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## Addressing Intimate Partner Violence: Effective Risk Management with Male Perpetrators

Simrat K. Tung, *The University of Western Ontario*

Supervisor: Scott, Katreena, *The University of Western Ontario*

A thesis submitted in partial fulfillment of the requirements for the Master of Arts degree in Education

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**Addressing Intimate Partner Violence: Effective Risk Management with Male Perpetrators****Abstract**

This research aimed to identify the competencies required of intimate partner violence (IPV) specialists to effectively manage risk posed by male perpetrators of violence. Two methods were utilized— a scoping review of existing literature, and semi-structured interviews with 19 experts in the field. Researchers analyzed 140 documents and the transcribed interviews, extracting and compiling excerpts relating to competencies for assessing and managing risk and safety. Reflexive thematic analysis and methodological data triangulation were used to identify and compare competencies derived from literature and practice-based knowledge. Triangulation revealed overlap for themes of knowledge about IPV, promoting safety, assessing risk, collaborating with others, and creating a safe space. Self-regulation competencies were limited to the literature. Interviews captured greater detail, and identified competencies regarding the IPV specialist’s role, addressing identified safety concerns, working with male perpetrators, and effective risk assessment. Results support the value experiential knowledge can provide to our understanding of IPV competencies.

**Keywords: IPV, intimate partner violence specialists, framework, competency, risk management, risk assessment**

**Summary for Lay Audience**

Intimate partner violence (IPV) is a pervasive issue through society and providing care to those affected requires specific knowledge, skills, and attitudes. There are many different areas of care that need to be considered to ensure those impacted by IPV are receiving adequate and effective care. This research addressed one of those areas – risk assessment and management with men who have perpetrated violence. Researchers examined current literature and interviewed experts within the field to determine what competencies are needed of specialists to provide comprehensive and effective care. Each source of information was examined individually first, and then the two were compared and contrasted to determine similarities and differences in the knowledge, skills and attitudes discussed. Majority of the information in the literature overlapped with the interviews with experts but not vice versa. Overall it was found that the competencies required of IPV specialists working with male perpetrators included having a foundational understanding of IPV and IPV theories, knowing of risk and protective factors, prioritizing the safety of vulnerable individuals including survivors, considering the impact of care on survivors and children, collaborating with other professionals to provide comprehensive care, regulating their own reactions while providing care, gathering information from multiple sources, assessing and addressing the needs of the service user, possessing knowledge, skills, and attitudes specific to working with perpetrators and being able to conduct a thorough risk assessment. A major finding of this research was the difference in information obtained from the literature compared to interviews such that the information from experts was more comprehensive and specific to working with perpetrators. This research demonstrated the value of practice-based knowledge in building a comprehensive understanding of IPV care when

working with perpetrators and the importance of conducting specific research aimed at understanding this area better.

### **Acknowledgements**

In reflecting on my journey through this thesis I am struck by the hard work, dedication, and passion embodied by the people that surround me. I wish to begin by acknowledging and thanking Dr. Katreena Scott for being my supervisor, and an integral source of support and mentorship every step of the way. Thank you for acting as a pillar of guidance as I navigated my comfort and interest in the complex and sensitive field of IPV care. I also wish to extend my gratitude to the incredible team at the Centre for Research and Education on Violence Against Women and Children, whose tireless work combing through the literature, conducting and transcribing interviews, and coding the enormous amount of information made this project a reality.

When speaking to hard-working, dedicated, and passionate individuals, the conversation would be incomplete without mentioning my amazing and loving family. As is the case for many immigrant households, my choice of careers has constantly eluded my parents, nonetheless they encouraged me to pursue my interests and offered unwavering support throughout. Anyone that has met my parents can attest to the kind and hardworking people they are, it is based on the strong example they have set for me and my brother that I have been able to tirelessly pursue my goals. It is for these reasons and many more that I am, and will continue to be, the proud daughter of Sardara Singh and Sukhvinder Kaur Tung. Thank you, mom and dad, for everything you have done. I love you.

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**Addressing Intimate Partner Violence: Effective Risk Management with Male Perpetrators****Introduction**

Intimate partner violence (IPV) pertains to verbal, physical, sexual, emotional and psychological abuse, as well as physical and sexual violence, psychological aggression, and stalking executed by an individual towards another that they are, or were, involved with in a romantic and intimate nature; this can include marriage, cohabiting or dating (Conroy, 2021b; Breiding et al., 2015). The Centers for Disease Control and Prevention found, in a 2015 report, that approximately 1 in 4 women experienced IPV to some extent over the course of their life (Breiding et al., 2015). According to Conroy (2021) one third of reported violent crimes in Canada were the result of IPV. Within these reports of IPV, almost 80% of the victims were women. Based on this information, the focus of this thesis is on male perpetrators, female victims/survivors and the children exposed to IPV.

It is important to note that incidences of IPV tend to be underreported and not all victims of IPV are survivors (Conroy, 2021). The reported statistics also include incidences of intimate partner homicide. Intimate partner homicides account for approximately half of all solved female homicides, with a solve rate of over 85% (Roy & Marcellus, 2019). Similar to the overall statistics of IPV within Canada, females account for approximately 80% of all intimate partner homicide victims (Roy & Marcellus, 2019). Of this 80%, at least 6 in 10 cases of intimate partner homicide have a history of IPV (Conroy, 2021). In response to violence against women, regions across North America have founded domestic violence death review committees whose objective is to “identify risk factors that help predict potential lethality and to make recommendations aimed at preventing deaths in similar circumstances” (Jaffe et al., 2013, pp. 138-139). Based on the cases reviewed by these committees, some of the recommendations made pertain to

increasing awareness, training, education, assessment, intervention, resources service provision, service co-ordination, enhancing service quality and child-related issues; the greatest emphasis is placed on awareness and education (Jaffe et al., 2013; Jones et al., 2022).

These recommendations stress the importance of creating awareness of the reality of IPV, educating the general community and service providers on IPV, and training IPV specialists specifically in preventing harm and promoting safety (Jaffe et al., 2013). The term IPV specialist refers to a professional whose job pertains to addressing issues of IPV and supporting individuals impacted by IPV which can include women's shelter workers, child protection services, and those working in perpetrator intervention programs. IPV specialists tend to fall into one of three roles – those working with women survivors, those working with men who have harmed, and those working with children exposed to IPV.

To date, Canada lacks a cohesive framework by which IPV is addressed by specialists. According to Masters (2014) the absence of a framework has resulted in many organizations and agencies developing their own policies and training on the competencies required of IPV workers. In the literature, competencies have been referred to as capacities, capabilities and skills. Competencies are defined as the knowledge, skills and attitudes required to complete specific tasks within specific roles (Scott et al., 2020). Developing a framework of competencies for IPV specialists is one strategy which would contribute to the adherence of a standard of care, creating additional resources to provide adequate and equitable care to all, while also providing professionals with a point of reference for IPV work and appropriate referrals. Across the literature multiple models of competency exist which can be used to describe what is required of individuals in specific roles (Scott et al., 2020). This thesis utilized the holistic model of competency, as it allows for a comprehensive conceptualization of competencies, which is

particularly useful in IPV care where service providers must often be mindful of numerous issues simultaneously (Bogo et al., 2014).

According to this model, competency in a role is achieved through the successful completion of, often multiple, complex practice behaviours each of which is composed of certain knowledge, judgements, skills, self-regulation, professional values, and organization and community contexts (Bogo et al., 2014). This model is discussed in greater detail below. A complex practice behaviour relevant to supporting individuals involved in IPV is developing an effective strategy to promote the safety of all those involved (i.e. safety planning and/or risk management). These concepts have been explored within the literature and are incorporated into the procedures for supporting those impacted by IPV on an individual agency level, however, there is a lack of consistency and research for how to competently accomplish these goals, or a guideline by which to train IPV specialists. This thesis aimed to identify the competencies that are required of IPV specialists to effectively manage risk and promote safety relating to, and resulting from, IPV. As described above, IPV specialists tend to work with either women survivors, male perpetrators, or children exposed to IPV, each of which is a distinct role. For this reason, this thesis focused on the competencies required of IPV specialists working with male perpetrators of violence and explored how to effectively manage risk and promote safety in this role.

Each person's experiences of IPV would differ based on their role in the situation and the multitude of other factors which intersect to create their unique experience. When speaking to the complex arena of IPV service provision and supporting those with experiences of IPV, it is also crucial to consider this intersectionality and how it may play into the conceptualizations and discussions of IPV. Intersectionality – or intersectional feminism - accounts for the significance

of exploring and understanding everyone within the context of their intersecting factors, experiences, and circumstances, thereby supporting them within their individual context of inequality (Crenshaw, 1991; Kulkarni, 2018; Potter, 2013). For example, some common characteristics associated with experiencing and perpetrating IPV include: poverty, immigration status, race, ethnicity, gender, economic inequality, social support, age, legislation, substance abuse, and mental health issues (Parker, 2013; Sabri et al., 2018; Conroy, 2021; Sudderth, 2017). As such, each person's experiences of IPV will vary depending on the issues most salient to their identity; the experiences of a Black, Muslim, first-generation man will be different from that of an Indian, Hindu, and immigrant woman. Each of these factors plays a significant role in the story of each person and therefore conceptualizing the issues and situation through intersectional feminism would allow for a comprehensive understanding of the circumstances of each situation. Though this thesis is not written using intersectional feminism as a direct theoretical perspective, it is an important foundational concept without which it is difficult to comprehensively discuss IPV and its impact on individuals.

### **Theoretical perspective**

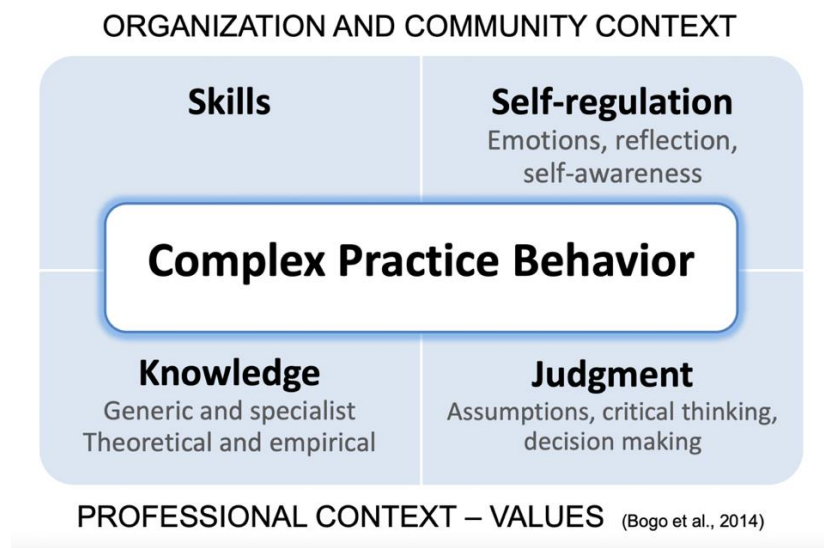
The theoretical perspective used throughout this thesis is the holistic model of competency, which allows for a comprehensive and thorough understanding of the competencies required within a role (Bogo et al., 2014). A holistic model describes competency within an area or role as being comprised of certain skills, knowledge (including generic and/or specialist knowledge, and theoretical and/or empirical), self regulation (in terms of attitudes, reflections and, affective reactions), and judgements (pertaining to assumptions, critical thinking and decision making), all of which lie within the broader setting of professional values and

organizational and community contexts (Bogo et al., 2014; see Figure 1 for a representation of this holistic competency model)

Generally, competencies within a particular role involve multiple complex practice behaviours. Each complex practice behaviour involves a set of knowledge, skills, judgement, self-regulation, professional values, and organizational and community values. A generic example of a role requiring various complex practice behaviours to ensure competency is that of a driving instructor. As an instructor, the individual must possess a variety of competencies such as instructing a student on traffic regulations and monitoring ongoing environmental factors to ensure safety. Each of these competencies requires the individual to possess knowledge, skills, judgement, self-regulation, professional values, and organizational and community values relevant to that practice behaviour, which then allows the person to be an effective driving instructor. By utilizing the holistic model of competency as one of the theoretical frameworks guiding this thesis, it ensures that the competencies identified are conceptualized while considering the various aspects that are understood to create a complex practice behaviour.

