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Lesson 1: Getting Started

Learning Objectives
1.1 State the purpose and structure of the training
1.2 Describe the scope of the problem of domestic violence
1.3 Describe the need for domestic violence risk assessment and management

1. Scope of the Problem of Domestic Violence

Domestic violence – also referred to as spousal assault, spousal violence, intimate partner violence, and wife assault – takes many different forms. Broadly defined, according to the Ontario Association of Interval and Transition Houses, domestic violence includes any overt or covert act that causes physical harm, emotional harm, or material loss, that degrades human beings, or that acts against human rights and dignity. Domestic violence may involve a single incident or multiple incidents that persist, cumulate, and change over time.

In this course we will be focusing on assessing and managing risk for domestic violence that may result in physical harm or lethal violence. Therefore, for the purpose of this training we will be focusing on a more narrow definition of domestic violence - specifically any actual, attempted, or threatened physical or sexual harm, or a pattern of fear inducing behaviour, of a current or former intimate partner that is deliberate and non-consenting. The definition is intended to include violence in any intimate (i.e., sexual, romantic) relationship, regardless of its legal status or the gender of the people involved.

Although men and women, inclusive of same sex and opposite sex intimate partners, can be targets of domestic violence, women are much more likely to be victims/survivors of repeated violence, emotional harm, physical harm, sexual harm, and lethal violence than are men. In addition, domestic violence often occurs within in the context of the complex dynamics of men exerting power and control over women in their relationship. For these reasons, domestic violence is often referred to as a “gendered crime” – and for the same reasons, we will typically refer to perpetrators as “he” and to victims/survivors as “she” in this course.

Domestic violence is a worldwide problem and one of the most common forms of interpersonal violence. International studies show that about
one in four women will experience at least one act of domestic violence and one in ten women will experience multiple acts of domestic violence. In Canada, domestic violence accounts for at least 25% of all violent crimes reported to police. Domestic violence may also escalate to homicide, often referred to as intimate partner femicide, the murder of a woman by her current or former intimate partner. In Canada, about 35% of all victims of homicides are women murdered by their current or former intimate partners.

Significant efforts have been taken to understand and prevent intimate partner femicides in Ontario over the last ten years. The Domestic Violence Death Review Committee (DVDRC) was established in 2002 to assist the Office of the Chief Coroner in the investigation and review of deaths of persons that occur as a result of domestic violence, and to make recommendations to help prevent such deaths in similar circumstances. Between 2002 and 2008, the DVDRC reviewed the deaths of 152 women who were murdered by their current or former intimate partners in Ontario. The cause of their deaths was most frequently due to stabbing, shooting, strangulation, or assault. The location of the homicide was overwhelmingly in their own homes.

Over several years, Coroner’s reports have identified the need for increased collaboration and training of front-line workers on threat assessment and risk management. The Domestic Violence Advisory Council also recommended that this collaboration and training be a priority. This training builds on the findings from two collaborative educational forums and is being developed in a format that will make it accessible to a wide range of professionals, organizations and communities across Ontario.

With the knowledge and skills developed through this training, professionals in the health, education and social services sectors will be better equipped to recognize and support women and children who are at risk of lethal violence.

The consequences of domestic violence are wide-ranging, impacting the social functioning, psychological well-being, and physical health of women. For instance, domestic violence often impacts on the mental health of victims/survivors by resulting in decreased self-esteem, loss of identity, feelings of hopelessness, or depressed and anxious mood. In addition, domestic violence often impacts on the physical health of victims/survivors by resulting in physical injuries, chronic pain, or sexually transmitted diseases. All of these problems may make it even more difficult to for victims/survivors to take steps to protect themselves.
Many other individuals are also harmed or killed in the context of domestic violence, including children, new partners, family members, friends, co-workers, and responding service providers. Research shows that between one tenth and one quarter of intimate partner homicides involve additional victims. Furthermore, one-third of perpetrators commit suicide immediate following the homicide. Consistent with these findings, the DVDRC found that between 2002 and 2008, eight bystanders and 23 children were killed. Sometimes the motivation for killing children is to punish the woman. Fifty-seven perpetrators also died in the context of intimate partner homicide in Ontario. Most were suicides.

Domestic violence commonly spills over into the workplace. The following are some real life examples of how domestic violence can spill over into your workplace. One of your employees observes bruises on her co-worker’s arm and notices that she is receiving harassing phone calls. One of your employees reports to her supervisor that she has been assaulted by her husband and is considering separating from him. Security observes the ex-husband of one your employees trying to enter the secure worksite and breaking into her car in the parking lot.

2. Need for Domestic Violence Risk Assessment and Management

Concerns are commonly raised about domestic violence within workplaces and in contexts outside of the justice system, including health care, social services, education, victim/survivor services, and workplaces. In fact, friends, co-workers, and service providers are often aware of warning signs in a relationship long before physical harm or lethal violence occurs. Knowledge about domestic violence risk assessment and management will be critical for you to know what warning signs and risk factors to look for, what management strategies to put in place, and how to collaborate with other service providers over time.

Within health care, social services, education, victim/survivor services, and workplaces, concerns about domestic violence may come from the victim/survivor either directly or indirectly. The victim/survivor may provide you with critical information about the perpetrator’s risk for violence and this information will help you to manage this risk. Domestic violence risk assessment involves the process of gathering information about perpetrators of domestic violence to make decisions regarding their risk of perpetrating domestic violence. While the focus of domestic violence risk assessment is on the perpetrator, victim safety planning is a very important part of this process.
The primary goal of domestic violence risk assessment is prevention of future domestic violence. To prevent future domestic violence it is critical for service providers to determine what domestic violence risks are posed by a perpetrator and what steps can be taken to mitigate domestic violence risk. Domestic violence risk assessment and domestic violence risk management go hand in hand. It would be pointless to assess risk if you did not plan to manage the risks posed and it would be impossible to manage risk if you did not assess the risks posed. Therefore risk assessment does not involve a prediction of whether a perpetrator will re-offend but does involve considering the risks he poses, his current situation, and any factors that could increase the likelihood he will commit a violent act.

Service providers working in health care, social services, education, victim/survivor services, and workplaces are not required to conduct comprehensive domestic violence risk assessment and management and should not do so without the appropriate training and experience. However, under statutory law, common law, and professional codes of ethics many service providers are responsible for screening and responding to obvious signs of domestic violence risk. For example, as of June 15, 2010, Ontario’s Occupational Health and Safety Act requires that if an employer becomes aware of or ought to be aware of domestic violence (likely to expose a worker to physical injury) occurring in the workplace, the employer must take every precaution reasonable to protect the worker, including but not limited to providing information to the person about risk of workplace violence.

For those who are responsible for conducting comprehensive domestic violence risk assessments, this process focuses on understanding how or why a perpetrator decides to commit domestic violence (e.g., to increase control, to enhance power, to defend honour), and whether various factors (e.g., attitudes toward women, relationship problems, employment problems, substance use problems, mental health problems) influenced his past choices about intimate partner violence or might influence his future decisions. Service providers working in health care, social services, education, victim/survivor services, and workplaces play an important role informing and collaborating with this process. Therefore, it is critical for you to know what this process involves and what your responsibilities include.

The need for domestic violence risk assessment is clear. The questions that remain are:

1. What is the best way to identify when risk for domestic violence exists?
2. What is the best way to assess and manage risk for domestic violence?

3. How should we collaborate across multiple systems when working on domestic violence cases?

3. Goals of Training

The training has been developed to meet the knowledge and skill development needs of professionals and service providers in the health, social services and education sectors and workplaces.

To ensure its relevance to diverse communities across Ontario, it has been developed with the input from a reference group with broad ranging expertise.

Topics include:

- the importance of collaborative relationships;
- limits and protocols for addressing confidentiality issues (e.g. guidelines for social service sector);
- threat assessment tools most commonly used in Ontario and other jurisdictions;
- assessing risk and providing support to women from marginalized communities;
- effective methods for monitoring and intervening in high risk cases; and
- communicating with front-line workers in other sectors (e.g. guidelines on how to work with the justice sector).

You will learn about identifying, assessing, and managing risk for domestic violence that may result in physical harm or lethal violence. The goal is to improve collaboration across multiple systems, disciplines, and agencies when responding to the potential for domestic violence.

This course is meant for professionals who work outside the justice system but who are likely to be collaborating with the justice system when assessing and managing domestic violence cases.

Throughout your participation in this course, you are encouraged to think about how you can implement the knowledge and skills you are learning about assessing and managing risk for domestic violence into practice. Although changing how you think is an important first step in assessing and managing risk for domestic violence, changing how you act is what will make a difference in preventing future physical harm or lethal violence.
4. **Outline of Training**

The course will take about 6 hours to complete and will be delivered in 10-45 minute lessons that you can complete at your own pace. You will have the opportunity to learn and practice skills using case vignettes.

Lessons 1-5 of the course focus on general issues related to assessment and management of risk for domestic violence including the use of domestic violence risk screening, triage, and assessment instruments. Lessons 6 and 7 focus on contextual issues related to newcomers, women with disabilities, children, and workplaces. Lessons 8-12 focus on sharing information and promoting collaboration, as well as a course wrap-up that discusses plans for implementation in respective systems and disciplines.

The course incorporates evaluations in the form of multiple-choice exams. Participants who successfully complete the course will be awarded a certificate of completion.

5. **Prerequisites for Training**

We ask that you access your own knowledge and skills before beginning this on-line training. The *prerequisites* for taking this course are dependent on your knowledge base and skill set regarding domestic violence. You can use this list to assess your training needs. If you have a solid understanding of the areas outlined, please proceed directly to the domestic violence risk assessment and risk management training.

If you do not consider yourself an expert in this field, the following courses can provide an introduction to the dynamics of domestic violence and build your foundational knowledge and skills.

1) [Neighbours, Friends, and Families](#) a free training focusing on identifying and responding to warning signs for domestic violence  
2) [Risk Assessment for VAW Organizations: An E-Learning Workshop](#), developed by OAITH, the Ontario Association of Interval & Transition Houses  
3) [Formation en matière de violence faite aux femmes](#)  
4) [J'ai mal quand on fait mal à maman](#)

Excellent training and education resources have been developed to assist professionals understand and respond to domestic violence when they encounter victim/survivors in their work.
For educators: Woman abuse affects our children
For health professionals: Responding to domestic violence in clinical settings
Lesson 2: Domestic Violence Risk Assessment

Learning Objectives
2.1 Describe the key concepts and core principles of domestic violence risk assessment
2.2 describe domestic violence risk factors.
2.3 Explain the difference between screening, triaging, and assessing violence risk

1. Key Concepts of Domestic Violence Risk Assessment

Before learning about specific skills related to the assessment and management of risk for domestic violence and considering what your role in this process will be, it is important to define key concepts related to domestic violence risk assessment that you will be exposed to throughout this course. It is beneficial for professionals working in health care, social services, education, victim/survivor services, and workplaces to have consistent definitions related to domestic violence risk assessment to facilitate with communicating and collaborating with other professionals.

A. What is Risk?

A risk is a danger that is incompletely understood and can be forecast only with uncertainty. The danger we are concerned with is domestic violence, which is a complex event. Violent acts can vary greatly with respect to such things as motivations of the perpetrator, nature of the relationship with the victim/survivor, or nature of physical harm.

Risk is multi-faceted and cannot be conceptualized simply, by trying to quantify the probability that someone will engage in domestic violence. You must also consider the nature, seriousness, frequency or duration, and imminence of any future violence.

Risk is inherently dynamic and contextual. The risk posed by perpetrators depends on such things as where they will reside, what kinds of services they will receive, whether they will experience adverse life events. For example, a perpetrator’s risk for domestic violence may decrease if he no longer resides with the victim/survivor, if he receives appropriate substance use treatment, if he establishes or maintains stable employment or if he has a good support personal system of family and friends.
B. What is Domestic Violence Risk Assessment?

Assessment is the process of gathering information for use in making decisions. The specific assessment procedures used are determined by what is being assessed and the nature of the decisions to be made. In the case of Domestic Violence Risk Assessment, we must assess what people have done in the past, how they are functioning currently, and what they might do in the future. The specific procedures used to gather relevant information typically include interviews with and observations of the person being evaluated; direct psychological or medical testing of the person; careful review of available documentary records; and interviews with collateral informants such as co-workers, family members, friends, and service providers. Good risk assessments should:

(1) collect information about multiple areas of the persons functioning, such as relationships, employment, substance use, and mental health;
(2) use multiple methods to gather information, such as observation, testing, document review, and interviews; and,
(3) gather information from multiple sources, such as the victim/survivor, perpetrator, and co-workers.

C. What is Risk Management?

Risk Management is taking action to prevent violence from happening, often in collaboration with other service providers and the potential victim/survivor. The victim/survivor’s children may also be at risk and should be included in the assessment and management strategies.

Risk Management strategies should focus on what should be done in health care, social service, education, victim/survivor services, workplace and legal settings to manage the potential violence risks posed by a person.

Tactics that can be taken to manage violence risk, include referral to Partner Assault Response Programs, detox, inpatient substance use intervention, outpatient substance use intervention, employee assistance programs, or alcoholics anonymous, taking into account practical issues that can affect availability, accessibility, acceptability, affordability, and appropriateness of services (e.g., cost, location, transportation, waiting times). Once a referral has been made, it is important to follow-up to ensure that the person was able to access that service, or that appropriate alternative action was taken.
D. What is a Risk Factor?

A risk factor is a circumstance, an event and/or a personal characteristic that precedes the occurrence of the danger and may influence a perpetrator’s decision making. In other words, a risk factor increases the likelihood of danger. While it is critically important to pay attention to and manage risk factors, we should not confuse risk factors with the underlying causes of violence. A risk factor may prompt a perpetrator to act on a violent urge, but it is not the reason for embracing violence as a way to get what he wants. When conducting a comprehensive professional domestic violence risk assessment, risk factors should be supported by science (e.g., have statistical and empirical support and have demonstrated predictive validity), by practice (e.g., are practical and useful and have strong theoretical foundations), and by law (e.g., are reasonable, logical, and fair). Some common examples of risk factors for domestic violence are a history of violence behaviour toward family members/intimate partners; escalation of violence; previous criminality; general antisocial attitudes; substance abuse problems; mental health problems; separation; attitudes that support violence toward women.

Some Domestic Violence Risk Assessment tools include victim-focused risk factors such as the victim’s concern about future violence by the accused, victims who have a biological child with a different partner, victims who have been assaulted while pregnant and barriers for the victim in accessing support.

Information about risk factors are critical for domestic violence risk assessment and management because it helps you understand what risks may be posed by the perpetrator and how to manage those risks. For instance, if substance use problems are identified as an important risk factor for violence in a particular case, efforts can be taken to monitor, treat, or supervise the perpetrator’s use of substances.

E. What is Domestic Violence Risk Assessment?

Overall, domestic violence risk assessment can be defined as the process of evaluating individuals to:

(1) speculate about the risks for domestic violence posed by the perpetrator; and,
(2) mitigate the risks posed by the perpetrator.

Put differently, the task is to understand how and why the perpetrator acted in ways that cause others to fear he may commit domestic violence in the future, and then to determine what could be done to discourage the perpetrator from committing domestic violence in the future.
2. Core Principles of Domestic Violence Risk Assessment

As professionals working in health care, social services, education, victim/survivor services, and workplaces you may not be required to conduct comprehensive domestic violence risk assessments but you should know what to expect of those who are.

The ultimate goal of domestic violence risk assessment is domestic violence prevention by reducing risk and increasing safety. Therefore, a good risk assessment must go beyond speculating about the risk posed to assisting with decision making with respect to managing the risk posed. But risk assessment should achieve a number of goals in addition to violence prevention.

A. Consistency

A good domestic violence risk assessment procedure should yield consistent or replicable results. That is, it should be possible to train professionals in the use of procedures that assist them to reach similar findings when evaluating the same persons at about the same time. It is highly unlikely that inconsistent or unreliable decisions can be of any practical use.

B. The risk assessment should inform risk management

A good domestic violence risk assessment procedure should also guide risk management; it should help professionals to identify and prioritize the mental health, social service, and criminal justice interventions that could be used to manage a perpetrator’s risk. It should also specify how these management strategies are to be implemented and coordinated.

C. The procedure should be transparent

A good domestic violence risk assessment procedure should be transparent. A transparent risk assessment procedure allows opinions to be scrutinized and the accuracy of information gathered to be judged. Transparency should protect professionals by demonstrating that proper procedures were followed and should also protect the public by making it obvious when an improper risk assessment is conducted.

D. The procedure should be comprehensive

A good domestic violence risk assessment procedure should include all major risk factors and allow for the consideration of case-specific risk factors. A good risk assessment should also evaluate both static or stable (e.g., sex of perpetrator) and dynamic or changeable risk factors (e.g., substance abuse problems). Static risk factors have the strongest empirical support related to prediction of future violence, but
dynamic risk factors are important for evaluating short-term fluctuations in risk and implementing management strategies over time.

E. The procedure allows for evaluation of change in risk over time

A good domestic violence risk assessment procedure should allow professionals to evaluate changes in risk over time. The status of risk factors, as well as the overall risk posed by a person, may fluctuate over time. For people living in the community, these fluctuations can occur quite rapidly (e.g., relationship problems, substance use problems, employment problems). Risk should be reassessed at regular intervals or whenever there is an important change in the status of a case.

3. Assessing Risk for Domestic Violence

Now that we have defined key concepts and principles related to domestic violence risk assessment, we can discuss specific skills, including screening, triage, and risk assessment. As previously discussed, professionals working in health care, social services, education, victim/survivor services, and workplaces are responsible for identifying and responding to obvious warning signs of risk for domestic violence. Anyone required to conduct comprehensive domestic violence risk assessments should have the appropriate training and experience.

