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Identifying and assessing risks for intimate partner violence: Social workers' experiences in rural and remote areas

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Abstract
This study aimed to explore social workers' shared experiences and perceptions of identifying intimate partner violence (IPV) and assessing the risk for re-victimization of such violence in a Swedish rural and remote context. Thirteen focus group interviews were conducted with social workers (N = 38) from 17 rural and remote municipalities and analyzed using thematic analysis. Three themes were identified: Challenges with identifying IPV, Varying risk assessment expertise, and Lack of practical utility of available risk assessment tools. Identifying IPV was challenging for many reasons, primarily due to a lack of routines and knowledge of IPV. These challenges were also perceived to extend to the assessment of risk for re-victimization. For example, the required knowledge of risk assessment practices was scarce, unevenly distributed, and difficult to maintain as IPV cases were rarely identified. The results are generally in line with previous studies. However, given that this study was conducted with professionals working in rural and remote areas, we also identified challenges unique to a sparsely populated context that are discussed.

Keywords
intimate partner violence, risk identification, risk assessment, social workers, rural, remote

Introduction
Most victims of intimate partner violence (IPV) require social support and services to cope with the consequences of their abuse. The ability of social workers to identify, assess, and respond appropriately to such violence (e.g., by addressing the victims' needs and minimizing the risks for further abuse) is therefore essential, especially since many victims who approach social services are reluctant to disclose their victimization (e.g., Danis, 2003; The Swedish National Board of Health and Welfare [NBHW], 2024). However, previous research shows that social workers struggle to identify IPV and assess the risk for re-victimization in such violence (e.g., Bennett Cattaneo & Chapman, 2011; Lindhorst et al., 2010; Skillmark et al., 2019). In Sweden, where this study was conducted, these shortcomings result in several intimate partner homicides every year (NBHW, 2024)

Additionally, despite national guidelines, there are geographical differences between social services in their response to IPV (e.g., variations in routines, competence among staff, and prioritization: SOU, 2014:49). Due to resource and staffing issues, a social worker in a rural or remote area is required to work with a wider range of social problems than their urban counterpart, thus making it difficult to have sufficient knowledge, expertise, and skills in all social welfare areas (Hjelte et al., 2023). Additionally, the unique spatial and social contexts characteristic of many sparsely populated areas entail socio-cultural and practical constraints that negatively impact victims' abilities to seek support and professionals' ability to provide such support (e.g., Barlow et al., 2022; Edwards, 2015).

Consequently, this study aimed to explore social workers' shared experiences and perceptions of identifying IPV and assessing the risk for re-victimization of such violence in a Swedish rural and remote context. Since research on professionals' responses to IPV has largely neglected the importance of geographical context (e.g., Barlow et al., 2022), this study aims to increase our understanding of challenges and opportunities that may be unique to a rural and remote context.

The social services' response to IPV in Sweden

Similar to an international social work context (e.g., Allen, 2013), identifying, assessing, and responding to IPV is a central task for social workers in Sweden. This work is governed by national regulations and guidelines (HSLF-FS, 2022:39) that clarify social services' responsibilities for victims, children, and perpetrators of such violence (NBHW, 2022). More specifically, this includes obligations for social services to have routines for how and when social workers need to ask questions about IPV to their clients (i.e., screening), ensure competence among staff, conduct risk assessments for IPV re-victimization, provide support and protection for victims, and collaborate internally and externally to coordinate victim services.

The national regulations and guidelines were updated and reinforced in 2022 following the identification of several serious and long-standing flaws related to the social services work with IPV, which have resulted in several women and men being killed by their partners (NBHW, 2024). These fatality reviews, which have been conducted since 2012, have repeatedly concluded that social services in these cases failed to identify victims of IPV despite clear indications (e.g., women disclosing about abusive relationships while applying for financial support), rarely conducted risk assessments of re-victimization, and failed to initiate internal and external collaboration to implement and coordinate protective actions (e.g., NBHW, 2024).

Notably, the failures described above parallel those identified in other studies of social services' work with IPV, both in Sweden and elsewhere. For example, this includes failure to identify IPV victims in the first place (Danis, 2003; Lindhorst et al., 2010) and only using available risk assessment tools to a limited extent or not as intended (Bennett Cattaneo & Chapman, 2011; Forgey et al., 2014; Skillmark et al., 2019). Among those social services that use standardized tools to assess the risk for IPV re-victimization, most rely on the Swedish version of the Danger Assessment tool (Campbell et al., 2009) called "FREDA", or the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER: Kropp et al., 2010). However, although social workers in Sweden received training in using the FREDA tool, more experienced social workers were more inclined to rely on their professional knowledge instead (i.e., an unstructured approach: Olsson et al., 2023) or use the tool incorrectly (i.e., using their professional discretion to adjust the numerical risk rating or adding risk factors not included in the tool: Skillmark et al., 2019). Additionally, difficulties

for social workers translating the outcome of the risk assessment into protective actions have also been reported (Bennett Cattaneo & Chapman, 2011; Olsson et al., 2023).