**Figure 1**

*Holistic Competency Model*



**Literature Review**

Risk management and safety planning are two interrelated yet distinctive concepts. The primary objective behind both is to minimize the potential risks associated with IPV by developing a tailored strategy to promote and ensure safety and wellbeing (Jeffrey et al., 2019). Risk management tends to focus on the perpetrator. It is a set of strategies devised to minimize the risk of a perpetrator continuing to engage in IPV or posing as a threat to the victim(s) (Ennis et al., 2017; McCulloch et al., 2016). Though related, safety planning usually pertains to a plan created to ensure a victim's safety, or minimize a victim's risk for experiencing continued IPV, which is done through collaboration between the victim and a professional or collaboration across service providers (Sudderth, 2017). Both safety planning and risk management generally start with an initial assessment of risk, whereby the level and nature of risk of further harm is assessed, and the safety of the victim and any other vulnerable individuals is prioritized (Hart, 1990; Hart & Steuhling, 1992; Murray et al., 2015; Sabri et al, 2018; Stewart et al., 2014; Strand, 2012). Since the focus of this thesis is on IPV specialists working with men who have behaved abusively, the primary focus is on risk management. Though it is also important to develop a general understanding of safety planning, it will mainly be discussed in the context of supporting victim safety in relation to working with the perpetrator.

Many studies have been conducted globally to analyze and conceptualize risk management and safety planning. Some of these studies analyzed data collected from victims or perpetrators whereas others analyzed data collected through experts within the field. The findings of these studies have some overlap in terms of some of the foundational elements to both safety planning and risk management including: the importance of conducting standardized risk assessment, prioritizing and ensuring the safety of the victim(s), individualizing approaches,



and utilizing culturally sensitive strategies while working with service users to assess and manage risk and create a safety plan (Ashbourne & Baobaid, 2019; Campbell et al., 2003; Hart, 1990; Hart & Steuhling, 1992; Kropp, 2008; Milani & Leschied, 2020; Murray et al., 2015; New Zealand Government Ministry of Justice, 2017; Nicholls et al., 2013; Sabri et al, 2018; Stewart et al., 2014; Strand, 2012; Tiovonon & Backhouse, 2018). As a service provider, when creating or contributing to a safety plan with the victim it is important to remember that these plans exist to promote victim safety, but they cannot ensure it. Often when addressing victim safety there are many components outside of one's control such as: the actions of the perpetrator, whether the perpetrator is aware the victim is seeking support, supports within the victim's life, and the role and impact of children in the situation (Campbell et al., 2003; Jeffrey et al., 2019). These components reinforce the importance of collaboration between service providers conducting safety planning and those focusing on risk management, as well as the necessity of sharing information (New Zealand Government Ministry of Justice, 2017; Tiovonon & Backhouse, 2018). It is difficult to truly conceptualize risk management without also understanding risk assessment and safety planning due to the intertwined relationship between each task so all three concepts are discussed to varying degrees below.

***Risk assessment***

In managing risk and safety, an integral first component is risk assessment which is the foundation upon which risk management strategies and safety plans would be built. Safety planning and risk management both require service providers to conduct a thorough risk assessment to determine the level of risk that a client is likely experiencing, or may experience, prior to developing a plan to address this risk and promote safety (Campbell et al., 2003; Kropp, 2008; Murray et al., 2015; Parker, 2013; Sabri et al., 2018; Sudderth, 2017). Creating safety for

the victims of IPV is often an involved and intricate process, which is generally more complicated than the victim leaving the abusive relationship (Kropp, 2008; Nicholls et al., 2013). Based on a systematic review of the literature surrounding risk assessment Nicholls et al. (2013) stated that the emotional attachment unique to experiences of IPV can create ambivalence for the victim in terms of how to establish safety. Research has also shown that leaving or threatening to leave an abusive relationship can result in an increased level of threat from the perpetrator, which could ultimately endanger the victim further (Campbell et al., 2003).

When assessing risk from the perspective of safety planning, the objective is to work with the survivor to develop a tailored plan according to their specific situation, keeping in mind the limitations of their situation and prioritizing immediate safety where appropriate (Murray et al., 2015; Gibas, 2011). Contrastingly, from a risk management perspective, risk assessments are completed through collaboration with the perpetrator and can be used to determine appropriate perpetrator interventions, restitutions, and treatment to minimize the likelihood of continued perpetration of IPV, in addition to potentially communicating the level of risk to appropriate victim supports to promote safety (Nicholls et al., 2013).

Some of the fundamental components of risk assessment include: a focus on the victim's safety, identifying evidence-based risk factors, viewing the victim as the expert and incorporating their perception of their own risk, referring and reporting to other agencies when appropriate (i.e. police, child and youth workers), and using professional judgement if the practitioner conducting the assessment is qualified as an IPV specialist (New Zealand Government Ministry of Justice, 2017; Tiovonon & Backhouse, 2018). It is also recommended that specialist service providers utilize evidence-based risk assessment tools and consider the perpetrators pattern of behaviours, as particular behaviours are greater indicators of risk

(Tiovonen & Backhouse, 2018). When referring to indicators of risk, the literature identifies certain circumstances that place victims at a higher level of risk which include: access to weapons, pregnancy or new birth, history of IPV, separation, sexual violence, stalking, threats, escalation in behaviours, strangulation, substance use, or major life changes (Campbell et al., 2003; New Zealand Government Ministry of Justice, 2017; Tiovonen & Backhouse, 2018). It is important for the IPV specialists creating safety plans and risk management strategies to have a thorough understanding of family and intimate partner violence as well as being aware of the common indicators of risk (New Zealand Government Ministry of Justice, 2017; Tiovonen & Backhouse, 2018). Finally, it is important for risk assessment to be an ongoing process as the situation continues to evolve.

### ***Safety Planning***

Safety planning is conducted in collaboration with survivors, as such an IPV specialist working with men who have behaved abusively would not be creating a safety plan but may be contributing to one based on pertinent information from the perpetrator (New Zealand Government Ministry of Justice, 2017; Tiovonen & Backhouse, 2018). To understand the role of an IPV specialist working with perpetrators in safety planning it is essential to understand what safety planning is, and what it involves.

Across the literature a consistent theme within safety planning revolves around the idea that the plans should be tailored to attend to the needs of each individual victim, be primarily survivor centered, and involve an aspect of risk assessment (Murray et al., 2015; Parker, 2013; Sabri et al., 2018; Sudderth, 2017). When safety planning, research has determined central themes of importance include empowering the survivor, educating them on resources, developing practical safety strategies, establishing rapport with the survivor, attending to their

emotional needs, and emphasizing the importance of continuous safety planning (Murray et al., 2015; New Zealand Government Ministry of Justice, 2017; Parker, 2013; Sabri et al., 2018).

There is also support for the strategies or plans to be culturally informed due to the disproportionate representation of race, low income, and immigrant status of individuals (Ashbourne & Baobaid, 2019; Milani & Leschied, 2020; Sabri et al., 2018; Sudderth, 2017).

Despite the identified need, current literature also indicates a lack of cultural competency in professionals providing IPV care (Ashbourne & Baobaid, 2019; Bhogal, 2019). Furthermore, there is support for the involvement of informal or community supports, provided it is of the victim's own volition, however it is essential that the IPV specialist remain vigilant for instances in which this may not be the case (Milani & Lescheid, 2020; Sudderth, 2017).

Additional research emphasized the importance of creating long-term safety plans and providing resources to support these long-term goals (Murray et al., 2015), however this is not a commonly stated element within the literature. Presently, safety plans and procedures vary depending on the agency requirements, procedures, and communities, as such there are concerns that current safety plans may not adequately tend to the needs of children involved or particularly vulnerable women (McCulloch et al., 2016; Murray et al., 2015; Parker, 2013). Current safety plans also tend to be constructed around the idea that the victim/survivor should leave the abusive relationship however this is not always the case, or possible (Kropp, 2008; Nicholls et al., 2013). Furthermore, based on the uniqueness of each situation, leaving the relationship may not be safe or what the victim desires; in situations like these empowering the victim may be an inappropriate strategy due to their lack of control in the circumstances (Jeffrey et al., 2018).

***Risk Management***

Risk management is the focus of this thesis and is conducted in conjunction with the perpetrator of violence. When analyzing the literature pertaining to risk management there are various themes that arise. The most prominent theme includes ensuring that victim safety is a priority, and conducting an ongoing, thorough risk assessment – the results of which are to be reported as required to other agencies (i.e. police, child services, victim support services; Jeffrey et al., 2018; Kropp, 2008; New Zealand Government Ministry of Justice, 2017; Tiovonon & Backhouse, 2018; Work with Perpetrators (WWP) Europe, 2008). There is also support for creating individualized strategies, providing referrals to other programs or agencies as appropriate, reporting issues to appropriate authorities when necessary, facilitating criminal sanctions and supporting perpetrators in accessing evidence-based services (Jeffrey et al., 2018; New Zealand Government Ministry of Justice, 2017; Tiovonon & Backhouse, 2018).

According to the literature, a core premise of risk management is to increase the safety of the victims of IPV through work with the male perpetrators. Here, the idea is that risk management needs to happen in co-ordination with other aspects of IPV care, especially in cases determined to be high risk (New Zealand Government Ministry of Justice, 2017; Tiovonon & Backhouse, 2018; WWP Europe, 2008). According to the frameworks created by the governments of New Zealand and Australia, inter-agency communication and collaboration is an essential tenet of effective risk management (New Zealand Government Ministry of Justice, 2017; Tiovonon & Backhouse, 2018). In other words, to ensure the safety of the vulnerable individuals involved, it is crucial that information gathered through the perpetrator be communicated appropriately to facilitate creating a strong safety plan without violating confidentiality. Having strong policies and procedures for information sharing allows for a

consistent approach to service delivery, where all service providers are aware of any risks involved and can work to promote the safety of all those involved. Furthermore, collaboration across agencies and an integrated approach to risk assessment, management and safety would ensure that each relevant IPV specialist is aware of all relevant information (i.e. IPV specialist working with men would be aware of anything the victim may disclose regarding concerns posed to her safety or the children's, and the IPV specialist working with women or children would be aware of the risks disclosed by the perpetrator; New Zealand Government Ministry of Justice, 2017; Tiovonen & Backhouse, 2018).

