



Risk Assessment, Risk Management & Safety Planning Knowledge Exchange

On October 17-19, 2012, the Centre for Research and Education on Violence Against Women and Children, at Western University, and the Centre for the Study of Social and Legal Responses to Violence, at the University of Guelph, co-hosted a national Knowledge Exchange on Risk Assessment, Risk Management and Safety Planning. The Knowledge Exchange was funded by Justice Canada. Seventy-six stakeholders from government, academic, community and justice sectors attended the Knowledge Exchange with at least one representative from each province and territory. All presentations and discussions were made available in French and English. The purpose of the knowledge exchange was to bring together professionals from across the country who work in the violence against women sector to begin a national dialogue that would also help facilitate the development of a national strategy that could comprehensively examine, address, and share the issues, challenges, and best practices in the area of risk assessment, risk management and safety planning. These research priorities have been identified and underscored through the work of domestic violence death review committees in Canada and elsewhere in the past decade. Following a discussion of the evolution of death review initiatives, this paper summarizes the presentations and small group discussions that arose out of the knowledge exchange.

Domestic violence death review

The first domestic violence death review in the United States occurred in San Francisco, California after the 1990 homicide-suicide involving Veena and Joseph Charan (Websdale, 1999). As a result of this incident, the San Francisco Domestic Violence Consortium commissioned the “Charan investigation.” The results of the investigation identified several key elements that would aid in the prediction and prevention of future domestic homicides. Specifically, it was noted that crucial gaps in service delivery needed to be rectified, such as providing better communication and coordination between government agencies, providing better mechanisms for data collection by institutions investigating domestic homicides, providing better access to services for victims and perpetrators, and implementing more thorough training programs for frontline workers. It was this investigation that revealed the importance of a domestic violence death review when trying to understand and to prevent domestic homicides.

A domestic violence death review brings together community agencies, service providers, and government representatives with expertise in domestic violence to investigate and review homicides and/or homicide-suicides that involve domestic violence. The purpose of the review is to create recommendations aimed at preventing deaths in similar circumstances and reducing domestic violence in general. By conducting a thorough and detailed examination and analysis of the facts within domestic homicide cases, the review strives to develop a comprehensive

understanding of why domestic homicides occur and how they might be prevented. The recommendations are ideally created through the examination of the risk factors identified in the cases and the responses to these factors by different community and government systems. The recommendations are generally aimed at public education, professional development in many service sectors, enhanced legislation, better coordination of services and resource development. The importance of these death review teams has been recognized because there are approximately 175 domestic violence death review teams across North America and they have been implemented in other countries including Canada, Australia, New Zealand and the United Kingdom (Wilson & Websdale, 2006). For more information on U.S. domestic violence death review teams, visit www.ndvfri.org.

In Canada, in 2002, Ontario established the first death review committee in Canada (Ontario DVDRC, 2003). The formation of the Ontario Domestic Violence Death Review Committee (Ontario DVDRC) was in response to recommendations that arose from two separate, but major inquests into the domestic homicides of Arlene May and Gillian Hadley by their former male partners. These separate inquests generated several key recommendations that identified the need for education, training, and prevention programs; coordination of services and sharing information; risk assessment, risk management, and safety planning; modification and reconstruction of justice programs (e.g., bail hearings) and police procedures; conducting further research into domestic violence and homicide prevention; and the formation of a domestic violence death review committee (Office of the Chief Coroner, 2002; Ontario Women's Justice Network, 1998; 2002).

Until recently, Ontario has had the only death review committee in Canada (Jaffe, Dawson & Campbell 2013). In March 2010, a British Columbia Death Review Panel (British Columbia DVDRP) conducted a one-time domestic homicide review of 11 domestic homicides from across the province, drawn from over 100 coroner case files dating back to 1995 (Coroners Service, 2010). In November 2008, the Manitoba Minister of Family Services and Consumer Affairs, along with the Minister of Justice and Attorney General and the Minister of Labour and Immigration (responsible for the Status of Women) announced the plan to create a domestic violence death review committee (Manitoba DVDRC) to examine and review domestic homicides in that province (Centre for Research and Education on Violence against Women and Children, 2011). The Manitoba DVDRC was formally established on June 16, 2010. New Brunswick has also formed a death review team to work as an advisory body for the Office of the Chief Coroner (New Brunswick DVDRC). This committee has commissioned a study on all domestic homicides that occurred in the province between 1999 and 2008 (New Brunswick, 2010). Finally, the Alberta government is currently considering a retrospective ten-year review (Komarnicki, 2011).

Recommendations made by domestic violence death review committees are typically classified under common themes such as education and awareness; assessment and intervention; resources; and enhancing system response (Websdale, 1999). Since its inception, the Ontario DVDRC has made recommendations around the importance of risk assessment, risk management and safety planning in domestic violence cases. Specifically, between 2003 and 2009, 72% of the recommendations formed by the Ontario DVDRC have been targeted at assessment and intervention (Ontario DVDRC, 2009). In their first annual report, the Ontario DVDRC made the following recommendation:

There is a need to have appropriate assessment tools available to those who work with victims and perpetrators of domestic violence to better assess the potential for lethal violence in their lives. Correspondingly, once the risk is identified, victims and perpetrators of domestic violence need access to appropriate services and programs.