These failures among social services in Sweden to respond appropriately to IPV have several potential explanations. Routines for screening for IPV may not be properly implemented in units within social services that do not specifically focus on such violence (e.g., financial support or substance use treatment), a high workload, high rates of staff turnover, and a lack of knowledge about IPV, risk assessments, and protective actions available (e.g., Hoppstadius et al., 2021; NBHW, 2024).

The importance of rurality in relation to IPV

Although the failure to identify IPV and assess the risk for re-victimization of such violence is described as a systemic, nationwide, problem for Swedish social services (e.g., NBHW, 2024), this has not previously been studied related to a geographical context. In fact, it has been repeatedly concluded that research on the situation of both victims and professionals in relation to IPV has focused on urban settings while ignoring rural and remote areas (see Barlow et al., 2022 for a discussion). Problematically, this has instilled a widespread myth of the rural idyll as being free from crime (Barlow et al., 2022; Harris & Woodlock, 2019). However, IPV is equally, if not more, prevalent in sparsely populated areas, as well as more severe, chronic, and long-lasting compared to urban areas (Edwards, 2015; National Rural Crime Network [NRCN], 2019; Strand & Storey, 2019). Meanwhile, victims in sparsely populated areas are significantly less likely to report their abuse than urban victims, often due to the unique socio-cultural and practical constraints tied to the rural and remote context (NRCN, 2019).

In terms of the unique socio-cultural constraints, studies have previously argued that rural and remote areas, in general, are characterized by a lower socioeconomic status, a greater prevalence of patriarchal norms and attitudes (e.g., "boys will be boys"), strong informal social control, lack of anonymity (i.e. "everyone knows everyone"), and a greater distrust in social agencies (Barlow et al., 2022; DeKeseredy & Rennison, 2020; Edwards, 2015; NRCN, 2019). Thus, living in such a context can foster attitudes and perceptions about IPV that hinder victims from disclosing their victimization. This may include perceptions among victims that such disclosure is associated with feelings of personal and collective embarrassment (Edwards, 2015; Logan et al., 2005). Moreover, acceptance of IPV is reportedly more common in rural areas, both in general (DeKeseredy & Rennison, 2020) and among victims and perpetrators (Schwab-Reese & Renner, 2017). From a professional's perspective, there is also a greater likelihood in rural and remote communities of having personal relationships with both perpetrators and victims (e.g., being friends or related through extended family ties), which could negatively impact the victim's willingness to seek such support (Owen & Carrington, 2015).

Additionally, the practical constraints unique to sparsely populated areas exacerbate the difficulties for both victims and professionals in seeking and providing support, respectively. Most pertinently, this includes issues of accessibility such as long distances to the nearest service provider, difficulties with transportation, social and geographical isolation, and a lack of resources (Edwards, 2015; Wendt et al., 2015). As a result, social services in rural and remote areas also have access to fewer resources and are generally understaffed and inadequately trained to respond to social problems in general (Hjelte et al., 2023) and to IPV in particular (e.g., Barlow et al., 2022; NRCN, 2019).

These unique socio-cultural and practical constraints are therefore problematic for both victims and professionals (e.g., social workers). These issues are also reflected in

findings showing that victims of IPV in sparsely populated areas display greater and more diverse service needs compared to their urban counterparts (e.g., Edwards, 2015; Hanley & MacPhail, 2023). At the same time, the necessity for social workers in rural and remote areas to be generalists rather than specialists arguably makes their work with IPV more challenging than in an urban context and warrants further examination (Barlow et al., 2022; Hjelte et al., 2023). In sum, keeping these constraints in mind can help increase the understanding of the additional complexities and challenges faced by both victims and professionals in rural and remote areas, compared to their urban counterparts. In turn, these unique constraints can help interpret the results of the perceptions and experiences expressed by professionals in such a context.