Furthermore, within the framework created for New Zealand, authors discuss that when working with perpetrators and involved in safety planning, practitioners should support perpetrators in managing their violent behaviour, accessing relevant services and programs to minimize the level of risk they pose to the victim(s), and address any other pertinent issues such as financial difficulties/stability, substance use, access to weapons, and housing instability (New Zealand Government Ministry of Justice, 2017). Through these tactics of “safety planning” with perpetrators, they may be better equipped to address and recognize their triggers for violence and effectively support any safety plan created with the victims (New Zealand Government Ministry of Justice, 2017, p. 44). The term “safety planning” is used here to remain consistent with the terminology used within the Family Violence Risk Assessment and Management Framework created by the New Zealand Government (2017), however, it is important to note that within this thesis safety planning has been primarily referred to as a strategy created with, and for, the victims of abuse (p. 44). When it is used within quotations, it is to remain consistent with terminology being used by the source of information, however it may be more accurately conceptualized as a risk management strategy.

A second core premise is that creation of a risk management strategy must be rooted in the understanding that the perpetration of violence is unacceptable, while encouraging the perpetrator to take accountability for their actions (Jeffrey et al., 2018; Tiovonon & Backhouse, 2018; WWP Europe, 2008). Based on the understanding that each situation is unique, after completing a thorough risk assessment a tailored plan can be developed with the perpetrator to address their primary issues according to the level and type of risk posed by each perpetrator (Jeffrey et al., 2018; New Zealand Government Ministry of Justice, 2017; Tiovonon & Backhouse, 2018).

In an extensive literature review of risk assessment, risk management and safety planning, Jeffrey et al. (2018) found that to reduce the risk posed by the perpetrator strategies may include intervention, monitoring, or supervision regarding the perpetrator. Much of the current literature focuses on perpetrator interventions - an aspect of risk management - as opposed to the specific essential components of risk management overall or the attitudes, knowledge and skills required of IPV specialists in this domain. In this context, intervention would refer to the various treatment programs offered for perpetrators such as addiction/mental health care, rehabilitation services, psychoeducational or skills training programs (i.e. anger management, etc.); monitoring would refer to the ongoing risk assessments that are recommended throughout the literature; supervision refers to various requirements placed on the perpetrator such as reporting to a parole officer, abiding by a curfew, restricted access to children or the victim, or incarceration (Jeffrey et al., 2018). Many of the current risk management strategies align with justice system centered approaches (Jeffrey et al., 2018).

Ennis et al. (2017) found support for the idea of categorizing perpetrators into instrumental or reactive abusers based on post-hoc analysis and coding of files of individuals

involved in domestic violence and stalking cases. The idea here is that if we are able to better categorize and understand offenders, we may be able to tailor interventions more appropriately, thereby developing better risk management strategies and potentially minimize reoffending. The premise of this idea is supported through additional literature, as generalized uniform approaches have been found to be ineffective, but specific tactics are not yet established to address instrumental and reactive abusers respectively (Ennis et al., 2017; Stewart et al., 2014). These findings however, support tailoring strategies to potentially revolve around anger management for reactive individuals and understanding the impact of their behaviour for more instrumental perpetrators (Chase et al., 2001; Ennis et al., 2017).

Despite the justice-centered approach to many risk management strategies, there is debate over the use of incarceration as a form of punishment, since incarceration can result in perpetrator's disengaging from their responsibilities and families following abuse, as opposed to creating an environment conducive to positive change behaviour and contributing to "family wellbeing" – in other being "part of the solution" (New Zealand Government Ministry of Justice, 2017 p. 45). Additionally, despite the evidence that inter-agency co-ordination indicates the greatest likelihood of victim safety, the varying policies and skill levels across agencies can make this an increasingly difficult task (Jeffrey et al., 2018).

### **Current Study**

Overall, current literature provides a general understanding of what risk management is, the intended focus, and its relation to risk assessment and safety planning, however, there seems to be a disconnect in the literature between what is currently implemented in the field and what research determines to be the ideal practices that should be implemented (Jeffrey et al., 2018; New Zealand Government Ministry of Justice, 2017).



This research aimed to ascertain the fundamental competencies required of IPV specialists working with men who have harmed for effective risk management through analysis of existing literature and information gathered from experts within the field to create a cohesive and thorough framework. This information will be extended and included within a larger body of research whose overall objective is to establish a standard of training for IPV specialists, specifically frontline workers, who provide care for individuals involved in IPV. Due to the absence of a framework for IPV care in Canada, there is no consistent standard by which IPV specialists are trained (Jeffrey et al., 2018; Martin, 2014; McCulloch et al., 2016). This research aims to bridge this gap by establishing basic tenets for service providers on conducting appropriate and effective risk management in the complex arena of IPV with a specific focus on those working with male perpetrators of IPV.

### **Methods**

The proposed study is one aspect of a larger ongoing project which has received ethics approval by the Non-medical Research Ethics Board of Western University. This project was conducted using two different methods. The first is a scoping review of all existing literature regarding IPV care. From this literature, all excerpts pertaining to risk management with men were extracted and analyzed. The second method involved conducting semi-structured interviews regarding IPV specialist competencies with experts working in IPV care. The scoping review and interviews are discussed in further detail below.

#### **Method 1: Scoping Review**

##### ***Developing literature-based competency items: Scoping review***

A scoping review was conducted by the research team, analyzing academic and grey literature regarding the knowledge, skills and attitudes required of IPV specialists working with

women survivors of IPV, children exposed to IPV, and the men who have behaved violently. Grey literature generally refers to documents that do not undergo a peer-review process and are created by governments or private agencies. The grey literature analyzed consisted of reports, training programs/certificates, and government documents and policies regarding working with individuals impacted by IPV; 95 documents were examined. These documents included competency frameworks for IPV care developed in other countries (i.e. New Zealand and Australia), IPV specialist commentaries and guides, toolkits developed by government agencies for working with domestic violence, and specific training programs like one created by the United Nations to work with survivors of IPV. This literature was collected through sources such as provincial and national networks and associations (i.e. Ontario Association of Interval and Transition Houses [OAITH]), web-based searches, and by connecting with colleagues working in GBV care worldwide to inquire about resources available.

Academic literature was searched using traditional databases such as: social work abstracts, social service abstracts, Psycinfo, SocIndex, PubMed, CINAHL, and OMNI. The research team searched these databases by utilizing key words such as: “competence or competency or competencies or skill\* or capabilities or clinical skill\* or capacity or capacities” for competencies, and terms such as “intimate partner violence or domestic violence or partner abuse or spous\* abuse or perpetrator abuse or battering” to refer to IPV or DV. Search terms were then combined to produce results pertaining to IPV competencies. In the interest of focusing on literature speaking to the competencies required for IPV work, documents pertaining to screening or identifying IPV, and those specific to sexual violence were excluded. A total of 45 academic documents were identified as being appropriate for review.

Together across both sources, a total of 140 documents regarding IPV specialist knowledge, skills and attitudes were reviewed by the research team. These 140 documents were then analyzed and all segments within them that pertained to a competency were extracted. A total of 4383 excerpts were extracted across all 140 documents. The research team underwent training in reflexive thematic analysis and coded the extrapolated segments for common themes using an inductive and latent approach (Braun & Clarke, 2012). All excerpts found in the literature regarding competencies were coded until no new codes were found and saturation was achieved. The team discovered 45 codes that emerged from all the literature they examined. Next these 45 codes were loosely organized into eight larger domains/themes of IPV work – navigating laws and ethics, understanding the impact of IPV, assess and manage risk and safety, understand and respond to violence and trauma, engage in reflective practice behaviour, service-user centred approaches, interventions, and collaborate across systems. This project focused on one of those domains – assess and manage risk and safety. Of the 45 codes identified through thematic analysis of the extracted excerpts, four of them were combined to form the domain/theme of risk and safety - risk factors/assessing risk, safety planning (general), managing risk/risk management, and working with and understanding disclosure. Figure 2 shows all 45 codes and the domains they were categorized under.

Collecting the literature for the scoping review, as well as analyzing and coding this literature to form the domains of IPV care was completed by other members of the research team largely prior to the start of this Thesis in the Summer and Fall of 2020.

Figure 2

IPV Competency Domains



**Method 2: Semi-Structured Interview*****Participants***

The participants recruited for this research were experts within the field of IPV with direct experience serving victims, perpetrators or witnesses for at least 10 years from across Canada. Participants were recruited into 3 distinct groups: experts that work with women survivors, experts that work with men who harm, and experts working to support children exposed to IPV. The group of experts working with women also included survivors. The participants were recruited through established violence against women networks, agencies such as domestic violence shelters, women's shelters, justice system, Friendship centres, Indigenous organizations, counsellors working within treatment programs for men who cause harm, and many others.

The method of recruitment used was snowball sampling whereby members of the research team reached out to IPV specialist connections they have across Canada who were then asked to identify other IPV specialists that also fit the criteria of having a minimum of 10 years of experience working with IPV specifically. There are established networks and associations of supports for violence against women, however, there are no such networks or associations for specialists working with men who harm, or children exposed to IPV. This limited the research team's ability to recruit individuals working with perpetrators and children exposed by having to rely mostly on snowball sampling. Having to rely on snowball sampling meant that there was no random selection of participants, and this also limited the research team's ability to ensure a representative sample.

There were a total of 72 participants in the larger study: 31 individuals in the group working with women survivors, 16 working with children exposed to IPV, and 25 working with

the men who have used abusive behaviour. As mentioned above, this thesis focused on the information obtained from experts working with men who have perpetrated violence. The demographic information pertaining to this group is detailed below. A total of 22 participants within this group completed the demographic questionnaire.

**Participant Demographics.** Participants within this expert working group fell within the age range of 25 to over 65 years old, with half indicating they were between 55-64 years of age. Approximately 60 % of the group identified as women, 27% as men, approximately 5% as non-binary, and the remaining did not indicate a gender identity.

Participants were asked about the racial and ethnic group they most identified with. Most (36%) of the participants identified as White/Caucasian/Caucasian European descent, followed by Indigenous (31%), belonging to a minority group (14%), and other (19%). When asked about the languages spoken majority (73%) indicated they spoke English, and the remaining (27%) of individuals indicated they spoke English and at least one other language.

**Participants' Experience Within IPV Services.** Participants were asked to report their primary focus and years of experience. Initially, the criteria for participation required that experts possessed at least 10 years of experience working as an IPV specialist, however it was discovered that the experts with 10 or more years of experience were primarily Caucasian and male. To ensure that the sample was more representative and reflected diverse experiences, voices and perspectives, inclusion criteria was expanded to include experts with fewer than 10 years of experience. All expert participants reported greater than four years of experience, with approximately 82% reporting 10 or more years of experience in the IPV sector, and 18% between four to 10 years of experience. Of the 22 experts that work with men who have

perpetrated violence, 64% also reported experience working with women survivors, and 46% reported experience working with children exposed to IPV.

When participants described the IPV service setting where they currently worked, volunteered, or contributed, 41% of participants identified working within an agency or organization that has an exclusive focus on IPV service provision, 32% in an agency or organization that predominantly works with those involved with the criminal justice system, 41% described their work as a community based organization, 32% as a government service or department such as health or mental health, 46% in a non-profit agency, 23% described their work setting as a shelter or transition house, and 18% described their agency as one that provides general services with IPV services being one of several specialist services provided.

Experts were asked to identify their primary roles in the IPV service sector to which 36% indicated their primary role included being an advocate, 23% indicated consultants, 41% identified the role of educators or trainers, 46% were individual counsellors, 64% were program managers, coordinators, directors or supervisors, and 77% included program facilitators or group counsellors. Other roles mentioned included specialized IPV team member within child protection, justice, and/or social services, and a volunteer (14%).