The person at risk requires access to:

- a specialized and comprehensive risk assessment by an appropriate agency;
- skilled assistance to engage the victim in developing a safety planning process; and
- risk management, for both the victims and the perpetrator (Ontario DVDRC, 2003, recommendation #10).

To begin to address such prevention intervention priorities, the Risk Assessment, Risk Management and Safety Planning Knowledge Exchange brought together professionals working in the violence against women sector from across the country to create a national dialogue around the issues, challenges, and best practices with assessment and intervention. The national knowledge exchange further facilitated a discussion about the potential for a national strategy for risk assessment, safety planning and risk management in domestic violence cases. Presentations and discussions of the Knowledge Exchange focused on an overview of domestic violence risk assessment in Canada; collaborative risk assessment within a system context; recognizing risk for children; risk assessment with vulnerable populations; risk management; and safety planning. This report summarizes all presentations and small group discussions.

Overview of domestic violence risk assessment

[Presenters: **Jill Messing**, Assistant Professor, School of Social Work, Arizona State University (<http://jillmessing.wordpress.com/>);

Randy Kropp, Simon Fraser University & Forensic Psychiatric Services Commission, Vancouver, BC (<http://proactive-resolutions.com/>);

Zoe Hilton, Senior Research Scientist, Research Department, Waypoint Centre for Mental Health, Penetanguishene, ON (<http://www.mhcop.on.ca/>)]

There are approximately 31 domestic violence risk assessment tools utilized by criminal justice personnel across Canada (Millar, 2009/DOJ report). Some jurisdictions use a variety of standardized tools in conjunction with checklists, case management tools, and inter-agency protocols, which were created specifically by organizations to help develop appropriate safety plans, provide evidence to the courts, raise awareness of risk factors associated with domestic violence, and assist in risk management of offenders (Millar, 2009). The Knowledge Exchange focused on four specific risk assessment tools that are used often by several provinces and territories across the country: 1) the Ontario Domestic Assault Risk Assessment (ODARA); 2) the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER); 3) the Spousal Assault Risk Assessment (SARA); and 4) the Danger Assessment (DA).

One of the main themes around risk assessment discussed at the Knowledge Exchange was how risk assessment should be seen as the essential first step to risk management and safety planning. Presenters felt that risk assessment tools were not useful if they did not provide information that could be used in subsequent risk management and safety planning strategies. The ODARA, the B-SAFER, and the SARA assess for the risk of re-assault while the DA assesses the risk for lethality (Millar, 2009). However, all of these risk assessment tools rely on the presence of risk factors to categorize the level of risk for re-assault or lethality posed by the

offender. These categorizations help inform professionals of the intensity required for intervention and management with offenders. The B-SAFER also includes a section on recommended risk management strategies such as monitoring, supervision, treatment and safety planning with the victim. The DA was developed with the purpose of assessing lethality and providing a comprehensive tailored safety plan for victims. A pilot project titled the Lethality Assessment Program (MNADV) was developed in Maryland and asks police to complete a shortened version of the DA (11 items) during the first response with victims of domestic violence. If the assessment deems the victim to be at high risk for lethality, the police connect the victim by phone with a domestic violence service provider. The service provider does immediate safety planning with the victim and encourages her to receive domestic violence services.

Following the four presentations, the Knowledge Exchange participants engaged in small group discussions and identified the main challenges around risk assessment:

- Deciding who is going to assess the risk, what tool to use, and how to communicate the results
- Deciding who gets the information from the assessment
- Achieving a common understanding of what the results from a risk assessment mean
- Understanding and defining high, medium, and low risk
- Dynamic factors are typically not considered when using risk assessment tools
- Understanding that some risk factors have more weight than others and some cases may be considered high risk even without the presence of a large number of risk factors
- Different services and jurisdictions use different tools which leads to confusion when communicating results
- Most tools do not take into account specific and unique factors related to vulnerable populations
- Subjectivity in that different service providers may have a different perspective on the same case in terms of assessing risk
- A lack of consistent training because not everyone receives the same training on risk assessment tools, strategies, etc.
- Risk assessment tools often label the victim
- Judges often do not believe the validity of the tools

Collaborative risk assessment within a system context

[Presenters: **Val Campbell**, LLB, Director, Integrated Threat and Risk Assessment Centre (I-TRAC), Alberta Law Enforcement Response Teams, Edmonton, AB (<http://www.alert-ab.ca/itrac>);

D/Sgt Kelly Grubb, Threat Assessment Unit, Lead, Domestic Violence Risk Management Guide, OPP;

Mark Holmes, Coordinator, New Directions Program, Catholic Family Service Ottawa, Ottawa, ON (<http://www.cfsottawa.ca/en/program-and-services/for-individuals-who-have-been-abusive-to-their-partners/>);

Carolyn Goard, Director Member Programs and Services, Alberta Council of Women's Shelters, Edmonton, AB (www.acws.ca);

Barb MacQuarrie, Community Director, Centre for Research and Education on Violence Against Women & Children, Western University, London, ON (www.learningtoendabuse.ca)]

When it comes to risk management, collaboration is an essential tool. Many systems involved with the family at risk need to communicate and work together to develop

comprehensive management and safety planning strategies. The presenters for this session discussed the importance of collaboration and communication within their particular organizations (Threat and Risk Assessment Centre; Shelters; Batterer Intervention Programs) in order to enhance risk management and safety planning for families at risk.