The current study

Current research shows several challenges for social workers in terms of identifying and assessing risks for IPV (e.g., Lindhorst et al., 2010; Skillmark et al., 2019). In Sweden, social services are legally obligated to have routines for how and when to screen for IPV and to carry out risk assessments for IPV re-victimization. Meanwhile, NBHW (2024) has repeatedly identified serious flaws related to these central tasks, which have resulted in many victims' deaths. Thus, it is important to increase our understanding of social workers' perceptions and experiences of identifying and assessing risk for IPV so that this important work can be improved (e.g., Skillmark et al., 2019). Additionally, research related to these challenges for social workers has ignored the potential unique impact of a rural and remote context (Barlow et al., 2022). As such, IPV research often overlooks spatial context and assumes urban findings are universally applicable. Meanwhile, victims and professionals in rural and remote areas face additional challenges (e.g., Edwards, 2015; Hjelte et al., 2023), and little is known about how social services in such areas handle IPV cases. Like other countries (e.g., Wendt et al., 2015), rural and remote areas in Sweden are experiencing a decline in the availability of public services, including police, healthcare, and social services (Hjelte et al., 2023). The impact of such negative developments on professionals responding to IPV in sparsely populated areas in Sweden remains to be studied.

This study aimed to explore social workers' shared experiences and perceptions of identifying IPV and assessing the risk for re-victimization of such violence in a Swedish rural and remote context. The following two research questions were examined:

1. How do social workers in rural and remote areas in Sweden describe their experiences and perceptions of identifying IPV?
2. How do social workers in rural and remote areas in Sweden describe their experiences and perceptions of assessing the risk for IPV re-victimization?

Method

Design

This study adopted an exploratory qualitative research design, using semi-structured focus group interviews with social workers in six rural and remote regions in Sweden. Data was collected within the frame of a research grant (Forte: STY-2022/0007) promoting the dissemination of research findings outside academia. We arranged several half-day

conferences where we presented preliminary findings from a longitudinal research project aiming to implement and evaluate the use of a structured risk management model in IPV cases for the social services and the police. The interviews were conducted as a part of these conferences.

Sampling and participants

The empirical data was based on 13 focus group interviews with social workers, representing 17 rural and remote municipalities across six counties. A total of 38 social workers (34 women and four men) participated, with representatives from adult social care, child welfare services, financial assistance, and substance use treatment units. Each focus group, which consisted of two to five interviewees, was region-based, with participants from one or more municipalities within each region. The interviewees were social workers who all had experience working with cases of IPV. As in most rural and remote municipalities, our interviewees were wearing many hats (e.g., Hjelte et al., 2023) and some were also IPV coordinators within their organizations.

Invitations to participate in the focus group interviews, along with accompanying information letters, were conveyed through the County Administrative Board (*Länsstyrelsen*) in each region. The six regions were selected beforehand since they encompassed several rural and remote municipalities. Some were located in more populated areas with proximity to urban municipalities, while others were situated in more remote and distant areas. Drawing on the definitions by the Swedish Board of Agriculture (2017), rural areas were defined as areas with at least five inhabitants per km^2 and towns with up to 25,000 inhabitants, whereas remote areas were defined as areas with fewer than five inhabitants per km^2. The population size of the municipalities represented in this study varied between 3,500 and 29,000 inhabitants.

Procedure

Before each focus group interview, potential participants received information about the opportunity to take part in the interviews. This included details about the interview's purpose, the topics to be covered, the voluntary nature of participation, and data storage procedures. Additionally, we addressed any queries the participants had. All participants were requested to sign a consent form to participate in the study before the interview.

Each focus group interview lasted approximately 45 minutes and was facilitated using a semi-structured interview guide. To encourage open discussions, the interview guide contained questions about perceived or experienced challenges with identifying IPV and conducting risk assessments for such violence. We also relied on follow-up questions to probe and elicit further reflections from the informants, while allowing the informants to speak freely. We did not set a strict time limit for the interviews, but these ended up being approximately 45 minutes long. We deemed that this was sufficient and that the questions had been thoroughly answered and discussed by our participants. All focus groups were conducted by both authors of this paper. The authors took turns leading the interviews, and the person not asking the questions participated as an observer, taking notes or occasionally adding a follow-up question during certain interviews. The interviews were audio-recorded and subsequently transcribed verbatim. The interview settings included conference rooms and office spaces, which offered participants privacy. The data was collected between February and May 2023. For ethical and confidentiality reasons, the identities of interviewees are anonymized in quotes. To this end, each interviewee was

assigned a number between 1 and 38. According to the Swedish Ethical Review Authority's requirements, we were not required to apply for ethical approval to conduct this study.