In the following section you will learn about specific skills related to screening and triage that will help you fulfill your professional responsibilities. You will also learn general information about different approaches to domestic violence risk assessment and specific risk factors for domestic violence. Whether or not you are directly responsible for conducting risk assessment, it is critically important that you are able to communicate clearly about risk factors.

A. Identifying Domestic Violence Warning Signs

Domestic violence screening is the process of identifying warning signs for domestic violence. This process is critical for assessing and managing risk for domestic violence. Correct identification of warning signs allows us to assess risk and, where it exists, take appropriate steps to manage it; but missed identification of warning signs represents a lost opportunity to prevent domestic violence and protect potential victims/survivors.

The Neighbours, Friends, and Families, and “Make it our Business” websites have lists of warning signs for neighbours, friends, families, and workplaces to pay attention to. Warning signs for domestic violence that a victim/survivor may show include:

- Being apologetic and making excuses for the perpetrator’s behaviour
- Becoming angry and verbally aggressive
- Being sick or missing work often
• Trying to cover her bruises or injuries
• Making excuses for not meeting you
• Avoiding speaking to you
• Seeming sad, lonely, and withdrawn
• Using drugs and alcohol to cope

Warning signs for domestic violence that a perpetrator may show include:
• Putting down or insulting the victim/survivor
• Blaming the victim/survivor for problems
• Dominating conversations with the victim/survivor
• Appearing or acting depressed
• Trying to keep the victim/survivor away from others
• Acting as if he owns the victim/survivor
• Lying or exaggerating to make himself look good
• Acting like he is superior to others

While paying attention to warning signs is important, just because there is a warning sign does not mean there is a problem. A warning sign for domestic violence is like an alarm. To illustrate, when a fire alarm sounds at work, it doesn’t mean there is a fire; it means there may be fire. So what do you do when the fire alarm rings? You find a safe exit and proceed to the designated meeting area. This allows the fire department or others to figure out if there is a fire, and if so what kind of fire it is. What don’t you do when a fire alarm sounds? First, you don’t ignore it. Second, you don’t grab the nearest fire hose and start spraying water everywhere. Both these responses could get you—and others—harmed or killed.

So, when warning signs are identified, the appropriate response is to triage and assess risk.

If you want more information about warning signs and how to identify them, visit the “Neighbours, Friends, and Families”, and “Make it our Business” websites. They provide helpful tips for professionals working in health care, social services, education, victim/survivor services, and workplaces about speaking with victims/survivors and perpetrators of domestic violence.

4. Domestic Violence Risk Factors

Regardless of the approach used for domestic violence risk assessment, there is good agreement about the most common and important risk factors for domestic violence that should be considered in every case. Although you are not expected to conduct a comprehensive domestic violence risk assessment, it is important to know about the most common or important risk factors for domestic violence to increase your skills at recognizing these risk factors and to increase your skills communicating about them to other professionals.
The most common or important risk factors for domestic violence include risk factors associated with the intimate partner relationship, the perpetrator’s psychosocial functioning, and the victim/survivor’s vulnerability.

Risk factors can be static or dynamic. Static risk factors are unchanging. They describe a personal characteristic, past event or circumstance that is permanent. Dynamic risk factors describe personal characteristics or circumstances that change. The level of risk decreases or increases as these dynamic risk factors change. Some dynamic factors can become static, for example, losing a job is a dynamic factor, but being chronically unemployed is more like a static risk factor.

Risk factors can also be victim-focused. These risk factors introduce the victim-survivor’s own sense of danger to the assessment process and consider the complex network of needs and problems that can contribute to the vulnerability of an individual victim-survivor. A victim may be considered vulnerable due to problems and life circumstances which make reaching out for help or developing a safety plan more difficult.

Some authors have written about the ‘social risks’ of women who experience domestic violence. They explain:

“...the apparent risks for a battered woman may be only the tip of an iceberg while significant portions of the danger she faces remain hidden. Assessments of social risks begin with the individual woman and the immediate circumstances of her abuse, but may end with her extended family living in a village ten thousand miles away.”

Effective risk assessment must take into account the diverse social factors of a battered woman’s life that impact her choices and decisions, especially regarding her experiences of battering. Quite often, these social factors facilitate safety. However, just as frequently they act as hindrances to securing the same. ... We have named these invisible hurdles ‘social risks.’ They include external conditions, pressures, norms and practices that exacerbate the dangers to a battered woman. It is important to realize that whether visible to outside observers or not, social risks are real and significant to the individual battered woman.” See the full report, “Assessing Social Risks of Battered Women,” by Radhiaa A. Jaaber and Shamita Das Dasgupta.

Some factors that predict risk also suggest interventions that can decrease risk. Examples would be substance abuse which would suggest substance abuse treatment. Failure to comply with authority would suggest direct offender surveillance, rather than relying on protection orders, probation or no-contact orders.

Research shows that men who kill their spouses do not qualitatively differ on some risk factors from those who use nonlethal violence. However, one meta-analysis of 22
empirical studies on risk factors for spousal homicide has identified nine risk factors related to domestic homicide. These are:

- Witness of Family Violence and/or Victim of Family Violence (static)
- Married vs. de facto relationships Mercy and Saltzman (1989) (dynamic)
- Age disparity (static)
- Drug and alcohol abuse (dynamic)
- Sexual jealousy (dynamic)
- Separation/threat of separation (dynamic)
- Stalking (dynamic)
- Personality disorder (static)
- Previous domestic violence (static)

A recent report examining domestic violence from a family law perspective, has identified further risk factors specific for lethal violence that have been gathered from death reviews and lethal outcome research. These are:

- An escalation in the severity or frequency of prior domestic violence
- Unemployment
- Presence of children in the home, particularly children not biologically related to the perpetrator
- Death threats
- Attempted strangulation (choking)
- Suicidal tendencies or threats or attempts to commit suicide by the perpetrator
- Forced sexual acts
- Victim fear of being killed
- Controlling, obsessive forms of psychological bond (coercive control, possessive jealousy)
- Threat(s) with weapons
- Violence during pregnancy
- Significant perpetrator life changes

The Domestic Violence Death Review Committee, which has been reviewing cases of domestic violence homicide in Ontario since 2002 has compiled a list of 39 risk factors. Consistently, in over 80% of the cases that this Committee reviews, 7 or more risk factors, many of which have been identified in the lists above, were present when a domestic homicide was committed.

Other experts agree that a pattern or combination of such factors compound the risk and that cases involving a collection of these indicators are particularly worrying in terms of a potential lethal outcome.

Some risk assessment experts and researchers caution against trying to predict lethal violence and suggest instead that identifying serious assailters who are most likely to
repeat their assaults is the most pressing social need. They recommend using a risk assessment that is accurate for wife assault in general and note that items that relate strongly to recidivism have the most value in risk management. They conclude that when there is a concern about serious injury or fatal assault, whether because of the results of a risk assessment or because a woman fears for her life, it is important to manage risks with precautions consistent for preventing wife murder. See *Predicting Wife Assault: A Critical Review and Implications for Policy and Practice* by N. Zoe Hilton and Grant T. Harris for the full report.

Each risk assessment tool uses a set of unique risk factors that have been evaluated and validated through research. To ensure the maximum effectiveness of these tools, it is important not to add or change risk factors for a specific tool. As noted earlier, research has shown that there is a great deal of agreement about risk factors across tools.

While spousal violence risk assessment tools are designed to assess either risk of recidivism or lethality, investigative checklists or case management tools do not have predictive value.

Because this training is intended to teach you to communicate with other experts and practitioners more clearly about risk, rather than to teach you how to distinguish between potentially lethal and non-lethal violence or how to use specific tools, we will use a checklist of risk factors that have been identified and compiled from research and from death reviews.

While checklists do not have predictive values, these instruments can serve an important purpose in facilitating efforts to:

- Raise awareness among front-line practitioners regarding the issues and risk factors surrounding spousal violence;
- Develop an appropriate safety plan and response to threats for victims;
- Assist in developing risk management plans for spousal violence offenders.

### Dynamic, Static and Victim-focussed Domestic Violence Risk Factors

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<th>Dynamic Risk Factors</th>
<th>Static Risk Factors</th>
<th>Victim Focused Risk Factors</th>
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<td>- Actual or pending separation</td>
<td>- History of domestic violence</td>
<td>- Extreme fear of perpetrator</td>
</tr>
<tr>
<td>- Child custody or access disputes</td>
<td>- History of violence outside of the family by perpetrator</td>
<td>- Inconsistent attitude or behaviour (i.e. ambivalence)</td>
</tr>
<tr>
<td>- Escalation of violence</td>
<td>- Prior threats to kill victim</td>
<td>- Inadequate support or resources</td>
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<td>- Perpetrator unemployed</td>
<td>- Prior threats or assault with a weapon</td>
<td>- Unsafe living situation</td>
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<td>- Victim and perpetrator living common-law</td>
<td>- Prior threats or attempts to commit suicide by perpetrator</td>
<td>- Health problems</td>
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<td>- Excessive alcohol and/or drug use by perpetrator</td>
<td>- Prior attempts to isolate the victim</td>
<td>- Mental health issues</td>
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<td>- Depression – in the opinion of family/friend/acquaintance or professionally diagnosed – perpetrator</td>
<td>- Controlled most or all of victim’s daily activities</td>
<td>- Addictions (alcohol/drug abuse)</td>
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<td>- Other mental health or psychiatric problems - perpetrator</td>
<td>- Prior hostage-taking and/or forcible confinement</td>
<td>- Disability</td>
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<tr>
<td>- Obsessive behaviour displayed by perpetrator, including stalking and/or possessive jealousy</td>
<td>- Prior forced sexual acts and/or assaults during sex</td>
<td>- Language and/or cultural barriers (e.g., new immigrant or isolated cultural community)</td>
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<td>- New partner in victim’s life</td>
<td>- Prior destruction or deprivation of victim’s property</td>
<td>- Economic dependence</td>
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<tr>
<td>- Access to or possession of any firearms</td>
<td>- Prior violence against family pets</td>
<td>Living in rural or remote locations</td>
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<tr>
<td>- Sexual jealousy – perpetrator</td>
<td>- Prior assault on victim while pregnant</td>
<td>- Fear or distrust of legal authorities</td>
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<td>- Misogynistic attitudes – perpetrator</td>
<td>- Choked victim in the past</td>
<td>- Lack of awareness or distrust of mainstream services</td>
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<td>- Extreme minimization and/or denial of spousal assault history</td>
<td>- Perpetrator was abused and/or witnessed domestic violence as a child</td>
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<td>- Youth of couple</td>
<td>- Presence of stepchildren in the home</td>
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<td>- Significant perpetrator life changes</td>
<td>- Failure to comply with authority – perpetrator</td>
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<td>- Perpetrator exposed to/witnessed suicidal behaviour in family of origin</td>
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<td>- Age disparity of couple</td>
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<td>- Perpetrator threatened and/or harmed children</td>
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### 5. Determining the need for a Domestic Violence Risk Assessment

**Domestic violence triage** is the process of determining whether there are reasonable grounds to conclude a significant or substantial risk for domestic violence exists that triggers the need for a comprehensive risk assessment.
The **Domestic Violence Risk Assessment Decision-Making Tool** is an instrument to assist professionals in making decisions and prioritizing actions. The Domestic Violence Triage Tool was designed for use by professionals within health care, social services, education, victim/survivor services, and workplaces. It was not designed for use by professionals within family law and child protection and should not be used to replace triaging processes that are used to assist decision making in other settings for other purposes (e.g., to determine if someone should be referred to an inpatient psychiatric unit for hospital settings, to determine if someone is appropriate for mediation in a family law setting).

At a minimum when triaging for domestic violence, professionals should pay attention to a documented, reported, or suspected history of:

- Violent acts (e.g., actual, attempted, or threatened physical or sexual harm, or a pattern of fear inducing behaviour, i.e. stalking)
- Violent ideation (e.g., thoughts, images, fantasies, urges)
- Violent intent (e.g., plans)

These categories of primary risk factors are direct or obvious—that is, “common-sense”—indicators that risk may exist. They indicate that the perpetrator already has engaged in violence or is talking or thinking about it. Primary risk factors are especially important to pay attention to if they are recent, physical, or escalating.

In some instances, you may be concerned about risk for domestic violence even when there are no primary risk factors present. The triage process allows you to consider secondary or indirect risk factors. Some important secondary risk indicators include documented, reported, or suspected history of:

- Personal crisis (e.g., job loss)
- Interpersonal conflict (e.g., separation, child custody or access disputes)
- Acute mental distress (e.g., depression, mania, psychosis)

These secondary factors are especially important to pay attention to if they are recent, serious, or escalating. More examples of risk factors are provided in the following section.

The outcome of the triage is based on the presence of primary and secondary risk factors. There are three possible outcomes: positive, negative, and possible.

A **positive** outcome reflects the presence of primary risk factors that are also recent, physical, or escalating. This means you need to act. You should consider options such as gathering more information, requesting a comprehensive violence risk assessment, or taking interim management strategies—like getting the potential victim/survivor to a safe place or calling the police, if the risk factors are sufficiently concerning.
Failure to recognize and respond to primary risk factors puts people’s safety at risk. In the case of professionals who provide services to perpetrators or victims/survivors and professionals who are employers of victims/survivors, failure to recognize and respond to primary risk factors may constitute a breach of legal duties and increase exposure to liability. You are not expected to be an expert in identifying risk factors or assessing and managing risk for domestic violence. You are only expected to do what a reasonable, sensible person would do in the same situation. Learning to recognize warning signs and risk factors can help prevent injury and save lives.

A possible outcome reflects uncertainty or ambiguity. It occurs when secondary risk factors are present and recent, serious, or escalating, but there are no primary risk factors present; or when you can’t tell whether primary or secondary risk factors are present or whether they are recent, physical/serious, or escalating. In this case, there is no clear or obvious requirement for you to act. The circumstances may justify a decision to do nothing or to “wait and see” if the situation changes; but they may also justify a decision to respond in measured ways, for example, by gathering more information or seeking advice from colleagues or consultants. You should exercise good judgment and decide what is reasonably necessary for you to do.

A negative outcome reflects the absence of primary and secondary risk factors that are also recent, physical/serious, or escalating. In this case, there is no need for you to take special actions. You should continue to provide services, direction, support, or encouragement as usual. You should also monitor the situation to make sure there are no further warning signs or risk factors.

You should be careful to document the outcome to help protect the safety of victims/survivors and reduce your own exposure to liability. You should make a note of the warning signs that were brought to your attention; the primary or secondary risk factors you identified that were present and also recent, serious or escalating; the outcome of your triage and concerns about risks posed, and any responses you took or plan to take. Additional information related to communicating the results of your triage will be covered in Lesson 8.

6. Domestic Violence Risk Assessment

As previously discussed, domestic violence risk assessment is the process of evaluating individuals to: (1) speculate about the risks for domestic violence posed by the perpetrator; and, (2) mitigate the risks for domestic violence posed by the perpetrator. There are three approaches to risk assessment that have been discussed in the literature and have been used in practice:

1. unstructured professional judgment,
2. actuarial decision making, and
3. structured professional judgment.
A. Unstructured Professional Judgment

**Unstructured professional judgment** involves making decisions about violence risk by using the intuition or instinct of the evaluator without constraints or guidelines. The primary advantage of this approach is that it provides a great deal of flexibility which makes it easy to individualize or tailor the risk assessment. The primary disadvantages of this approach are that it is: (1) capricious, as professionals can do more or less whatever they want to make decisions; (2) fuzzy, as the decisions typically lack detail about the risks posed by the perpetrator; and, (3) unstable, as decisions may change rapidly within and between professionals.

B. Actuarial Decision Making

**Actuarial decision making** involves making decisions about violence risk by combining specific pieces of information using a recipe or formula. The primary advantage of this approach is that it provides a great deal of structure that helps to increase agreement among professionals about violence risk. In the actuarial method, human judgment is eliminated and the conclusions rest solely upon empirically established relationships between the information that has been gathered and the risk posed. Structured risk assessment tools tend to use fewer factors than consensus-based structured professional judgment tools—helping practitioners to focus on the most important and influential factors. Actuarial procedures can provide a relatively quick assessment, saving time and money. The primary disadvantages of this approach are that it is: (1) arbitrary, as professionals cannot consider case specific considerations when making decision; (2) rigid, as decisions about risks posed are simplistic and only consider likelihood of violence: and, (3) fixed, as decisions may be insensitive to change over time. The primary goal of the actuarial decision making approach to risk assessment is to predict violence.

Some examples of actuarial decision making approaches to risk assessment include the Ontario Domestic Violence Risk Assessment or ODARA (ODARA; Hilton et al., 2004), the Domestic Violence Risk Appraisal Guide or DVRAG (Hilton, Harris, Rice, Houghton, & Eke, 2008), and the Danger Assessment or DA (Campbell, 1995, Campbell et al., 2003).

C. Structured Professional Judgment

**Structured professional judgment** involves making decisions about violence risk by using guidelines based on science, practice and the law. The primary advantage of this approach is that it bridges the gap between the unstructured professional judgment and actuarial decision making approaches by providing both flexibility and structure. In addition this approach: (1) reflects best practices; (2) considers case specific considerations; (3) encourages systemic thinking; (4) allows monitoring of change over
time; and, (5) directly guides action. Consistent with other approaches, the disadvantage of this approach is that it requires expertise and time. The primary goal of the structured professional approach to risk assessment is to prevent violence. Some examples of the structured professional judgment approach to domestic violence risk assessment include the Spousal Assault Risk Assessment or SARA, the Brief Spousal Assault Form for the Evaluation of Risk or BSAFER, the Mosaic Method. The Aid to Safety Assessment and Planning or ASAP is an example of the structured professional judgment approach to Victim Safety Planning.