The Integrated Threat and Risk Assessment Centre (I-TRAC) in Alberta is a multidisciplinary agency that conducts formal threat assessments; develops case management plans; provides recommendations for investigations, charges, court orders, and victim safety strategies; provides expert testimony; conducts case conferencing; and delivers specialized training. In order for I-TRAC to be able to provide all these services with accuracy and efficiency, they receive information from police files, Child Protection Services (CPS), and corrections. Research conducted in partnership with the Alberta Council of Women's Shelters (ACWS) and Dr. Jacqueline Campbell highlighted the need for collaboration with system partners. For example, many women in shelters are assessed as high risk for lethality, particularly Aboriginal women and women with addictions. With these multiple vulnerabilities, the ACWS has encouraged collaboration with other helping systems to ensure the safety of these women. Partner Assault Response programs (PARS) are group interventions for offenders. They require information sharing so that they can ensure offender compliance with supervision orders and the requirements of the PAR program which contribute to victim safety. As the presenters described, many organizations rely on timely and efficient collaborations with other systems in order to properly manage risk and provide effective safety plans for victims and children.

However, as discussed, with collaboration comes the challenge of maintaining confidentiality for both victims and offenders. Many of the presenters in this session discussed developing memorandum of understandings (MOU) that provide guidelines for sharing information with different sectors. I-TRAC established a memorandum of understanding (MOU) between all systems involved in threat assessment and case management to ensure information sharing would be carried out professionally while adhering to the rights of confidentiality for the offender and victim as a key concern. Furthermore, I-TRAC does not release a threat assessment to anyone outside of the criminal justice system unless a member of I-TRAC is subpoenaed. In 2003, the Alberta Council of Women's Shelters established a MOU with the RCMP and there is currently an initiative to further develop guidelines for effective and professional collaboration (between these two agencies?). The province of Ontario established an Exchange of Information Agreement which governs information sharing between PAR programs, Victim Witness Assistance Programs (VWAP), the Ministry of the Attorney General, Criminal Law Division, and the Ministry of Community Safety and Correctional Services, Probation and Parole. Prior to this agreement, PAR programs had to rely on the self-report of the offender in terms of his charges, his criminal history, and his history with violence. Currently, PAR programs receive police occurrence reports from VWAP and crown attorneys.

Another challenge with collaboration is the importance of using the same language when conducting risk assessments and managing risk. This is seen as a challenge when different helping systems and/or jurisdictions use different risk assessment tools. Currently, in the province of Ontario, police are asked to complete a Domestic Violence Supplementary Report (DVSR) when they first respond to a domestic violence call. The DVSR is an investigative checklist that includes a list of 19 risk factors (Millar, 2009). Over time, jurisdictions across the province have developed their own version of the DVSR to meet their particular needs. This can make communicating results among professionals complicated. In 2009, a working group

comprised of members from the Ontario Police College, the OPP, and the Domestic Violence Advisory Committee of Ontario re-examined and revamped the DVSR to create the Domestic Violence Risk Management (DVRM) Report and Guide. The DVRM is an improved version of the DVSR that helps increase accuracy and knowledge around risk factors and provides a more accurate and user-friendly risk management guide. Furthermore, the DVRM is more standardized to ensure that all jurisdictions across the province utilize the same tool and to increase accurate and efficient communication of risk and risk management between professionals. Recently, the DVRM was approved by the Ministry of Community Safety and Correctional Services and is being used for training. The Alberta Council of Women's Shelters (ACWS) uses the Danger Assessment tool when assessing a woman's risk for lethality. The ACWS has a train-the-trainer curriculum for shelter workers to ensure standardized use of the Danger Assessment. Currently, 43 member shelters have received the training.

The Centre for Research and Education on Violence Against Women and Children, in collaboration with researchers/practitioners who are experts in risk assessment and risk management, have developed a Domestic Violence Risk Assessment and Management online training directed at health, education, Violence Against Women, social service, and workplace sectors (www.onlinetraining.learningtoendabuse.ca). The training provides a knowledge base and helps to develop skills among professionals and service providers to enhance their ability to recognize and manage risk. Topics include how to identify risk for domestic violence and dangerous situations; how to assess and manage risk; and how to collaborate when working on domestic violence cases. The training utilizes several scenarios that are based on real cases reviewed by the Ontario Domestic Violence Death Review Committee.