Data analysis

Data retrieved from focus group interviews was analyzed using inductive thematic analysis (TA) and guided by the six steps advocated by Braun and Clarke (2006). First, we familiarized ourselves with the transcriptions of the interviews, which were read multiple times. In line with the recursive nature of TA, these transcriptions were revisited several times during the analysis (Braun & Clarke, 2006). Second, codes were generated by searching the transcriptions for extracts (e.g., words or sentences) that were deemed relevant to the study aim. Third, the codes were compiled and grouped to facilitate the interpretation of themes. Our themes and sub-themes were identified at a latent level, meaning that we identified underlying conceptualizations of the data. The progression from codes to themes and sub-themes was recursive and reiterated several times. Fourth, the themes and sub-themes were reviewed and refined to attain coherency within, as well as distinctions between, identified themes. Fifth, the themes and sub-themes were defined and refined by writing a detailed narrative analysis about their contents. Finally, the detailed analyses and narratives of each theme and sub-theme were compiled and written up for the results section of this paper.

The TA was first carried out separately by both authors to increase the credibility of the interpretations and the inter-rater reliability, which also facilitates the identification of rival explanations to be considered and discussed (e.g., Silverman, 2019). Subsequently, our separate analyses were discussed and compared, and any disagreements were solved by a joint discussion to arrive at a final and joint TA. During all steps of the TA, both authors cross-checked their analytic work to ensure consistency.

Results

We identified three themes related to the experiences and perceptions of social workers in identifying and assessing the risk for IPV re-victimization: Challenges with identifying IPV, Varying risk assessment expertise, and Lack of practical utility of available risk assessment tools. Some of the themes also consisted of sub-themes.

Theme 1: Challenges with identifying IPV

This theme consisted of three sub-themes: lack of routines, client reluctancy, and unique barriers in sparsely populated areas. Thus, identifying IPV was perceived to be a challenge by most of our participants.

Lack of routines

First, participants stated that IPV was rarely brought to their attention. Most participants estimated that they identified between five and ten cases of IPV per year, whereas one of our participants working in a remote municipality said they did not encounter a single IPV case in the past year. Meanwhile, however, our participants were aware that IPV in their municipalities was underreported and that such violence certainly occurs even if these cases do not come to their attention. As expressed by one social worker: "Of course, there is intimate partner violence out here too, but it's not reported, so we don't know about it." (Social Worker, 38).

A major explanation for the inability among social workers to identify IPV was attributed by several of our participants to their lack of routines and training in how to

screen for such violence. This included screening for both victimization and perpetration of IPV, with the latter perceived as especially difficult. Many of our participants acknowledged that they would do a better job of identifying such violence if they were to adopt a more structured approach, for example by asking questions about experiences of IPV routinely to all new clients who were seeking other forms of support (e.g., financial support or assistance with housing). Some of our participants, mainly representing adult social care and who were working in units without routines for identification of IPV, stated that they mostly asked questions about IPV on indication (e.g., after the victims themselves disclosed such violence or displayed visible injuries). Among the few social services that did have routines of asking questions about violence, the importance of having support from their managers to improve the detection of IPV was emphasized as essential:

> It requires having a leadership that actively addresses these issues and is committed to developing them [routines], and that you are given the mandate to do so. Because the more you do [ask about IPV], the more you will discover, and the more cases you will identify. (Social Worker, 16).

However, having a structured format for identifying IPV was not perceived as enough, as several participants stressed the importance of having adequate training in asking questions about such violence. Problematically, this was something they experienced that many social workers did not have. The importance of social workers being trained in asking about IPV to identify such violence among clients is illustrated by the following quote:

> For those social workers who are experienced and have been working for a long time, it [asking questions about IPV] usually works pretty well. So, it requires having adequate knowledge about IPV, otherwise you become afraid to ask the client because you don't know how to deal with the answer. So training is really important, you must have the right competence about IPV. (Social worker, 14).

Social workers in some municipalities that recently introduced routine questions about IPV noticed an increase in the number of identified cases. In a couple of municipalities, questions about IPV were asked by social workers to all new clients during a certain period, whereas social workers in a few municipalities always asked such questions in certain types of cases (e.g., financial support).

Client reluctancy

Other challenges with identifying IPV among social workers were perceived to be related to their clients' unwillingness to disclose their victimization. Although cases of IPV were identified or suspected, many of the interviewed participants experienced that victims were unwilling to talk about it and primarily approached social services for other reasons, such as seeking financial assistance or substance use-related treatment.

According to our participants, this unwillingness could also be attributed to victims having a lack of understanding of the various manifestations and definitions of violence. For instance, our participants testified about cases where victims disagreed with their definitions of violence. One social worker mentioned that, in response to a question about violence, a victim might say: "It's not that bad" or "You social workers are so sensitive. I

mean, that's not violence" (Social Worker, 2). In such cases, our participants experienced difficulties getting through to victims who were minimizing their victimization as well as their risk of being re-victimized:

> I find that really difficult to deal with, because the victim may say that " That's no worries, I can go back home" . At the same time, we see that there are so many warning signals for repeat violence. That's really difficult to deal with. (Social Worker, 24).