**Service User Population.** Finally, when describing the population they worked with, majority (55%) identified working in small populations centres (i.e., population between 1000 and 29,999), followed by large population centres (i.e., a population of 100,000 or more). Based on responses of experts working with male perpetrators of violence most (86%) worked with service users that were court-mandated or referred by probation, followed by those seeking services voluntarily (60%), and finally those mandated by child protective services or referred by another service provider/community member.

***Procedures***

Experts completed a semi-structured interview designed to ascertain the skills, knowledge, and attitudes they identify as pertinent to providing care for individuals involved in IPV. Interview questions and follow up questions were adapted for each participant based on the population group they worked with. In this thesis I refer only to the interview designed for experts working with male perpetrators of violence. In the first part of the interview, participants were asked to describe how they would respond to a typical scenario encountered in IPV care. Specifically, the interviewer described a situation involving a father being removed from a home with three children following a first-time charge for assault against his intimate partner. In this situation child protection is involved. The mother is described as being worried for her safety and had connected with a shelter. The father completed an intake assessment for a perpetrator intervention program. The interviewer asked participants to describe what they felt they needed to know, think and do in their first few contacts with the father, how this may change if the family identified as racialized, how it may change if the father denied any wrongdoing, and finally what they might need to know, think, and do if it seems the father was progressing well but they later found out he was driving by the home calling out to his children despite a no-contact order.

In the second part of the interview, participants were asked to describe a specific scenario/situation that was significant for them and the skills, knowledge, and attitudes they required in attending to it. They were also asked about what they needed to know, think, and do to provide effective care, what aspects of the situation they struggled with most, how they navigated the situation, and any specialized knowledge they felt they needed in the situation. In the next section of the interview, participants were asked what skills, knowledge, and attitudes



they would require of a new employee they were looking to hire within the agency or role, the training they would require in the role, the things that would be covered in training, and if this differs from the training they received themselves when starting in their role. In the final part they were asked if they have any training resources specific to their agency that they wish to share to contribute to a collaborative database of resources across Canada.

The interview was designed based on a consensus through multiple recurring lab meetings and discussions to assess skills relevant to working with male perpetrators of violence. Trained interviewers conducted each of the interviews via Zoom which were recorded for review and transcription. Audio recordings of the Zoom interviews were transcribed by the research team following completion using the Nvivo software. I did not interview participants, however, I was involved with transcription.

## **Data Analysis**

### **Qualitative Data Analysis**

The data collected through this study were analyzed qualitatively by means of a thematic analysis using an inductive and latent approach, whereby themes were identified based on what emerged from the data – as opposed to preconceived notions/theories – and the underlying meaning/concepts discussed by experts were identified and interpreted – as opposed to searching for specific words/terminology (Braun & Clarke, 2012). More specifically, this thesis utilized a reflexive thematic analysis such that codes emerged from the data as it was analyzed and interpreted; codes were revised and revisited on an ongoing basis as additional information was interpreted and integrated with the understanding of the data (Braun & Clarke, 2022). The data from the scoping review was triangulated with the data from the interviews with experts working in IPV to conduct a comprehensive reflexive thematic analysis to determine all competencies

identified across all sources of data. Each method provides an important perspective on the competencies required of IPV specialists to effectively manage risk. To ensure both sources of data were analyzed independently and minimize bias, the research team conducted the scoping review analysis, while I completed the interview analysis and data triangulation. This also ensured that codes and themes being identified were specific to each individual source of data thereby increasing the validity of the results.

### ***Scoping Review***

The scoping review ensured that all existing academic and grey literature regarding competencies needed to safety plan and manage risk with men who harm, women survivors, and children exposed to IPV was analyzed, relevant excerpts were extracted and, those excerpts were coded for common themes. Initial coding of literature created the general domains of competency for IPV care. The literature excerpts identified as relevant to the codes pertaining to risk and safety were then further analyzed based on the holistic model of competency. Similar themes were grouped together according to the type of information being described. Through thematic analysis and discussion the research team was able to create the literature-based competency items.

### ***Interview Analysis***

The transcribed interviews were analyzed for all mention of competencies involved in providing care through risk management and safety planning based on practical real-world examples. Initial interview coding was conducted based on the overarching domain categories identified through the scoping review. Researchers identified and extracted sections of the interviews pertaining to risk and safety; only interviews conducted with the expert group working with male perpetrators were analyzed. A total of 185 excerpts extracted from 19

completed interviews with experts working with men were relevant to the domain of risk and safety. Each excerpt was individually analyzed to determine what the expert was trying to communicate, i.e the competency being discussed. Codes were created based on these competencies, and similar codes were grouped together according to common themes. The research team reviewed all codes to determine which, if any, were addressing the same competency or aspects of a singular competency (i.e. theme). Competency items were created based on the themes identified. Competency item descriptions were created based on an analysis and description of the discussions across excerpts categorized under the relevant codes.

Initial codes were derived using excerpts extracted from 5 separate interviews. The codes that emerged were discussed and validated with a second coder based on conversations around the original segment, context surrounding it, and the themes that emerged. Once agreement was reached between the coders regarding pertinent information to be analyzed and coded the remaining segments were coded. The second coder acted as a reviewer to discuss the created codes, any issues identified, and overlap amongst codes to ensure all distinct concepts were captured with minimal overlap.

### ***Methodological Data Triangulation***

Following the identification of all competency items from the literature and interviews, the data were triangulated by me to allow for a comprehensive thematic analysis of all qualitative data collected. Methodological data triangulation allowed researchers to compare all items across sources describing the competencies required of IPV specialists addressing risk and safety while working with perpetrators of violence, to identify consistent and unique information (Guion et al., 2011). Researchers reviewed all competency items across both sources, including the descriptions provided, and identified overlap. The areas of overlap were comprehensively

analyzed to determine the degree of alignment across items or themes based on consistency of detail and information provided for each competency. Items unique to each source of information were also identified. The result of this comparison provided information on what competencies are needed as an IPV specialist to effectively manage risk when working with men who have behaved violently, thereby creating a framework according to which IPV specialists can train and refer to for a consistent set of knowledge as we currently understand risk management with perpetrators of IPV.

Furthermore, through use of a qualitative analysis, the research was able to capture the experiential information offered by current experts within the field, thereby acknowledging and disseminating the invaluable knowledge and skills they have developed over their years as IPV specialists. The scoping review ensured that current literature was represented within the identification of competencies as well as any gaps present. The interview analysis ensured that practical experience was captured and represented within the competencies identified for IPV specialists when managing risk with male perpetrators.

## **Results**

### **Scoping review**

Based on this scoping review, most of the literature pertaining to IPV specialist competencies is grey literature, meaning it is documented in reports, training programs and government policies or documents (Scott et al., 2020). Furthermore, though the initial intentions of the research team were to analyze competencies for working with men, women and children separately, preliminary analysis indicated competencies were rarely described in a manner where it was relevant only to a singular population group. Instead, the literature often discussed competencies in a general sense, whereby it was the knowledge, skills, and attitudes relevant to

working with IPV overall. Furthermore, of the literature available regarding IPV care, majority of it revolved around women survivors with less literature speaking to men and children involved with IPV (Scott et al., 2020).

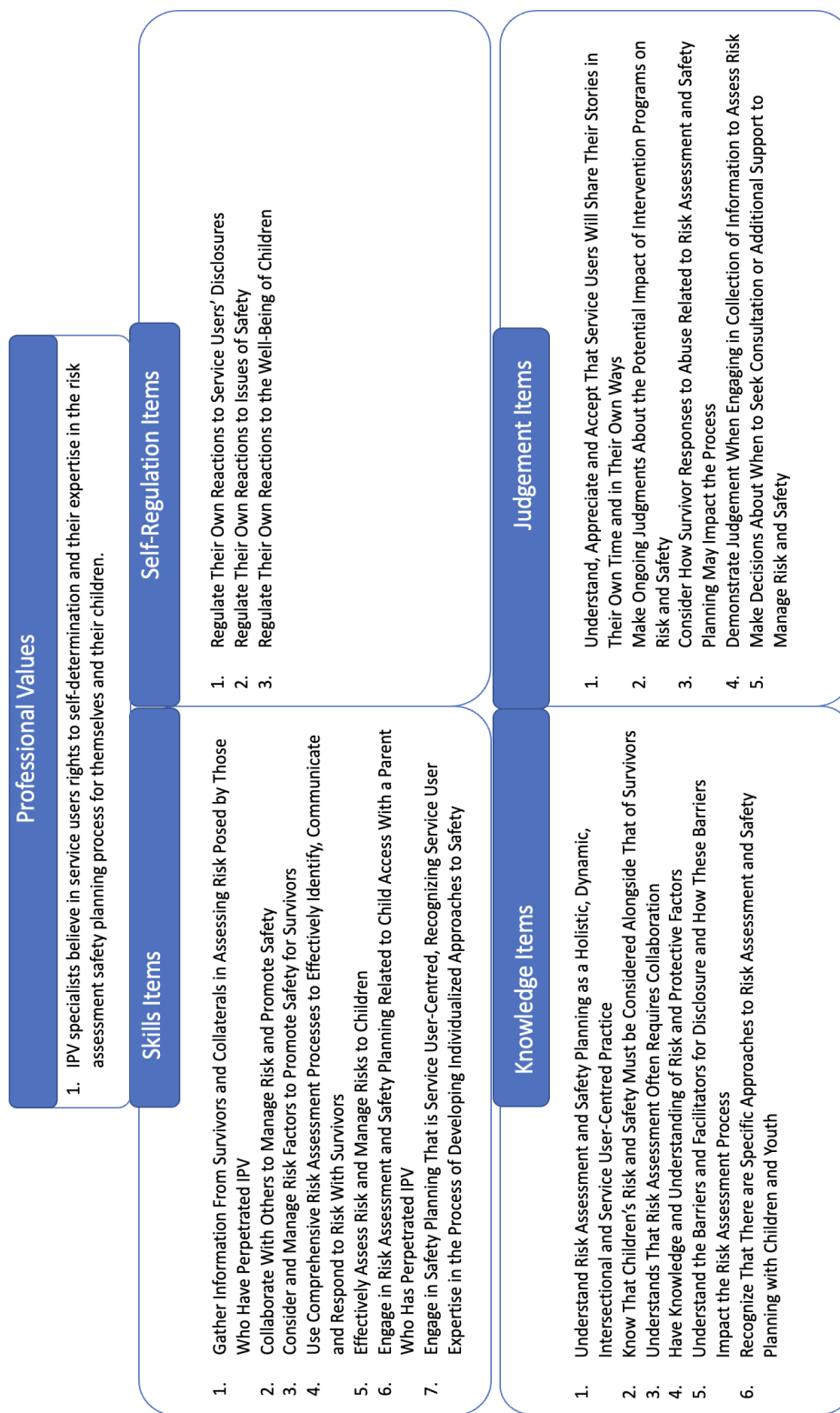
Literature-based competencies for assessing and managing risk were derived based on the four codes categorized under this domain. The codes were each associated with specific literature excerpts; safety planning (general) which was composed of 198 excerpts, risk factors/assessing risk with 230 excerpts, managing risk/risk management with 62 excerpts, and working with and understanding disclosure with 158 excerpts. The research team then thematically analyzed all excerpts categorized in this domain, identified the competency being discussed, the context it was being discussed in, and organized the information according to the holistic competency model based on whether it pertained to knowledge, skills, judgement, self-regulation, professional values, or organizational and community values. Based on this thematic analysis, researchers coded and grouped like information, created a comprehensive description of the competency using the literature excerpts, and created an item title summarizing what the competency was referring to and incorporated.