In small group discussions, participants listed the main barriers to collaboration across systems:

- Confidentiality and privacy
- A need to build trust between those agencies at the risk assessment/management table
- Acts and regulations that are different across provinces and jurisdictions which prevents information sharing
- There may be different understandings of what constitutes information that needs to be shared as opposed to information that should not be shared
- Victims may be scared to collaborate because they fear that what they disclose may be used against them by the courts or Child Protection Services
- Institutional culture which leads agencies seeing the same case differently
- Lack of time and resources to invest in building relationships and ongoing processes for information sharing
- No common language around risk
- Not all people are invited to the risk assessment/management table (e.g., often non-justice partners (e.g., PARS and shelters) are excluded from case conferencing)

Recognizing children at risk for domestic homicides

[Presenters: **Katreena Scott**, Associate Professor, Canada Research Chair in Family Violence Prevention and Intervention, Department of Human Development and Applied Psychology, OISE, University of Toronto, Toronto, ON (www.caringdads.org);

Peter Jaffe, Centre for Research and Education on Violence Against Women & Children, Western University, London, ON (www.learningtoendabuse.ca);

Myriam Dubé, Chercheure, CRI-VIFF, École de Service social, Université de Montréal, Montréal, PQ; (<http://www.criviff.qc.ca>]

Presenters for this session discussed the importance of recognizing the risk for lethality for children exposed to domestic violence and the importance of system collaboration and offender intervention in handling such cases. There have been 28 child domestic homicide victims in Ontario between 2002 and 2009 (Ontario DVDRC, 2011). However, research has indicated that child domestic homicide cases are indistinguishable from adult domestic homicide cases in terms of common trends as well as unique risk factors (Hamilton, Jaffe, & Campbell, 2012). Therefore, when a mother is at risk for lethality, children should also be considered at risk. It is important to note that children can be directly impacted by domestic homicide in a variety of ways: they can witness or hear the homicide of their mother; they may lose a parent or both parents due to the crime; or they may become homicide victims themselves (Hamilton, Jaffe, & Campbell, 2012). Research from Quebec has shown that children who witnessed a domestic homicide were often exposed to severe domestic violence prior to the homicide and post-separation (reference). However, in some cases, children may not have been exposed to severe physical domestic violence but rather severe psychological and verbal violence between their parents. Furthermore, many of these children were exposed to concurrent issues with their parents, such as mental health and addictions, which allowed for several systems to be involved with the family and many potential points for intervention. In fact, research has indicated that domestic homicide cases with children in the family who were either exposed to the homicide or direct victims had more agency and professional contact than domestic homicide cases without children in the family (Hamilton, Jaffe, & Campbell, 2012).

Partner Assault Response programs (PAR) were developed to provide interventions for offenders of domestic violence; however, few interventions focus on the offender as a father. Often mothers are tasked with the responsibility of keeping their children safe while fathers move on to other families, even if it means abandoning their own children. Fathers are often “invisible” when it comes to providing support and intervention and the opportunity to promote change in men and the father-child relationship is lost. However, being a father is often motivation enough for a man to participate in an intervention program. Therefore, intervention programs aimed to work with fathers who are violent towards their intimate partner and/or their children often use a motivational approach that encourages accountability and emphasizes how a father’s abusive behaviours can have negative impacts on the children as well as the father-child relationship. One specific program that was developed in London, Ontario is Caring Dads, which is a 17-week group intervention program for abusive fathers that address domestic violence as a form of child maltreatment (www.caringdads.org). One concern with mandating offenders into intervention programs is that family courts can take a one-size-fits-all approach rather than developing a specialized response for domestic violence cases. Family courts need to be aware of specialized interventions for abusive fathers so these men receive appropriate and effective interventions.

Collaboration between systems is imperative to ensure child safety in the context of domestic violence. In 2008 and 2010, Quebec conducted a pilot study on the implementation of a protocol for collaboration and assessment of children exposed to domestic violence. A variety of different stakeholders were involved including shelters, PARS, Child Protection Services, police, and social and health service agencies. The protocol emphasized the need for training on assessing the risk for lethality and more standardized agreements for collaboration across the sectors involved.

One area that requires more collaboration to ensure the safety of children exposed is between criminal and family courts. It is not uncommon for a victim and/or perpetrator to receive a safety or risk management plan (e.g., restraining order; Caring Dads intervention) in one court, but the other court is unaware of these strategies and attempts to provide other plans that are contradictory. For example, a woman may be told in criminal court that she should discontinue contact with the offender for her own personal safety; however, the family court may encourage the victim to maintain a relationship with the offender so the children may have continued contact. Family and criminal court judges, crown attorneys and lawyers need training on the dynamics of domestic violence, including risk for lethality and effective risk management and safety planning strategies. Family and criminal courts also need to find ways to effectively communicate with each other when dealing with high risk domestic violence cases.