If you require assistance to conduct a professional threat assessment, you can find experts through the non-profit organization, Canadian Association of Threat Assessment Professionals.
Lesson 2: Multiple Choice Exam

Which of the following is not a criteria for a good assessment procedure?
A. Collecting information about multiple domains.
B. Using multiple methods to gather information.
C. Gathering information from multiple sources.
D. Using indicators from various tools to create your own assessment tool.
E. Considering the past, present and future.

A risk factor:
A. Precedes the occurrence of violence.
B. Increases the likelihood of violence.
C. Is supported by social science research.
D. Is usually considered in relationship to multiple factors
E. All of the above

Risk assessment is intended to:
A. Predict whether a perpetrator will engage in violence in the future.
B. Predict whether a victim/survivor will be a target of violence in the future.
C. Enhance safety planning for a victim.
D. Assist in risk reduction strategies with the perpetrator.

Triaging is the process of:
A. Identifying warning signs for domestic violence.
B. Determining whether there are reasonable grounds to proceed with a violence risk assessment.
C. Prioritizing actions related to follow up and documentation.
D. Both (a) and (b).
E. Both (b) and (c).

Relying solely on intuition or instinct to make a decision is an example of:
A. Structured professional judgment.
B. Unstructured clinical judgment.
C. Actuarial decision making.
D. Both (a) and (b).
E. Both (b) and (c).

Answers to the quiz are available in the Appendix.
Lesson 3: Practice Cases

Learning Objectives

3.1 Identify risk factors for domestic violence.

To practice the skills you have learned in the previous lesson we will show you two practice cases. Following the first practice case you will be asked to identify which risk factors for domestic you believe are present.

Scenario School Principal’s Office

In this scenario the school principal and a male teacher meet with another female teacher who advises that she has left her husband and contacted a lawyer. The male teacher and the principal are aware that she has experienced domestic violence in the past and have been supportive of her. Her husband is currently away on business and does not realize she has left him. A Community Safety Police Officer who works at the school has helped the woman with a safety plan that covers her movements in the community. She is also seeing a counselor from the women’s shelter. Her resolve to separate is strong, however she discloses that she is very fearful of how her husband will react to the separation. He is calling and saying he misses her and wants to start over. The woman reveals that her husband owns a gun. The principal asks if there is anything they can do and the female teacher says she is appreciative of their support.

Considerations:

Section 32.0.4 of the Occupational Health and Safety Act has been amended. It says: “If an employer becomes aware, or ought reasonably to be aware, that domestic violence that would likely expose a worker to physical injury may occur in the workplace, the employer shall take every precaution reasonable in the circumstances for the protection of the worker.”

Questions

1. What risk factors are present in this scenario?
   - [ ] Actual or pending separation
   - [ ] Escalation of violence
   - [ ] Controlled most or all of victim’s daily activities
   - [ ] New partner in victim’s life
2. What would your next step be?

a. It was a good meeting. The woman is feeling she can deal with the situation, well done!

b. It was a good meeting but since the husband is still away it would be a good idea to plan a review meeting two weeks from now to see how things are going.

c. Bring in police immediately to develop a safety plan that includes her workplace and the school.

Answer:

a) This was not a good meeting as it did not address several of the concerns raised, including the fact that the man is not aware of the separation, is hoping to ‘start again’ and owns a gun.

b) This is a somewhat reasonable answer in that there is the recognition that ongoing safety planning is needed and thus a future meeting is proposed. However, since the husband is due home in two days and will find out his wife has left, waiting two weeks for a safety planning meeting is not adequate.

c) This is the best answer in that the husband is away and will come back to find his wife has left. Since he knows where she works it is reasonable to assume he will attempt to see her there. Further, the information that the man owns a gun is crucial for the police to know when they safety plan with the woman and her colleagues from the workplace.

Reflections for the Learners

Many women at risk are able to seek help and separate from their partner. However separation does not mean the risk is eliminated or even reduced! Separation is the time when women are most at risk of fatal harm. While the physical separation can create a crisis, some men are able to hold it together at that time because they believe they will win their partner back. Some men react at the point when they finally realize the
relationship is over. It is important to consider that dynamic risk factors can change and situations can become high risk when circumstances change, such as the declaration of an intention to separate for good or the introduction of a new partner. It is important to include the workplace in a safety plan. If a woman changes her residence and her routines, the workplace is the easiest place for an abuser to find her.

**Scenario: CAS interview with father**

In this scenario an anonymous caller has reported concerns to the CAS about the care of the children while with their father. The father did not pick the children up from daycare/school and the children have been playing outside without proper clothing. The child protection worker goes to the father’s home to discuss these concerns. The father talks about the ongoing conflicts he has had with his wife since their separation and speculates that it is likely his wife who has called the agency to set him up. He makes counter allegations about her care of the children. The CAS worker has a note in her file indicating there has been a history of domestic violence. The child protection worker tells the father that her only concern is to make sure the children are safe. The father indicates this is his goal as well.

**Considerations:**

Consider the role of the child protection worker in situations involving separated families where there is ongoing conflict between the parents.

Every child protection concern that is reported should be universally screened for the presence of domestic violence. A reported history of domestic violence increases the risk in cases with ongoing parental conflicts over custody and access.

**Questions**

1. What risk factors are present in this scenario?

- [✓] Child custody or access disputes
- [ ] Depression – in the opinion of family/friend/acquaintance, or professionally diagnosed – perpetrator
- [ ] Language and/or cultural barriers (e.g. new immigrant or isolated cultural community)
- [✓] Excessive alcohol and/or drug use by perpetrator
- [ ] Obsessive behaviour displayed by perpetrator, including stalking and/or possessive jealousy
- [ ] New partner in victim’s life
- [✓] Actual or pending separation
- [ ] Access to or possession of any firearms
Misogynistic attitudes – perpetrator
Extreme minimization and/or denial of spousal assault history

2. What would your next step be?
   a. Nothing – not enough information to be concerned.
   b. Suggest to the father that if the current pickup arrangement isn’t working that he go back to court or family lawyer to have the arrangements changed.
   c. Talk to the mother and children, assess for warning signs and risk factors and determine whether the current access plan is safe or requires an intervention.

Answers:
   a) Doing nothing is problematic. The child protection worker has information that there was violence in the relationship and coupled with the current complaint it would be important to interview the woman and the children and any key collaterals to ensure that the case decisions are informed by facts.

   b) This is a somewhat reasonable answer in that it addresses the problem the father is identifying. However it does not go far enough in addressing the need to assess any ongoing risk as a result of the conflicts in co-parenting, particularly in light of the history of abuse.

   c) This is the best answer as it addresses the need for information to be gathered from a variety of sources. It also discusses the need to consider safety planning.

3. What concerns did you have as you watched and listened to the father describe his feeling about what has been happening since the marital separation?
   a. He appeared to be struggling with the post separation issues that have come up including the poor communication with his ex-partner. But his voice was calm and he seemed open and relaxed with the child protection worker. He agreed that ensuring the children’s safety was his goal. I don’t think I saw anything in that interaction that would cause me real concern.

   b. He appeared to be calm but spoke about feeling his ex-wife was trying to humiliate and embarrass him. He accused her of setting him up. It would be important to explore these feeling with him and talk about his past abusive behaviour. It would be a good idea to suggest a counseling option.
c. He appeared to be dismissive of the child protection worker’s concerns as he feels the issues rest with his ex-wife’s behaviour. He was drinking beer while speaking to the child protection worker, which may suggest a concern. It would be important to interview the children individually to gather more information about their feelings and concerns. It would also be important to review safety planning with the mother and offer the father options for counselling.

Answers:

a) This answer does not address the father’s dismissive approach to the concerns presented or the manner in which he externalizes blame to his ex-partner.

b) This is a somewhat reasonable answer in that it does identify the father’s negative attitude toward his ex-wife and includes a plan to address the issues the father and possibly refer him to counseling.

c) This is the best answer as it identifies the concerns about the father’s denial of being abusive in the past, it makes a note of the fact the father was drinking beer during the interview (which is an area to be explored more fully) and it discusses a plan to seek more assessment information.

Reflections for learners

In this scenario, the father seemed agitated and distressed by his perception that the mother was out to embarrass and humiliate him. Let’s consider why this would be a concern:

- Domestic violence death review reports often identify that the mental health of the perpetrator as a significant risk factor. Obsessive or paranoid thinking or behaviours can be red flags for danger. Alcohol or drug misuse also elevates the risk. It is important to engage the partner who has been abusive in risk management interventions that can include mental health, addictions or counseling services.

- Staff should be trained on how to inquire about the possible history of domestic violence in order to ensure accurate information is obtained. Depending on the circumstances of the complaint being made, it can be difficult for the caller to disclose that information because either they don’t know, don’t understand the meaning of the question, or don’t want to disclose. It is important to ask questions that may provide information about the nature and the power dynamics of the adult relationships.
• While current child protection risk assessment tools consider the risk of maltreatment to children, they do not consider the risk of harm to children as a result of domestic violence. In cases where there is a history of domestic violence, child protection assessments should include the use of specific domestic violence risk assessment tools.

Scenario Two male co-workers

Two male co-workers are talking and one of the men reveals that he has separated from his wife and is currently in a custody and access dispute. There is an impending court hearing. The man reveals that he is taking the afternoon off to try and meet with his ex-wife.

During the conversation it becomes apparent that the woman does not want to meet with her ex-husband but he continues to seek her out and to watch the house. He is upset that she has been dating and he is concerned that she is willing to throw the relationship away. He intends to use the fact that she has a new partner at the house in the custody hearing.

The co-worker confronts him about his obsessive behaviour and his stalking activities (he has been going to the home and her workplace). The man defends his behaviour, feeling it is perfectly understandable that a husband would fight to keep his wife. He believes she still loves him and he feels he has the right to know what she is up to.

Questions:

1. What risk factors are present in this scenario?
   - Actual or pending separation
   - Child custody or access disputes
   - Perpetrator unemployed
   - Victim and perpetrator living common-law
   - Obsessive behaviour displayed by perpetrator, including stalking and/or possessive jealousy
   - New partner in victim’s life
   - Mental health issues (victim)
   - Prior destruction or deprivation of victim’s property
   - Choked victim in the past
   - Lack of awareness or distrust of mainstream services
2. What would you advise the co-worker to do?
   a. He has done a good job thus far of challenging the man about his behaviour. At this point there is not much else he can do that won’t escalate the risk so I would tell him to he needs to move on and accept the marriage is over.
   b. He has done a good job of challenging the man about his behaviour. It really isn’t reasonable to go any further as the co-worker needs to be respectful of their friendship and keeping the man’s confidences.
   c. The co-worker should make sure that the woman knows of his concerns so that she can develop/review her safety plan, and he should also speak with the man and suggest a counseling option to help him deal with the custody and access dispute. The co-worker should report his concerns to both the woman’s employer and his friend’s employer.

Answers:

   a) This is a reasonable answer but may not go far enough to ensure that the man’s stalking and obsessive behaviours are confronted.

   b) This answer does not adequately address the concerns related to the stalking and obsessive behaviours the man is presenting to his friend/colleague. Family, neighbours, friends and colleagues who are aware of abuse or suspect it need to intervene with both the victim and perpetrator. If they were unsure of what to do, asking for information about how to proceed would be important.

   c) This is the best answer because it addresses the concerns the man’s behaviour is raising and it ensures that the person who is the target is aware of the behaviour. It also confronts the man about his behaviour while offering a possible solution.

Reflections for learners

When advising co-workers and friends about how to deal with information about the ongoing risk to a woman, some people overlook the man’s behaviour and focus on supporting the abused woman. At other times, people may sympathize with the abusive man, which may inadvertently escalate his abuse. Talking to an abusive man is an important part of preventing woman abuse, but it needs to be done carefully. Here is what you can advise someone to do when they are hearing a man talk about his former partner and they are concerned about the woman’s safety, tell them to:

- Choose the right time and place to have a full discussion.
- Approach him when he is calm.
- Be direct and clear about what you have seen.
• Tell him that his behaviour is his responsibility. Avoid making judgmental comments about him as a person. Don’t validate his attempt to blame others for his behaviour.
• Inform him that his behaviour needs to stop.
• Don’t try to force him to change or to seek help.
• Tell him that you are concerned for the safety of his partner and children.
• Never argue with him about his abusive actions. Recognize that confrontational, argumentative approaches may make the situation worse and put her at higher risk.
• Call the police if the woman’s safety is in jeopardy.

Source: Neighbours, Friends and Families, *Talking to Abusive Men*
Lesson 4: Domestic Violence Risk Management

Learning Objectives

4.1 Describe the principles of domestic violence risk management.

4.2 Compare and contrast the 4 major categories of violence risk management strategies.

1. Core Principles of Domestic Violence Risk Management

Before learning about specific skills related to managing domestic violence risk and considering what your role in this process will be it is important to learn about core principles of domestic violence risk management. Although professionals working in health care, social services, education, victim/survivor services, and workplaces are not required to conduct comprehensive domestic violence risk management you should know what to expect of those who are. Therefore, in the following sections you will learn about core principles of domestic violence risk management.

A comprehensive risk management strategy should be developed according to several principles. First, the strategy should reflect overall judgments regarding the risks posed by the perpetrator. Second, the strategy should focus on factors that are relevant in the case at hand, so each relevant risk factor is addressed by one or more activities. Third, the strategy should be personalized in a way that maximizes its robustness and effectiveness for the perpetrator. We discuss each of these principles in turn.

A. The Risk Management Strategy Should Reflect Risks Posed

The risk management strategy should reflect both the nature and degree of risk in the case at hand. With respect to the nature of the risks posed, professionals must speculate about the types or kinds of violence the perpetrator may commit in the future. The professional must ask the question, what am I worried this person might do? The answers are based on an analysis of what the individual has done in the distant and recent past, as well as what the individual is thinking about doing or planning to do at the present time. Perpetrators may pose a danger to children as well as to their partners or ex-partners. These descriptions of “possible futures” are often referred to as scenarios, short narratives designed to simplify complex issues and facilitate communication and planning. The scenarios are not predictions about what will happen, but
rather projections about what could happen. Although the number of possible scenarios is almost limitless, in any given case only a few distinct scenarios will seem plausible, credible, or internally consistent to evaluators in light of theory, research, experience, and the facts of the case.

With respect to the degree of risk posed by the perpetrator, professionals should think in both absolute and relative terms. In absolute terms, risk is the probability or likelihood that the perpetrator will perpetrate a specific type of violence. Although it is impossible to predict the future with any reasonable degree of scientific or professional certainty, professionals can meaningfully rank-order the different types of violence that a perpetrator might commit in terms of the probability or likelihood of occurrence. For example, the likelihood a perpetrator will commit lethal violence is generally much lower than the probability he will commit physical harm. In relative terms, risk relates to the level of effort or attention that should be devoted to the management of this perpetrator vis-à-vis other people. For example, it may be useful to classify cases as low or routine priority, moderate or elevated priority, and high or urgent priority.

It is only after evaluators have identified what types of violence the perpetrator might engage in and how worried they are that the perpetrator might do so that they can take rational steps to prevent the violence from occurring.

B. The Risk Management Strategy Should Reflect Relevant Risk Factors

The risk management strategy should reflect risk factors that are relevant to the risk posed. There are several ways in which a risk factor may be relevant to risk management. First, it may be a motivator of violence. A motivator is a risk factor that increases the perceived gains or benefits of violence. For example, relationship problems may lead someone to perceive domestic violence as a good way of expressing one’s anger or frustration. Second, the factor may be a disinhibitor of violence. A disinhibitor is a risk factor that decreases the perceived costs or negative consequences of violence. For example, lack of empathy associated with personal disorder may reduce the person’s experience of anticipatory anxiety when he considers the possibility of perpetrating domestic violence. Third, the factor may be a destabilizer for violence. A destabilizer is a risk factor that generally impairs or disrupts the ability to think rationally about violence. For example, impulsivity associated with substance use may impair the person’s ability to consider the consequences of his actions before engaging in violent behavior.
But how do professionals determine which risk factors are relevant in a given case, and how they are relevant? There is no simple or objective test for measuring relevance. Neither is it possible to use the results of scientific research, as what is true in general may not be true in this specific case. This means that judgments about relevance – like scenarios of future violence – are hypotheses based on scientific theory, scientific research, personal experience, and the facts of the case. Although it is not possible to test directly the scientific validity of these hypotheses, it is possible to evaluate the plausibility or reasonableness of their underlying rationale.

C. The Risk Management Strategy Should be Personalized

A risk management strategy should be personalized for the case at hand and designed collaboratively with the partner at risk of domestic violence. Risks posed to children and increased risk to the partner due to exposure via the children should be considered. It may be useful to think of risk management in terms of building a fence or wall designed to contain the risks posed by a perpetrator. Building the fence requires a plan (the risk management strategy) that reflects the lay of the land (the risks posed by the individual). The plan should specify landmarks for placement of the fence (relevant risk factors) as well as the fencing materials to be used (the risk management tactics).

To ensure that a risk management strategy is robust and maximally effective, each relevant risk factor should be targeted by multiple tactics. To continue with the fence metaphor, some parts of a fence are more critical than others, and in these parts it may be necessary to place more fence posts for a stronger foundation. Also, a risk management strategy that relies on a number of different professionals working in different agencies and clinics may require coordination activities such as regular interdisciplinary meetings or a detailed policy and procedure document. Metaphorically, it may be important for someone to travel the perimeter of the fence, making sure that all the posts remain upright and the fencing material is intact.