Based on the codes and themes identified in the analyzed literature pertaining to assessing risk and safety, a total of 22 competency items pertaining to the domain of managing risk and safety were identified. These competencies were organized according to the holistic competency model whereby there were a total of six items under the umbrella of knowledge, five under judgement, seven skills items, three self-regulation items, and one professional value competency item. See Figure 3 for overview of all competencies and Appendix A for a detailed description of all literature-based competency items. The competencies identified addressed knowledge, skills and attitudes related to working with all three population groups (male

perpetrators of violence, women victims, and children exposed). Though there were certain items that pertained specifically to working with women survivors or children exposed, analysis did not reveal any competency items specific to working with male perpetrators. Furthermore, the theme of prioritizing vulnerable individuals was a foundational element across all competencies even though it was not always explicitly stated.

Figure 3

Literature-Based Competency Item Overview



**Interview Analysis**

Initially 101 codes were identified. Once all interview excerpts were processed, the 101 codes, and the excerpts they were applied to, were thematically analyzed. These codes were discussed amongst myself and the second coder to ensure the uniqueness and accuracy of the codes applied. Codes were analyzed and grouped according to common themes relevant to a specific knowledge, skill or attitude required within the role of an IPV specialist assessing and managing risk and safety with male perpetrators. This resulted in 44 themes which created the 44 initial practice-based competency items. A description was created for each item, similar to the literature-based competencies, whereby an item title was created alongside a short description of what it entailed or captured. Each competency discussed was supported through quotes from experts within the interviews that were encompassed within the codes grouped under each competency item. Unlike the literature-based competencies, the practice-based ones could not be categorized into the holistic model of competency. This is primarily due to the fact that experts spoke about the various competencies required of IPV specialists in regard to actual practice, which often required a combination of the various aspects of the competency model and could not be as clearly distinguished or separated.

Each competency was reviewed and discussed between myself and the principal investigator. All items were analyzed and validated for relevance, representativeness of item titles and descriptions, and overlapping themes. Item relevance was determined based on whether the item was describing a knowledge, skill or attitude required of IPV specialists to specifically manage risk and safety with men who have perpetrated violence. Representativeness of item titles and descriptions were determined based on a discussion of what theme the item was trying to capture and what was being stated by the experts in the excerpts that were coded under that



theme. Items discussing different aspects of a singular competency and common themes across items were identified and flagged. Flagged items were analyzed and combined as deemed appropriate to ensure the item included a comprehensive description of each competency. For example, through discussion it was established that two separate items were both capturing an aspect of collaboration amongst professionals. To ensure the item was an accurate and comprehensive description of what the IPV specialist would need to know, think, and do when collaborating with other professionals, both items were combined to form a singular competency. This process reduced the number of competencies to 39 items.

Following this, researchers identified items for discussion that may be captured within other domains of the framework. Through discussion it was collaboratively determined if the items were distinct enough to be relevant and specific to managing risk and safety. Examples of eliminated items include those pertaining to reporting and speaking to specific interventions or intervention techniques. Once repeated items were identified and eliminated, 31 practice-based competency items remained which are listed in Table 1. Final risk management practice-based competencies and their descriptions can be found in Appendix B. Of these 31 items, 11 items overlapped with 13 literature-based competency items, and 19 were unique items identified by experts within the field.

**Table 1**

*Practice-Based Competency Item Titles*

Competency type	Item titles
General risk management	<p>Develop relationships, collaborate, and consult with other professionals to provide care to the service user allowing for a comprehensive approach to meet service user’s needs and manage risk.</p> <p>Gather information from multiple sources such as police reports, survivor, perpetrator, and other service providers to develop a fulsome understanding of the situation and service user.</p>

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- Effectively address concerns raised regarding the men who have harmed in a way that promotes and maximizes safety of all parties.
  - Assess and identify changes in attitudes, behaviours, and determine the degree of progress through interventions within men who have caused harm while recognizing barriers to change.
  - Create a safe and supportive environment for service users to be able to openly discuss issues they are struggling with or concerns of safety.
  - Appropriately engage in intra-agency communication and collaboration to ensure all resources within the agency are being effectively and efficiently utilized to provide the service user with the best care.
  - Transparently navigate the service provider and service user relationship so all parties are aware of role expectations and boundaries within the relationship.
  - Build a non-judgemental, authentic, and empathetic service user – service provider relationship to allow for development of trust and safety.
  - Engage in ongoing risk assessment throughout all interactions with the service user and recognize any escalation in risk resulting from changes in a person such as their behaviour, language, and attitudes.
  - Collaboratively create a safety plan for the service user to ensure that his needs are identified and addressed in a manner that is best suited for him.
  - Be able to use structured clinical judgement to promote safety for all parties by using their knowledge and judgement to interpret the situation and make decisions accordingly.
  - Knowledge of, and ability to utilize evidence-based tools for risk assessments.
  - Effectively engage with service users to manage their expectations within IPV care, explain the scope of practice and support the development of a realistic understanding of the program and services offered.
  - The IPV specialist must possess an understanding of their scope of practice, assess the unique needs of each service user, and determine the most appropriate avenue to meet these needs.

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	<p>Recognize that survivor safety is the priority throughout all aspects of IPV care and utilize work with the perpetrators to promote and prioritize safety of vulnerable individuals.</p> <p>Possess a thorough and holistic understanding of the theories and facts regarding IPV.</p> <p>Ability to communicate concerns of risk and safety effectively and assertively with all parties involved including the service user, survivors, and any relevant professionals.</p> <p>Support clients in developing an accurate understanding of the actual and potential impact of their decisions and behaviours by helping contextualize them.</p> <p>Actively seek an understanding of the survivor's experiences and verify what she wants and needs within the relationship and moving forward.</p> <p>Support service users to develop a sense of agency and accountability over their actions in the past, present and future.</p> <p>Avoid colluding with the service user's perception of their experiences, minimizing or validating the harmful behaviour, or losing focus of the present situation of safety concerns.</p> <p>Interpret and prioritize the information obtained through risk assessments for the service user to best promote safety, while developing the most appropriate individualized risk management strategies, adapting approaches as situations may change.</p> <p>Recognize service user's resistance to treatment adherence as a response to underlying issues, and address this resistance to provide the needed supports.</p>
Risk Assessment	<p>Explore the level of accountability a service user accepts regarding their contribution to the situation and in causing harm to others.</p> <p>Assess for and recognize the ways in which the men who have harmed may be a danger to the safety of others.</p> <p>Obtain a complete history for the relationship and service user while completing a risk assessment to improve accuracy in determining past and potential risks to safety.</p> <p>Have knowledge of and be able to identify the different indicators of risk based on the service user's history, behaviour, current struggles, and stressors.</p> <p>Recognize instances in which there is an immediate risk to safety.</p>

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Be able to interpret all of the information they have to determine the level of risk that the service user currently poses to others and themselves.

Regularly assess for risk of suicide or self-harm with the service user.

Interpret the service user's behaviour, coping mechanisms, motivations, intentions and mitigating factors in the context of assessing risks to safety.

### **Comparing Literature-Based and Practice-Based Competencies**

Once all competency items were identified the literature-based and practice-based items were compared. Based on the manner in which the competencies were discussed and identified, they could not consistently be compared in a 1:1 fashion. To address this divergence in style, themes across the competencies were compared, as well as how comprehensive the item was. Themes were established through an inductive and latent approach, whereby individual items were assessed to determine the general competency being discussed (i.e., gathering information). Each of the competency items from the literature and the interviews that referred to the same general competency was grouped at which point descriptions of the items were compared to determine how the different items were similar or different from one another. Descriptions of the similarities and differences were created; if it was established that one item was more detailed this was specified in the comparison write-up, if the specifics of the items did not overlap or were broad, the items were classified as having indirect overlap. If main details of the competency items were consistent, they were classified as overlapping. Though there was some overlap and consistency across both sources of information, there was also unique information extracted from both individually. Overall, majority of the items from the literature overlapped with practice-based ones, but majority of the items from the interviews were not discussed across the literature. The similarities and differences are discussed below and a detailed comparison of

the literature-based competencies with the practice-based competencies can be found in Appendix C.

### ***Competencies Identified in Literature and Interviews***

When comparing the information extracted from experts and from literature, 13 of the items from the interviews overlapped with themes in the literature creating nine areas of alignment. Despite overlap however, most items were not identically described across both sources of information. The experts often went into greater detail for how to establish competency in a task or responsibility that was integral to the job of an IPV specialist when working with men who have harmed to manage their current and ongoing risk of perpetration. Consequently, a more accurate way to conceptualize the overlap is through common themes which were discussed.

#### **Aligning Item Comparisons.**

1. Knowledge of IPV, risk assessment, safety planning, and risk management.

One clear area of overlap across the interviews and literature was knowledge of IPV, which emerged in the literature as the item “Understand risk assessment and safety planning as a holistic, dynamic, intersectional, and service user centred practice” and from the interviews as “Possess a thorough and holistic understanding of the theories and facts regarding IPV.” Both items emphasize the need for IPV specialists to have a thorough and holistic understanding of IPV. Both items speak to the importance of understanding IPV conceptually, the general facts and theories for IPV, risk and protective factors, typical patterns of behaviour, and understand IPV through an intersectional feminism lens. It also somewhat overlaps with the item speaking to the importance of interpreting risk assessments and developing individualized strategies for

service users. Emphasized in the literature, but less so in the interviews was the importance of anticipating outcomes in comparison to predicting who may be hurt when evaluating risk.

## 2. The importance of collaboration with other professionals

A second area of commonality was collaboration amongst professionals, expressed in the literature with two items: “Understands that risk assessment often requires collaboration” and “Collaborate with others to manage risk and promote safety”, and in the interviews as one item: “Develop relationships, collaborate, and consult with other professionals to provide care to the service user allowing for a comprehensive approach to meeting service user’s needs and managing risk.” These interview and literature items also overlapped by means of emphasizing the importance of prioritizing survivor safety. Both sources of information speak to the importance of developing relationships, collaborating, and consulting with other service providers to ensure a comprehensive approach to working with service users. Collaboration amongst service providers was identified as being an important method of gathering all necessary information and developing a more complete and accurate understanding of the situation.

Experts also explicitly discussed the importance of collaborating and consulting with other service providers to manage risk and safety. They discussed risk and safety as a multifaceted concept that required co-ordination across many different sectors such as legal, child protective services, partner contact, addictions care etc. to be able to holistically address concerns of risk and safety when working with the men who have caused harm. The experts discussed the importance of conducting a thorough risk assessment, determining the various needs of the service user, and communicating with the other professionals involved to ensure a consistent understanding of any risks that may be present. This is discussed in relation to the

understanding that survivor safety must be prioritized and therefore it is important to develop a professional network and circle of care that is most suited to promoting safety. Interviewees also specifically discussed the importance of participating in high-risk committees as an important aspect of the role of an IPV specialist. The one main difference is that the interviewees speak to this competency specifically in terms of working with the perpetrator of violence, and the literature item speaks to it for all parties.