The case of Kaitlynn, Max, and Cordon Schoenborn reviewed by the Representative for Children and Youth in British Columbia underscores the dire potential consequences produced by systemic gaps in training, intervention, information sharing and coordination of services (Representative for Children and Youth, 2012). On April 6, 2008, Allan Schoenborn killed his three children. During their short lives, these children were exposed to several incidents of domestic violence and their father's mental illness. Since 1999, the family had been involved with the Ministry of Children and Family Development (MCFD), the mental health system, and the criminal justice system due to Allan Schoenborn's mental illness (a delusional disorder or possibly schizophrenia) and his use of violence within the family. In the week leading up to the deaths of Kaitlynn, Max, and Cordon, their father was arrested three times. The review of the tragedy demonstrated a lack of or miscommunication between systems, ineffective case management and collaboration, a lack of training among service providers, and several missed opportunities for assessment, intervention, and safety planning with the family. The report concluded that the unfortunate deaths of these three children could have been prevented "if the social safety net comprised of child protection, justice and mental health had worked appropriately and in partnership." In 2010, the Violence Against Women in Relationships Policy (VAWIR) in British Columbia was updated to include a protocol to enhance the justice and child welfare system response to domestic violence cases identified as high-risk by police (Ministry of Public Safety and Solicitor General et al., 2010). The protocol outlines specific provisions around information sharing, safety planning, and coordinated and collaborative risk management strategies.

In small group discussions, participants discussed how to encourage justice and community partners to include children when assessing risk:

- It is important to invite all organizations, justice and community partners, to the risk assessment/management table
- Training should educate that risk to the mother is synonymous with risk to the children and that exposure to domestic violence is a form of child abuse/neglect
- Encourage family case conferencing that takes a strength-based approach, utilizing the positive assets of the family
- Shelters need to look at how they can further support children
- Children should be included in risk assessments, particular those assessments that occur at first response

- Programs need to be created that help Child Protection Workers feel safe engaging with the abuser
- Need to have a culturally relevant approach

Risk Assessment with Vulnerable Populations

[Presenters: **Mohammed Baobaid**, Director, Muslim Resource Centre for Social Support and Integration, London, ON (<http://mrcssi.com/>);

Nora Lee Rear, Executive Director of Eagle's Nest Stoney Family Shelter on the Stoney Nakoda Reserve in Central Alberta;

Deborah Doherty, Executive Director, Public Legal Education and Information Service of New Brunswick (<http://www.legal-info-legale.nb.ca/en/>)]

In terms of assessing/managing risk and providing safety plans for victims of domestic violence, service providers are driven by standard policies and procedures that ensure the immediate safety of the family. However, as presenters discussed during this session, it is important to be aware of the lived experiences of each victim and family; the intersections of culture, vulnerabilities, and identities; and the specific risk factors associated with particular vulnerabilities when conducting assessments and providing appropriate interventions. This could mean going 'outside of the box' for service providers and engaging with victims, perpetrators, families and communities in a unique way.

Risk assessment/management and safety planning can be a complex process in the context of collectivist culture where victims have a strong sense of belonging, collective identity, collective honour and traditional roles and expectations in the family. It is the immediate response of a service provider to encourage victims to leave the abuser and seek refuge outside their community. Although, in the short term, this ensures that the victim is safe and supported, in the long term, removing the victim from her community may disconnect her from what she feels is the most essential part of her and from social supports that are not immediately recognizable by service providers. It is imperative that service providers attempt to understand the lived reality of immigrant and refugee women experiencing violence and to provide culturally-relevant supports and interventions. The Muslim Resource Centre for Social Support and Integration (MRCSSI) in London, Ontario, offers integrative and intercultural family violence prevention and intervention services to ensure the safety of Muslim and Arab families. The MRCSSI feels it is important to engage with community and religious leaders, to provide culture-specific support to immigrant and refugee women and children. Furthermore, MRCSSI helps to engage with perpetrators and teaches non-violent and culturally acceptable ways to negotiate a resolution to conflict.

The Walking the Path Together project in Alberta relies on Eagle Feather Workers based in five on-reserve shelters to provide support to First Nations children who have lived with domestic violence. A part of this project is the development and utilization of a culturally relevant and specific model of the Danger Assessment (DA). The DA is a tool developed by Dr. Jacqueline Campbell that assesses the potential lethality for victims of domestic violence. Walking the Path Together created a more culturally relevant DA that includes: a seasonal representation of the DA calendar that tracks cultural abuse (e.g., the perpetrator not allowing the victim to attend cultural ceremonies); utilizing the visual of the circle, which represents the unending cycle of life, in the actual calendar and questionnaire portion of the DA; adding questions around the use of particular weapons and prescription drug abuse; and providing a caregiver questionnaire meant to assess the risk of violence for the caregiver (usually a

grandparent) and the caregiver's outlook on the abuse of the victim in the family. This new DA incorporates the cultural identity of Aboriginal families and creates a more comprehensive and sensitive risk assessment.

The New Brunswick Silent Witness Project (www.silentwitness.ca) examined domestic homicides that occurred in the province from 1990 to 2012. There were 40 deaths of women that occurred in the context of domestic violence. New Brunswick is considered a rural province and many of the domestic homicides occurred in small towns and rural areas with a population of less than 10,000. This research illustrated that some risk factors for lethality for families living with domestic violence in rural areas are different from urban families living with domestic violence. Specifically, when compared to the statistics from the Ontario Domestic Violence Death Review Committee, domestic homicides that occurred in rural New Brunswick were more likely to occur among common-law couples (66% NB vs. 20% ON) and to involve the use of a firearm (i.e., shotgun or hunting rifle) (55% NB vs. 26% ON) (Ontario DVDRC, 2009; www.silentwitness.ca). Furthermore, perpetrators of domestic homicide in New Brunswick were more likely to use alcohol and/or drugs (75% NB vs. 38% ON). Finally, just over a third of the domestic homicide cases in New Brunswick occurred after separation whereas the majority of cases in Ontario occurred after a separation (37% NB vs. 56% ON) (Ontario DVDRC, 2008). These statistics indicate that unique risk assessments and risk management strategies need to be utilized with vulnerable populations, such as families living in rural areas.

