Exploring Professional Agency in Domestic Violence Interventions Within Social and Health Care[1]

Sisko Piippo[2]
Postdoctoral Researcher, University of Jyväskylä, Finland

ABSTRACT

While the existing research on domestic violence (DV) interventions has provided substantial insights into the challenges associated with addressing DV, the factors that facilitate its intervention in social and health care remain under-researched. This study focuses on DV intervention practices that professionals have deemed successful and employs subject-centered sociocultural theories of professional agency to analyze how professional agency is manifested in these situations. To this end, 10 focus group interviews were conducted with 45 experienced social and health care professionals. The collected data were subjected to thematic content analysis. The findings illustrate how professional agency is manifested in various contexts: through understanding DV as a phenomenon and its contextual factors (epistemic agency), launching a process (processual agency), collaborating with other professionals (relational agency), and reflecting on one's own actions and emotions (reflective agency).

KEYWORDS

Agency / domestic violence / domestic violence interventions / professional agency / professional practices / social and health care

Introduction

Domestic violence (DV) is a global gendered problem that significantly undermines the well-being and equality of its victim-survivors (VS), causing considerable economic and public health costs (Bellis et al. 2019; Siltala et al. 2023). DV is most commonly manifested as violence against women (e.g., FRA 2014). The Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (Istanbul Convention) obligates the ratifying states to enact comprehensive measures to address and prevent DV. The professionals in public social and health care are in a key position to address DV and support its VS.

The challenges that involve tackling DV in the social and health care services—already widely reported by several studies (e.g., Allen-Leap et al. 2023; Heron & Eisma 2021; Husso et al. 2021; Keeling & Fischer 2015; Niklander et al. 2019; Wild 2023)—highlight not only the individual but also the institutional and organizational constraints posed by the precarious working conditions of social and health care.

Finland's Ministry of Social Affairs and Health aims to prevent DV and develop DV interventions in the nationwide public service system (Ministry of Social Affairs and Health 2019). However, at the practical level, the efforts taken by welfare organizations

[1] You can find this text and its DOI at https://tidsskrift.dk/njwls/index.

[2] Corresponding author: Sisko Piippo, Department of Social Sciences and Philosophy, University of Jyväskylä, Finland. E-mail: sisko.h.piippo@jyu.fi.

to achieve this aim have been lacking, relying mainly on short-term projects (Nipuli 2019). Nurturing the outcomes of the various development projects has posed a challenge for social and welfare organizations (e.g., Husso et al. 2021). Furthermore, the theme of violence has not become a visible part of the curricula of social and health care education programs, thus failing to equip, for example, graduate professionals from Finnish universities to address DV, even though they may regularly work with violence-related problems in their practice. According to a Finnish study (Niklander et al. 2019), more than 80% (N = 1642) of the personnel in social and health services reported that they require DV-related additional training, and this issue has been highlighted in the rest of the world as well (e.g., Cleak et al. 2021; Lundberg & Bergmark 2021).

Although many professionals effectively intervene daily, their perspectives on successful practices remain under-researched. This study thus investigated the practices of social and health care professionals in successful DV interventions, which refer to the situations in which the professionals helped in ending violence in a VS's life or otherwise improve their safety (Jarnkvist & Brännström 2019; Kennedy et al. 2024). In these situations, professionals make active use of their professional spaces; they make choices, possess the ability to act accordingly, and uphold professional ethics, ultimately achieving specific outcomes. In other words, they exercise agency (e.g., Eteläpelto et al. 2013; Priestley et al. 2013). A professional's action that has achieved its intended purpose or produced positive outcomes for VSs can offer insightful perspectives for developing social and health care professional practices and can thus reveal the areas for improvement and the elements necessary for fostering a supportive and conducive environment for those affected by violence. Exercising agency involves both agentic capacity and contextual conditions (Emirbayer & Mische 1998; Eteläpelto et al. 2013), which fit well with addressing DV in social and health care, where professionals' actions are highly contextualized by the institutionally, culturally, and socially shaped conditions and structures of statutory settings.

Recent working-life studies have regarded professional agency as an essential factor in fostering the development of work communities and organizations. Teachers' agency in educational settings has been widely explored in this manner (e.g., Priestley et al. 2013; Vähäsantanen 2015), and the same goes for professional agency in information technology work (Collin et al. 2017), in elderly care (Carstensen et al. 2022), in hospital organization (Collin et al. 2015), and in decision-making in child protection (Parada et al. 2007). To the author's knowledge, however, no study has similarly explored the role of professional agency in social and health care for addressing DV.

This study examines DV intervention practices considered successful by professionals, with the aim of identifying (1) the areas in which professional agency is manifested and (2) how this agency is exercised.

The research widens the conceptual discourse on professional agency to DV interventions in the social and health care context. Its analysis also extends the existing literature by detailing critical factors that could be addressed through DV education, training, and practice development in working life.

DV services in Finnish social and health care

Finland, despite being considered a welfare state and a model of equality, has a disproportionately high level of violence against women compared to European countries.

According to an EU-wide study conducted by the European Union Agency for Fundamental Rights (FRA 2014), Denmark, Latvia, Finland, and Sweden have the highest rates of violence against women from their current or previous partners. In Denmark and Latvia, 32% of women reported experiencing physical and/or sexual violence from their partners; similarly, 30% of women in Finland and 28% in Sweden indicated the same. For comparison, the EU average rate of intimate partner violence reported by women was approximately 22%. These figures are significant, as they challenge the assumption that greater gender equality in public and professional life automatically translates to lower rates of gender-based violence. Moreover, notably, in Finland and Denmark, only about 10% of women reported partner violence to the police, compared to the EU average of 20% (FRA 2014).

Compared to other Nordic states, the development of DV services in Finland began relatively late in the 1990s and was driven more by feminist groups and international obligations than by a strong national political will. However, significant development efforts have been made in the twenty-first century, particularly in conjunction with the ratification of the Istanbul Convention. The Finnish Social Welfare Act (1301/2014) now mandates that public social services address the support needs of DV victims, although the third sector has also played an active role in providing such services. However, the challenge of identifying violence as a part of basic-level public services persists, with case referrals remaining few and specialist services being underutilized (e.g., Notko et al. 2021; Virkki et al. 2015). In health care, for example, less than 1% of violence survivors are recognized, although the VSs of DV avail health care services 80% more than the rest of the population. Moreover, the cost incurred by physical violence against women in close relationships is EUR 150 million per year (Siltala et al. 2023).

The Ministry of Social Affairs and Health (2019) plays a central role in planning and steering the execution of the obligations outlined in the Istanbul Convention to prevent and combat DV. Although these guidelines have been issued in collaboration with the Finnish Institute for Health and Welfare, they have been practically implemented through mainly short-term and disparate development projects. Examining the implementation of a Finnish DV service model, Husso and colleagues (2021) reported serious challenges and uncertainties in fostering and sustaining the implemented practices in the specialized health care, partly due to the low commitment of managerial levels, which may convey to the staff that DV interventions are not considered important or integral to their work. Instead of comprehensively reviewing and reorganizing basic tasks, the tendency in the implementation of national guidelines seems to be to reinvent the wheel by initiating new development projects. Besides the significant wastage of economic and human resources in the long run, researchers have highlighted that the ongoing development efforts and continuous changes may cause 'development fatigue' (Husso et al. 2021), a scenario Priestley and colleagues (2015) referred to as the paradox of innovation without change.