### 3. Know, identify, and manage risk factors to promote safety

The literature based items “Have knowledge and understanding of risk and protective factors” and “Consider and manage risk factors to promote safety for survivors” were echoed in the interview themes of “IPV specialists should have knowledge of and be able to identify the different indicators of risk based on the service user’s history, behaviour, current struggles, and stressors,” and “IPV specialists must be able to interpret all of the information they have to determine the level of risk that the service user currently poses to others and themselves.” Items across both the literature and interviews speak to the importance of knowing and identifying risk factors and identifying the level of risk that is indicated within a situation based on a thorough risk assessment. Similar to literature-based competencies, the experts discussed the importance of IPV specialists possessing the ability to get a complete history of the perpetrator, conducting ongoing risk assessments throughout contact with the perpetrator, a general understanding of IPV, and the ability to apply an intersectional lens to their risk assessment such that they are able to contextualize the various factors and how they may impact one another.

The interviews provided greater detail and nuance surrounding the competencies, however, they did not specifically speak to the importance of identifying general protective factors in addition to risk factors, except within the context of assessing for the perpetrator’s risk

of suicide. Furthermore, within the interviews promoting survivor safety is discussed through work with the perpetrator and in a way that the risk assessment would prioritize survivor safety and contribute to the survivor's safety plan, however this is usually done indirectly through the partner contact worker as opposed to working directly with the survivor.

4. Seek consultation as appropriate

“Make decisions about when to seek consultation or additional support to manage risk and safety” overlaps with the practice-based item titled “The IPV specialist must possess understanding of their scope of practice, assess the unique needs of each service user, and determine the most appropriate avenue to meet those needs.” These items refer to the necessity of understanding one's role and scope of practice. Experts also identified the importance of recognizing the limitations of one's role as a specialist and when certain aspects of care may be outside of their capacity as a professional. They also extend this to include the skill of being able to communicate the limitations of one's role and scope of practice to the clients and individuals they are working with.

5. Gather information across multiple sources while considering survivor safety

The need to gather information across multiple sources was identified in the literature with the items “Demonstrate judgement when engaging in collection of information to assess risk” and “Gather information from survivors and collaterals in assessing risk posed by those who have perpetrated IPV” and in the interviews with the items “Gather information from multiple sources such as police reports, survivor, perpetrator, and other service providers to develop a fulsome understanding of the situation and service user” and “Obtain a complete history for the relationship and service user while completing a risk assessment to improve accuracy in determining past and potential risks to safety.” Within both, there was an emphasis



on getting a complete history in order to conduct a thorough risk assessment including using multiple sources of information to ensure an accurate and complete understanding of the situation and risks present (i.e. various professionals involved with the service user, the survivors, perpetrators, police reports etc.). The literature and interviews differed, however, in the focus of the information gathering. In the literature, most writing focused on gathering information and collaborating with others specifically within the context of risk to the survivor. The interviews however, mostly discussed gathering information in terms of developing a more thorough and accurate understanding of the perpetrator's risk to others through multiple sources of information including collaborating with other professionals - which may include partner contact.

#### 6. Safety planning

The concept of safety planning was discussed within with literature and interviews, however, unlike the other areas of commonality it was an indirect overlap. The literature item "Engage in safety planning that is service user-centred, recognizing service user expertise in the process of developing individualized approaches to safety" shared themes with the interview items "Effectively address concerns raised regarding the men who have harmed in a way that promotes and maximizes safety of all parties" and "Collaboratively create a safety plan for the service user to ensure that his needs are identified and addressed in a manner that is best suited for him." All of these items address competencies relevant to ensuring service user safety, however, the experts discussed safety planning in direct relation to the perpetrator, whereas the literature speaks to it mostly for the survivors of violence. As mentioned earlier, to avoid confusion with safety planning for the survivor (as it is conceptualized above), a more accurate conceptualization of the "safety plan" for the service user derived from the interviews is as a risk

management strategy. This is because it pertains to ensuring the needs of the perpetrator are met as a way of ensuring their safety. Though it is the safety of both that is paramount within the item, the factors that influence their safety would vary depending on the population group they belong to, which can indicate that the literal knowledge, skills, and attitudes required diverge between IPV specialists working with men who have behaved violently compared to women survivors. Furthermore, within the interviews it is acknowledged that service providers would only contribute to the safety plan of the survivors but not create one, and the literature distinctly discussed the involvement of the service user, whereas this is more implied within the interviews.

7. Facilitating disclosure through an authentic, non-judgemental relationship with the service user

The literature item “Understand the barriers and facilitators for disclosure and how these barriers impact on the risk assessment process” overlaps with the practice-based items “Create a safe and supportive environment for service users to be able to openly discuss issues they are struggling with or concerns of safety” and “Transparently navigate the service provider and service user relationship so all parties are aware of role expectations and boundaries within the relationship.” Disclosure is acknowledged across the interviews and literature as something that can be difficult and sensitive for the service users but is also an important aspect of IPV care to ensure service providers have an accurate understanding of the situation and thereby are able to support safety as needed for each service user. In order to facilitate accurate disclosure, interviews and literature emphasize the importance of creating a safe space. Both identify the importance of creating a safe space for the service users by creating a non-judgemental and unbiased environment where service users feel respected and valued, however, the interviews

discuss this within the context of creating this space for the perpetrators of violence to be able to openly discuss their situation and any harm they have caused as well as any thoughts or feelings they may currently be struggling with, while the literature pertains primarily to survivor safety.

Furthermore, across both the interviews and the literature, the importance of developing a real and authentic relationship was identified as an essential facet to being able to build trust with the service user and collaborate effectively. The literature speaks to this mostly in a general sense or with the survivors, while the interviews focus on the importance of developing authentic relationships between service providers and the perpetrators specifically. Both sources of information explicitly discuss the role of trust in being able to develop an accurate understanding of risk to others such that it would encourage honesty, transparency, and a non-judgemental environment to make real changes in behaviour. They also both discuss the risk that can be present to survivors if an authentic, unbiased and trusting relationship is not built.

#### 8. Ongoing assessment of risk, progress, and change

Both literature and interviews captured the importance of making ongoing assessments of assessing/monitoring progress, and assessing/monitoring change. The literature item “Make ongoing judgements about the potential impact of intervention programs on risk and safety” overlaps with aspects of numerous practice-based items including:

- “Knowledge of confidentiality as it applies to working with men who have caused harm and the ability to navigate confidentiality when addressing threats to safety as indicated by service users and survivors;”
- “Recognize that survivor safety is the priority throughout all aspects of IPV care, and utilize work with the perpetrators to promote and prioritize safety of vulnerable individuals;”

- “Engage in ongoing risk assessment throughout all interactions with the service user and recognize any escalation in risk resulting from changes in a person such as their behaviour, language and attitudes;”
- “Assess and identify changes in attitudes and behaviours, and determine the degree of progress through interventions within men who have caused harm while recognizing barriers to change;” and
- “IPV specialists must be able to interpret all of the information that they have to determine the level of risk that the service user currently poses to others and themselves.”

Ensuring that service providers are being proactive and conducting ongoing assessments of risk, progress, and change are echoed across the literature and interviews. Both sources speak to the importance of monitoring behaviour changes in service users as indicators of risk or protection and prioritizing the safety of survivors while conducting these assessments. Experts specifically discussed prioritizing survivor safety when working with the men who have harmed and conducting ongoing risk assessments to see how things may change throughout perpetrator engagement.

Within the interviews, experts expanded on the importance of ongoing assessment by speaking to the need to balance maintaining confidentiality as best as possible (for the perpetrator or survivors) with the need to address risks as they are assessed. Additionally, within the interviews experts spoke to the importance of assessing progress through treatment, however it was discussed within the context of also assessing perpetrator fit for interventions, readiness to change and effectiveness of specific interventions. In accordance with this item, the interviews specifically discussed the importance of assessing the level of risk that the perpetrator continues to pose to others. Unlike the literature, the interviews do not speak to competencies surrounding

directly engaging with survivors to communicate this risk in an explicit way, but they do discuss engaging with partner contacts to discuss issues identified. Most of the overlap across the literature and practice-based items is through common themes. Overall, the interviews captured a greater amount of specific detail and general information for this competency than is present in the literature.

9. Assess and communicate risk

A final area of commonality across literature and experts was assessing and communicating risk. There was a great deal of overlap across content however, in the interviews it was dispersed across multiple items – some of which discussed the concept more directly, while others addressed it indirectly through underlying themes.

The literature item “Use comprehensive risk assessment processes to effectively identify, communicate and respond to risk with survivors” overlapped in a more direct manner with the interview items:

- “IPV specialists should have knowledge of, and be able to identify the different indicators of risk based on the service user’s history, behaviour, current struggles, and stressors;”
- “Gather information from multiple sources such as police reports, survivor, perpetrator, and other service providers to develop a fulsome understanding of the situation and service user;”
- “Knowledge of, and ability to use evidence-based tools;” and
- “Ability to provide documentation that accurately describes their assessment of meaningful change if it has occurred, or their concerns regarding risk and safety while being able to articulate the reasons.”

The practice-based item, “Develop relationships, collaborate, and consult with other professionals to provide care to the service user allowing for a comprehensive approach to meeting service user’s needs and managing risk,” has similar themes to the literature items listed above, however, the overlap between items is indirect. Both literature and experts discuss the importance of gathering information from multiple sources to assess risk, using evidence-based risk assessment tools, identifying risk factors, engaging in high risk committees, and identifying, documenting and communicating the risk assessed. Though experts also discussed the importance of being able to identify risk factors and interpret the information to inform safety plans, this was done mostly in the form of ensuring perpetrator needs are met and creating a risk management strategy to promote safety. Within the interviews, experts do not discuss using these risk factors to create safety plans for the survivors. Experts also spoke to the importance of being able to gather information across multiple sources to comprehensively understand the situation and address concerns for safety, whereas the literature did not discuss addressing the concerns for safety. Within the interviews, experts did not directly discuss working with disclosures, though they did speak to the importance of creating a safe environment to facilitate disclosure and transparency.

### ***Competencies Only in Literature***

Despite considerable commonality, as just described, there were also competencies identified from the literature that were not echoed in the interviews with experts.

The 9 items that were only covered within the literature are identified in the comparison provided in Appendix C. The competencies within these items fell into three main categories.

**Category 1.** The first category is the knowledge, skills and attitudes required of IPV specialists in terms of addressing concerns of safety for the women and children consisting of six

items. The themes of these items pertained to considering risk and safety for the survivors and children, specific approaches and considerations for children and youth, impact of safety planning and risk assessment on survivors, and risk assessment and safety planning with parents regarding access to children. As mentioned earlier, only interviews conducted with experts who work with men who have perpetrated violence were analyzed for this thesis. For this reason, it is possible that the competencies regarding working with survivors and children were discussed in the interviews with experts working specifically with those population groups. The only conclusion that can be derived based on the interviews analyzed is that experts working with men did not specifically discuss competencies relevant to survivors and children exposed to IPV. Due to this, the items pertaining to women and children are not discussed further.

**Category 2.** The second category of competencies specific to the literature entailed service provider self-regulation. This includes three competency items discussing IPV specialists regulating their reactions to disclosures, reactions to issues of their own safety, and reactions to the well-being of children. These items specified the importance of service providers being mindful of their reactions when service users disclosed information regarding their experiences, appreciating the impact disclosures can have on those hearing it, being aware of their emotions and attitudes towards issues of safety while recognizing limitations, and recognizing that working with children in vulnerable positions can elicit personal feelings and values surrounding child well-being.