2. Strategies for Risk Management

A wide range of conditions can be imposed on perpetrators to prevent violence, as long as these conditions can be justified as necessary to ensure the safety and security of a potential victim/survivor. The following section discusses four major strategies that should be routinely considered when managing risk for domestic violence. The first three strategies focus on what could be done to manage the perpetrator through monitoring, supervision, and intervention. The last strategy
focuses on what could be done to assist the victim/survivor with safety planning. Consistent with the principles discussed in the previous section it will be important to keep in mind that the following section discusses general strategies that could be used, but that management strategies will always need to be determined in a case-by-case basis. Because the focus of domestic violence risk assessment is on the perpetrator, most of the attention will be focused on strategies that can be used to manage the perpetrators risk. However, victim safety planning is a very important part of this process.

As previously discussed, professionals working in health care, social services, education, victim/survivor services, and workplaces are responsible for screening and responding to obvious signs of domestic violence risk, but are not required to conduct comprehensive domestic violence risk management and should not do so without the appropriate training and experience. You do not need to recommend management strategies, and you may not be in a position to do so, unless you have relevant expertise. However, you should certainly play a role in developing management strategies in collaboration with others, suggesting management strategies others may wish to consider, and implementing management strategies that have been recommended. Therefore, within each section you will first learn general information about what each management strategy could involve. You will then learn about specific management strategies workplaces could implement. This will be important for providing you with general information about what you could expect from others who are responsible for conducting comprehensive risk management and specific skills related to risk management to assist you with fulfilling your professional responsibilities.

OAITH Training  
**Responding to violence in clinical settings**  
*Canadian Association of Threat Assessment Professionals*

A. Monitoring

**Monitoring** refers to risk management strategies that involve surveillance or repeated assessment. The goal of monitoring is to evaluate changes in risk factors over time so that risk management strategies can be revised as appropriate. Monitoring may be delivered by a range of mental health, social service, human resource, law enforcement, probation and parole officers, and security professionals. Monitoring should specify any
“triggers” or “red flags” that might warn the perpetrator’s risk of violence is imminent or escalating.

Monitoring strategies may include contacts with the perpetrator, as well as with the potential victim/survivor and other relevant people (e.g., judges, therapists, probation and parole officers, religious and cultural leaders, elders, family members, co-workers) in the form of face-to-face meetings or telephone calls. Frequent contacts with the client by health care and social service professionals are an excellent form of monitoring; missed appointments with service provider may be a warning sign that the client’s compliance with interventions designed to reduce risk may be deteriorating.

Workplaces can assist with monitoring strategies. For instance, staff from the human resources department or employee assistance program can check in regularly with employees who are victim/survivors or perpetrators of domestic violence to discuss changes in risk factors over time. Workplaces can provide accommodations to victim/survivors to help them ensure the safety of their children and can include her children in workplace safety plans. In addition, security can distribute information concerning the perpetrator (including a recent photo), the risks posed to the workplace, and steps to be taken if the perpetrator attempts to approach the worksite. Furthermore, it is often advisable for someone from the worksite to be designated as a contact person with other professionals involved in monitoring the perpetrator (e.g., law enforcement, social service, mental health). Having information sharing protocols in place and addressing confidentiality concerns in advance is extremely important for facilitating communication between professionals.

When the perpetrator is involved in the criminal justice system monitoring by police may also include field visits (e.g., at home or work), inspection of mail or telecommunications (e.g., telephone records, fax logs, e-mail), electronic surveillance, or physiological evaluation (e.g. urine or blood analysis). Only criminal justice officials have the legal authority to carry out these forms surveillance.

B. Supervision

**Supervision** refers to risk management strategies that involve imposition of controls or restrictions of freedoms. The goal of supervision is to make it (more) difficult for the perpetrator to engage in further violence. Supervision is typically delivered by law enforcement, corrections, legal, and security professionals in institutions or the community. But employers may also be able to implement some supervision measures.
Because supervision involves the imposition of controls or restriction of the individual’s freedoms, strategies should be implemented at a level of intensity commensurate with the degree of risk posed by the individual (least restrictive alternative).

Supervision strategies may include incapacitation (involuntary institutionalization) in a correctional or health care facility as the most extreme form of supervision. However, given the potential disadvantages of this strategy it should only be considered if it is deemed necessary to manage the perpetrator’s risk of violence. Additional or alternative supervision strategies may include community supervision which usually involves allowing the perpetrator to reside in the community with restrictions on activity, movement, association, and communication. Restrictions on activity may include requirements to attend vocational or educational programs, not to use alcohol or drugs, and not to possess weapons. Restrictions on movement may include house arrest, travel bans, “no go” orders (i.e., orders not to visit specific geographic areas), and travel only with identified chaperones. Restrictions on association may include orders not to socialize or communicate with specific people or groups of people who may encourage antisocial acts. Restrictions on communication may include orders to not have any direct or indirect contact with victim/survivor of previous offences.

Employers may also be able to impose some supervision strategies in the workplace. For example, consider a case in which a perpetrator poses a risk to the safety of a victim/survivor who is an employee. An employer may have the legal authority and ability to deny the perpetrator the right to visit or communicate with the victim/survivor at work, or even direct the perpetrator not to visit the worksite or have contact with any employees. These conditions may even be enforced via a civil or criminal (i.e., sec. 810) peace bond. Take another example in which the employer becomes aware that an employee is a perpetrator and poses a risk of domestic violence to a victim/survivor outside the workplace. The employer may have the legal authority and ability to direct the employee not to have contact or communication with the victim/survivor during work hours, from the worksite, or using work equipment. In both examples the employer may also have the authority and ability to monitor or intercept communications at the workplace to ensure the safety of the victim/survivor. Employers should consider seeking the advice and assistance of legal counsel or law enforcement before implementing supervision strategies.
C. Intervention

**Intervention** refers to risk management strategies that involve intervention, rehabilitation, or assessment. The goal of intervention or rehabilitation is to improve deficits in the perpetrator’s psychosocial adjustment or functioning. Intervention is typically delivered by healthcare, employee assistance, and social service professionals in inpatient or outpatient clinics and other agencies. Intervention may be made a condition of employment or a legal requirement.

Intervention strategies may include intervention for mental disorder in the form of individual or group counselling as well as psychoactive medications. They may target changing attitudes through psychoeducational programs. For example, Partner Assault Response Programs are typically directed at changing attitudes that support or condone intimate partner violence. Furthermore, rehabilitation strategies may target improving social skills through interpersonal or vocational programs. Finally, intervention strategies may also aim to reduce stress through legal, crisis, employment, and relationship counseling. Given that perpetrators often experience multiple problems, multiple interventions may be appropriate either concurrently or sequentially (e.g., one perpetrator may benefit from a partner assault program, a substance use treatment program, and assistance managing finances).

Workplaces can implement intervention strategies for employees who are perpetrators of domestic violence. It is important to keep strategies voluntary when possible. Otherwise perpetrators are unlikely to benefit often due to problems related to failure to take responsibility and unwillingness to change. But the strategy could then become a form of monitoring which may still be of benefit. Intervention strategies may be mandated as a remediation step if this is a condition of employment and as a disciplinary action if it is not necessary or possible to provide accommodation. When referring employees for intervention it is important to make sure the professional has expertise in working with perpetrators of domestic violence.

D. Victim/Survivor Safety Planning

**Victim/survivor safety planning** refers to the process of supporting or empowering victims/survivors in developing strategies to increase their safety. Safety planning should always be done in collaboration with the victim/survivor. The victim/survivor constantly navigates her safety and is often the most knowledgeable about the danger she faces. Consistent with the principles of domestic violence risk management, safety plans should be tailored to the victim/survivor’s circumstances and developed
to suit her individual needs. Safety plans must take into account the realities of each victim/survivor given that many of them face major barriers to putting safety plans in place due to the lack of available, accessible, acceptable, affordable, and appropriate services. A wide range of victim services, mental health, social service, human resource, law enforcement, and security professionals may engage in safety planning. If a team is involved in managing risk for violence, one member of the team should be designated as the victim/survivor liaison. As with domestic violence risk management, professionals engaging in comprehensive safety planning require the appropriate training and experience.

Consistent with domestic violence risk management, victim/survivor safety planning involves improving both static and dynamic security. With respect to static security, victims/survivors may collaborate with victim support workers to identify security improvements that could be made to where she lives, works and travels. For instance, improvements could be made to visibility by adding lights, altering gardens or landscapes, ensuring proximity between parking locations and workplace entrances, employing security personnel, and installing video cameras. Access could be restricted by adding or improving entry systems, door locks, and security checkpoints. Alarms could be installed, or victims/survivors could be provided with personal alarms. In some cases, it is impossible to ensure the safety of victim/survivor in a particular site and the victim/survivor may consider extreme measures such as relocation of her residence or workplace. Shelters and counselling agencies specializing in violence against women can provide direct services and linkages to other services.

With respect to dynamic security, victims/survivors may collaborate with violence against women experts to identify intervention strategies that would address their individual needs. For instance, victims/survivors often experience significant health impacts as a consequence of their abuse experiences. Victims/survivors may experience such things as decreased self-esteem, depressed and anxious mood, physical injuries, and chronic pain, which often makes it even more difficult for them to take steps to protect themselves. Therefore, victims/survivors may wish to consider intervention strategies to address their individual needs (e.g., counselling for depression and anxiety, treatment for physical injuries). In addition, victims/survivors may experience serious personal and professional isolation as a consequence of their abuse experiences. It is not uncommon for perpetrators of domestic violence to isolate the victim/survivor from accessing support or for the victim/survivor to be reluctant to seek support due to concerns for her safety. Therefore, victims/survivors may wish to consider information about available,
accessible, acceptable, affordable, and appropriate support services related to basic material needs (e.g., finances, food, housing, child care, transportation), vocational opportunities (e.g., education, training, employment), and community services (e.g., legal aid, transition houses).

As previously mentioned, workplaces can refer victims/survivors to a wide range of professionals for assistance with planning strategies (e.g., police based victim services, community based victim/survivor services, domestic violence advocates, shelters or transition workers, mental health professionals, human resource professionals, law enforcement, security professionals), but it is critical that they have appropriate training and experience. In addition, the workplace can contact these services directly to obtain information about general safety planning strategies for the workplace (e.g., from community based victim/survivor services). Workplaces can request a risk audit of their specific worksite (e.g., from police based victim services or private security). Crime prevention through environmental design (CPTED) is a multi-disciplinary approach to deterring criminal behavior through environmental design. CPTED strategies rely upon the ability to influence offender decisions that precede criminal acts. As of 2004, most implementations of CPTED occur solely within the built environment. Workplaces should ensure that information concerning the perpetrator (including a recent photograph), the risks posed to the victim/survivor, and the steps to be taken if the perpetrator attempts to enter the workplace or approach the victim/survivor are provided to people close to the victim/survivor and those responsible for her safety. It is important to consult with the victim/survivor about decisions to share information since they can offer important insights about what information exchange will ensure safety and what will increase risks. This is a particularly important consideration when working with Aboriginal women or women from collectivist cultures.

METRAC’s Community Safety Audit is a tool to help people assess the safety of spaces they use. It creates an opportunity for women and other individuals to share their experiences; helps people talk about their concerns and ideas for reducing violence; and considers how violence affects people based on their identities.
Lesson 4: Multiple Choice Exam

1. A risk factor should be considered relevant to risk management if:
   a. It may improve a person’s ability to think rationally about violence.
   b. It may increase the perceived gains or benefits of violence.
   c. It may decrease the perceived costs or negative consequences of violence.
   d. Both (a) and (b).
   e. Both (b) and (c).

2. A “no contact” order is an example of which category of risk management strategy?
   a. Monitoring.
   b. Supervision.
   c. Intervention.
   d. Victim/survivor safety planning.
   e. None of the above.

3. A drug screen is an example of which category of risk management strategy?
   a. Monitoring.
   b. Supervision.
   c. Intervention.
   d. Victim/survivor safety planning.
   e. above.

4. A substance use program is an example of which category of risk management strategy?
   a. Monitoring.
   b. Supervision.
   c. Intervention.
   d. Victim/survivor safety planning.
   e. None of the above.

5. The risk management strategy of victim/survivor safety planning involves:
   c. Communication with family, friends, and coworkers.
   d. All of the above

Answers are available in Appendix.
Lesson 5: Practice Cases

Learning Objectives
5.1 Consider case management strategies for domestic violence

To practice the skills you have learned in the previous lesson we will show you two practice cases. You will be asked to consider possible case management strategies for each scenario.

Scenario: Doctor's Office

The woman is at her doctor’s office and learns that she has a Sexually Transmitted Disease. She realizes that she got this from her husband. The woman has been seen at the emergency department with fractures and other evidence of physical abuse. The doctor asks the woman about her husband’s behavior, suggesting her injuries resulted from abuse. The woman asks the doctor if the medical evidence compiled could help her legally with respect to getting custody of the children. The doctor tells her it could help and reassures her that her visits and injuries have all been documented. The woman says she wants her husband out of the house and away from the children. The woman reports she has spoken to a counselor from the shelter and this counselor is helping her arrange an appointment with a lawyer. The doctor inquires about contacting the police but the woman expresses fear that doing so will really anger her husband and escalate the risk. The doctor tells her she deserves better.

Considerations

Medical practitioners often come in contact with abused women seeking medical treatment. It can be difficult for the medical practitioner when the woman is unwilling to acknowledge the abuse or accept help. Research suggests that a woman may leave a relationship as many as six times before she can finally separate. Women may also have difficulty recognizing that the level of risk they are facing is increasing. They may believe that they will be safer if they separate; not realizing that separation significantly increases the risk that abusive behaviour will escalate. In the 2010 Domestic Violence Death Review Committee report there was an actual or pending separation in 77% of the cases reviewed.

Questions

1. What risk factors are present in this scenario?
   - [ ] History of domestic violence
   - [ ] Escalation of violence
   - [ ] Actual or pending separation
- Victim and perpetrator living common-law
- Access to or possession of any firearms
- Extreme minimization and/or denial of spousal assault history
- Extreme fear of perpetrator
- Significant perpetrator life changes
- Health problems
- Presence of stepchildren in the home

2. As the doctor what would your next step be?
   a. Tell the patient that you are very worried about her safety because things seem to be going from bad to worse and separation is a dangerous time. Let her know you think the police should be notified and that you will help her do this.
   b. Tell the patient you are happy to hear she had contacted a counselor at the woman’s shelter and encourage her to work out a safety plan with this counselor as separation is a dangerous time for women in abusive relationships
   c. Tell the patient you are impressed with the steps she has taken to separate. Tell her you are available to provide corroborating information when needed. Suggest she make an appointment in a month to check in on how the separation is going.

Answers:

a) This is the best answer given the history of violence, the impending separation and the concern the woman has about her children. Offering to call is important, as this can be very difficult for a woman to do. In addition, having a professional corroborate a history of abuse is helpful. Collaboration between professionals is a critical ingredient in ensuring information is sharing, services are coordinated and information given is congruent.

b) This is a reasonable answer in that you are encouraging her to develop a safety plan and you are reinforcing for her that separation is a dangerous time.

c) This answer does not address the urgency of providing support when a separation is pending. While the encouragement is helpful, suggesting contact a month later is not addressing the immediate risks.
Reflections for Learners

In a recent publication researchers note that, “Two systematic literature reviews had reported there was insufficient evidence to recommend routine screening; yet other studies considered routine screening an important component of care. In addition, studies showed that routine screening increased rates of disclosure while the qualitative literature reported that most women support routine screening under most conditions, except when screening questions were asked in abrasive or judgmental tones of voice.” (Mason & Schwartz, 2012)

In March 2005, the Registered Nursing Association of Ontario released their Nursing Best Practice Guideline, Woman Abuse: Screening, Identification and Initial Response. In the guideline, the RNAO acknowledges the lack of consensus concerning universal versus indicator-based screening for woman abuse by health care providers. The following passages are excerpted from the guideline, available at

Guidelines from Canada (MLHU, 2000; Perinatal Partnership Program of Eastern and Southeastern Ontario (PPPESO), 2004), New Zealand (Ministry of Health, 2002), and the United States (U.S.) (Family Violence Prevention Fund (FVPF), 2004) were reviewed for this best practice guideline. All endorse universal screening in some or all practice settings. In contrast, systematic evidence reviews for the Canadian Task Force on Preventive Health Care (Wathen & MacMillan, 2003) and the U.S. Preventive Services Task Force (Nelson, Nygren & McInerney, 2004) both concluded that there is not enough evidence to recommend for or against universal screening. In addition to these documents, the panel also considered qualitative and quantitative studies, program evaluations, anecdotal data, and expert opinion, including that of abused women themselves to ultimately determine the recommendation for routine universal screening.

The RNAO also considered the benefits of routine universal screening in relation to any possible harm. Some of the many benefits are:

- Increasing opportunities for women to disclose abuse;
- Increasing opportunities for nurses to identify women who have been abused;
- Linking health consequences to abuse, thereby positioning violence as a legitimate health concern;
- Identifying the health impacts of abuse and providing early intervention;
- Avoiding stigmatization by asking all women about abuse;
- Reducing the sense of isolation abused women experience;
- Affording opportunities to assist children of abused women;
- Giving a strong message that abuse is wrong;
- Informing women about violence against women services and other options that are available; and
• Fostering healthy communities.

In recommending routine universal screening, the panel considered these benefits in relation to any possible harm associated with screening. Based on current knowledge, our conclusion is consistent with that of the Family Violence Prevention Fund’s Research Committee (2004) that stated, with respect to screening, “we know of no research to suggest that assessment and/or interventions in health care settings are harmful to patients” (p. 5). Further, failure to implement routine, universal screening could result in more dire health outcomes for abused women, including femicide (Coker et al., 2002; Sharps et al., 2001).