In small group discussions, participants identified challenges to risk assessment with vulnerable populations:

- No specific risk assessment tools exist that capture the unique risks associated with vulnerable populations
- Often materials are not available in the victim's first language
- Professionals, victims, and the general public are misinformed about immigration laws which can cause fear in the victim, a misunderstanding of the risks that may be involved or the creation of a misguided safety plan
- There is a misunderstanding of honour-based violence
- In many Northern communities, victims rarely leave an abusive relationship and service providers are ill-equipped to safety plan or deal with cases where the victim chooses to stay
- There are many different cultures which can make it difficult to address each unique vulnerability

Risk management

[Presenters: **Kevin McNichol**, Director, Homefront, Calgary, AB (<http://homefrontcalgary.com/>);

Sergeant Tammy Ward, District 7 RCMP, J Division, Woodstock/Nackawic NB;

Katreena Scott, Associate Professor, Canada Research Chair in Family Violence Prevention and Intervention, Department of Human Development and Applied Psychology, OISE, University of Toronto, Toronto, ON (www.caringdads.org);

Pauline Jackson, Area Director, Criminal Organization High Risk Offender Unit & Gang Response and Suppression Plan, Winnipeg, MB)]

Presenters for this session discussed the importance of identifying high risk cases and providing timely intensive support and supervision for high risk offenders. Risk management is

a collaborative process that requires information sharing among several systems and the development of effective safety plans for victims and perpetrators. Some initiatives that have been developed to help manage high risk cases include high risk management teams and early intervention programs for offenders. A common factor within these initiatives is the development of unique management strategies that target the specific needs of the offender and the victim.

High risk management programs, such as the High Risk Management Initiative (HRMI) in Alberta and the Criminal Organization and High Risk Offender Unit (COHROU) in Manitoba, identify high risk cases through referrals and assessment processes. The programs work collaboratively with other service agencies and share information in a timely manner. A proactive intensive response around offender management, support, enforcement and supervision is provided with active engagement and safety planning of the victim. Each case has unique management strategies put in place that respond to the specific needs of the offender and the victim. For example, risk management strategies may include specific pro-social conditions for the offender, such as employment training or volunteer work, and utilizing specific resources that help make the transition of the victim easier (e.g., the Safe for Pets Too program in Winnipeg will take a victim's pets to see a veterinarian and place them in a foster home during the time the victim and her children are in shelter). A new pilot study called the London Domestic Violence Safety Project in London, Ontario, had police officers contact offenders currently out on bail to engage them in therapeutic services while awaiting trial. Often during this time, many offenders do not receive any services and are left to their own devices. A therapist was made available to these men so that their level of risk for reoffending was discussed and appropriate safety plans were put in place (e.g., finding housing; risk management plan if using drugs and/or alcohol). An evaluation of the study indicated that offenders who utilized these therapeutic services while out on bail were less likely to be arrested again for a violent or administrative offense compared to offenders who did not receive therapeutic services.

Participants discussed in small groups strategies that promote greater awareness of risk management:

- People in positions to implement decisions at the government level need to be involved
- A cost-benefit analysis of risk management needs to be conducted to encourage buy-in
- Management strategies should be embedded into standard policies and procedures
- Knowledge Exchange forums can help people further promote risk management
- The need for specific protocols and a dedicated staff
- Training of professionals who work with families experiencing violence

Safety planning

[Presenters: **Susan Young**, Director, Ontario Association of Interval and Transition Houses, Toronto, ON (www.oaith.ca);

Tracy Porteous, Executive Director, Ending Violence Association of BC, Vancouver, BC (<http://www.endingviolence.org/>);

Verona Singer, Coordinator, Halifax Regional Police Victim Services, Halifax, NS (<http://www.halifax.ca/police/programs/victimservices.html>);

Clare Freeman, Executive Director, Interval House, Hamilton, ON & Chial, Ontario Domestic Violence Advisory Council, Toronto, ON, (<https://intervalhousehamilton.org/>)]

Safety planning is an essential component of the risk assessment and management process. Safety planning requires collaboration across sectors, information sharing, and multi-level solutions. However, the most important component of an effective safety plan, as discussed by the presenters in this session, is the need for the voices of survivors to be at the table. Whether it be with victim/community advocates sharing survivor voices, as done in the High Risk Model in Hamilton, Ontario, or survivors themselves attending case conferences, as in the Case Conferencing Model in Nova Scotia, the lived experiences and the survivors' social locations must always be at the forefront when developing appropriate and effective safety plans. The Ontario Association of Interval and Transition Houses (OAITH) has developed the Survivor Voices Inclusion Project (SVIP), funded by Status of Women Canada, with the goal of engaging survivors by including their voices, knowledge, and expertise in the work of women service agencies, such as shelters and second stage housing (www.oaithsvip.com). Women with lived experiences of violence should be considered the experts in the area of managing risk and safety planning, particularly when developing their own safety plan. At times, the needs, policies, and procedures of service providers in the violence against women sector can supersede the specific and unique needs of a survivor. This can cause distrust, frustration, and general panic among victims possibly forcing them to return to the abusive relationship. Service providers should acknowledge survivors as experts in their own lived experience with violence and let them lead through their own planning process.