In summary, DV services in welfare organizations have not been uniform, producing variations in service provision and access to assistance across different areas within the public service system (e.g., Husso et al. 2021; Siltala et al. 2023). In 2023, Finland underwent one of its most significant social and health care system reforms in history (see Kangas & Kalliomaa-Puha 2022 for more details). Presently, well-being service counties, serving as regional entities, are responsible for organizing and delivering social and health care services in their designated areas. According to the report of the Finnish Institute for Health and Welfare (Krogell & Niklander 2023), the situation

regarding DV service provision and coordination still varies significantly in these service counties.

Professional agency

Professional agency was conceptualized as the actions and enactments professionals undertake in the context of their working life (Vähäsantanen et al. 2022). A subject-centered, sociocultural perspective on agency was adopted, drawing upon the theoretical frameworks from social science, post-structural research traditions, as well as sociocultural, life course, and identity theories (Eteläpelto et al. 2013). Professionals' resources, activities, and choices for DV interventions are interconnected with the sociocultural, institutional, and organizational elements and structures of social interaction in their work communities (Collin et al. 2015; Emirbayer & Mische 1998; Eteläpelto et al. 2013).

As Eteläpelto et al. (2013, p. 62) stated, 'Professional agency is always exercised for certain purpose'. Agency's intentional nature is affirmed when an individual has several options to choose from, and the chosen action leads to specific outcomes based on the individual's choice (Priestley et al. 2015). Conscious, goal-oriented action involves the power to choose between possibilities and the ability to act accordingly (Eteläpelto et al. 2013). Moreover, agency is driven by motivation, as it is associated with the intention to create a future that diverges from one's current and past circumstances (Priestley et al. 2015).

Professionals' actions are thus influenced by temporal factors, which encompass the interactions between their past experiences, present actions, and future goals (e.g., Emirbayer & Mische 1998; Hitlin & Elder 2007; Priestley et al. 2015). Although agency is exercised in the present, such as when encountering VSs, it is informed by both personal and professional past experiences, and any professional action is shaped by the future, with a structured and proactive orientation toward setting aims for work and while planning actions.

Agency is also linked to efforts aimed at change, involving active and purposeful actions to improve one's working conditions (Collin et al. 2015; Priestley et al. 2015; Vähäsantanen et al. 2022). However, agency can serve different purposes, including resisting changes and striving to maintain the existing conditions (e.g., Eteläpelto et al. 2013, p. 61; Vähäsantanen 2015).

Regarding the intentional and purpose-driven actions and decision-making processes of educated professionals, it is essential to consider the knowledge necessary for them to perform competently in their professional roles. Agency's epistemic dimension refers to knowledge and knowing, and as an epistemic agent, a professional is responsible for both what they know and what they do not know (Damsa et al. 2010; Reed 2001, p. 18). Exercising epistemic agency involves taking knowledge-related actions, such as gathering and using information. Professionals draw upon diverse forms of knowledge to assess VSs' life situations and identify their service needs, including those related to DV exposure. Complex phenomena, such as DV, do not have an inherent way of manifesting themselves; instead, they are constructed from explicit and implicit information provided by clients (Virkki et al. 2015). To transform the sometimes unclear

signs and hints into a problem that can be addressed, professionals must formalize them, and the organizational context influences whether a phenomenon is interpreted as a professionally relevant target problem (Kadzin 2011). Epistemic agency also sees people as 'productive participants in these knowledge-laden, object-driven activities' (Damsa et al. 2010, pp. 459–469), highlighting knowledge sharing and collective learning (Damsa et al. 2010).

Furthermore, relational agency (Collin et al. 2015) is necessary for cooperation among stakeholders in multi-professional work that addresses DV. Professionals assess and define VSs' situations from their own perspectives, build a shared understanding, and share responsibilities and roles for interventions. Agency is thus exercised when professionals, both as individuals and groups, use and construct knowledge, make choices, and take stances in their work (Eteläpelto et al. 2013).

Alongside subject-centered sociocultural theory, professional agency has also been approached from the perspectives of emotions. The emotional dimension associated with exercising agency highlights the significance and influence of emotions on professionals' actions and decisions (e.g., Hökkä et al. 2019, 2022). In ethically and morally demanding DV intervention practices, emotional dimension underscores the role of emotions in shaping professionals' perceptions, motivations, and responses (e.g., Piippo et al. 2021).

In summary, agency is not a singular trait—instead, it is an individual's autonomous capacity to do, implement, or achieve something within specific institutional and sociocultural conditions. These conditions can both facilitate and constrain a professional's actions. For instance, teachers' autonomy and agentic actions may be limited by top-down administrative directives, rigid curriculum frameworks, or standardized testing requirements (e.g., Priestley et al. 2015; Vähäsantanen 2015). In welfare service practices, proceduralization and standardization per se have been perceived negatively (e.g., Parada et al. 2007). Conversely, social and health care professionals have identified the lack of guidelines and instructions within and between organizations as significant obstacles to addressing DV (e.g., Coicolea et al. 2023; Notko et al. 2021; Virkki et al. 2015). As Priestley (2015) stated, the lack of regulations does not necessarily equate to agency, and agency may be enhanced by policies that specify goals and processes. In addition, it is crucial to acknowledge that social and health care institutions differ significantly from school institutions, as teachers' work is inherently subject to more national-level regulation, including adherence to curriculum standards.

Methods

Ten focus group interviews were conducted with 45 professionals working in social and health care (Table 1). The interviews were conducted as part of the EU-funded development and research project named Enhancing Professional Skills and Raising Awareness on Domestic Violence, Violence against Women and Shelter Services (EPRAS) (Niklander et al. 2019). The study was approved by the ethics committee of the University of Jyväskylä. The COREQ reporting guidelines for qualitative studies were followed (Tong et al. 2007).

Table 1 Focus group participants (n = 45).

Group type	Interviewees	Total
1. Shelter	A social worker and three counselors	4
2. MARAC[1] group	A health care social worker, a deacon, a police officer, a psychologist, and an adult social worker	5
3. Family counseling unit	A social worker and three psychologists	4
4. Multi-professional group	Two social workers (child protection and family counseling unit), a nurse, and a counselor	4
5. Elderly care	Two adult social workers, two nurses, and a counselor	5
6. Shelter	Two social workers and two counselors	4
7. Shelter	Four counselors	4
8. Multi-professional group	Three social workers (child protection and family counseling unit), two nurses, and a deacon	6
9. Child protection	Two social workers	2
10. Child protection	Six social workers and a counselor	7

Data collection

This study aimed to interview experienced professionals working in different fields, but at the same operational level in addressing violence (Brinkmann & Kvale 2018; Farnsworth & Boon 2010). The professionals were recruited from six locations, including both larger cities and rural municipalities. It would have benefited this study to include professionals from disability services and addiction services, as their client groups are highly vulnerable to violence, but participation was voluntary. Additionally, the interviewees were recruited in collaboration with the contact persons from the organizations and municipalities that were cooperative partners in the EPRAS project. These contacts played an active role in assembling the focus groups. The final interviewee selection, especially in smaller locations, was also influenced by the professionals' workload and their availability for interviews, which took place in 2017. The selected interviewees were women with a Finnish ethnic background, and their average work experience was approximately 10 years, ranging from 2 to 38 years. The researchers and interviewees were not acquainted with each other.