As many women do not disclose abuse the first time they are asked, nor do they recognize violence as a health issue, screening for woman abuse should occur not only on the initial health history but also each time the health history is updated.

The Guideline includes information on how to respond when she says “YES”

To respond appropriately:
• Believe the woman;
• Name the abuse (identify what she is experiencing as abuse);
• Assess immediate health needs; if a recent sexual assault has occurred, refer for sexual assault care;
• Assess immediate safety and complete a safety check;
• Explore her immediate concerns/needs and determine a plan of action;
• With the woman’s consent, refer to appropriate resources, including multidisciplinary health team, community specialists, counsellors, support groups, shelters, and justice/advocacy services; and
• Have a contact list of violence against women services available (MLHU, 2000).

The Ontario Woman Abuse Screening Project provides screening tools and guides for the mental health and addictions sectors

The Family Violence Prevention Fund also provides Clinical Guidelines on Routine Screening for a variety of health professionals

Scenario: Family lawyer’s office

A woman with obvious physical injuries is at her lawyer’s office reviewing the family court order which lays out the conditions for her ex-husband’s contact with their son. She is of Asian descent and tells her lawyer that she does not read English very well, so he verbally reviews the order with her. The lawyer tells the mother that her ex-husband will not be allowed contact with her but he will have access to their son. The woman questions how this is possible when her ex-husband has tried to kill her. The lawyer explains that the violence was directed at her and not their son. He explains that she is
not alone and that the police know her husband is violent and will respond to any concerns. He also tells her that the child protection worker feels her son is safe because she is a protective mother and has the additional support her parents who live with her. The woman looks worried and explains that her parents are elderly and do not speak English. The lawyer reassures her that she will be all right.

Considerations:

Family courts deal with matters related to marital separations, including property and child custody, under legislation that is separate from child protection matters. Child protection investigations/assessments consider risk factors related to child maltreatment and the risk assessment tools used are typically not specific to domestic violence.

Questions:

1. What risk factors are present in this scenario?
   - [x] Actual or pending separation
   - [x] Prior threats or attempts to kill victim
   - [x] Inadequate support or resources
   - [x] Child custody or access disputes
   - [ ] Perpetrator exposed to/witnessed suicidal behaviour in family of origin
   - [x] History of domestic violence
   - [x] Language and/or cultural barriers (e.g., new immigrant or isolated cultural community)
   - [ ] Prior forced sexual acts and/or assaults during sex
   - [x] Extreme fear of perpetrator
   - [x] Lack of awareness or distrust of mainstream services

2. Is there a role for child protection services with this family?
   a. Not really, the mother has a family court order that does not permit the father to be near her. There is no evidence he has hurt his son and his son has a right to have a relationship with his father. Unless the father does something to the son he should be allowed to have some access.
   b. At this point it might be helpful for the mother to have voluntary services from the child protection worker in order for her to continue to move forward and manage her role as a single parent.
   c. There is a clear risk to the son that must be addressed. Child protection can provide a much needed risk management role by assessing the
ongoing threat the father poses and developing a safety plan with the mother and a risk management plan with the father.

Answers:

a) This answer does not address the risks that the woman is articulating with respect to her ex partner’s history of violence, her fear that he will try and kill her and her fears that he has unsupervised access to their son. Child protection has a role in cases of serious domestic violence.

b) This is a reasonable answer however it does not specifically address the risks the man poses. The woman may well benefit from voluntary services with child protection, however her real concerns about future harm to herself or her son need to be addressed through a comprehensive safety plan. Child protection has a role to play in assessing the father’s risk and developing a plan with him to address that risk.

c) This is the best answer as it specifically addresses the risk the father poses.

As the lawyer, what would your next step be?

a. Make an appointment with the woman in two weeks to review the access agreement. In the meantime ensure that she has the emergency numbers for the police, children’s aid and the local shelter community outreach service.

b. Reassure her again that the situation will calm down now that they have separated. Provide your contact information so that she can reach you if there is a concern with the access. Remind her that having sole custody allows her to make independent decisions about their son. Encourage her to move forward.

c. You realize that in spite of what you have been saying to your client she is still very afraid. You decide you will go back to court and try to get an emergency court order for supervised access. You will also contact the police and CAS with her and ask for a safety plan to be jointly developed based on the risks to all the family members residing with her.
Answers:

a) This answer does not go far enough in addressing the risks she is identifying. While it is good that you have made an appointment to follow up with her, and given her emergency numbers, she has identified a real fear that her husband will continue to frighten and control her through his unsupervised access with their son.

b) This answer ignores the risk factors and implies the woman is stuck in the past rather than recognizing she has a valid reason to be concerned.

c) This is the best answer as it acknowledges the risks of the father having unsupervised access and it addresses the need to advocate for the police and CAS to help safety plan and risk manage.

Reflections for Learners

The risk of lethality is considered highest at the point of separation. It is important to consider that in many situations the emotional impact of the separation doesn’t always occur at the point of the physical separation. Some partners anticipate a reunion and the danger elevates as they realize the finality of the separation. It is important to review safety plans whenever a perceived ‘dramatic event’ is about to occur, such as a court hearing, introduction of a new partner, final declaration of the relationship being over etc.

Furthermore, ongoing custody and access conflicts in cases where there is a history of domestic violence require careful consideration when they come to the attention of child protection. While an assessment may indicate that the non-abusive partner can protect the children, it is often difficult and costly to navigate the family court system and child protection services can provide a much needed risk management role.
Lesson 6: Considering Contextual Issues

Learning Objectives

6.1 Explain the importance and implications of contextual issues as they relate to domestic violence risk assessment and management

6.2 Explain specific contextual issues for domestic violence risk assessment and management (e.g. newcomers, aboriginals, children, workplaces, women with disabilities, etc)

1. The Importance of Contextual Issues for Domestic Violence Risk Assessment and Management

Considering contextual issues is extremely important when assessing and managing risk for domestic violence. Broadly defined, contextual issues refer to areas of difference or diversity that may impact on experiences of individuals or groups. Contextual issues such as age, education/literacy, economic status, family makeup, sexual orientation/identity, ethnicity/race, culture/religion, sexual orientation, family makeup, immigration or citizenship status, disability, health problems, remote or rural isolation or being a Francophone can have a major impact on how you assess and manage cases of domestic violence. Not only do contextual issues affect your own values, beliefs, behaviors, and opportunities but they also affect the values, beliefs, behaviors, and opportunities of the individuals you are attempting to understand and assist. Therefore, it is critical to routinely consider the impact of contextual issues when assessing and managing risk for domestic violence. In many cases of domestic violence, contextual issues affect perpetrators and victims/survivors by increasing their experiences of oppression, poverty, and marginalization. For instance, perpetrators of domestic violence with low socioeconomic status may face limited education and employment opportunities. In addition, victims/survivors of domestic violence from diverse cultural backgrounds may face barriers to seeking help due to a lack of available, accessible, acceptable, affordable, and appropriate services.
2. The Implications of Contextual Issues for Domestic Violence Risk Assessment

Contextual issues have important implications for assessing and managing risk for domestic violence. Contextual issues may impact on how we understand a problem, the perpetrator’s response to management strategies, and the ability of the victim/survivor to engage in safety planning. Therefore, when assessing and managing risk for domestic violence, contextual issues may have implications for how we decide to intervene with the problem and the effectiveness of our interventions. It is beyond the scope of this course to provide a comprehensive review of the implications for violence risk assessment and victim safety planning for contextual issues. However, the following section will provide general guidelines for handling contextual issues that can be used by service providers working in health care, social services, education, victim/survivor services, and workplaces that are responsible for screening and responding to obvious signs of domestic violence risk. It is likely that your workplace or profession has guidelines for handling contextual issues more generally and these should be complimentary with those listed below. It is important to remember that these guidelines are aspirational and may not be feasible or appropriate in every case you are screening and responding to.

- Establish a safe and private environment when speaking with perpetrators or victims/survivors about domestic violence.

- Discuss contextual issues openly and respectfully when speaking with perpetrators or victims/survivors about domestic violence.

- Obtain additional information about contextual issues from professionals with expertise in the area.

- Obtain additional information about contextual issues by reviewing relevant literature.

- Consider how contextual issues may be influencing how you understand domestic violence.

- Consider how contextual issues may be influencing how you decide to respond to domestic violence.

- Work collaboratively with perpetrators or victims/survivors of violence when deciding how to respond to domestic violence on a case-by-case basis.
• Work collaboratively with relevant communities and professionals when deciding how to respond to domestic violence on a more general basis.

3. Specific Contextual Issues for Domestic Violence Risk Assessment

Contextual issues have important implications for the dynamics of domestic violence. Contextual issues such as age, education/literacy, economic status, family makeup, sexual orientation/identity, ethnicity/race, culture/religion, immigration or citizenship status, disability, health problems, and remote/rural isolation can have major impacts on the presentation and implications of domestic violence. It is important to recognize that many of these contextual issues may overlap and further complicate the dynamics and implications of domestic violence. It is beyond the scope of this course to provide a comprehensive review of the impact of contextual issues on the dynamics and implications of domestic violence. However, the following section will provide a list of common contextual issues to consider when conducting domestic violence risk assessment and management, a brief illustration of how each contextual issue can impact on the dynamics of domestic violence, and links to more detailed information about each contextual issue.

This following section is based on material from the Aid to Safety Assessment and Planning or ASAP (BC Institute Against Family Violence, 2005) and the Building Comprehensive Solutions to Domestic Violence Training (Warrier, 2000).

A) Age

Includes issues facing individuals who are girls/boys, adolescent girls/boys, adult women/men, and older women/men. For instance, a victim/survivor who is older may be likely to experience material loss (e.g., theft of money or property) in addition to physical harm. Support services may not be appropriate for her if she perceives them as focusing primarily on younger women.

B) Education/Literacy

Includes issues facing individuals who have limited education or poor literacy skills. For instance, a victim/survivor who has limited education or poor literacy skills may be unwilling to leave an abusive relationship if she wishes to do so because she has limited options to support herself. Support services may not be accessible for her if she is unaware of them due to her reliance on oral as opposed to written information.
C) Economic Status

Includes issues facing individuals with limited access to financial and other support, particularly income, housing, food, clothing and other necessities. For instance, a victim/survivor who is poor may be unable to leave an abusive relationship if she wishes to do so because she would not be able to support herself. Support services may not be affordable for her if there is a cost associated with them or she may not be able to afford transportation to get to services.

An example of how economic status can affect risk: A man was charged with assaulting his partner. He was released on bail with conditions not to associate with the victim. His employment was as a superintendent at a housing co-op. His housing (and his partner’s and children) was based on his ability to do his job. Since he couldn’t attend at the co-op as a condition of bail, he couldn’t do his job. He was therefore fired. As a result, his partner and children were evicted from their unit, since it was only available as a benefit of his employment. This put her at increased risk (homelessness) and him as well (desperation, helplessness, poverty, etc.)

D) Family Structure

Includes issues stemming from familial relationships and responsibilities, including providing care for dependents. If there are relations of economic dependence between partners and violence occurs, risk may increase as one of the partners finds themselves without the financial means to support themselves.

When the victim/survivor is the caregiver for her children, the perpetrator may use custody of and access to children as a means of continuing to abuse her. Support services may not be acceptable to her if she has concerns for the impact of these services on the safety of her children or on her custody and access of her children.

Victim/survivors may face pressure from extended family members to stay silent about abuse, to remain in the relationship despite the abuse and/or to reconcile despite the abuse.

E) Sexual Orientation/Identity

Includes issues facing individuals who are lesbian, gay, bisexual and transgendered. For instance, a victim/survivor in a same sex relationship may be threatened by the perpetrator with “outing” to family and friends. Support services may not be appropriate for her if she perceives them as focusing primarily on heterosexual women.
F) Culture/Religion
Includes issues facing individuals who are from different cultural backgrounds, which may have implications for their values, identification, practices, and language. For instance, for a victim/survivor from an Aboriginal community the dynamics of abuse may be connected with experiences of intergenerational trauma, isolation and discrimination. Culturally competent support services may not be available to her.

G) Immigration/Citizenship Status
Includes issues facing individuals who are immigrants or refugees. For instance, immigrants or refugee women may experience domestic violence that is supported or condoned by extended family or be extremely isolated from support from family and friends from her home country. Support services may be unacceptable to her because she fears they would jeopardize her immigration and citizen status. Or she may feel torn between maintaining a relationship with her community, governed by collectivist values and accessing mainstream services, based on individualist values.

H) Disabilities/Health Problems
Includes issues facing individuals with physical disabilities (e.g., Deaf, deafened, blind, people who use wheelchairs), people with learning disabilities, people with developmental challenges, people with physical health problems (e.g., physical injuries or chronic pain), or people with mental health problems (e.g., depression and anxiety). Support services may not be accessible to her because of her dependence on the perpetrator to access these services. Discriminatory attitudes may put her at a disadvantage in family law decisions, including custody and access of her children.

I) Remote/Rural Isolation
Includes issues facing individuals with limited or no access to transportation or communication, including living in remote or rural areas. Victims/survivors who live in remote or isolated locations may have more limited access to transportation or communication and the perpetrator may have more control over what she does and who she sees as a consequence. Support services may not be available or accessible to her in the community in which she lives.

Partner Assault Response Programs in rural/remote areas are often not easily accessible to men on probation. There is no public transportation and it is not uncommon that because of addictions issues, the man has lost his license to drive. Money is not available to the PAR program to
arrange for or subsidize transportation. Therefore, appropriate resources may not be accessible to those who may be at elevated risk.
Lesson 6: Multiple Choice Exam

1. Why is it important to consider contextual issues for domestic violence risk assessment and management?
   a. They affect your own values, beliefs, behaviors, and opportunities.
   b. They affect the perpetrator’s values, beliefs, behaviors, and opportunities.
   c. They affect the victim’s values, beliefs, behaviors, and opportunities.
   d. All of the above.
   e. Both (b) and (c).

2. What are the implications of contextual issues for domestic violence risk assessment and management?
   a. They affect how we decide to intervene with a problem.
   b. They affect the effectiveness of our intervention strategies.
   c. They should not affect how we decide to intervene with a problem or the effectiveness of our intervention strategies.
   d. Both (a) and (b).
   e. None of the above.

3. Which of the following is a guideline for those responsible for screening and responding to obvious signs of domestic violence risk in situations involving people who experience some form of marginalization?
   a. Establish a safe and private environment when speaking.
   b. Obtain additional information from relevant literature.
   c. Consider the impact of contextual issues on your decisions.
   d. Work collaboratively when considering how to respond.
   e. All of the above.

4. How may being an immigrant impact on the dynamics of domestic violence?
   a. The violence may be supported by extended family.
   b. The couple may be isolated from family and friends.
   c. The couple may experience language barriers.
   d. The victim/survivor may have concerns about immigration status.
   e. All of the above.

5. How may being poor impact on the victim’s/survivor’s ability to access support services?
   a. Support services may not be available.
   b. Support services may not be accessible.
c. Support services may not be acceptable.
d. Support services may not be affordable.
e. Support services may not be appropriate.

Answers are available in the Appendix.
Lesson 7: Practice Cases

Learning Objectives
7.1 Consider the implications of contextual issues on a domestic violence risk assessment and management

To practice the skills you have learned in the previous lesson we will be showing you two practice cases. Following the first practice case you will be asked to consider the implications of contextual issues on domestic violence risk assessment and management related to being an immigrant. Following the second practice case you will be asked to consider the implications of contextual issues on domestic violence risk assessment and management.

Scenario: Disclosure in an Informal Setting

This is a rural, remote community with limited services. Most people in the small town know each other. A counsellor at a drop-in center encounters a woman on the street who he knows from the center. He inquires about how she is doing because she did not show up at the centre last week. He learns that her partner has been repeatedly assaulting her. She describes how her partner comes home with alcohol and drugs and she gets high and wakes up with him kicking her in the head. She says he has threatened to kill her and she believes that he will. She speculates that if she could leave and get sober she could figure it out. The counsellor asks if she has any other place she can stay and she says no. He tells her to come and see him next week at the office.

Considerations

The counselor in this situation has to consider whether or not he will cross a professional boundary to engage with his client in an informal setting to help her understand her level of risk immediately, or whether he will take a chance that she will be okay for the weekend and keep her future appointment with him.

Questions

1. What risk factors are present in this scenario?
   - [x] Excessive alcohol and/or drug use by perpetrator
   - [x] Prior threats to kill victim
   - [x] History of domestic violence/ prior assaults
   - [x] Extreme fear of perpetrator
   - [x] Perpetrator was abused and/or witnessed domestic violence as a child
2. What would your next step be?
   a. Stop and talk to the woman. She needs a plan to leave the relationship immediately. Discuss the possibility of going to the police and talk about the option of calling to discuss her case in general without reporting the specifics of the individuals involved. Explain that going to the local shelter is also an option. Make sure that she understands her risk for being seriously injured or killed if she does not act immediately.
   b. You hear her talking about physical abuse but you don’t see any physical evidence that she has been assaulted so you assess she is not at immediate risk and you invite her to come by the centre sometime to get support with a sobriety plan so that she can tackle that problem first.
   c. Recognizing that she is close to making changes you tell her you can see she is showing the courage it would take to leave and you ask her to drop by the centre tomorrow so that the two of you can talk it through further.