**Category 3.** A final competency category which was explicitly identified in the literature but was only implied by the experts entailed the service provider viewing the service user as being entitled to self-determination and valuing their expertise in risk assessment and safety planning for themselves and their children. This category refers to the competency item from the

literature “IPV specialists believe in service user rights to self-determination and their expertise in the risk assessment, safety planning process for themselves and their children.” It is possible, however, that any competencies discussed by experts regarding service user self-determination was coded under the service user-centred care domain.

### ***Competencies only in Interviews***

A number of areas of competency emerged from analysis of the expert interviews alone, without corresponding descriptions in the literature. A competency was determined to be specific to the practice-based items if it was (a) entirely absent within the literature analyzed or (b) the description extracted from the literature was determined to not be adequate, detailed, or specific enough to comprehensively capture the competency. Using this criteria, 20 competency items deemed to be unique to practice-based knowledge in risk management were identified. A detailed list and description of items specific to the interviews can be found in Appendix D.

The competencies identified can be subdivided into four categories.

**Category 1.** The first set of items pertained to the role and responsibilities of the service provider. Competency items in this category include:

1. Transparently navigate the service provider and service user relationship so that all parties are aware of role expectations and boundaries within the relationship.
2. Building a non-judgemental, authentic, and empathetic service user – service provider relationship to allow for development of trust and safety.
3. Appropriately engage in intra-agency communication and collaboration to ensure all resources within the agency are being effectively and efficiently utilized to provide the service user with the best care.



4. The IPV specialist must be able to use structured clinical judgement to promote safety for all parties by using their knowledge and judgement to interpret the situation and make decisions accordingly.

Each of these competencies refers to a responsibility or task required on the part of the service provider. Based on these competency items, it is crucial that the IPV specialist take the lead to ensure that they are being transparent/modelling transparency within their relationship with the service user, especially in terms of their role and discussing other professionals they may involve, so that the service user is informed of the boundaries and can build accurate expectations within the relationship. The IPV specialists should strive to model and be non-judgemental and work towards building a real and trusting relationship in which the service user is able to feel respected, heard and cared for in a genuine manner. Furthermore, the IPV specialist needs to be mindful of remaining unbiased in their relationship and strive to obtain an objective perspective of the situation by gathering information from sources other than the men who have behaved violently. This is based on the understanding of the reality and risks of the service provider becoming biased as they build a relationship with the service user and may be exposed to only that narrative. The service provider must be able to determine when they should also engage in communication within their agency to discuss cases as appropriate and obtain second opinions as necessary. Finally, IPV specialists are responsible for using their experience to make structured clinical judgements in situations to promote safety of all parties.

**Category 2.** A second category which emerged was the various ways in which the IPV specialist tended to safety and addressed any concerns for safety. The competency items relevant to the theme of safety and addressing safety concerns includes:

1. Recognize that survivor safety is the priority throughout all aspects of IPV care and utilize work with the perpetrators to promote and prioritize safety of vulnerable individuals.
2. Actively seek an understanding of the survivor's experiences and verify what she wants and needs within the relationship and moving forward.
3. Collaboratively create a safety plan for the service user to ensure that his needs are identified and addressed in a manner that is best suited for him.
4. Effectively address concerns raised regarding the men who have harmed in a way that promotes and maximizes safety for all parties.

Before discussing this category it is important to differentiate between the “safety plans” discussed in these items and the way safety planning is operationalized within the literature. As discussed within the literature review, safety planning refers to creating a plan to promote and increase safety for victims of abuse. The language of “safety planning” within these competency items refers to the safety of the perpetrator and can be better operationalized as a risk management strategy. The term “safety plan” is used because this is the language that was used by experts, however in this instance it refers to ensuring the needs of the service user are met. To avoid confusion the term “risk management strategy” is used in the place of “safety plan” for the perpetrators of violence throughout this thesis.

These items relating to safety indicate that the IPV specialist must ensure that the safety of survivors and vulnerable individuals is prioritized throughout care such that when implementing strategies or working with perpetrators it is crucial that the service provider do this while considering and prioritizing the safety of vulnerable individuals. Furthermore, as IPV specialists working with men will be encountering their wishes within the situation, it is vital that

service providers are seeking to also understand and verify the survivors wishes for next steps, contact, etc.

While working with the men who have behaved violently, it is the responsibility of the IPV specialist to ensure they are working with the individual to determine if their needs are being met, which ones may not be, and creating a risk management strategy accordingly. When concerns for safety are identified, it is important that the IPV specialist then address those concerns safely and effectively. In doing so, it is vital that the IPV specialist determine the approach that most effectively promotes safety for vulnerable individuals while also considering the therapeutic relationship. This may or may not include approaching the perpetrator with the concerns directly or reporting as necessary.

**Category 3.** The third category which emerged from the items unique to practice-based competencies involved the knowledge, skills and attitudes required when working with the perpetrators of violence. These items included:

1. Assess and identify changes in attitudes, behaviours and determine the degree of progress through interventions within men who have caused harm while recognizing barriers to change.
2. Support clients in developing an accurate understanding of the actual and potential impact of their decisions and behaviours by helping contextualize them.
3. IPV specialists should support service users in developing a sense of agency and accountability over their actions in the past, present, and future.
4. Recognize service user's resistance to treatment adherence as a response to underlying issues, and address this resistance to provide the needed supports.

5. Avoid colluding with the service user's perception of their experiences, minimizing or validating the harmful behaviour, or losing focus of the present situation of safety concerns.

Each of these items is based around the understanding that working with male perpetrators of violence requires a specific set of knowledge, skills, and attitudes different from other populations. When working with the service user, the experts discussed the importance of assessing their changes in attitude, fit of the strategies being employed, and progress through treatment. By monitoring these areas, service providers would be able to determine the efficacy of the current risk management strategies and interventions being utilized, adapting the plan as appropriate. They also identified competencies involving helping the service user better understand and contextualize his behaviour, such that they support him in understanding the consequences and impact of his behaviour and decisions on himself and those around him. It is important that IPV specialists help service users develop a greater sense of agency and accountability over their actions in order to help them recognize their role and contribution to a situation and ability to change their harmful behaviour. Additionally, it is important that service providers recognize and are able to work with resistance from the service user as a natural part of the process, while working to understand the source of the resistance and creating a plan to address the issue. Finally, while working with the service user, another factor that the IPV specialist needs to remain vigilant about is avoiding collusion with the perpetrator by remaining mindful of biases that may arise and working to maintain an objective perspective of the situation and individuals involved. This is based on the understanding that in the process of creating a real and caring relationship with the service user, the service provider may adopt their narrative.

**Category 4.** The final theme that emerged from the practice-based only items was effectively conducting risk assessment. The items coinciding with this theme include:

1. Explore the level of accountability a service user is accepting regarding their contribution to the situation and in causing harm to others.
2. IPV specialists must assess for and recognize the ways in which the men who have harmed may be a danger to the safety of others.
3. Recognize instances in which there is an immediate risk to safety.
4. Regularly assess for risk of suicide or self-harm with the service user.
5. Interpret the service user's behaviour, coping mechanisms, motivations, intentions and mitigating factors in the context of assessing risks to safety.
6. Interpret and prioritize the information obtained through risk assessments for the service user to best promote safety while developing the most appropriate individualized risk management strategies, adapting approaches as situations may change.
7. Ability to communicate concerns of risk and safety effectively and assertively with all parties involved including the service user, survivors and any relevant professionals.

These items pertain to the specific knowledge, skills and attitudes required to effectively assess risk with the perpetrators of violence, as opposed to the general skills for risk assessment covered across the literature and interviews. These items discussed crucial competencies required of IPV specialists regarding exploring the level of accountability the perpetrator is willing to accept as a measure of risk based on their conceptualization of their behaviours as problematic, looking specifically at the danger they may pose to others and how, the ability of the specialist to recognize immediate risks to safety that were indicated while completing risk assessments, ensuring an assessment for the perpetrator's risk of suicide is regularly conducted, and

interpreting the perpetrators behaviours, coping mechanisms, intentions and mitigating factors as indicators of risk to themselves and others. The thorough completion of a risk assessment would be followed by interpreting and prioritizing the risks identified, and then communicating those risks effectively to relevant parties.

### **Discussion**

The purpose of this thesis was to develop an understanding of how IPV specialists would effectively assess for and manage the risk of continued violence and/or harm when working with men who have perpetrated violence. This research was motivated by an awareness and understanding of the impact and prevalence of IPV within Canada and the current absence of a framework guiding IPV care for specialists. This absence has resulted in individual agencies creating their own policies and training protocols for their frontline workers. The aim of this research was to identify the competencies that are required of specialists to effectively care for those impacted, by looking at existing literature and speaking to experts within the field who have developed invaluable practice-based knowledge. Literature and practice-based knowledge were compared to determine if there are differences in the competencies reported from either source, or if there are gaps in knowledge. This allows for a comprehensive understanding of all competencies, across a variety of settings, populations, and demographics.

Both the literature and the experts spoke to the importance of having a foundational understanding of IPV including the theories, facts and typical patterns of behaviour, knowing and being able to identify risk and protective factors, understanding and applying an intersectional lens to work as an IPV specialist, and prioritizing survivor safety. In looking specifically at risk assessment competencies, there was agreement in conducting ongoing risk assessments, gathering information from multiple sources for an accurate understanding of the

situation, getting a complete history of the individuals involved and the abuse, determining the level of risk, knowing of and using evidence-based risk assessment tools, interpreting the risk indicated, and communicating risk. Additional areas of overlap for risk management overall included collaborating and consulting with other service providers, knowing one's scope of practice and providing appropriate referrals, creating a safe space for service users, developing trust with the service user, and assessing service user progress through treatment and engagement.

While consistency across literature and practice-based knowledge was found, it was also discovered that the competencies identified and discussed by the experts were often more detailed and comprehensive than those found in the literature. One thing to note is that the literature was not specific to working with just men, most of the literature analyzed spoke to either assessing risk and safety generally for all populations, or was specific to working with women and/or children. Regarding effectively managing risk, there was limited literature discussing the knowledge, skills, or attitudes relevant to working specifically with male perpetrators, apart from discussing specific intervention strategies. Most of the existing literature that focused on men was grey literature (i.e. agency policies, government documents, reports etc.), but even in these cases, there were significant and substantial aspects of competency identified by experts that were not addressed in the literature.

The interviews with experts provided a vast amount of valuable and unique insight into the requirements of the role of an IPV specialist. The fact that the interviews offered a greater amount of information compared to the literature may be interpreted as evidence that practice-based knowledge goes beyond current literature and there is valuable information that can be obtained from those who have learned through experience. As discussed earlier, training can

vary across agencies and regions and is often done through an “on the job” approach. As such the knowledge passed on is contingent on the knowledge possessed by the trainer and organization in the absence of a current standard of care. When interviewed, each expert offered knowledge based on their own experiences and training within the field. By including and consulting numerous experts working with a variety of population groups and possessing varying experiences, we can ensure that the framework reflects the range of skills developed across individual and regional professional experiences.

While comparing the two sources of information, it was discovered that competencies pertaining to self-regulation when working with men who behaved violently were only discussed within the literature. The experts interviewed did not specifically speak to the importance of the specialists monitoring their own emotions and reactions when working with perpetrators, or when listening to client disclosures of IPV while assessing for and managing risk. This may be due to the generalized structure of the interviews, whereby this was not a targeted topic that was being assessed. Instead, the interviews were designed to assess IPV specialists’ responses to general scenarios that are encountered in IPV care while working with perpetrators of violence, as opposed to specific competencies or areas of care. In other words, the scenarios provided to the experts were largely consistent and typical of IPV work, but the individual in focus for the scenario varied based on the service user population the specialist worked with (i.e women, men or children).