Regarding the objectives and implementation of the study and their rights, the interviewees were informed in advance. Written consent was provided before the interviews, which were conducted at the interviewees' workplaces by one to three female researchers, including two with Ph.D. qualifications and one Ph.D. scholar. The researchers had experiences in interviewing professionals, using the focus group interview method, and researching DV-related topics. The following themes were discussed:

- Encountering DV in one's occupation
- DV-related education in basic education and during one's career
- DV-related training needs
- DV and multi-professional cooperation
- Prerequisites and possibilities for tackling DV in one's work

Although the researchers posed questions based on each theme, they gave the interviewees sufficient space to present their views without overly strict guidance. The focus group method was chosen for data collection, as it enables researchers to identify and map a theme's different aspects and monitor the development of discussions in which the interviewees justify their views (Farnsworth & Boon 2010; Fern 2001). When necessary, the researchers took on the role of moderators to ensure that everyone received equal opportunities to participate in the discussions and to support the interactions between participants (Brinkmann & Kvale 2018). The researchers recorded the interviews, which had an average duration of 1.5 hours, in both audio and video formats and transcribed them verbatim. To ensure anonymity, any identifiable references to the focus groups or interviewees were replaced with numbers: in the extracts, "G" denotes the focus group number, and "P" the participant number.

Limitations

For a sole-authored article with data analyzed by a single author, relying on the analyst's perspective may limit the breadth of interpretations and the depth of insights gained from the data. However, to maintain reflexivity and ensure rigor in the analysis process, the author enhanced the analysis by consulting with scholars from diverse social science disciplines. Concurrently, during the analytical phase, the author disseminated preliminary findings at multiple seminars and conferences, thereby leveraging the received feedback to augment the research.

The relatively small sample size might limit the results' broad generalization. However, as per the analysis, the interviewees' experiences with DV interventions yielded rich data, and the sample size proved adequate for achieving thematic saturation in the data (Farnsworth & Boon 2010; Liamputtong 2020). The interviewees, it must be noted, were recruited from organizations involved in the EPRAS project, which means that they could be more aware of DV compared to the general social and health care population. It should be emphasized, however, that the EPRAS project had not organized any DV-related training or other activities for the organizations before the interviews. The purposive sample, while a limitation, offers valuable insights. Given this study's focus on successful DV intervention practices, the experienced participants who had already engaged with the topic provided relevant insights applicable to various service system contexts. A careful step-by-step analysis of the rich data was conducted and reported.

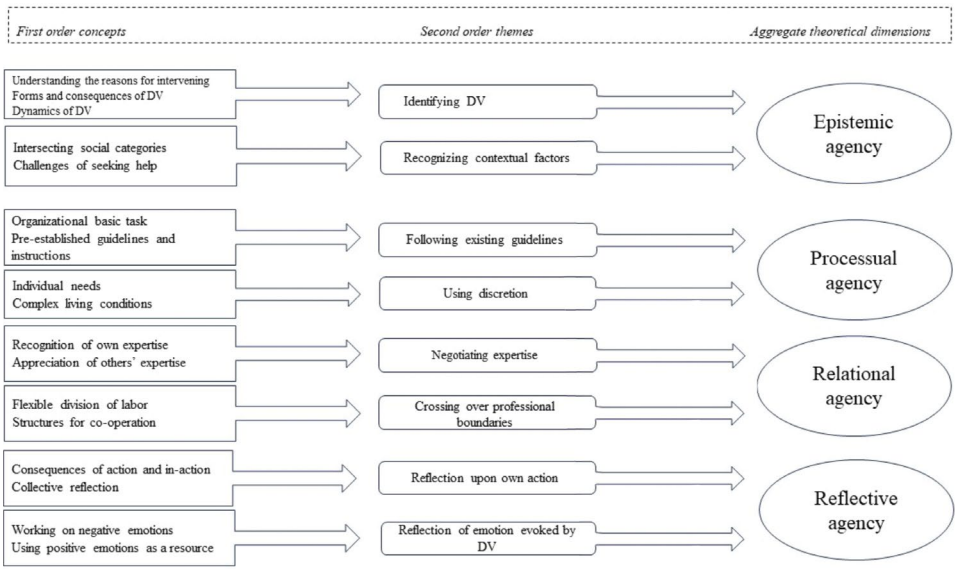
The study faced homogeneity in gender and ethnic background among its participants, which may limit the results' generalizability to more multicultural social and health care contexts. Even if this homogeneity aptly reflects both the ethnically homogeneous nature of Finnish society and female dominance in social and health care, considering social and health care in different contexts, more research is needed on diversity and intersectionality for developing DV interventions (e.g., Allen-Leap et al. 2023; Etherington & Baker 2018).

Commitment at the organizational level may have influenced employee participation, potentially creating a sense of duty rather than a genuine interest in cooperation (Liamputtong 2020). The participants were thus clearly informed of their voluntary participation, and their right to withdraw their consent without consequences at the beginning of the interviews was emphasized. No participant, it is worth noting, declined to participate in the interviews, and no one withdrew their consent afterward.

Data analysis

Using thematic content analysis (Braun & Clarke 2006), the data was coded into first-order concepts, second-order themes, and aggregate theoretical dimensions (Gioia et al. 2012 pp. 20–22). The data structure is summarized in Figure 1.

Figure 1 Data structure.



To identify professional agency, the transcripts were first read and re-read, focusing on how the professionals described their practices in DV interventions, how they helped remove violence from a VS's life or helped strengthen a VS's safety in other ways. The practitioners' experiences, insights, and views of the prerequisites for addressing DV successfully were identified, and their discussions about decision-making, how choices between options were made, how those choices were reasoned and justified, and how acting according to a chosen option was enabled or restricted were all noted (Parada et al. 2007; Priestley et al. 2013).

The interviewees' statements were inductively coded, and the similarities and differences between them were checked to combine them into descriptive, first-order concepts. The second-order themes illustrate different ways of exercising agency. They were formed using a subject-centered sociocultural theory of agency to identify the factors at the micro, meso, and macro levels that affect the exercise of agency in DV interventions. Four levels were identified: individual, relational, organizational, and societal. Exercising agency at each level was examined more closely, and the nuances were analyzed more thoroughly (Table 2). Finally, the aggregate theoretical dimensions grouping the manifestations of professional agency were constructed (Gioia et al. 2012): epistemic, processual, relational, and reflective.

Table 2 Manifestations of professional agency in addressing DV.

