help them find effective ways to take action. She also stressed the importance of knowledge transfer given that she had learned a great deal from the expertise of other settings in judicial and family law. This aspect was also raised by another youth protection social worker who stated that “collaboration also makes it possible to take coordinated action on a given level and to understand the issues in other settings. This is precisely what broadens our vision.” Among the various challenges observed, the practitioner mentioned all the theoretical aspects, the research and the way such issues are understood by the different members of communities of practice. She also talked about what happens in the course of interventions: “things do not always go exactly as planned.” It is important to develop a common language. “This reduces isolation and makes it possible to move forward without blinders.” Collaboration also allows thoughts to be put into words so that we can act more clearly in our own practice. “Had I not been a member of the community of practice, I’m not sure that I would have gone ahead and taken other steps in my practice. Those steps are what spurred me on.”

One of the issues frequently mentioned concerned the direct impacts of the community of practice observed in the day-to-day practice of the practitioners who took part in the discussions. As the social worker stressed, it is important to “broaden what we have and what we do in the community of practice so that it can also have an impact outside the community . . . so that clinical collaboration can have direct tangible benefits in the settings concerned.”

Knowledge pooling and clinical collaboration among researchers and practitioners in communities of practice on issues pertaining to FV is an approach that will be used more frequently in the future to break down silos and work collaboratively in an effort to prevent FV and improve the safety of FV survivors.

To learn more about the Supporting the Health and Well-Being of Survivors of Family Violence in Family Law Proceedings project, go to: [alliancevaw.ca](http://alliancevaw.ca) or our partnered research centres:

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Dr. Katreena Scott

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# Supporting the Health of Survivors of Family Violence in Family Law Proceedings (FVFL)

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