Answers:
   a) This is the best answer, you are recognizing the risks being presented and you are intervening immediately. This conveys your concern, caring and willingness to help.
   b) Discounting her disclosure because you don’t see physical evidence of the abuse is problematic. And focusing on her possible addiction issues reinforces for her that she has the problem rather than confirming for her that the relationship she is in is harmful. Many women find themselves coping in a maladaptive manner when they are in an abusive relationship.
   c) This is a somewhat reasonable answer because you are acknowledging the courage it takes to leave, however given (a) the escalation of violence, (b) her intuitive sense that she could be fatally harmed and (c) her recent absence from the drop-in centre, it would be better to address these issues immediately and try to help her with a safety plan.
**Reflections for Learners:**

Substance use can be a significant risk factor to consider in any risk management strategy. It can be a destabilizer for violence in that it impairs or disrupts the ability to think rationally about violence. The impulsivity associated with substance use can impair a person’s ability to consider the consequences of his actions before engaging in violent behaviour.

**Scenario: Settlement Service Office**

A woman explains to the settlement counselor that the family came to Canada to escape the violence in their own country, but she feels the violence has followed them. She discloses that her husband changed after the war. She knows that she should not tolerate the abuse, however she feels loyal to the marriage and struggles with the idea of not standing by her husband. She describes being terrified of what he will do and fears him even when she sleeps.

She and her husband have talked about the abuse, and he has apologized and stopped for days at a time, but the violence starts again. She has also talked to her family and they make excuses for him. When the counsellor suggests she report the abuse to the police the woman reacts negatively and explains she does not want to betray her husband or her family. She feels her family would not forgive her for involving the police. She believes her husband needs counselling and help to heal his broken spirit, not punishment. The counsellor reminds her she is in Canada and abuse is against the law, but the woman reiterates she can’t report her husband.

**Considerations**

A woman who has permanent resident status cannot lose that status or be removed from Canada only because she leaves an abusive relationship. This is true even if her abusive partner is her sponsor. Many women are in Canada without permanent resident status. They may have temporary status. For example, they may have work or study permits, or they may have been allowed to enter Canada as visitors and their status has not expired. They may have no immigration status at all. They may be:

- women being sponsored by a spouse or common-law partner from within Canada,
- refugee claimants, or
- live-in caregivers.

Women who do not have permanent resident status and who leave an abusive situation can be at risk of being removed from Canada (see CLEO fact sheet). There are exceptions to this and it is important to seek legal advice when assisting a woman without permanent residence.
Additionally, if a woman contacts the police, the police could charge the abuser with a criminal offence. If the abuser is not a Canadian citizen, a criminal conviction can lead to the abuser being removed from Canada. In most cases, a permanent resident that is ordered deported has a right to appeal that decision to the Immigration Appeal Division of the IRB. A person who is convicted of an offence that results in “bodily harm” against a member of their family, or their spouse or partner’s family, cannot sponsor anyone. This is also true if they are convicted of attempting or threatening to commit this kind of offence. Often, when a marriage breaks down, a sponsor will refuse to continue supporting the spouse. Sponsors who are unable or unwilling to meet their sponsorship obligations are usually not allowed to sponsor anyone else in the future. And, if someone they sponsored received social assistance, the government will take steps to get the money back from the sponsor (CLEO fact sheet).

Questions

1. What risk factors are present in this scenario?
   - Extreme fear of perpetrator
   - Fear or distrust of legal authorities
   - History of domestic violence
   - Prior threats or assault
   - Excessive alcohol and/or drug use by perpetrator
   - Inadequate support or resources
   - Language and/or cultural barriers (e.g., new immigrant or isolated cultural community)
   - Depression – in the opinion of family/friend/acquaintance or professionally diagnosed – perpetrator
   - Other mental health or psychiatric problems – perpetrator
   - Lack of awareness or distrust of mainstream services

2. What would you do if you were the counselor?
   a. There is not much that you can do, the woman does not want to contact the police and she seems to be able to talk to her husband and family so it is best to let them work this out. Suggest she come back and talk with you next week.
   b. Call an outreach worker from the woman’s shelter and ask if they can work with the woman and administer a lethality risk assessment tool in order to assess the risk.
   c. Call the police and tell them what you have heard, ask them to speak to the woman.
Answers:

a) It is good you are making a follow up appointment with the woman but what is missing is a discussion about a safety plan that addresses the ongoing risks.

b) This is the best answer as working with a specialized counselor who can help identify if there are lethality risks, and safety plan with the woman is important.

c) This action would likely scare the woman and further entrench her denial that she is at risk. For many families who have immigrated to this country from a war torn country, the police represent a threat.

Reflections for Learners

Immigrant women in abusive relationships often feel that they have to make a choice between being accepted by their extended family and their community or accessing assistance from main stream domestic violence services. At the same time as they want assistance and support from service providers, they also want to maintain the support and comfort offered by their extended families and communities. They may fear shunning from their community and family, shame for leaving the marriage, and fear of authority systems such as criminal courts, family court, police, child protection. Additional stressors are added if the woman does not speak English or French. It is our responsibility as service providers and professionals to resolve this dilemma by learning how to respond to immigrant and refugee women in culturally competent ways.

If a woman needs language interpretation or translation, ensure that objective and competent individuals provide the services. Avoid using family members or older children unless the woman explicitly requests this.

Immigrant and refugee women may face additional fears depending on their immigration status and cultural background. These fears may include: deportation of themselves and/or their spouse and an inability to financially support themselves. When you are assisting an immigrant woman who is being abused it is important to understand her legal status and seek specific information about immigration and legal processes in order to assist her with the best possible outcome.

Scenario: Visually Impaired Woman

A visually impaired woman is waiting outside for her partner to pick her up after work. Her supervisor stops to ask if she needs a ride home as she has noticed that the woman is often left waiting for her partner. The woman is extremely reluctant to accept the offer. The supervisor is worried because it is getting dark. A thunderclap startles the woman and she agrees to get in the car. However she begs the supervisor not to drive
away. The supervisor has to pick her child up at the babysitters. The tension builds as the supervisor declares she is going to take the woman home. The woman reveals she is not allowed to have a key to the home and that she must wait for her partner.

**Considerations**

There is overwhelming evidence to suggest that women with disabilities are far more vulnerable to abuse than women without disabilities. It is estimated that women with disabilities are 1.5 to 10 times as likely to be abused as non-disabled women, depending on whether they live in the community or in institutions (Sobsey, 1988). Fiduccia & Wolfe (1999), report that “regardless of age, race, ethnicity, sexual orientation, women with disabilities are assaulted, raped and abused at more than two times greater than non-disabled women.

The “lack of culturally-specific resources contribute to the isolation and silence about the abuse observed in victims …who have some form of physical or developmental disability. In particular, the able-bodiedness of an individual may impact their access to life-saving information and emergency services, capacity for self-protection, and sense of vulnerability and isolation” (Johnston-McCabe, et al., 2011).

**Questions**

1. **What risk factors are present in this scenario?**
   - ☑ Extreme minimization and/or denial of spousal assault history
   - ☑ Controlled most or all of victim’s daily activities
   - ☑ Extreme fear of perpetrator
   - ☐ Failure to comply with authority – perpetrator
   - ☐ Prior violence against family pets
   - ☐ Perpetrator was abused and/or witnessed domestic violence as a child
   - ☑ Disability
   - ☐ Economic dependence
   - ☐ Prior threats or attempts to commit suicide by perpetrator
   - ☐ Choked victim in the past

2. **What would you do if you were the supervisor?**
   a. Tell the woman that you must get your child or you will pay an extra fee, reassure her she will be ok waiting outside, suggest she can stand under the street light.
b. Call your babysitter and tell her you will be late. Tell the woman you are concerned about her and ask if she will go to lunch with you tomorrow so you two can talk.
c. Call your babysitter and tell her you will be late. Don’t make a big deal about what is happening because you can see the woman is distressed. Make a mental note to check in with her tomorrow.

Answers:

a) This answer doesn’t address the concerns about the woman’s safety. It is getting dark, the weather is precarious and this woman is visually impaired. Most concerning is that her partner won’t allow her to have a key to the house, he has a history of being late and this woman seems frightened.

b) This is the best answer. It addresses the immediate safety concerns and is a caring and compassionate response. Given this woman’s disclosure that she is ‘not allowed’ to have a key to her home, kindness from a colleague can be a powerful motivator to open up and possibly disclose more. If she is in a coercively controlling and abusive relationship she will need to have help to understand the risks.

c) This is a good answer as it addresses the immediate safety concerns and it acknowledges that this woman may at risk.

Reflections for learners

The Roeher Institute’s 1995 research “Harm’s Way: The Many Faces of Violence and Abuse Against Persons with Disabilities,” states that “the way people with disabilities name abuse and violence in their lives differs from how the problem is defined in relation to other vulnerable groups.” For women with disabilities, the differentiators can be grouped in three areas:

1) vulnerabilities that are unique to women with disabilities,
2) composition of the stakeholder communities surrounding women with disabilities,
3) forms of abuse that are experienced.

For more information on how women disabilities experience violence and for information on how to intervene appropriately, see the, Violence Against Women with Disabilities report.
Lesson 8: Sharing Information

Learning Objectives
8.1 Explain freedoms and limits to information sharing when assessing risk for domestic violence
8.2 Explain core principles of communication when assessing risk for domestic violence
8.3 Explain core components of communication when conducting domestic violence triaging
8.4 Explain core components of communication when conducting domestic violence risk assessment

1. Freedoms and Limits to Information Sharing when Assessing Risk for Domestic Violence

A) Why Should Information Be Shared?

Sharing information with other professionals when assessing and managing risk for domestic violence is very important for developing an informed assessment of the risks posed, for developing comprehensive and coordinated management strategies for perpetrators, and for supporting victims/survivors with effective safety planning strategies. It is important to consider when information can be shared and what information can be shared. Too often, professionals err on the side of withholding important information. They choose not to share it because of concerns about violating people’s privacy rights. It is true that sharing private information without justification may violate various professional or ethical codes and privacy laws. But the converse is also true. Failing to share information when doing so would protect people’s health and safety may violate the same codes and laws.

The key point is that professionals must consider sharing information when, according to their own opinions or the opinions of others, they have grounds to believe there is a credible risk to someone’s health or safety. When they conclude that a risk exists, professionals should determine what information is reasonably necessary to share, with whom it should be shared, and in what form it should be shared. In simple terms, professionals should share all the information that is reasonably necessary to share, but only the information that is reasonably necessary to share. Furthermore, professionals should share information only with those people and only in a form that is reasonably necessary.
Professionals who try to perform this balancing act—protecting the health and safety of potential victims/survivors versus the privacy rights of perpetrators and others—in a responsible manner will be protected themselves as much as possible against potential complaints or legal actions that allege their sharing, or failure to share, information was inappropriate.

Two additional points deserve discussion. First, when professionals have grounds to believe that the risk of domestic violence is high, and especially when the situation is urgent or an emergency, the law provides them with considerable protection if they decide to share information. Ethical and professional codes and privacy laws not only permit sharing of information in such circumstances, they actually require it. This is true for all professionals, including physicians, psychologists, counsellors, lawyers, police officers, educators, child protections workers, and employers. Although everyone has the right to privacy or confidentiality, this right is limited, not absolute.

The second point is that, at some time in their careers, all professionals will find themselves in the position where their need to share information is uncertain or unclear. In such cases, they should consider consulting with colleagues or seeking legal advice. But the ultimate responsibility for the decision lies with each individual professional. You should be conscious of the potential that, for example, a perpetrator might make a complaint to a professional body if you breach his privacy or confidentiality and he is arrested or fired from his job as a result. But you should also be conscious of the potential that a victim/survivor or her family can make a complaint or sue you if you don’t share information and she is hurt or killed as a result. The question you should ask yourself is the following:

“Would you rather be sued by a perpetrator for sharing information and helping to protect the health and safety of a victim/survivor or be sued by her family for not sharing information to protect her health and safety if she was harmed or killed?”

B) When Can Information Be Shared?

Given the importance of sharing information when assessing and managing risk for domestic violence, it is necessary to consider when information can be shared. Federal and provincial legislation (Freedom of Information and Protection of Privacy Act or FIPPA, Municipal Freedom of Information and Protection of Privacy Act or MFIPPA, and Police Services Act), case law (e.g., duty to protect), and professional codes of ethics and conduct (e.g., for lawyers, physicians, psychologists, and social workers)
all address freedoms and limits to information sharing. Although the
details of each document vary slightly with respect to when information
can be shared, in general, all privacy legislation and professional codes
make allowances for sharing information when there is a significant
concern about the health and safety of others. Each piece of legislation
sets its own threshold for the permissibility of sharing information and
standards include; imminent risk of death or serious bodily harm,
including serious psychological harm (Rules of professional conduct for
lawyers) and compelling circumstances affecting the health or safety of
an individual (FIPPA). Each professional should refer to their own rules
and guidelines.

In domestic violence cases where a professional threat assessment
indicates there is a concern about risk of future harm, including but not
limited to lethal harm, information should be shared among professionals
involved. This does not violate any legislation, legal precedents, or
professional obligations that address privacy or confidentiality. The skills
you learned in lesson two related to domestic violence triaging will help
you determine whether there are reasonable grounds to proceed with a
violence risk assessment and to prioritize actions related to follow up and
documentation, including information sharing.

C) What Information Can Be Shared?

In addition to understanding when information can be shared, it is also
important to understand what information can be shared when there is
concern about risk of future harm. Although the details about what
information can be shared varies somewhat depending on the context in
which you are working; in general, the principles of “sharing all relevant
information, but only relevant information” and “take all reasonable
steps, but only reasonable steps” are very helpful for guiding decisions
about what information can be shared. Using these principles, relevant
information would include information about risk factors for domestic
violence that have been supported by science, practice and law, as well
as information about risk management strategies recommended for
reducing risk and increasing safety.

Consult with victim/survivors about information to be shared with Crown
Attorneys and police officers as they have disclosure obligations and rules
about sharing information with the Defense.

Consistent with principles of risk assessment and risk management
discussed in previous sections, decisions about what information can be
shared and what should be done should be determined on a case-by-case
2. **Core principles of communication about risk for domestic violence**

Before learning about specific skills related to communicating about domestic violence risk and considering what your role in this process will be it is important to discuss core principles related to communication about domestic violence risk. It is beneficial for professionals working in health care, social services, education, victim/survivor services, and workplaces to have a consistent understanding of core principles related to communication about domestic violence risk to facilitate communication with other professionals. These principles should guide your decisions about how to share information with other professionals when you are triaging for domestic violence risk. These principles should also guide your evaluation of what information other professionals share with you when they are conducting comprehensive violence risk assessments. Therefore this section describes both the primary goals of communication about domestic violence risk and several virtues of good communication about domestic violence risk.

The content of communications should serve their intended goals. First, communication should improve risk management by specifying general strategies and specific tactics to be used to manage violence risk. Second, communication should justify decisions by providing evidence for opinions that are based in facts. Third, communication should manage liability by improving the transparency of the domestic violence risk assessment procedures used and by improving the consistency of decisions made on the basis of these procedures across professions.

Good communication is the foundation of good domestic violence risk assessment and management. Communication should direct, with clear distinctions between findings and opinions. Include all relevant or necessary information, but be as brief as possible and leave out irrelevant or unnecessary information. Communication should be free of jargon. Develop a clear rationale for communicating the information you share. Finally, communications should be reasonable and acceptable to others.

3. **Core components of domestic violence triaging communication**

When conducting domestic violence triaging it is important to communicate about your findings with other professionals in both oral and written form. Communicating orally about the outcome of the triage is critical for ensuring information is shared quickly and efficiently.
Communicating in writing about the outcome of the triage is critical for ensuring information is shared consistently and reliably. It is also important to communicate about the outcome or your triage regardless of whether it is positive, possible, or negative. In a court of law if you did not document the outcome of your triage it would be reasonable for the judge to assume that it did not happen. As a consequence you could be found legally liable for failing to screen for and respond to violence risk if your actions resulted in harm to others. The following provides guidelines for communicating about the outcome of your triage in oral and written form.

1) Positive Outcome.

As you may recall from lesson 2, if the outcome of your triage is positive this means primary warning signs are definitely present and are recent, physical, or escalating. Therefore, there are clearly reasonable grounds to conclude some kind of a significant or substantial risk for domestic violence exists that triggers the need for comprehensive risk assessment.

As previously mentioned, when communicating with other professionals in oral or written form you should document the warning signs that were brought to your attention, the primary or secondary warning signs you identified, especially those that are recent, serious or escalating; the outcome or your triage and concerns about risks posed; and any responses you took or plan to take. The following provides an example of language you can use to communicate in oral or written form if the outcome of your triage is positive.

“I conducted a triage for domestic violence due to concerns about recent threats of violence to one of our employees by her current intimate partner. The outcome of the triage was positive. There was evidence of a history of serious physical violence and recent threats of death, which suggests that the person poses a risk for imminent and serious domestic violence. The police have been informed of the risks posed and the victim/survivor has been provided information about support services. The case has been referred to external consultants for a comprehensive violence risk assessment.”

2) Possible Outcome.

As you may recall from lesson 2, if the outcome of your triage is possible this means there is a lack of certainty or clarity regarding the presence or seriousness of warning signs.
Consistent with positive outcomes, when communicating with other professionals in oral or written form you should document the warning signs that were brought to your attention; the primary or secondary warning signs you identified that were present and also recent, serious or escalating; the outcome or your triage and concerns about risks posed; and any responses you took or plan to take. The following provides an example of language you can use to communicate in oral or written form if the outcome your triage is possible.

“I conducted a triage for domestic violence due to concerns about recent vaguely intimidating behaviours towards to one of our employees by her former intimate partner. The outcome of the triage was possible. There was evidence of recent vaguely threatening statements and recent interpersonal conflict (separation), which suggests that the person may pose a risk for imminent and serious domestic violence. The victim/survivor has been provided information about support services and the situation will be monitored by human resources over time, and a second opinion will be obtained from a threat assessment professional.”

3) Negative Outcome

As you may recall from lesson 2, if the outcome of your triage is negative, this means that primary warning signs are not present and there are no reasonable grounds to proceed with a violence risk assessment and to prioritize actions related to follow up and documentation.