Dimensions	
Themes	
Concepts	**Representative examples**
Epistemic agency	
Identifying DV	
Understanding the reasons for intervening	The Child Welfare Act now has a section stating that the authority to which the information first comes is obliged to make an inquiry request to the police. G4P2 But the legislation has been in place for so long that people [workers] should know. G10P2
Forms and consequences of DV	It was about domestic violence and that phenomenon and its forms and all the basic knowledge that was needed. G7P4 Especially if the client has a long history of trauma, they may not understand what violence is, or for some reason may seek to go back to a violent relationship. G6P1
Dynamics of DV	Not necessarily physical at all, but a fear that the perpetrator will become angry or furious—fear of those reactions. G8P3 There is so much more to it [than physical], and violence is never of one particular form. G10P5
Recognizing contextual factors	
Intersecting social categories	In the elderly, for example, the old ladies, they are so used to it. In a way, domestic violence was even more common in the past. G5P5 Gypsies or immigrants or such, who have a different culture or different view of [DV] than what we otherwise have. G7P2
Challenges of seeking help	Of course, when it comes to encounters with migrants, the interpreter. What kind of interpreter? Are they male or female? G1P4 This often involves a culture of hiding, in a way. G9P2
Processual agency	
Following existing guidelines	
Organizational basic task	When the issue concerns children, we have the same thing as [the work model], which then has instructions. G8P1 For example, if there is evidence of economic abuse, I will file a [person in need of a trustee] report, and the magistrate will investigate the matter. G5P5
Pre-established guidelines and instructions	For some, it should be routine, that [DV] is asked about in every situation. G8P2 Instructions from the National Institute for Welfare and Health guide our work quite a lot, so this whole process is quite structured. G1P1
Using discretion	
Individual needs	We're waiting for the police to give us permission to progress but, of course, that child has to be protected. G4P2 In my opinion, however, when it comes to the disclosure of violence, trust is so important. How do you get that trust from each person? G3P1
Complex living conditions	Clients have such a huge variety of situations, so which [interventions] are appropriate with whom and how to proceed. G6P2 That [action] depends a lot on what kind of violence there has been. G10P6

(*Continued*)

Table 2 (*Continued*)

Dimensions	
Themes	
Concepts	**Representative examples**
Relational agency	
Negotiating expertise	
Recognition of own expertise	We're told that that they trust our views 'as experts on violence', and also take that to the clients, so they listen to us almost without exception, in my opinion. G1P1 The police are investigating that crime; they're in charge of that investigation, but our job, of course, is the child's home situation. G10P6
Appreciation of others' expertise	It was a really pleasant meeting [with the police], and we then discussed how they interviewed the children. I actually learned something myself then. G3P1 There may be 10 different parties and different professional groups that see the situation and talk about it. You learn from it yourself. G1P3.
Crossing professional boundaries	
Flexible divisions of labor	We can then agree on what each one will do and collectively go through that issue. G3P4 The result of such flexible [solutions] was that everyone was flexible and made a few different solutions, which brought a good result. G10P6
Structures for cooperation	Not just some kind of conversation, where we're all a little bit, like, 'What's going on here?' G4P2 A team in which everyone knows their roles and continuity. G2P2
Reflective agency	
Reflection upon own action	
Consequences of action and inaction	I was afraid that the female client, the victim of violence, would not survive. G3P1 If you ask about [DV], what are the consequences? G10P6
Collective reflection	Our work community is so small and compact that we can immediately vent our thoughts. G1P4 I don't feel like I'm alone in any way. G4P4
Reflection on emotions evoked by DV	
Working on negative emotions	Sometimes, there is also anger; especially if there is violence against children, I have to really work on it. G4P4 In general, the essential thing is that one has somehow dealt with one's own attitudes and history of violence. G6P2
Using positive emotions as a resource	There's nothing as rewarding as [our work]. We get a lot of good feedback and a lot of thanks from our clients. G1P1 The client feels that there is a different life beginning, so, of course, feelings of joy and satisfaction that I may have contributed. G3P3

Results

The analysis of successful DV intervention practices revealed four overlapping areas where agency manifests in: epistemic, processual, relational, and reflective.

Epistemic agency

Epistemic agency was manifested in identifying DV and understanding the reasons for intervention. Exercising this agency involves the professional using knowledge to structure their understanding of the DV phenomenon, its dynamics, and its severe and long-lasting impact on its victims' well-being. A professional exercising this agency is aware of DV legislation, which helps them understand violence as a societal and legal problem and their role in responding to it. As one professional stated, 'Everyone has internalized the fact that it needs to be caught right away' (G2P2). If DV in the family is understood as a societal and legal issue and not as a private matter, addressing DV can be considered every professional's duty (e.g., Cleak et al. 2021).

Only recognized violence can be addressed, and when identifying DV, professionals exercising epistemic agency employ their knowledge of the various forms and signs of violence and its specific characteristics in different client groups. The interviewees in several of the focus groups reflected on how physical violence is only the tip of the iceberg and that several highly wounding forms of violence can be easily overlooked if no physical signs of violence are visible.

> G5P3 (a nurse): However, a lot is talked about physical violence, which is what is perceived as [violence], but just like [a colleague] talked about financial violence and this kind of subjugation and humiliation and all that. So, in a way, understanding the whole spectrum [of violence] should probably be getting stronger for all of us.

Identifying DV goes beyond observing its individual signs to recognizing the pattern of behaviors designed to dominate, manipulate, and intimidate another individual. Since VSs cannot necessarily identify their experiences as violence, understanding the trauma associated with DV and its consequences was considered crucial.

> G6P1 (a shelter counselor): Basics about trauma and its effects, that the worker can explain it to the client. About the forms of violence and its processes, so that you can go it through with client. (…) You learn the mechanisms of trauma and, in a way, how it can be seen in everyday work.

Being aware of trauma and its effects on an individual's actions and behaviors can facilitate a professional's understanding of, for example, why a VS may be unable to act rationally and proceed according to a service plan, why an interaction with a VS can be difficult, or why a VS may be reluctant to leave a violent relationship or may repeatedly return to an abusive partner.

Exercising agency involves understanding a VS's actions in the context of societal, cultural, and communal norms and recognizing diverse and intersecting identities as well as the associated structures and power dynamics that influence one's experiences and vulnerabilities to different forms of violence. Social categories derive their meaning in relation to other categories, such as gender and age (Crenshaw 1991). The professionals' reflections on their encounters with migrants and undocumented individuals illustrated how

the traumatic experiences of violence were intertwined with vulnerable intersections such as gender, ethnicity, and citizenship, thereby creating unique challenges for accessing support services. Similarly, the intersection of gender, age, and disability can significantly limit one's capacity to act and increase their vulnerability to abuse, as seen in the example of a disabled woman who experienced sexual violence from her caregiver.

G5P5 (a nurse): Yes, sexual violence has occurred as well. The client suffered a stroke and then, as a result, of course, when one side of the body is numb, sex issues are hardly the first thing to come to mind. In principle, however, she had to resign herself to the will of her husband as a caregiver. And she couldn't even get away.

A disabled woman may be dependent on the care from her provider, and this complicates her identification of violence and makes it harder for her to seek help, thereby putting her in an extremely vulnerable position. In summary, a professional's knowledge of DV as a phenomenon and their contextual understanding of a VS's experience of violence facilitates their awareness of why VSs may act in a certain way, which might conflict with the professional's own values—for example, a VS refusing to access support services or being unwilling to report a crime (Etherington & Baker 2018).