In the small group discussions, participants identified how safety plans may differ when working with vulnerable populations:

- It is a best practice to talk to the victim about what she has done in the past to keep herself safe and how the abuser responded to those tactics in order to determine what worked and what did not work and also to empower the victim
- When safety planning, it is important to be aware of issues of vulnerability
- Need to take into account the woman's culture and sense of belonging to her community
- Need to involve faith-based leaders in case conferencing and prevention strategies
- Allow women to visit a shelter in advance to get an idea of what shelter life is like
- Need to avoid one-size-fits-all approach
- Adapt plan over time as the victim's life and level of risk evolves
- The safety plan needs to fit within the victim's community, level of change, and social location

The small groups also discussed how frontline workers can engage with victims who may not feel safety plans are appropriate for them or who feel the costs outweigh the benefits:

- It is important to take a victim-centered approach and determine what she feels she needs with respect to hers and her children's safety and start from there
- Need to be empathic and think of the client-counsellor relationship with the victim before beginning to safety plan
- Need open and active engagement
- Service providers need to avoid making promises they are unable to keep
- Need to focus on the abuser as well

- Public education is needed to raise awareness of the dynamics of domestic violence to gain support from family and friends when attempting to develop a safety plan
- Need to use a circle of support around the victim by getting many professionals from different jurisdictions involved
- Empower the victim
- The safety plan needs to be adaptable and led by the victim

Developing a blue print for a national strategy for risk assessment, risk management and safety planning in domestic violence cases

Participants at the Knowledge Exchange discussed the most challenging aspects in developing a national strategy for risk assessment, risk management, and safety planning (see also Jaffe, Dawson & Campbell 2013). One common challenge identified is the lack of money and resources especially given that available resources vary depending on geographic location (e.g., urban areas vs. rural areas). Another challenge is that not all jurisdictions are at the same place in their comprehensive and collaborative responses and, further, each province has different legislation that can make communication, collaboration and developing a universal strategy difficult. Furthermore, there is a large diversity in Canada with provinces and territories differing on the presence of specific vulnerable populations that require unique assessments and interventions. Therefore, a national strategy could be used as a guideline, but it would need to be flexible enough to accommodate provincial and territorial differences. Participants recommended that a national strategy would require inviting everyone to the table to share best practices and case examples. A national strategy would also require communication between stakeholders across the country which could be established through the development of a national website, regular e-bulletins, monthly webinars, and annual knowledge exchanges. An overall goal of the strategy needs to be outlined along with a memorandum of understanding and confidentiality agreements. Participants recommended that other national strategies that have been created among other sectors be examined as possible templates (e.g., the Mental Health Commission of Canada's National mental Health Strategy and Framework) and to appeal to large foundations for funding.

Conclusion

The Risk Assessment, Risk Management and Safety Planning Knowledge Exchange brought together stakeholders from across the country to discuss issues around assessment and intervention with families experiencing domestic violence. This report summarizes all the presentations and small group discussions. There remain many challenges around assessment, collaboration, information sharing, management and safety planning but many provinces and territories are implementing promising practices that have helped develop more effective, professional and comprehensive responses to victims, abusers, and children exposed to violence. There is a clear commitment for enhanced risk assessment, management and safety planning with domestic violence cases across the country and a willingness to communicate and collaborate across sectors on a national level.

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Appendix A Knowledge Exchange Participants

Anna-Lee Straatman	Manager, CREVAWC	ON
Barb MacQuarrie	Community Director, CREVAWC	ON
Barbara Kane	Acting Manager, Ontario Women's Directorate, Education, Awareness and Outreach	ON
Caroline Madill	A/Manager Program Development and Support, Alberta Justice and Solicitor General	AB
Carolyn Goard	Director, Alberta Council of Women's Shelters	AB
Claire Crooks	Associate Director, CAMH Centre for Prevention Science	ON
Clare Freeman	Executive Director, Interval House	ON
Clarinda Spijkerman	Acting Manager, Victim Services	NT
Cpl. Calista Macleod	Victim Services, RCMP	YK
Cst. Suzanne FitzGerald	Police	NL
Danielle Racine	Manager, Policy and Program Development Branch, Victim Services	ON
Daphne Mutema	Victims Support Coordinator-Iqaluit	NU
David O'Brien	Senior Crown Attorney	PE
Deb George	Coordinator, Domestic Violence Unit, Family Service Regina	SK
Deborah Doherty	Vice-Chair, New Brunswick Legal Aid Services Commission	NB
Dwight Lawrence	Program Manager, Victims Services Branch	SK
Erin Winocur	Counsel, Criminal Law Policy Branch	ON
Frankie Jordan	Senior Policy Analyst, Policy Planning and Evaluation	SK
Gillian Blackell	Senior Counsel/Coordinator of the Children's Law and Family Violence Policy Unit	Fed.Gov't
Ineak Ipeelie	Community Justice Outreach Worker -Iqaluit	NU
Jackie Brennan	Strategic Policy Analyst, Evidence to Action, NWAC	ON
Jenna Rintoul	Manager, Community Justice/Family Abuse Intervention -Iqaluit	NU
Jill Messing	Assistant Professor, Arizona State University	AZ
Joanne Kiffiak	Assistant Counsellor, Rankin Inlet Spousal Abuse	NU