When communicating with other professionals in oral or written form you should document that a triage was carried out and that no warning signs were present. The following provides an example of language you can use to communicate in oral or written form if the outcome of your triage is negative.

“I conducted a triage for domestic violence due to concerns about verbally aggressive behaviour (shouting and swearing) by one of our clients to their intimate partner. The outcome of the triage was negative. There was no evidence of primary or secondary warning signs of domestic violence to suggest that the person poses a risk for imminent or serious domestic violence.”

You should continue to watch the situation and conduct a follow-up triage should warning signs reoccur. Any change in circumstance should be communicated immediately.

4. Understanding core components of domestic violence risk assessment communication
Although service providers working in health care, social services, education, victim/survivor services, and workplaces are not required to conduct comprehensive domestic violence risk assessment and management, you should be knowledgeable about what to expect from other professionals when they are conducting comprehensive violence risk assessment and management. Understanding the oral and written elements of communication with threat assessment professionals is important given that you may be referring assessment to them if the outcome of your triage is positive or possible, you may be providing them with information relevant to their assessment, and you may be collaborating with them on management of the case. The following outlines the seven core components of oral and written communication for domestic violence risk assessments.

1) The primary purpose

2) The information base (e.g., information reviewed and information not reviewed)

3) The expertise of the evaluator (e.g., education, training, experience)

4) The methods of risk assessment used (e.g., structured professional judgement, actuarial decision making)

5) The findings (e.g., assumed facts, observations, assumptions, low-level inference)

6) The opinions (e.g., subjective impressions, high-level inferences)

7) The limitations (e.g., dynamic and contextual nature of risk, lack of information potentially relevant information)

In general, it is recommended to always include these seven core components when communicating about domestic violence risk. However, it is not always necessary to include information about the expertise of the evaluator if the information is being shared within the same service. The length and content of communication will vary depending on the purpose and context of the assessment. Oral communication may range from 5 minutes to 120 minutes to communicate about a case, while written reports may range from 1 page to 100 pages. The following provides an example of language that threat assessment professionals may use to communicate in oral or written
form about the outcome of a violence risk assessment if they were using a short format intended for internal use only.

1) The primary purpose

[Name] was referred for a violence risk assessment.

2) The information base

The assessment was based on a review of [documents], consultation with [service providers], and interviews with [e.g., perpetrator, victim/survivor, family members, coworkers].

3) The expertise of the evaluator

I have [describe education, training and experience].

4) The methods used

The [assessment instrument] was used to reach decisions about violence risk and management strategies.

5) The findings

Based on the information reviewed the following risk factors were present [list risk factors].

6) The opinions

If [person] commits future violence the following scenarios seem most plausible [describe scenarios].

In light of these scenarios the following management strategies are recommended [describe strategies].

7) The limitations

As violence risk is dynamic and changes over time, the perpetrator should be re-assessed [describe triggers for re-assessment].
Lesson 8: Multiple Choice Exam

1. What legislation addresses freedoms and limits to information sharing?
   c. Police Services Act.
   e. All of the above.

2. Which of the following principles can help guide decisions about what information can be shared related to risk of future harm?
   a. Share all relevant information, but only relevant information.
   b. Take all reasonable steps, but only reasonable steps.
   c. Share information on a case-by-case basis.
   d. Both (a) and (b).
   e. All of the above.

3. Which of the following is a goal of oral or written communication?
   a. Improving risk management.
   b. Justifying decisions.
   c. Managing liability.
   d. Both (a) and (b).
   e. All of the above.

4. What information should be documented when the outcome of your domestic violence triage is possible?
   a. That the triage was conducted.
   b. What warning signs were present.
   c. What actions were taken.
   d. What responses are planned.
   e. All of the above.

5. What clear distinction(s) should be made when communicating about domestic violence risk?
   a. Between relevant and irrelevant information.
   b. Between findings and opinions.
   c. Between complete and incomplete information.
   d. Both (a) and (b).
   e. Both (b) and (c).

Answers are available in the Appendix.
Lesson 9: Practice Cases

Learning Objectives

9.1 Document findings of domestic violence triage

To practice the skills you have learned in the previous lesson we will be showing you two practice cases. Following each practice case you will be asked to document the findings of your domestic violence triage. As you are doing so imagine that you are communicating with another professional about your findings in oral or written form. Remember to strive for communication that is accurate, complete, clear, brief, reasoned, and reasonable.

Scenario: Manager’s Meeting

Two managers are discussing their respective employees who had been in a romantic relationship but are now separated. The man in the relationship has attempted suicide, which he said was related to stress. But the woman in the relationship says the suicide attempt occurred because she tried to break up with him, which she eventually was able to do. The man sees a counsellor regularly for his depression.

The two no longer work in the same department however the man continues walk past the woman’s office and peer in her window. The manager for the woman states that a co-worker told him she fears this man will go ‘postal’, and the manager is very surprised there is no record of these concerns in the man’s personnel file.

The manager for the man consults with the CEO and describes the concerns she has had since the man’s return to work. The manager advises that the man is depressed. She states the woman has a few concerns about seeing him around the office but describes the woman as having a ‘thick skin’. The CEO is glad to hear that the woman is managing and says he wants to be kept apprised of the situation.

Considerations

Research on the prevalence of violence in the workplace would suggest the following:

- Domestic violence in the workplace has been identified as the fastest growing type of workplace violence in Canada." (Alberta Council of Women’s Shelters 2008)

- Seventy percent of domestic violence victims are also abused at work at some point. This therefore becomes an issue in almost every organization. (Swanberg, J. & Logan, T.K., (2005) Domestic Violence and Employment: A Qualitative Study. Journal of Occupational Health Psychology. 10(1), 3.)
• Fifty-four per cent of domestic violence victims miss three or more days of work a month. (Zachary, M 2000, Labor Law for Supervisors: Domestic Violence as a Workplace Issue, Supervision, vol. 61, no. 4, 23-26.).

As we learned earlier in this training, Ontario now has Occupational Health and Safety legislation that requires employers to prevent and respond to domestic violence that may emerge in the workplace.

Questions:
1. What risk factors are present in this scenario?
   - ☑ Actual or pending separation
   - ☑ Perpetrator was abused and/or witnessed domestic violence as a child
   - ☑ Depression – in the opinion of family/friend/acquaintance, or professionally diagnosed – perpetrator
   - ☑ Obsessive behaviour displayed by perpetrator, including stalking and/or possessive jealousy
   - ☑ New partner in victim’s life
   - ☑ Prior threats or assault
   - ☑ Extreme fear of perpetrator
   - ☑ Unsafe living/working situation
   - ☑ Perpetrator exposed to/witnessed suicidal behaviour in family of origin
   - ☑ Age disparity of couple

2. As the CEO, what would you advise the manager of the man to do?
   a. The manager describes the woman as having a ‘thick skin’ however you feel she may be more impacted by the behaviour of her former partner than she has openly acknowledged. You suggest the manager request permission to contact the man’s counsellor, advise of the company’s concerns about domestic violence (his history of coercive control and current stalking-like behaviours), and ask that these concerns be raised with the man.
   b. You feel the manager has done a good job of monitoring the situation and you are reassured that the woman seems to be able to handle her former partner’s behaviour in the workplace. You are satisfied that the situation is stable.
   c. The manager describes the woman as having ‘a thick skin’. You are somewhat reassured by this but suggest the manager for the man keep an eye on him and report back to you any concerning behaviour.
Answers:

a) This is the best answer because it acknowledges the concern that the man is continuing to walk past the woman’s desk when it is not necessary for him to do so. It is important that the man be held accountable for not following the expectations placed on him. If he is to continue his employment in the same organization as the woman he must be able to address the concerns about the impact he has on the woman’s sense of safety and understand the impression he is leaving with colleagues (i.e.: that he could go postal).

b) This answer does not adequately address the concerns raised by the woman about his walking past her desk or the concerns from a colleague about his potential to ‘go postal’.

c) It is good to suggest the man’s behaviour be monitored but this answer does not go far enough to address the concerns being presented.

Reflections for Learners

If both the victim and abuser work at the same workplace:

- Once the employee has told you about the abuse, make sure there are no negative repercussions for her.
- Refer to the information on Domestic violence triaging in Lesson Two of this training to determine whether there are reasonable grounds to conclude some kind of a significant or substantial risk for domestic violence exists that triggers the need for a comprehensive risk assessment by a professional.
- Make sure that the abuser does not have access to the victim in the workplace. Do not schedule both employees to work at the same time. If possible, have them work at different sites.
- Hold the abuser accountable for an unacceptable behavior in the workplace. Use disciplinary procedures to deal with abuse.
- If the abuser engages in violence or other criminal activity such as stalking or unauthorized electronic monitoring in the workplace, call the police.

Scenario: Risk Assessment Meeting

This scenario involves a multi-agency case conference with a mother who has experienced domestic violence. It is chaired by the child protection worker. Both parents have signed consents for information to be shared. In attendance are the outreach worker from the women’s shelter, the probation officer and the staff from the supervised access program. The outreach worker from the women’s shelter is expressing concerns about the safety of the children because the father breached his conditions during the children’s access. Some representatives are minimizing the
importance of the breaches and they have differing opinions as to the risk the children face because the history of assault is against the mother not the children.

Considerations:

Conferences with key professionals and the client, sharing information and safety planning, are a way to address the issue of working in silos.

Questions:

1. What risk factors are present in this scenario?
   - Escalation of violence
   - History of domestic violence
   - Depression – in the opinion of family/friend/acquaintance or professionally diagnosed – perpetrator
   - Extreme fear of perpetrator
   - Obsessive behaviour displayed by perpetrator, including stalking and/or possessive jealousy
   - New partner in victim’s life
   - Significant perpetrator life changes
   - Child custody or access disputes
   - Perpetrator threatened and/or harmed children
   - Actual or pending separation

2. In this scenario the case conference was:
   a. Effective because it helped reassure the mother that the father was not a risk to the children and encouraged her to continue safety planning with her outreach worker.
   b. Somewhat effective in that it brought key service providers together to share information as a group.
   c. Ineffective in that the concerns expressed by the mother about the father’s continued controlling behaviour and breaches to the restraining order were not seen in the context of risk to the children and herself, and not properly addressed by all the professionals.
Answers

a) In this scenario it is apparent that the mother is not being listened to and she is clearly not feeling reassured or supported by the professionals at the conference (with the exception of the woman’s outreach worker). Thus this conference was not effective.

b) This is a somewhat reasonable answer. It is important to have key service providers come together to safety plan and risk manage, however this did not happen at this meeting.

c) This is the best answer because it identifies that the professionals are not properly assessing the risks to the children due to (a) the serious history of abuse of the mother and (b) the ongoing controlling, obsessive and jealous behaviour of their father. An ineffective conference can further entrench the misguided interventions of the professionals involved.

Reflections for learners:

Multi-agency case conferences, designed to discuss safety planning and risk management strategies, are an important tool for addressing risk. It is important to consider dynamic risk factors, such as breaches of conduct by the perpetrator, and to develop risk management strategies to address these dynamic risks. A conference should go beyond a focus on safety planning to also consider the role service providers can play to engage the perpetrator in risk reduction plans. Structured risk assessment tools can be useful for helping all professionals focus on addressing those factors that relate to serious risk. Additionally the risks to children need to be understood in the context of the risk to their mother. Child protection workers are uniquely situated to intervene with fathers who pose a risk to their children’s mother.

In each community, service providers who play a central role in addressing risks to women and children need to develop coordinated protocols for identifying and conducting case conferences with women who are at high risk for lethality or serious harm by their intimate partner. The protocol should include consideration for ensuring that either all parties sign consents to share information or memorandums of understanding are developed among agencies to share information.
Lesson 10: Promoting Collaboration

**Learning Objectives**

10.1 Explain core competencies of collaborating with other disciplines, agencies, and systems.

1. Collaborating with other Disciplines, Agencies, and Systems

A) Need for Collaboration between Disciplines, Systems, and Agencies

Collaborating with other disciplines, agencies, and systems is highly recommended when assessing and managing risk for domestic violence. No single discipline, agency, or system will have all the information necessary to assess risk for violence or all the resources needed to manage risk for violence independently. Community and government agencies must recognize that assessing and managing risk for violence calls for a collaborative effort and multilateral solutions. Both the Ontario Domestic Violence Death Review Committee and the Ontario Domestic Violence Advisory Council call for coordination between disciplines, agencies and systems to manage the perpetrator’s risk for violence, to ensure the safety of the victim/survivor, and to support family and friends. It is important for service providers working in health care, social services, education, victim/survivor services, and workplaces to connect with safety networks on a case-by-case basis while collaborating with other disciplines, agencies, and systems to reduce the perpetrator’s risk and increase the victim/survivor’s safety.

B) Potential Challenges to Effective Collaboration

Despite the need for collaboration between disciplines, agencies, and systems when assessing and managing risk for domestic violence, there are potential challenges to effective collaboration in this area that need to be recognized and addressed. The Centre for Research & Education on Violence Against Women & Children has identified a number of these challenges. For instance, professionals may be reluctant to collaborate with others due to concerns about confidentiality, lack of trust of other stakeholders, lack of respect between stakeholders, limited understanding of other stakeholders’ roles or responsibilities, conflicting goals or mandates of different stakeholders, absence of consistent policies and procedures for information sharing, and lack of equality due to power imbalances. These challenges will need to be recognized and
addressed in order for stakeholders to engage in their mutual goal of effective collaboration. For service providers working in health care, social services, education, victim/survivor services, and workplaces that may be involved in assessing risk for domestic violence it is important to become aware of other disciplines, agencies, and systems in your community who you may need to collaborate with for the purpose of management. Many of the potential challenges to effective collaboration can be worked out in advance by building trusting relationships, increasing understanding of other roles and responsibilities, and developing information sharing protocols.

C) Core Competencies for Effective Collaboration.

Research suggests that there are four core competencies critical for effective collaboration with other disciplines, agencies, and systems on issues. First, professionals need to have the necessary skills, knowledge, attitudes, and motivation (i.e., ability to work well with others). Second, professionals need to develop the necessary social relationships needed to achieve desired goals (i.e., relationships that promote power sharing). Third, professionals need to develop the necessary structures for promoting engagement in activities for producing desired outcomes (i.e., having effective leadership). Fourth, professionals need to develop the necessary programs to have meaningful impacts on their communities (i.e., developing clear, focused, and realistic goals). As professionals working in health care, social services, education, victim/survivor services, and workplaces, it may be helpful to ask yourself the following questions when you are considering collaborating with other professionals about assessing and managing risk for domestic violence. Knowing the answers to these questions will assist you in developing your own competencies for effective collaboration.

A. Why do we need to collaborate?

We need to collaborate about domestic violence risk because we have responsibilities (legal and ethical) to prevent violence and increase safety, as well as increase knowledge, foster relationships, and promote systems change. There is a strong likelihood that in any case, multiple systems will be involved.

B. Who do we need to collaborate with?

We need to collaborate with other individuals and services to assess and manage risk for domestic violence and to understand both our own and other’s freedoms and limits with respect to information we can share and actions we can take.
C. When do we need to collaborate?

We need to collaborate about domestic violence risk when legal requirements call for it (e.g., Freedom of Information and Protection of Privacy Act), policies or procedures (e.g., Workplace Violence Policies), and routine or emergency service (e.g., duty to protect).

D. What do we need to collaborate about?

We need to collaborate about warning signs and risk factors for domestic violence that have been supported by science, practice and law, as well as information about risk management strategies for reducing risk and increasing safety.

E. How do we need to collaborate?

We need to collaborate about domestic violence risk in a way that is consistent with the requirements of risk communication (e.g., accurate, complete, clear, brief, reasoned, reasonable) that can be used to evaluate the effectiveness of our risk communication.

2. Reaching out to Domestic Violence High Risk Committees

Teams are highly recommended for assessing and managing risk for domestic violence within and across disciplines, agencies, and systems. Teams play a critical role in enhancing safety for victims/survivors and for holding abusers accountable. Teams benefit from bringing diverse skills and knowledge together, by facilitating information sharing among members, and by distributing responsibility for case management. Within Ontario, Justice-based Domestic Violence High Risk Committees have been established in a number of Ontario communities for the purpose of assessing and managing cases of domestic violence that are deemed to be high risk. These teams were developed as a consequence of recommendations from a number of committees, reports, and inquests and with support from the Ministry of the Attorney General. As professionals working in health care, social services, education, victim/survivor services, and workplaces, it is important to know what these committees do and how you can reach out to them when you have concerns about domestic violence cases that may result in physical harm or lethal violence.

Justice-based Domestic Violence High Risk Committees consist of criminal justice partners (crown, police, probation, victim/witness assistance program) and may include community partners (e.g., shelter workers, children’s aids workers, health professionals) on a standing or case-by-
case basis. The membership of these committees is largely dependent on how they interpret relevant information sharing legislation (Freedom of Information and Protection of Privacy Act or FIPPA, Municipal Freedom of Information and Protection of Privacy Act or MFIPPA, and Police Services Act). Domestic Violence High Risk Committees collaborate to implement effective management strategies for perpetrators and to develop effective safety planning for victims/survivors. When justice partners and community partners work collaboratively the committee is able to develop an integrated response to the perpetrators risk and the victim’s safety, including the safety of children, extended family and close friends.