Processual agency

Processual agency involves initiating planned and coordinated actions or steps to address DV. It is about starting and launching a process (Virkki et al. 2015), with the disclosure of DV as a starting point. Since VSs can rarely raise issues on their own, asking about violence is central to beginning the process of addressing it (Goicolea et al. 2023).

G8P3 (a nurse): In the same way that it is now accepted that one should always ask about substance abuse … it should become routine that one should always ask about [DV].

G2P2 (a deacon): But those are the kinds of discussions we have, anyway, in cases of divorce or otherwise putting a life back on track. It is a normal question to ask—whether there is insecurity and violence involved.

G3P3 (a social worker): When I had a really long client process, I certainly asked many times about, say, violent discipline. 'No, there's nothing'. And then, when that bubble bursts, it turns out there was both domestic violence and discipline violence; then it all came at once.

Asking routine DV screening questions is considered every professional's duty. The interviewees hoped that violence could be discussed as openly and generally as substance abuse. According to them, asking routine DV screening questions has made it easier to ask and talk about violence, as they would then not need to explain or justify to the VSs why this topic is being discussed. Indeed, asking may not elicit immediate information from VSs, but it could open the door to talking about the topic in the future (Jarnkvist & Brännström 2019). At first, the VSs may deny any instance of DV, but as the trust

between a professional and VS strengthens or if the situation at home significantly worsens, the VS may become ready to talk about it.

After disclosing DV, the process and its phases take on different meanings, depending on the primary task of the organization—for instance, whether it is a health care unit, social welfare office, or shelter. The differences between these groups stem from the extent to which the professionals have defined or interpreted their primary work to include DV-related tasks. Exercising processual agency is linked to making a risk assessment, which involves actions such as evaluating a situation's severity, assessing the immediate safety of those involved, providing immediate assistance, and connecting VSs with emergency services, police, and shelters if necessary. Statutory reports, such as to child protection and police, are made, but if the VS is not in immediate danger, the professionals can conduct, for instance, safety planning and make referrals to specialized services, such as counseling, legal assistance, or support groups.

Exercising processual agency in launching a DV intervention thus involves, on the one hand, following the existing guidelines and instructions for addressing DV step by step and, on the other, using individual discretion.

G8P2 (a social worker):	At least in child protection, there are those specific steps. Of course, every situation is unique. There can't be that kind of [a tight structure].
G7P1 (shelter counselor):	So, we have a process description, and then there's these forms that I guess everyone uses, but it depends a lot on the client as well. It's about what the client produces and how open he or she is—ready to talk, to talk about things.

Generally, the existence of guidelines is considered important, such as when practitioners identify their own professional roles and duties in cases of DV between two adults, where the law does not provide the same basis for intervention as in cases of suspected violence against a child. Modeled work processes provide clear and structured guidelines for tasks and multi-professional cooperation, helping professionals better understand what is expected of them, thus reducing ambiguity and uncertainty (e.g., Heron & Eisma 2021).

While organizations may establish rules and guidelines, professionals use their discretion to balance these with each case's unique circumstances. As is evident from the above excerpts, this ensures that the services are responsive to an individual's needs. Using discretion involves building trust and the overall consideration of the VSs' living context, its possible threats to them, the VSs' capacity and readiness to address DV issues, their individual aims, and the professional's estimation of the VS's best interests (e.g., Kennedy et al. 2024).

Relational agency

Relational agency is exercised in negotiations of expertise when professionals reach the boundaries of their own profession, and collaboration with other experts necessitates crossing over professional boundaries. Exercising this agency is bidirectional, encompassing both a sense of one's own expertise and recognizing and appreciating the expertise of other professions.

G1P1 (shelter counselor):	We have a pretty good reputation there in a way, so we are given a pretty big role in, for example, meetings. We're told that they trust our views 'as experts on violence' and also take that to the clients, so they listen to us almost without exception, in my opinion.
G3P1 (a psychologist):	It was a really pleasant meeting [with the police], and we then discussed how they interviewed the children. I actually learned something myself then.

The value of multi-professional cooperation in addressing DV is realized when the representatives from various professions confidently leverage their unique expertise (Ambrose-Miller & Ashcroft 2016). It is crucial to acknowledge the need for collaboration between professionals and to allow equal opportunities for every professional to contribute. As the shelter counselor above stated, they are listened to 'almost without exception', which indicates a functional multi-professional environment where each professional's contribution is considered seriously. Exercising agency can thereby generate additional value by promoting collaborative learning among professionals and enhancing the understanding of their respective practices (Damsa et al. 2010). Maintaining a learner's perspective and an open attitude toward the work of others also tends to neutralize power hierarchies across professional boundaries (Kadzin 2011).

Exercising relational agency concerns adapting one's thoughts and actions to align with those of other professions (Collin et al. 2015, p. 66). The professionals construct their understanding of DV and its consequences for VSs' life and seek agreement regarding concrete aims to promote VSs' safety, the suitable methods for attaining those aims, and the division of labor between different professions.

G3P4 (a psychologist):	We can then agree on what each one will do and collectively go through that issue.
G10P1 (a social worker):	No one is going to do another person's job and say, 'I think you should do this and that'.
G10P6 (a social worker):	In a way, like, 'I'll meet you halfway', rather than 'by the way, I'm not going to get out of this chair'.

As highlighted in the excerpts above, each professional should understand their specific responsibilities and tasks and how these contribute to the collective goal (Notko et al. 2021). Relational agency requires a willingness to compromise and cooperate and active participation and engagement from every professional to achieve common goals. It also necessitates stepping into another professional's territory, which should be, however, a jointly agreed-upon action. In this context, transcending professional demarcations is a concerted effort to converge with another professional on shared ground. Without mutual agreement and reciprocal adaptation, such actions might be perceived as unwarranted encroachments into the specialized domains of other professionals. In the excerpt above, the social worker's description of the scenario where one professional prescriptively advises others on how to perform their duties exemplifies this.

According to the interviewees, clear structures and coordination for cooperation support relational agency (Notko et al. 2021). An example of established structures is the MARAC, a collaborative format that includes a chairperson, a working group

holding regular meetings with clear agendas, transparent information-sharing practices between professional groups, collaborative decision-making regarding the division of labor, and a clear understanding of the individual responsibilities for the necessary actions and follow-ups after meetings.

Reflective agency

Reflective agency demonstrates the temporal nature of agency (e.g., Emirbayer & Mische 1998; Hitlin & Elder 2007), as it is exercised in relation to both past and future, involving reflections on the possible consequences of one's own action and inaction and the emotions evoked by DV. As the extracts below clarify, by reflecting on challenging cases, professionals may develop insights into alternative approaches they might adopt in similar future situations.