Other reasons for victims' unwillingness to talk about their IPV experiences were perceived to be related to victims being traumatized by their experiences or having a lack of trust in social services. For instance, it was common that victims were fearful that the social services would take custody of their children if they disclosed living in an abusive relationship and chaotic home environment.

Unique barriers in sparsely populated areas

In discussing the experiences and perceived challenges associated with identifying IPV, our participants recognized that some unique conditions in rural and remote areas rendered victims especially reluctant or unable to disclose their victimization. For instance, maintaining anonymity was perceived as one of the main challenges for victims in communities where "everyone knows everyone". As such, our participants perceived that many victims in their municipalities refrained from contacting social services due to fear or embarrassment that someone they know might see them entering the local social services office. Likewise, personal relations between the social worker and the victim (e.g., being friends or family) were also something our participants had experienced deterred many victims from seeking help.

Additional barriers unique to a rural and remote context included long distances and poor infrastructure, which further complicate the possibilities for victims to receive help. The distance to the nearest social service office or police station may mean that an entire workday is spent traveling back and forth to participate in an investigation. This was identified by our participants as an obstacle for victims in approaching social services, especially for victims who had children and therefore needed to find a babysitter to be able to attend meetings. Thus, social workers' possibilities to identify IPV were limited due to the unique socio-cultural and geographical conditions experienced in sparsely populated areas, making it difficult for victims to approach social services in the first place.

Theme 2: Varying risk assessment expertise

The second theme centered on the expertise in conducting risk assessments for IPV re-victimization and consisted of the following three sub-themes: varying expertise among staff, a lack of continuity, and a lack of resources.

Varying expertise among staff

Training in assessing the risk for IPV re-victimization was perceived to vary extensively within the participants' workforces. Since social workers in rural and remote areas need to be generalists and therefore wear many hats, it was not unusual that participants were working in integrated units with both IPV-related issues and substance use treatment or financial support. Expertise in conducting risk assessments was perceived to be greater in such units. Many participants believed that the ability to conduct risk assessments also

required more than basic knowledge of IPV and that this specific expertise was lacking within their organizations. As expressed by one of our participants: "We should have a fairly broad competence and we don't have, in our municipality, someone with the specialized competence that I can imagine that there is in larger municipalities." (Social Worker, 34). Thus, the expertise to conduct IPV risk assessments was unevenly distributed and often concentrated on a few colleagues.

Due to the varying expertise across different units in how to assess the risk for IPV re-victimization, it was not uncommon that perceptions of levels of risk in a case also differed between social workers. This was most notable in those cases where the victim had children and was in contact with both adult social care and child welfare services. In such cases, our participants experienced that social workers in the latter unit often assessed the risk of IPV as lower than their colleagues who were working with the victimized parent. In part, this could be attributed to the fact that social workers in child welfare services, unlike their colleagues in adult social care, did not rely on specific risk assessment tools to assess such a risk. This incongruence was described by several participants as an obstacle to internal collaboration and created more complexity in their work. One social worker expressed this clash of perceptions of risk as follows:

> I mean, having a child perspective and then an adult perspective, and then they clash. I mean, we [who are working with the child] often end up with that it's better if the child is […] where the child is safe and where there is a home environment and trying to build on that to the greatest extent possible so that the child is not uprooted. But if you work with the adult victim, maybe you're like: " You have to leave now" or try to find a way out. (Social Worker, 33).

Lack of continuity

As established in our first theme, IPV cases were generally rare in many of the municipalities represented in this study. In addition, our participants also experienced an uneven flow of such cases coming to their attention. One social worker described that the number of cases was impossible to predict:

> A wave comes and there are quite a few cases of violence, and then it subsides and becomes a bit quieter for a while. And then, maybe, there is a period with more substance abuse [cases] and so on. So, yes, it fluctuates a bit. (Social Worker, 35).

This lack of continuity of incoming and identified cases was perceived to pose a challenge in maintaining the skills and expertise needed to conduct a risk assessment using structured tools. Several of our participants experienced that this made them feel unsure about how to handle the cases, and this also made it very stressful when a case deemed high-risk was identified. Going long periods without IPV cases, often in combination with a high turnover of staff and the risk of losing colleagues with risk assessment expertise, created frustration and uncertainty among many of our participants regarding how to use structured tools to assess the risk for IPV. "You feel uncomfortable, you forget because you kind of don't keep it alive in daily work." said one participant (Social Worker, 12). In some municipalities represented in this study, the problem of the lack of social workers with risk assessment expertise was solved by outsourcing the work with such assessments to external

consultants. As a result, the "know-how" of conducting risk assessments within the social services was therefore lost.