Professionals working in health care, social services, education, victim/survivor services, and workplaces, are strongly recommended to reach out to Justice based Domestic Violence High Risk Committees to find out how you may be able to collaborate with them if you become concerned about domestic violence cases that may result in physical harm or lethal violence. Because all Justice based Domestic Violence High Risk Committees will vary somewhat with respect to their structure and process, it is important to find out in advance if you can refer high risk cases to them, if they can inform you if a case has already been referred, if you can share information with them about high risk cases, and if they would be willing to share information with you. Justice based Domestic Violence High Risk Committees can conduct a comprehensive violence risk assessment and implement both management strategies for perpetrators and safety planning for victims/survivors if a case is deemed high risk on the basis of the triage information that you provide them.

In some communities, representatives from health care, social services, education, or victim/survivor services will call an ad hoc case conference meeting to discuss a high risk situation. They will invite representatives of agencies and organizations who are involved with the victim/survivor and/or the perpetrator to engage in problem solving to create more effective safety plans and/or risk management strategies.

3. Developing Teams for Assessing and Managing Risk for Domestic Violence in Workplaces

According to recent International Standards for Workplace Violence Prevention and Intervention developed by ASIS International and the Society for Human Resource Management, workplaces should take a multidisciplinary approach to assessing and managing risk of workplace violence, including domestic violence. Workplaces are encouraged to develop and implement teams for assessing and managing risk for workplace violence if they are considering developing and implementing
their own prevention and intervention strategies or programs. However, workplaces should only consider doing so when they experience sufficiently high rates of workplace violence have a substantial number of employees (e.g., more than 1000) and if they have adequate resources and appropriate training and experience. Post-Secondary institutions in Ontario have been particularly proactive about establishing teams for assessing and managing risks to the health and safety of the campus community posed by students, faculty, staff, and community members. Risk for domestic violence is one of the most common forms of violence these teams assess and manage, and has resulted in lethal violence in campus communities.

Whether or not your workplace creates a specialized risk management team, you will be able to act more effectively to prevent and respond to workplace domestic violence if you have a coordinated approach. This should involve specialists in security, human resources, and diversity and equity and training. Setting up a multidisciplinary team with focused training and expertise in domestic violence can be part of your workplace violence program.

Setting up a team that can respond to workplace domestic violence may not be feasible for small or even some medium-sized workplaces. You may not have specialized roles or divisions. In this case, look to resources in the community.

A Workplace Domestic Violence Team needs solid support from the leadership of the organization. This includes the CEO or CAO, senior management, labour organizations, and the Joint Health & Safety Committee.

To be successful, the team will need support and resources. They will need access to information and decision makers as they develop their mandate and carry out their duties. They will need a budget to support their work and they will need both visibility and a defined status within the organization.

Once established, the team will need to clarify its purpose, mandate, roles, and responsibilities. Determine how this team fits into the existing structure of your organization. What are the reporting relationships and lines of authority for the team?

The team will have to customize prevention and response to fit the realities of your workplace. There are many factors to take into consideration. These include the structure and culture of your workplace,
the hazards and risks that have already been identified, the diversity of
your employees, the job functions, and the work sites. The Make It Our
Business website has more information on setting up an interdisciplinary
team.

Professionals working in health care, social services, education,
victim/survivor services, and workplaces are strongly recommended to
find out whether your own setting has already established a specialized
domestic violence team and whether that team is able to assess and
manage risk for violence. Teams that have been established within
workplace settings are likely to vary somewhat with respect to their
structure or process, therefore it will be important to find out in advance
more about what these teams do and how you can reach out to them.

For those of you who believe your workplace is in a position to establish
your own team for assessing and managing risk for violence, the
International Standards for Workplace Violence Prevention and
Intervention will be important to consider prior to the development of
the team. It is strongly recommended that you seek additional training on
team development and implementation and violence risk assessment and
management prior to putting a team in place.

Although it is beyond the scope this course to provide a comprehensive
review of the issues that should be considered prior to establishing a
team, for those interested in putting a team in place the following four
areas will be very important to consider in more detail. Decisions teams
make about each area may have strong implications for what outcomes
they actually achieve. First, teams will need to identify their goals (e.g.,
preventing violence, promoting systems change). Second, teams will
need to decide how to structure themselves (e.g., what authority they
will be established under, who will be members of their team). Third,
teams will need to decide what processes should be put in place (e.g.
what types of cases they will review, how they will collect and share
information). Fourth, teams will need to decide what outcomes they aim
to achieve (e.g., has violence been prevented, has system change been
promoted).
Lesson 10: Multiple Choice Exam

1. Why is collaborating with other disciplines, agencies and systems recommended for assessing and managing risk for domestic violence?
   a. For sharing information about risk factors.
   b. For coordinating risk management strategies.
   c. For integrating risk management of the perpetrator with victim safety planning for the victim/survivor.
   d. All of the above.
   e. Only (a) and (b).

2. Which of the following are potential challenges that need to be recognized and addressed for effective collaboration?
   a. Privacy concerns.
   b. Lack of trust.
   c. Inconsistent policies.
   d. Power imbalances.
   e. All of the above.

3. Which of the following are questions that you should ask yourself to assist you in developing your core competencies for effective collaboration?
   a. Why do we need to collaborate?
   b. Who do we need to collaborate with?
   c. How long do we need to collaborate for?
   d. Only (a) and (b)
   e. All of the above.

4. Which of the following is a not a primary benefit of using a team to assess and manage risk for domestic violence?
   a. Reducing workload of all of the members.
   b. Bringing diverse skills and knowledge together.
   c. Facilitating information sharing among members.
   d. Distributing responsibility for case management.
   e. None of the above.

5. What are the four main areas that should be considered prior to putting a team in place?
   a. Goals, membership, processes, and outcomes.
   b. Goals, structure, processes, and outcomes.
   c. Goals, structure, information sharing, and outcomes.
   d. Goals, membership, information sharing, and outcomes.
   e. None of the above.

Answers to the Quiz are available in the Appendix.
Lesson 11: Practice Cases

Learning Objectives
11.1 Explain how systems could have collaborated with one another

Scenario: Coroner’s Office

The scene is about an inquest and the lawyer for the coroner’s office getting ready to present evidence about the death of a child who was murdered by his father. The murder occurred while the child was on an unsupervised access visit with his father. The child intervened when his father threatened his new partner and her child with a knife.

The documents include information from the Children’s Aid Society, family court, the Office of the Children’s Lawyer, criminal court, the Partner Assault Response and police. The materials reveal there were three incidents where assault charges were laid against the man, and one charge for breach of probation. The court record reveals that the man was asked to leave his PAR group and subsequently the probation officer arranged for him to take a six-week anger management course in order to meet the requirement for probation.

The family court records are not available however there is a Children’s Lawyer assessment that recommended the man have unsupervised access to the children, despite his history of violence towards their mother. The Children’s Aid Society is not actively involved. They had received referrals from the mother, however determined those referrals were strategically motivated in an attempt to restrict the father’s access to his child.

The coroner expresses disbelief that despite the involvement of five agencies and two courts, a tragedy occurred and he questions why there was no one coordinating the interventions to this family.

Considerations

Criminal and family court processes often occur independently of each other. It is not uncommon for family courts to ignore orders that identify ongoing risks and strategies to manage them in issued by a criminal court.

Questions:

1. What risk factors are present in this scenario?

   □ Actual or pending separation
Child custody or access disputes  ✓
History of domestic violence  ✓
Victim and perpetrator living common-law
Excessive alcohol and/or drug use by perpetrator
Sexual jealousy – perpetrator
Misogynistic attitudes – perpetrator
Extreme minimization and/or denial of spousal assault history  ✓
Youth of couple
Failure to comply with authority – perpetrator

Reflections for the learner:

Only cases of particular significance will merit an inquest, but in Ontario a Domestic Violence Death Review Committee undertakes a thorough investigation into the circumstances surrounding every death that results from domestic violence. The purpose is to make recommendations to prevent deaths in similar circumstances and reduce domestic violence in general. The Committee identifies systemic problems that need to be remedied. Recommendations repeatedly point to the need for better coordination among service providers and professionals that work with women and children facing a high risk for serious harm or death. This recommendation has been echoed by individual inquests.
Lesson 12: Wrapping Up

Learning Objectives

12.1 Describe ideas for implementation of domestic violence risk assessment and management in respective systems and disciplines

Thank you for taking part in the Domestic Violence Risk Assessment and Management On-Line Training Course! We hope that this course increased your skills related to identifying when risk for domestic violence exists, your understanding of the best way to assess and manage risk for domestic violence, and your confidence collaborating with other professionals, systems, and agencies when working on domestic violence cases.

Throughout your participation in this course, we hope that you have started to think about how you can implement the knowledge and skills you are learning about assessing and managing risk for domestic violence into practice. Remember, changing how you think is only the first step. Changing how you act is what will make a difference in preventing future physical harm or lethal violence.

There are many things that your respective profession, agency, or could do to implement what you have learned from this course. The final exercise of the course will ask you to consider a series of questions to assist you in considering how you could implement domestic violence risk assessment and management into your own workplace.

Describe your plans for implementing domestic violence risk assessment and management in your workplace by considering the following questions.

1. What could your organization/workplace do to improve screening and triaging for domestic violence risk?

2. Who could your organization/workplace refer to for comprehensive domestic violence risk assessments?

3. What could your organization/workplace do to improve management of domestic violence risk?

4. Does your organization/workplace have internal resources to conduct threat assessment and risk management?
5. Who could your organization/workplace contact for support in implementing management strategies for domestic violence risk?

6. What could your workplace do to improve how it responds to contextual issues related to domestic violence?

6. What could your workplace do to improve information sharing practices related to risk for domestic violence?

7. What could your workplace do to improve collaboration with other professions, systems, and agencies related to domestic violence?

Congratulations on your completion of the Domestic Violence Risk Assessment and Management On-Line Training Course! You will receive certificate of completion for your successful completion of this course.
Appendices

1. Prerequisites for Domestic Violence Risk Assessment and Risk Management Course

2. Domestic Violence Risk Assessment Decision-Making Tool

3. Answers to Quizzes

4. Glossary

5. Key Links and Resources
## Prerequisites for Domestic Violence Risk Assessment and Management course

The following competencies have been defined as prerequisites for this online course. These competencies were derived from the report Knowledge Exchange Workshop on Domestic Violence Training, June 16-17, 2011.

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<tr>
<th>Core Competency</th>
<th>Knowledge &amp; Skills</th>
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<tbody>
<tr>
<td>Recognition</td>
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<tr>
<td>1. What is violence?</td>
<td>a) Characteristics</td>
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<td>b) Prevalence (gender analysis)</td>
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<td>c) Dynamics of abusive relationships</td>
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<td>What is not abuse? What is a healthy relationship? What does conflict look like in a healthy relationship?</td>
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<tr>
<td>Recognition</td>
<td>2. What are the impacts?</td>
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<td>a) On the woman experiencing or having experienced violence?</td>
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<td>b) On her children and family</td>
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<td>c) Health affects</td>
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<td>d) Other relationships</td>
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<td>e) On vulnerable populations</td>
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<td>f) Understanding trauma</td>
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<td>g) Intersectional impacts of Mental Health, Addictions, Criminalization</td>
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<td>h) Systems that the woman has to interface with.</td>
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<tr>
<td>Response</td>
<td>3. Interventions</td>
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<tr>
<td></td>
<td>a) Having the conversation so trust is built.</td>
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<td>b) Creating safe environments for disclosure</td>
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<td>c) Disclosure response</td>
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<td>d) What else is going on in her life that complicates intervention?</td>
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<td></td>
<td>e) Risk management/Threat Assessment</td>
</tr>
</tbody>
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DVRAM Online Course content
| Reporting Risk Reduction | 4. **Professional role and practice in the workplace**  
|                          | a) Workplace policy  
|                          | b) Roles/responses and mandate  
|                          | c) Workplace program  
|                          | d) Documentation, confidentiality and information sharing  
|                          | e) Worker’s safety  
|                          | f) Understanding strengths and limitations of the professional frameworks within one’s sector/organization  
| Refer Risk Reduction | 5. **Professional role and practice outside the workplace**  
|                          | a) Roles/responses and mandate  
|                          | b) Understanding strengths and limitations of the professional frameworks  
|                          | c) Making effective Referrals  
| Refer Risk Reduction | 6. **Inter/Intra Professional Collaboration**  
|                          | a) Developing an integrated approach to intervention  
|                          | b) Confidentiality (information sharing)  
|                          | c) Mapping the network  
|                          | d) Strengthening professional relationships and networks  
| Personal & Professional Development | 7. **Self-Reflection/ (reflective practices)**  
|                          | a) Personal values, attitudes and beliefs specific to the professional/ worker/learner  
|                          | b) Engagement with self-care  
|                          | c) Compassion fatigue  
|                          | d) Commitment to continuous learning  

DVRAM Online Course content
Domestic Violence Risk Assessment Decision Making Tool

Referral for domestic Violence Risk Assessment

Review reasons for Referral

Primary Risk Factors Present?

Yes

Recent, Escalating?

No

Secondary Risk Factors Present?

Yes

No

No Possibly

NEGATIVE

Comprehensive Domestic Violence Risk Assessment Not Needed

Document

POSITIVE

Comprehensive Domestic Violence Risk Assessment Needed

Document

POSSIBLE

Comprehensive Domestic Violence Risk Assessment May Be Needed

Further Review, Assessment, or Consultation

Adapted from ProActive ReSolutions Inc.

PRIMARY RISK FACTORS
- Violent acts
- Violent ideation
- Violent intent

SECONDARY RISK FACTORS
- Personal crisis
- Interpersonal conflict
- Acute mental distress

DVRAM Online Course content
Answers to Quizzes

Lesson 2: Multiple Choice Answers
1. D
2. E
3. E
4. B
5. B

Lesson 4: Multiple Choice Answers
1. E
2. B
3. A
4. D
5. E

Lesson 6: Multiple Choice Answers
1. D
2. D
3. E
4. E
5. D

Lesson 8: Multiple Choice Answers
1. E
2. E
3. E
4. E
5. B

Lesson 10: Multiple Choice Answers
1. E
2. E
3. D
4. A
5. B
Glossary

**Actuarial decision making** – the process of making decisions about violence risk by combining specific pieces of information using a recipe or formula.

**Destablizer** - is a risk factor that generally impairs or disrupts the ability to think rationally about violence.

**Disinhibitor** - a risk factor that decreases the perceived costs or negative consequences of violence.

**Domestic violence** - any actual, actual, attempted, or threatened physical or sexual harm of a current or former intimate partner that is deliberate and non-consenting.

**Domestic violence risk assessment** - the process of evaluating individuals to: (1) speculate about the domestic violence risk posed by the perpetrator; and, (2) mitigate the domestic violence risk posed by the perpetrator.

**Domestic violence screening** - the process of identifying warning signs for domestic violence.

**Domestic violence triaging** - the process of determining whether there are reasonable grounds to proceed with a violence risk assessment and to prioritize actions related to follow up and documentation.

**Intimate partner femicide** - the murder of a woman by her current or former intimate partner.

**Monitoring** – risk management strategies that involve surveillance or repeated assessment.

**Motivator** - a risk factor that increases the perceived gains or benefits of violence

**Risk** - a danger that is incompletely understood can be forecast only with uncertainty.

**Risk Assessment** - gathering information for use in making decisions.

**Risk Audit** – a review of the physical layout of a home, workplace or other location to identify modifications that could be made to structural factors to deter a violent attack.

**Risk factor** - a correlate that precedes the occurrence of the danger and therefore may play a causal role.
**Risk Management** - taking action to prevent violence from happening.

**Sexual violence** - a broad term that describes any violence, physical or psychological, carried out through sexual means or by targeting sexuality. This violence takes different forms including sexual abuse, sexual assault, rape, incest, childhood sexual abuse and rape during armed conflict. It also includes sexual harassment, stalking, indecent or sexualized exposure, degrading sexual imagery, voyeurism, cyber harassment, trafficking and sexual exploitation.

**Structured professional judgment** – the process of making decisions about violence risk by using guidelines supported by science, practice, and law.

**Supervision** – risk management strategies that involve imposition of controls or restrictions of freedoms.

**Unstructured professional judgment** – the process of making decisions about violence risk by using the intuition or instinct of the evaluator without constraints or guidelines.

**Victim/survivor safety planning** – the process of supporting or empowering a victim/survivor in developing strategies to increase her safety.
Key Links and Resources

Lesson One: Key Concepts of Domestic Violence Risk Assessment
1) Neighbours, Friends, and Families a free training focusing on identifying and responding to warning signs for domestic violence
2) Risk Assessment for VAW Organizations: An E-Learning Workshop, developed by the Ontario Association of Interval & Transition Houses (OAITH)
3) Responding to domestic violence in clinical settings online training available from Women’s College Hospital
4) Making Connections: When domestic violence, mental health and substance abuse problems co-occur online training available from Women’s College Hospital
5) Formation en matière de violence faite aux femmes french resources available from Action ontarienne
6) J’ai mal quand on fait mal à maman french resources from ADFO

Lesson Two: Domestic Violence Risk Assessment
1) Neighbours Friends and Families
2) Make It Our Business
3) Ontario Domestic Violence Death Review Committee Reports
4) Canadian Association of Threat Assessment Professionals.

Lesson Three: Practice Cases
1) Occupational Health & Safety Act

Lesson Four: Domestic Violence Risk Management
1) OAITH
2) Responding to domestic violence in clinical settings
3) Canadian Association of Threat Assessment Professionals

Lesson Five: Practice Cases
1) Ontario Woman Abuse Screening Project
2) Futures Without Violence
3) Family Law Education for Women
Lesson Six: Considering Contextual Issues
  1) Barbra Schlifer Clinic

Lesson Eight: Sharing Information
  1) Freedom of Information and Protection of Privacy Act
  2) Municipal Freedom of Information and Protection of Privacy Act
  3) Police Services Act

Lesson Ten: Promoting Collaboration
  1) ASIS International -International Standards for Workplace Violence