G10P6 (a social worker):	If you ask about [DV], what are the consequences? At that moment, what state of mind are those parents in? On the other hand, it need to be addressed; you always have to protect the child.
G5P5 (a nurse):	Yes, I think I made a mistake. So, I didn't think about the consequences. It was a good idea, but things didn't go like in Strömsö.[2]

Reflective agency manifests as the meticulous consideration of the potential consequences and future implications of a professional's decisions, including the possible ramifications of inaction (Hökkä et al. 2019; Parada et al. 2007). The interviewees acknowledged that violence typically does not cease without external intervention (Jarnkvist & Brännström 2019). Inaction on the part of professionals may leave a VS susceptible to further abuse and harm, exacerbating the situation; moreover, a professional, as an authority, might be held responsible for a VS's potentially severe, even lethal, injuries.

At the individual level, exercising reflective agency included recognizing the emotional burden triggered by violence and identifying the factors contributing to it.

G5P3 (a nurse):	Everything, from irritation to disgust to anger. All possible emotional scales, yet you have to serve the client's needs, help them progress. Sometimes, you have to acknowledge that there's nothing you can do about it. After all, we are all masters of our own lives. As a professional, you can't burn yourself out and try to live the lives of others.
G3P1 (a psychologist):	How do you keep enough distance? I have learned that, too; earlier, I didn't know how. It was the worst violence case I'd had in my career; there were so many forms [of violence], and there were injuries, permanent damage in her limbs. Still, they stayed together, even though we tried to help, but they stayed together. I was afraid that she would die. So, I felt I lost to that man. I had a dream where I lost a power struggle to that man over that woman. Now, I understand

> that I went along with it in some way, that I should be a part of that struggle for power. I couldn't keep enough distance. After all, it is a person's own choice.

If a professional has taken all the actions within their authority, but the VS, for example, refuses to leave a violent partner, respecting that VS's autonomy may oblige the professional to step aside. This, in turn, may cause moral distress and require the professional to distance themselves from the situation.

Besides, encountering DV can prompt professionals to reflect on their own personal experiences, values, and principles, bringing them face-to-face with their own vulnerability as humans. As a social worker from the shelter noted, 'In general, the essential thing is that one has somehow dealt with one's own attitudes and history of violence' (G6P2). However, intense emotions, including negative ones, are considered a natural aspect of the work, and the ability to manage them is acquired through work experience. In addition, a supportive work community is highly valued.

> G1O2 (a shelter counselor): And that kind of frustration might be so momentary for a certain thing. And then, in a way, when you say it out and ventilate your own thoughts, then it's already gone through and forgotten.

Reflection extends to the collective level when challenging cases, and ethically demanding decisions are discussed with colleagues.

In addition to managing distressing and painful emotions, exercising reflective agency also involves identifying the positive emotions professionals experience when applying their expertise.

> G2P3 (a psychologist): But if I succeed in getting [a client] to work with it then, frankly, I'm excited because I know I have something to give, that I'm able to do it.
>
> G9P1 (a social worker): I don't know the right word; such a positive feeling when you kind of make that breakthrough. Somehow, [DV] comes up, someone dares to say it. It's like it brings a different kind of drive to the job when you can talk openly and directly about that thing.

Positive emotions stem from professionals feeling that their work is meaningful and from their own capacity to act (Hökkä et al. 2019). They also feel success and joy when a VS recognizes violence and seeks help; for professionals, this creates the possibility of improving the VS's difficult life situation. Disclosing DV can also help professionals understand the VS' vulnerable living conditions and facilitate open communication about the issue. Furthermore, as a counselor admitted, 'I have to say that I also admire a person who has survived such brutal situations' (G4P1), and such admiration can foster empathy.

Conclusion

This study examines DV intervention practices considered successful by social and health care professionals, with the aim of identifying (1) the areas in which professional

agency is manifested and (2) how this agency is exercised. The findings of this study illustrate that professional agency is manifested in various contexts: through understanding DV as a phenomenon and its contextual factors (epistemic agency), launching a process (processual agency), collaborating with other professionals (relational agency), and reflecting on one's own actions and emotions (reflective agency).

Exercising agency in DV interventions underscores the significance of possessing comprehensive knowledge regarding DV as a phenomenon (e.g., Cleak et al. 2021; Jarnkvist & Brännström 2019; Wild 2023). By recognizing the broader societal factors and systemic inequalities that contribute to violence, professionals can help shift the focus away from victim blaming, which, in turn, can contribute to changing the attitudes and beliefs surrounding victimization (Wild 2023). By thoroughly understanding the complexities of a VS's situation, professionals can offer more empathetic and supportive responses, which can ultimately alleviate the VS's feelings of shame or self-blame (e.g., Heron & Eisma 2021).

A contextual understanding of DV is deemed crucial within public services, where professionals interact with VSs from diverse backgrounds (e.g., Allen-Leap 2023). However, the interviewees of this study left unmentioned relevant social categories such as housing, sexuality, and religion, all of which can influence VSs' perspectives, experiences of DV, and disclosure options. Similarly, technology-facilitated violence was seldom brought up in the focus group discussions. Continuing education related to DV should be systematically provided to staff within social and health care services. Such training should include a comprehensive overview of DV as a gendered phenomenon, the diversity of its forms, and its consequences. Additionally, educational programs in the social and health care sectors should incorporate DV-related topics into their degree requirements. For example, Swedish legislation mandates the inclusion of DV-related themes in the education of various professional groups within these sectors (Carlsson, 2020).

Knowledge about DV is essential for identifying it and is therefore at the core of successful intervention practices. However, as Reed (2001) noted, possessing knowledge does not necessarily translate into appropriate actions. Examining the processual, relational, and reflective forms of agency thus yields vital insights into the factors that contribute to successful DV interventions.

Findings of the study emphasize the importance of organizational protocols in facilitating the application of knowledge in practice (see also Lundberg & Bergmark 2018). While prior research on professional agency often perceived established protocols negatively, particularly as constraints on individual autonomy (e.g., Priestley et al. 2015), this study found that, for instance, guidelines and instructions were mostly viewed positively and considered supportive in addressing DV. Several focus group participants highlighted the use of structured working models, such as routinized DV screening, as practices that facilitated their actions, particularly in identifying DV and initiating intervention processes. Nonetheless, some critical perspectives emerged, with interviewees questioning the overall usefulness of existing protocols (e.g., Nordesjö et al. 2022).

The scope of this study did not allow for a more detailed analysis of the professionals' reluctance to implement guidelines and instructions related to asking about DV or the subsequent processes following disclosure. While the findings can illustrate the elements of maintenance in exercising agency (Vähäsantanen 2015), without transformative attempts or even direct and active actions—a concept also referred to as resistant agency (Collin et al. 2015)— an important research topic would have been to investigate

how the implementation of new procedures, for instance, has unfolded and to ascertain whether staff members have undergone training and familiarization with these procedures (for a discussion of organizational challenges in implementation, see Husso et al., 2021). According to some interviewees, new methods and tools may currently 'just appear' on internal platforms without formal and proper introduction or communication. The interplay between formal and informal practices, as discussed by Carstensen and colleagues (2022), should be considered an important topic in the development and implementation of DV intervention programs.