Lack of resources

Given that municipalities in rural and remote areas have fewer residents, there are also fewer resources for public welfare services, including social services. Many informants highlighted limited resources as a challenge in the work of assessing the risk for IPV re-victimization. Since IPV cases were relatively uncommon, and few social workers are working with such cases, there is often no possibility of conducting risk assessments in larger teams where questions can be discussed with colleagues, as is possible in larger municipalities with more resources:

> Previously, I worked in a team. We were five people in [name of the larger urban municipality] where I worked, and while I might have been the one conducting interviews with the client, we then did the risk assessment together. Almost always, we discussed and bounced ideas off each other. When you are in a larger municipality, there are much greater possibilities to work in that way than when you are alone and have to do the risk assessment by yourself. So, there is a big difference between larger and smaller municipalities. (Social Worker, 14).

The scarcity of individuals possessing expertise and training in risk assessments thus creates vulnerability in the work with IPV. As was often perceived to be the case, high rates of staff turnover or absence from work due to sick leave made the work with risk assessments dependent on a few colleagues and meant that victims were not guaranteed to receive the help they needed. Losing colleagues was often perceived by our participants as equated with losing accumulated expertise, and the training of new employees added to the issue of not being able to fairly assess the victims' situation and subsequently provide the necessary protection promptly.

Theme 3: Lack of practical utility of available risk assessment tools

The final theme related to the perceived and experienced lack of practical utility of the most used IPV risk assessment tool (FREDA) within Swedish social services. While some participants perceived this tool as helpful in providing structure to their work, most perceived it to be too blunt. As such, many important risk factors that our participants encountered in their work with IPV cases were not included. Often, this resulted in participants using this tool merely as an initial guide and then adding other risk factors based on their professional discretion:

> Yes, we use the FREDA tool. That's the one we use… [I]n all the cases where we identify IPV, we use it. But we feel that it's quite – it's quite difficult to feel that it's so helpful, so to speak. It can definitely help me with getting an overview of the case and the type of IPV that has occurred – but I still feel that when working with it… I often have to write stuff down on the side because there are things [risk factors] that are left out in it. (Social Worker, 35).

Furthermore, our participants frequently experienced situations where the outcome of the FREDA tool indicated a low risk for IPV re-victimization, while their gut feeling indicated

a significantly higher risk. Ultimately, this meant that the FREDA tool was usually only seen as helpful in assessing the presence or absence of risk factors, while the outcome (i.e., risk level) was usually adjusted to include their discretion. However, some of our participants were also trained in the B-SAFER tool, which offers the possibility to include other considerations and risk factors that the user deems relevant. Thus, participants who were trained in both the B-SAFER and the FREDA tools usually preferred the former.

A final aspect of the limited practical utility of available risk assessment tools was related to the perceived difficulties of translating the risk assessment into appropriate risk management interventions. Many participants expressed that the FREDA tool offered limited guidance on how to connect the assessment of risk factors with specific interventions aiming to prevent further IPV. Therefore, the outcome of the FREDA assessment, a numerical score ranging from 1 (low risk) to 4 (very high risk), was only considered informative concerning the levels – but not type – of interventions needed. Although this challenge was perceived as more prominent for those participants using the FREDA tool, similar difficulties were experienced by some of the participants using the B-SAFER.

Discussion

This study aimed to explore social workers' shared experiences and perceptions of identifying IPV and assessing the risk for re-victimization of such violence in a Swedish rural and remote context. Through our focus group interviews, we identified three themes that mainly concerned various difficulties: 1) Challenges with identifying IPV, 2) Varying risk assessment expertise, and 3) Lack of practical utility of available risk assessment tools. The perceived challenges were mostly in line with previous research (Bennett Cattaneo & Chapman, 2011; Danis, 2003; Olsson et al., 2023; Skillmark et al., 2019). However, challenges unique to sparsely populated areas were also identified. We begin by discussing the results applicable to social services in general and then proceed to discuss the results unique to a rural and remote context.