Program		
Julie Poon	Graduate Student, University of Guelph	ON
Karen Crofton	Manager of Policy and Compliance, Department of Justice	NS
Katherine Rossiter	Associate Director, FREDA, Simon Fraser University	BC
Katreena Scott	Professor, Canada Research Chair in Family Violence Prevention and Intervention, OISE, University of Toronto	ON
Kelly Grubb	D/Sgt., Threat Assessment Unit, Domestic Violence Risk Management Guide, O.P.P.	ON
Kevin McNichol	Executive Director, Homefront	AB
Lareina Twardochleb	Project Manager, Sharing Common Ground Implementation Project	YK
Linda Lai	Research and Policy Analyst, Alberta Justice & Solicitor General	AB
Linda Neilson	Professor, Sociology, University of New Brunswick	NB
Lori Rudniski	Executive Director, Wish Inc.	MB
Manon Monastesse	Director, FRHFVDQ	QC
Marc Cournoyer	Sergeant and Domestic Violence Counsellor, Montreal Police	QC
Marcie Campbell	Research Associate, CREVAWC	ON
Mark Holmes	Coordinator, New Directions Program, Catholic Family Service	ON
Martin Metivier	Chef de division, Division urgence sociale	QC
Martine Stewart	Women's Issues Branch	NB
Mary-Ellen Turpel-Lafond	BC Representative for Children & Youth	BC
Melissa Northcott	Researcher, Research and Statistics Division, Department of Justice	Fed.Gov't
Michelle Rabeau	Policy and Research, Victim Services	YK
Mohammed Baobaid	Director, Muslim Family Support Centre	ON
Myriam Dube	Professor, Montreal University	QC
Myrna Dawson	Associate Professor, University of Guelph	ON
Neil Websdale	Professor in Criminology and Criminal Justice, Northern Arizona University	AZ
Nora Lee Rear	Director, Eagle's Nest Stoney Shelter	AB
Pam Thomas	Policy and Planning Division, Department of Justice	NL
Pamela Arnott	Senior Counsel and Director, Policy Centre for Victim Issues	Fed.Gov't
Pascale Bouchard	Executive Director, Le Prélude	QC
Paulette Fortier	Director, Family Violence Prevention Program	MB
Pauline Jackson	Area Director, Criminal Organization High Risk Offender Unit & Gang Response and Suppression Plan	MB
Peter Jaffe	Academic Director, CREVAWC	ON
Randy Kropp	Adjunct Professor, Simon Fraser University	BC

	& Forensic Psychiatric Services Commission	
Renee Claude Carrier	Assistant Director, Kaushee's Place	YK
Rina Arseneault	Associate Director, Muriel McQueen Fergusson Centre, University of New Brunswick	NB
Sandra Horley	Chief Executive, Refuge	UK
Sean Bois	Project Mgr. Alberta DVDRC	AB
Sly Castaldi	Executive Director, Guelph-Wellington Women in Crisis	ON
Susan Maynard	Provincial Manager, Victim Services Program	PE
Susan Orlando	Deputy Director, Criminal Law Division, Ministry of Attorney General	ON
Susan Young	Director, Ontario Association of Interval and Transition Houses	ON
Suzanne Gervais	Executive Director, Criminal Justice Division	MB
Tammy Ward	Sergeant, RCMP	NB
Taryn Walsh	Executive Director, Victim Services and Crime Prevention	BC
Thomas Taller	Sr. Policy and Legislation Analyst, Victim Services and Crime Prevention	BC
Tracy Ozark	Program Support Coordinator, Public Security and Corrections	NB
Tracy Porteous	Executive Director, Ending Violence Association of BC	BC
Val Campbell	Director, Integrated Threat and Risk Assessment Centre (I-TRAC)	AB
Valerie Pottie-Bunge	Director of Policy, Planning and Research, Department of Justice	NS
Verona Singer	Coordinator, Halifax Regional Police Victim Services	NS
Wendy Verhoek-Oftedahl	Community Services, Seniors and Labour/Child and Family Services	PE
William Lucas	Deputy Chief Coroner, Chair of Domestic Violence Death Review Committee of Ontario	ON
Zoe Hilton	Senior Research Scientist, Waypoint Centre for Mental Health	ON