In the data, there are also indications of transformative agency (e.g., Vähäsantanen 2015). Within the work units, there are change-oriented individuals actively focused on DV, whose agency manifests as autonomous and simultaneously as the behavior of a 'lone wolf'. These professionals independently expand their knowledge and skills regarding DV outside their office hours, actively engage in and interacted with multiprofessional networks as both experts in their own field and learners from other professions, and even unconventionally experiment with new ways of working to achieve the best interests of VSs. Such autonomous employees can undoubtedly act as catalysts for promoting transformative practices at the organizational level, but without collective agency (e.g., Collin et al. 2015) and a drive to develop work as a shared endeavor (Damsa et al. 2010), striving for change remains a personal effort of individual employees. Considering the high turnover of personnel, the possibility of change remains uncertain and vulnerable. In emotionally and ethically demanding work, this becomes a critical aspect of occupational well-being as well.

Previous research indicates that the emotional burden triggered by violence, coupled with negative attitudes and prejudices related to violence, constitutes significant barriers to addressing DV (e.g., Keeling & Fisher 2015; Piippo et al. 2021; Wild 2023). The analysis of reflective agency further revealed the profound emotional impact that violence has on professionals. However, beyond the emotional stress and burden, the findings of this study highlight that positive emotions stemming from successful DV interventions can significantly enhance individuals' perceptions of the importance of their work and their capacity to take action (Hökkä et al. 2019, 2022). It is vital to acknowledge the importance of reflection and to integrate the emotional aspects of addressing DV into broader discussions within social and health care organizations. The significance of positive emotions at work, particularly in relation to work commitment and well-being, should receive more attention in research on DV interventions.

References

Allen-Leap, M., Hooker, L., Wild, K., Wilson, I. M., Pokharel, B., & Taft, A. (2023). Seeking help from primary health-care providers in high-income countries: A scoping review of the experiences of migrant and refugee survivors of domestic violence, Trauma, Violence & Abuse 24(5): 3715–3731. https://doi.org/10.1177/15248380221137664

Ambrose-Miller, W., & Ashcroft, R. (2016). Challenges faced by social workers as members of interprofessional collaborative health care teams, Health & Social Work 41(2): 101–109. https://doi.org/10.1093/hsw/hlw006

Bellis, M. A., Hughes, K., Ford, K., Ramos Rodriguez, G., Sethi, D., & Passmore, J. (2019). Life course health consequences and associated annual costs of adverse childhood

experiences across Europe and North America: A systematic review and meta-analysis, Lancet Public Health 4(10): 517–528. https://doi.org/10.1016/S2468-2667(19)30145-8
Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology, Qualitative Research in Psychology 3(2): 77–101. https://doi.org/10.1191/1478088706qp063oa
Brinkmann, S., & Kvale, S. (2018). Doing interviews, SAGE Publications Ltd.
Carlsson, N. (2020). Lärosätenas utbildningsbehov i frågor om mäns våld mot kvinnor och våld i nära relationer. Göteborg's Universitet. Institutionen för socialt arbete. Slutrapport. https://www.gu.se/sites/default/files/2021-06/La%CC%88rosa%CC%88tenas%20utbildningsbehov%20i%20fra%CC%8Agor%20om%20ma%CC%88ns%20va%CC%8Ald_Slutrapport_200712sista.pdf
Carstensen, K., Burau, V., Dahl, H. M., & Nielsen Hald, A. (2022). How welfare professions contribute to the making of welfare governance: Professional agency and institutional work in elder care, Journal of Social Policy 51(4): 900–919. https://doi.org/10.1017/S0047279421000271
Cleak, H., Hunt, G., Hardy, F., Davies, B., & Bell, J. (2021). Health staff responses to domestic and family violence: The case for training to build confidence and skills, Australian Social Work 74(1): 42–54. https://doi.org/10.1080/0312407X.2020.1808029
Goicolea, I., Bäckström, H., Lauri, M., Carbin, M., & Linander, I. (2023). Daring to ask about violence? A critical examination of social services' policies on asking about gender-based violence, Journal of Gender-Based Violence 7(3): 467–482. https://doi.org/10.1332/239868021X16914328798715
Collin, K., Paloniemi, S., & Vähäsantanen, K. (2015). Multiple forms of professional agency for (non)-crafting work practices in a hospital organization, Nordic Journal of Working Life Studies 5(3a): 63–83. https://doi.org/10.1080/0312407X.2020.1808029
Collin, K., Lemmetty, S., Herranen, S., Paloniemi, S., Auvinen, T., & Riivari, E. (2017). Professional agency and creativity in information technology work. In M. Goller & S. Paloniemi (Eds.), Agency at work: An agentic perspective on professional learning and development (pp. 249–270). Cham: Springer. https://doi.org/10.1007/978-3-319-60943-0_13
Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color, Stanford Law Review 43(6): 1241–1299. https://www.jstor.org/stable/1229039
Damşa, C. I., Kirschner, P. A., Andriessen, J. E. B., Erkens, G., & Sins, P. H. M. (2010). Shared epistemic agency: An empirical study of an emergent construct, Journal of the Learning Sciences 19(2): 143–186. https://doi.org/10.1080/10508401003708381
Emirbayer, M., & Mische, A. (1998). What is agency? The American Journal of Sociology 103(4): 962–1023. https://doi.org/10.1086/231294
Eteläpelto, A., Vähäsantanen, K. Hökkä, P. K., & Paloniemi, S. (2013). What is agency? Conceptualizing professional agency at work, Educational Research Review 10: 45–65. https://doi.org/10.1016/j.edurev.2013.05.001
Etherington, N., & Baker, L. (2018). From "buzzword" to best practice: Applying intersectionality to children exposed to intimate partner violence, Trauma, Violence, & Abuse 19(1): 58–75. https://doi.org/10.1177/1524838016631128
Farnsworth, J., & Boon, B. (2010). Analysing group dynamics within the focus group, Qualitative Research 10(5): 605–624. https://doi.org/10.1177/1468794110375223
Ferguson, H. (2018). How social workers reflect in action and when and why they don't: The possibilities and limits to reflective practice in social work, Social Work Education, 27(4): 415–427. https://doi.org/10.1080/02615479.2017.1413083
FRA (2014). European Union Agency for Fundamental Rights. EU-wide survey: Violence against women. Main results report. https://fra.europa.eu/en/publication/2014/violence-against-women-eu-wide-survey-main-results-report.