Echoing previous studies (Danis, 2003; Lindhorst et al., 2010; NBHW, 2024), most participants experienced difficulties identifying IPV among clients. These issues were mainly attributed to a lack of routines for detecting IPV, coupled with victims' perceived unwillingness to disclose their victimization. As a result, questions about IPV were usually only asked when suspected by the individual social worker. However, previous studies have also shown that many social workers do not screen for IPV as they may be unsure about how to handle situations where clients acknowledge being victims (NBHW, 2024). Some of our participants raised this concern and perceived that it may be easier for social workers who have received training in asking about IPV to feel confident enough to screen for such violence. To this end, structured routines and guidelines assisting social workers in detecting IPV among clients were perceived both by our participants and social workers in prior studies to be helpful (Olsson et al., 2023; Skillmark et al., 2019). Since previous studies, including ours, show that many IPV victims primarily approach social services for reasons other than the IPV itself (e.g., financial or housing assistance: Danis, 2003) it is important that such guidelines are available and implemented broadly within social services and that such screening is carried out routinely. However, these guidelines also need to be coupled with specific training in asking questions about IPV. It has previously been reported that service providers refrain from screening for IPV if they lack the knowledge of what help and support is available for victims (e.g., NBHW,

2024). Thus, training in IPV screening should also include raising awareness of what other service providers can offer victims (e.g., healthcare services or the police).

Once IPV was detected, however, several challenges related to the assessment of risk for re-victimization remained. As previously stressed, professionals who are tasked with carrying out risk assessments must possess professional knowledge about IPV and risk assessment practices (Kropp, 2008; Viljoen et al., 2018). In line with previous studies (e.g., Olsson et al., 2023; Skillmark et al., 2019), our participants perceived such knowledge to differ extensively within their workforce. Such competence was often allocated only to a select group of social workers. Coupled with high rates of staff turnover within the social services, this made the risk assessment work vulnerable.

Although social workers are not required to use a structured risk assessment tool to assess the risks for IPV re-victimization (NBHW, 2022), most participants reported using such a tool. However, they experienced that the FREDA, the most used risk assessment tool for IPV within social services in Sweden, had several shortcomings that limited its practical utility. Like previous studies (e.g., Bennett Cattaneo & Goodman, 2007; Skillmark et al., 2019), our results show that social workers perceived that this tool eliminated their professional discretion and provided little guidance to inform decisions regarding risk management. Importantly, not being able to include one's professional discretion has been found to increase the risk of social workers reverting to unstructured approaches for risk assessments (Bennett Cattaneo & Chapman, 2011; Olsson et al., 2023), which are considerably less valid and reliable (e.g., Ægisdóttir et al., 2006; Kropp, 2008).

Although some of our participants perceived the FREDA tool as helpful, most of them used this tool incorrectly. For instance, the FREDA tool does not allow the user to add other risk factors not included in the tool nor use one's professional discretion to adjust or override the risk level score. Yet, as found elsewhere (Olsson et al., 2023; Skillmark et al., 2019), such adjustments were commonly perceived by our participants as being more helpful. Thus, the use of the FREDA tool within Swedish social services corresponds better to social workers' previously expressed request to find a balance between standardization and professional discretion (Skillmark et al., 2019). In support of this conclusion, those few participants in our study who used the B-SAFER tool, which allows for such deviations, were more content with the assessment of risk for IPV re-victimization.

Unique challenges in a rural and remote context

We also identified challenges in identifying IPV and assessing the risk for re-victimization of such violence unique to a rural and remote context. These issues were both directly and indirectly related to the socio-cultural and practical constraints previously argued to characterize a rural and remote context (e.g., Barlow et al., 2022; Edwards, 2015).

Drawing on the socio-cultural context of strong informal control and attitudes toward keeping IPV as a private matter, our participants perceived the absence of anonymity in smaller communities to make victims reluctant to disclose their abuse. For instance, merely entering the local social service premises was perceived to be stigmatizing as it could raise suspicions and questions from acquaintances as to why the victim approached social services. As found by Barlow et al. (2022), this heightened visibility and lack of anonymity prevent many victims from seeking help from service providers in sparsely populated areas. Furthermore, drawing on previous findings related to greater distrust in social agencies and a broader acceptance of IPV in sparsely populated areas (Edwards, 2015; Schwab-Reese & Renner, 2017), this could explain why so few victims came to our participants' attention. Moreover, practical constraints unique to the studied context were

also provided as examples in our interviews, rendering victims unwilling and unable to seek support. As such, many victims were perceived to be geographically isolated, and the associated difficulties with traveling to the nearest service provider for many victims were exacerbated by long distances and a lack of infrastructure.

Relatedly, due to the relatively low number of IPV cases being identified, the rural and remote context presented added complexities to our participants' work with assessing the risk for IPV re-victimization. For instance, this included issues with maintaining the skills necessary to conduct structured risk assessments. In turn, this created uncertainties and frustrations about the time-consuming work of ensuring that the tools were used as intended, which increased the risk of professionals conducting unstructured assessments instead. Although similar results have been found in studies with social workers in urban settings, the tendency to revert to an unstructured approach has mainly been attributed to individual preference rather than a lack of cases (e.g., Olsson et al., 2023; Skillmark et al., 2019). Additionally, the lack of staff and the division of work in sparsely populated areas (i.e., being generalists rather than specialists) were perceived by our participants as further complicating their work with carrying out risk assessments. Thus, this work was highly dependent on a select group of individuals, which made this work vulnerable and the competence unevenly distributed. Although not unique to social services in rural and remote areas, the practical constraints of a greater lack of resources (e.g., the limited number of social workers and expertise on IPV and risk assessment practices) decrease the possibility for social workers to respond appropriately to IPV in sparsely populated areas (e.g., Barlow et al., 2022).