Gioia, D., Corley, K., & Hamilton, A. (2012). Seeking qualitative rigor in inductive research: Notes on the Gioia methodology, Organizational Research Methods 16(1): 15–31. https://doi.org/10.1177/1094428112452151

GREVIO. (2019). Istanbul convention: Baseline evaluation report Finland. Council of Europe. https://rm.coe.int/grevio-report-on-finland/168097129d

Heron, R. L., & Eisma, M. C. (2021). Barriers and facilitators of disclosing domestic violence to the healthcare service: A systematic review of qualitative research, Health & Social Care in the Community 29(3): 612–630. https://doi.org/10.1111/hsc.13282

Hitlin, S., & Elder, G. H. (2007). Time, self, and the curiously abstract concept of agency, Sociological Theory 25(2): 170–191. https://doi.org/10.1111/j.1467-9558.2007.00303.x

Husso, M., Notko, M., Virkki, T., Holma, J., Laitila, A., & Siltala, H. (2021). Domestic violence interventions in social and health care settings: Challenges of temporary projects and short-term solutions, Journal of Interpersonal Violence 36(23–24): 11461–11482. https://doi.org/10.1177/08862605198984

Hökkä, P., Vähäsantanen, K., Paloniemi, S., Herranen, S., & Eteläpelto, A. (2019). Emotions in leaders' enactment of professional agency, Journal of Workplace Learning 31(2): 143–165. https://doi.org/10.1108/JWL-07-2018-0086

Hökkä, P., Vähäsantanen, K. & Ikävalko, H. (2022). An integrative approach to emotional agency at work, Vocations and Learning 16: 23–46. https://doi.org/10.1007/s12186-022-09299-3

Jarnkvist, K., & Brännström, L. (2019). Stories of victimization: Self-positioning and construction of gender in narratives of abused women, Journal of Interpersonal Violence 34(21–22): 4687–4712. https://doi.org/10.1177/0886260516676

Kadzin, A. E. (2011). Conceptualizing the challenge of reducing interpersonal violence, Psychology of Violence 1(3): 166–187. https://doi.org/10.1037/a0022990

Kangas, O. & Kalliomaa-Puha, L. (2022). Finland finalises its largest-ever social and healthcare reform. European Comission. European Social Policy Network. ESPN Flash Report 2022/39. https://ec.europa.eu/social/main.jsp?pager.offset=20&advSearchKey=ESPNFlash&mode=advancedSubmit&catId=22&doc_submit=&policyArea=0&policyAreaSub=0&country=0&year=0

Keeling, J., & Fisher, C. (2015). Health professionals' responses to women's disclosure of domestic violence, Journal of Interpersonal Violence 30(13): 2363–2378. https://doi.org/10.1177/0886260514552449

Kennedy, A. C, Prock, K. A, Adams, A. E, Littwin, A., Meier, E., Saba, J., & Vollinger, L. (2024). Can this provider be trusted? A review of the role of trustworthiness in the provision of community-based services for intimate partner violence survivors, Trauma, Violence, & Abuse 25(2): 982–999. https://doi.org/10.1177/15248380231168641

Krogell, J. & Niklander, E. (2023) Lähisuhdeväkivallan ehkäisyn rakenteet vaihtelevat eri puolilla maata – koordinaattoriverkostosta tukea ohjeiden toimeenpanoon. Tutkimuksesta tiiviisti 64/2023. Terveyden ja hyvinvoinnin laitos, Helsinki. [The structures for the prevention of intimate partner violence vary across the country – A coordinator network to support the implementation of guidelines. Results in brief 64/2023. Finnish Institute for Health and Welfare] https://urn.fi/URN:ISBN:978-952-408-238-9

Liamputtong, P. (2020). Qualitative research methods. 5th ed. Oxford University Press.

Lundberg, L., & Bergmark, Å. (2021). Self-perceived competence and willingness to ask about intimate partner violence among Swedish social workers, European Journal of Social Work 24(2): 189–200. https://doi.org/10.1080/13691457.2018.1540970

Ministry of Social Affairs and Health. (2019). Combatting domestic and intimate partner violence. https://stm.fi/en/combating-domestic-violence

Niklander, E., Notko, M., & Husso, M. (eds.) (2019). Intervening in domestic violence and training of professionals in social services and health care and the police: Evaluation of the EPRAS project. Report 15/2019, Helsinki: National Institute for Health and Welfare, Finland. http://urn.fi/URN:ISBN:978-952-343-413-4

Nordesjö, K., Ulmestig, R. and Denvall, V. (2022). Coping with tensions between standardization and individualization in social assistance, Nordic Social Work Research 12: 435–49. https://doi.org/10.1080/2156857X.2020.1835696

Notko, M., Husso, M., Piippo, S., Fagerlund M. & Houtsonen, J. (2021). Intervening in domestic violence: Interprofessional collaboration among social and health care professionals and the police, Journal of Interprofessional Care 36(1): 15–23. https://doi.org/10.1080/13561820.2021.1876645

Parada, H., Barnoff, L., & Coleman, B. (2007). Negotiating 'professional agency': Social work and decision-making within the Ontario child welfare system, Journal of Sociology and Social Welfare 34(4): 35–56. DOI: 10.15453/0191-5096.3293

Piippo, S., Husso, M., Hirvonen, P., Notko, M., & Glumbíková, K. (2021). Institutional and affective practices of domestic violence interventions in social work: Malignant positioning of victims. In: Husso M., Karkulehto S., Saresma T., Laitila A., Eilola J., & Siltala H. (eds) Violence, gender and affect. Palgrave studies in victims and victimology, Cham: Palgrave Macmillan. https://doi.org/10.1007/978- 3-030-56930-3_6

Priestley, M., Biesta, G. J. J., Philippou, S., & Robinson, S. (2015). The teacher and the curriculum: exploring teacher agency. In: D. Wyse, L. Hayward & J. Pandya (eds.), The SAGE Handbook of Curriculum, Pedagogy and Assessment. Sage. http://hdl.handle.net/1893/21687

Reed, B. (2001). Epistemic agency and the intellectual virtues, The Southern Journal of Philosophy 39: 507–26. https://doi.org/10.1111/j.2041-6962.2001.tb01831.x

Siltala, H., Hisasue, T., Hietamäki, J., Saari., J. Laajasalo, T., October, M., Laitinen, H. L., & Raitanen, J. (2023). Domestic violence–related use of services and the resulting costs in health, social and legal services. Prime Minister's Office Helsinki. https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/164566/VNTEAS_2023_4.pdf?sequence=1&isAllowed=y

Statistics Finland. (2023). Rikos- ja pakkokeinotilasto [Statistics on offences and coercive measures]. Cases of domestic violence committed by a cohabiting partner reported to the authorities increased by 21.2 per cent in 2022 – Statistics Finland

Tong, A., Sainsbury, P. & Graig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups, International Journal for Quality in Health Care 19(6): 349–357. https://doi.org/10.1093/intqhc/mzm042

Virkki, T., Husso, M., Notko, M., Holma, J., Laitila, A. & Mäntysaari, M. (2015). Possibilities for intervention in domestic violence: Frame analysis of health care professionals' attitudes, Journal of Social Service Research 41(1): 6–24. https://doi.org/10.1080/01488376.2014.917449

Vähäsantanen, K. (2015). Professional agency in the stream of change: Understanding educational change and teachers' professional identities, Teaching and Teacher Education 47: 1–12. https://doi.org/10.1016/j.tate.2014.11.006

Vähäsantanen, K., Räikkönen, E., Paloniemi, S., & Hökkä, P. (2022). Acting agentically at work: Developing a short measure of professional agency, Nordic Journal of Working Life Studies 12(1): 49–69. https://doi.org/10.18291/njwls.127869

Wild, J. (2023). Gendered discourses of responsibility and domestic abuse victim-blame in the English children's social care system, Journal of Family Violence 38: 1391–1403. https://doi.org/10.1007/s10896-022-00431-4

Notes

[1]A Multi-Agency Risk Assessment Conference (MARAC) is a coordinated meeting where multiple agencies collaborate to assess and manage the risks faced by high-risk DV victims.
[2]A Finnish saying that means that things did not go smoothly despite having a good plan.