Drawing on a rurality perspective, our results support previous observations of the additional socio-cultural and practical constraints faced by victims and professionals in sparsely populated areas (Barlow et al., 2022; Edwards, 2015; NRCN, 2019; Owen & Carrington, 2015). As such, not only is IPV more severe and long-lasting in rural and remote areas (e.g., Edwards, 2015; Strand & Storey, 2019), but it is also more difficult for professionals to detect and assess.

Practical implications

Considering the overall challenges with the identification and assessment of IPV, as perceived by both our participants and other social workers (e.g., Bennett Cattaneo & Chapman, 2011; Skillmark et al., 2019), social workers must receive appropriate training and education in IPV and risk assessment practices. At the very least they should be able to identify and subsequently refer such cases to those individuals or units that possess specialized training. We concur with recommendations that social work education must ensure that social work students receive adequate training and skills about IPV (Hoppstadius et al., 2021). Our results also highlight the importance of providing continuous training and education throughout professionals' careers to maintain the skills needed to carry out risk assessments for IPV.

Identification of IPV could be improved by using screening tools for such violence. However, although such tools are available to social workers, these are only used to a limited extent or not at all (Bennett Cattaneo & Chapman, 2011; Hoppstadius et al., 2021; NBHW, 2024). As found in both this and other studies (e.g., Forgey et al., 2014; Hoppstadius et al., 2021), the successful implementation of such working procedures is contingent on the support and commitment from managers and supervisors. Coupled with receiving appropriate training, social workers may be more confident in using screening tools to identify IPV. Moreover, regardless of what risk assessment tool is used, the primary

aim for many practitioners is violence prevention (Bennett Cattaneo & Goodman, 2007; Kropp, 2008). Thus, more research should be focused on how to provide professionals with assistance in translating the outcome of risk assessments into risk management interventions that can mitigate the risk of victims being re-victimized.

The implications discussed above are especially important for professionals and victims in a rural and remote context. Since victims' needs are more diverse and extensive in such a context (e.g., Edwards, 2015), multi-agency collaboration is vital. This context also requires a more creative approach to encourage victims to disclose their victimization, such as being able to seek support from social services in a neighboring municipality to avoid confidentiality concerns. Ultimately, continued failure to identify and assess the risks for IPV re-victimization has several negative implications for victims. At worst, this can include being killed by their partner (NBHW, 2024). Other negative consequences can include losing trust in the ability of society to help those who are in a vulnerable position. In the long run, this could prevent many victims from reaching out to social services, police, or other agencies, and therefore lead to them remaining in abusive relationships. This may be especially important in rural and remote areas where the distrust in social agencies is generally greater than in urban areas (Edwards, 2015).

Limitations

While focus group interviews can encourage and stimulate reflection by listening to other informants' perceptions and experiences, this method of data collection can also inhibit individuals from sharing their viewpoints (e.g., when some individuals dominate the interview: Patton, 2015). This was more pertinent in our larger focus groups, where some informants took up more space in terms of speaking time. By keeping the focus groups relatively small (2–5 participants), we tried to increase the chance that everyone had the time and space to speak. Furthermore, internal hierarchies may have influenced the opportunity for everyone to speak freely and share their opinions (Patton, 2015). However, since working with cases of IPV was an inclusion criterion, our participants' managers or superiors were not participating in the focus groups. Moreover, in most of our focus groups, the participants knew each other through work, which contributed to a relaxed and informal atmosphere in all our interviews.

Conclusions

Overall, the results of this study demonstrate several perceived and experienced challenges of social workers' ability to identify and assess risks for IPV. While many of these challenges have been found in prior studies, we also found challenges that were specific to a rural and remote context. One of the main implications of this study is the need for a structured approach when identifying and assessing the risks for IPV. Although concerns have been raised within the social services that the introduction of structured tools and methods will threaten professional discretion (Bennett Cattaneo & Chapman, 2011; Skillmark et al., 2019), a balance between structure and discretion is attainable as well as necessary to give victims the most adequate support and protection possible.

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Competing interests
The authors have no conflict of interest to disclose.

Data availability
Due to the confidentiality of the participants, data will not be shared.

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