The second area of competencies that was found only within the literature for assessing and managing risk and safety pertained to IPV care for women and children. As mentioned earlier, it is possible this is because these competencies were discussed by the experts working with women or children specifically. It is also possible that the segments of the interviews with



information relevant to working with women and children as an expert working with male perpetrators may have been coded and captured under a separate domain. Nonetheless, the lack of information regarding working with women and children from the perspective of an expert working with men can be interpreted as a limitation insofar as these experts may be required to possess competencies within their role that allow them to support others in promoting the safety of women and children (i.e. collaboration and sharing information specific to this). Regardless of the possibility that skills relevant managing risk and safety with women and children may be captured in other parts of the framework or with other expert groups, and that collaboration amongst professionals was identified as crucial, it is important that specialists working solely with male perpetrators also possess knowledge of potential impacts on other parties and what they need to consider for the others involved. Despite not working directly with women and children, the specialist's relationship with the perpetrator will inevitably impact the other vulnerable individuals involved, indicating that this is an important aspect of risk management with perpetrators.

Competencies that were extracted from only the interviews generally fell into four different categories. Of the 20 unique items, a few pertained to the role, and responsibilities, of the service provider such as: the importance of building a real, authentic and transparent relationship with the service user, using structured clinical judgment, communicating within their own agency with colleagues as appropriate and necessary, and staying unbiased as the specialist. Each of the items within this category refers to aspects of care that rely on IPV specialists taking the lead. For example, through the interviews it was found that the specialist should take the initiative to build a real relationship while modelling the importance of authenticity and

transparency through their own actions. Essentially, these items refer to things the service provider is responsible for regardless of the perpetrator's behaviour or engagement with services.

A second category included a set of items that discussed the knowledge, skills and attitudes required to address concerns for safety as appropriate including addressing the concerns with service users as they are identified, ensuring that survivor safety is central to all parts of risk assessment and management, working to understand and verify the survivors wishes within the situation for a more objective understanding, and "safety planning" with the perpetrator. The literature did an excellent job discussing risk factors and concerns for safety for the victims of IPV, however literature did not discuss individualized risk management plans for the perpetrator. These plans can include specific consideration of the intersectional needs of the perpetrators of violence and how these relate to overall concerns for safety for themselves and others (i.e. do they have shelter, the means to meet their basic needs etc.). Absence of an individualized risk management plan for the perpetrator can be particularly problematic from an intersectional perspective because of the increased risk resulting from the perpetrator's needs not being met. It may also highlight gaps in appreciating the impact of unmet needs on vulnerable others within the situation.

The third category of items pertained to the knowledge, skills, and attitudes specific to working with perpetrators of violence and included themes of: assessing changes in the perpetrator and their fit for services, working with service user resistance (recognizing it as a potential indicator of struggle as opposed to disregard for treatment and others), and helping the service users understand and contextualize their behaviours to grasp the reality of their situation and impact of their actions. The items within this category support the notion that working with perpetrators requires a specific set of unique competencies. They also indicate that the

knowledge, skills, and attitudes for working with male perpetrators may differ from those required when working with female victims, or children exposed to violence (i.e., in terms of factors to consider and assess).

A final major category of the unique practice-based competency items was effective risk assessment with perpetrators of violence. This included looking at the service user's accountability for their actions, whether they continue to be a danger to others and how, if there are any immediate risks to safety for others or for the service user themselves, and interpreting the perpetrator's behaviour from a risk assessment perspective. Many of the experts spoke specifically to the importance of ensuring that service users are being regularly assessed for their risk of suicide. Those working in Indigenous or remote communities identified suicide as a significant issue and risk. This risk assessment would then be followed by interpreting the risk assessment conducted, prioritizing the issues that were identified in terms of risk to safety and then communicating the risks as required to the service users themselves, other agencies, parole officers and partner contact workers for example. The items within this category referred specifically to the process of conducting a risk assessment as a specialist working with perpetrators, and includes the factors that experts have discovered to be vital to properly assessing the risk posed by each service user. The items included issues these experts came across in their own work that indicated greater/lesser levels of risk, and how to appropriately interpret all the information that is gathered to establish and convey the type and level of risk posed by the perpetrators.

Amongst the items that were identified across both sources of information it is important to note that the items were rarely identical. Items did not map onto each other in a one-to-one

fashion. Overlap was determined based on the concepts being discussed and consistency in the descriptions of what the competency item would entail.

### **Limitations**

There are a few limitations of the current research. One of these limitations pertains to the general format of the interviews which were designed to assess knowledge, skills, and attitudes for IPV care overall. Domains were identified through the initial scoping review and the interview was created prior to analyzing all IPV literature. For this reason, there were no specific questions within the interview that were designed to focus specifically on assessing and managing risk and safety, however the interviews were designed to be open ended and exploratory to learn about the knowledge, skills, and attitudes required for IPV care overall.

Furthermore, within the interviews, experts often spoke with an undertone of risk and safety throughout its entirety so it was difficult to isolate every mention of it. All discussions were based on the foundational understanding that the ultimate goal was to promote safety and minimize risk of IPV making it difficult to isolate every discussion regarding risk and safety throughout the interviews.

Other limitations include that a scoping review was conducted as opposed to a systematic review. This was done because it was exceedingly difficult to find search terms that captured our topic of interest (i.e. IPV worker competencies). When the literature search was started, the research team often found that hundreds of documents fit the search terms, however only one document from those was relevant. It was often found to be more useful to look at the article of relevance for what they referenced as a strategy to find more. As a result of this process it is possible there are things that might have been missed.

A final limitation of this research is the population sample utilized. Though experts that worked with men in multiple settings such as non-profit organizations, agencies that specialized in IPV services, and shelter or transition housing were involved, it might have been useful to interview and include probation officers and other justice personnel who are often deemed responsible for risk assessment and risk management. As these individuals are not generally identified as IPV specialists, they were not included. Their perspective and literature on managing offenders might, however, have provided additional information.

### **Future Research**

It may be valuable for future research to continue to build on the framework of IPV that is being constructed through this project. Future research can utilize the results of this study to expand our understanding of the various domains of IPV care, and expand on our understanding of the competencies required when assessing and managing risk and safety while specifically working with male perpetrators. It may also be beneficial to utilize experts within the field to review the competencies identified through this research to determine agreement and incorporate feedback.

Future research may also find it valuable to design a study and interview that would explore assessing and managing risk and safety specifically. As discussed above, it may also be beneficial for future research to expand the definition of IPV specialists to include roles often involved with IPV care, but who are not traditionally thought to be IPV specialists such as probation officers. The competencies that are identified through this research and any future research could then be used to construct specific training programs for frontline workers to work towards achieving a standard level of care.

A final beneficial area to explore through future research is observational and self assessment tools, as well as a virtual simulation where people can test out their skills for this kind of work. Both of these are areas of research this lab is already involved in.

### **Implications for Counselling**

This thesis carries many implications for counselling. The results of this thesis can inform the training of service providers within the field of IPV, thereby establishing a standard of training and ensuring consistency of skills and knowledge across IPV specialists. The information gathered would contribute to a consistent and cohesive understanding of the skills, knowledge and attitudes required to effectively conduct risk management with individuals who have perpetrated IPV. Furthermore, it would allow for the preservation of invaluable knowledge and competencies developed through years of practice.

This thesis analysed one component of a larger study that aims to establish a cohesive framework through which to train all IPV specialists in Canada to ensure consistent and evidence-based care. By establishing a cohesive understanding of the tenets and competencies required for effective risk management, it would contribute to service providers' knowledge and development of skills necessary to minimize the danger posed by IPV through work with perpetrators of violence. Creating a cohesive framework for IPV would also mitigate some of the dangers and increase victim safety.

### **Conclusions**

Final takeaways from this research include the importance of collaboration, building real, authentic and non-judgemental relationships with service users, creating a safe space that encourages transparency and accountability, being mindful of the safety concerns of all parties including perpetrators, being knowledgeable and competent in assessing risk, being mindful of

impacts on yourself as the service provider while providing care, knowing and understanding your role as the service provider, and possessing the knowledge, skills and attitudes relevant to working with perpetrators specifically.

This research into effective risk management with male perpetrators of violence has provided invaluable information that can be utilized in building a comprehensive framework for IPV care. Though there is relevant and beneficial information that exists in current literature, it is not often captured within academic literature and the focus on competencies specific for working with male perpetrators is largely absent from these documents. Despite the existence of grey literature in this area, that information is often siloed to individual organizations as opposed to being widely shared and pervasive across the field.

Much of the information that was captured within the literature was also reflected in the interviews with experts, indicating there is consistency in information across both sources. However, as the information extracted from experts was often more comprehensive than the literature, their expertise and knowledge can be utilized to supplement the gaps in information. It has become widely accepted that practice-based knowledge is credible and valuable, and this research provides further support for this notion. Consequently, it is vital that this information be preserved so it can continuously be built upon.

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## Appendix A

### Assess and Manage Risk and Safety Domain – Literature-Based Competencies

#### **Knowledge Item 1/6:**

#### *Understand Risk Assessment and Safety Planning as a Holistic, Dynamic, Intersectional and Service User-Centred Practice*

IPV specialists understand risk and safety are dynamic, complex, holistic and contextualized processes that begin at the point of contact and are continual and ongoing throughout service provision.

IPV specialists understand that assessment of risk and safety is intersectional in nature and needs to be culturally informed, sensitive, holistic, flexible and collaborative in order to be most effective.

IPV specialists understand that risk assessment and safety planning is about anticipating what may occur, not about predicting who may be hurt/killed.

IPV specialists understand that risk assessment and safety planning centres service user narratives which requires exploring options that are individualized and take into account all aspects of service user's contexts, including those associated with broader systems and environments

#### **Knowledge Item 2/6:**

#### *Know That Children's Risk and Safety Must be Considered Alongside That of Survivors*

IPV specialist consider children within the context of their families and considers developmental levels, emotional, psychological and physical safety of children and young people.

IPV specialists recognizes that the safety of children is aligned with safety of their mothers. This recognition leads to collaborative family safety planning

**Knowledge Item 3/6:*****Understands That Risk Assessment Often Requires Collaboration***

IPV specialists understand that collaboration with other professionals is often necessary to effectively assess risk to survivors, children exposed to IPV and in those who have perpetrated abuse.

IPV specialists understand there may be challenges involved in acquiring knowledge necessary for effective risk assessment (including information sharing/privacy legislation issues and perpetration minimization/distortion).

**Knowledge Item 4/6:*****Have Knowledge and Understanding of Risk and Protective Factors***

IPV specialists recognize a core set of risk and protective factors at the individual, family, community/society and systems levels that intersect in myriad ways to influence assessments of risk and safety.

IPV specialists understand that various risk assessment tools exist to help consider a combination of risk and protective factors. They understand that risk factors are not cancelled out by protective factors.

IPV specialists have knowledge of which risk factors, or their combinations are specific indicators of lethality/severity

**Knowledge Item 5/6:*****Understand the Barriers and Facilitators for Disclosure and How These Barriers Impact the Risk Assessment Process***

IPV specialists understand that the key to effective risk and safety planning is having knowledge of risk and protective factors that may only become evident through disclosures from service users.

IPV specialists understand that working with disclosures includes knowledge and understanding of the many barriers to disclosure for those impacted by intimate partner violence. IPV specialists recognize that an important part of working with disclosures is creating a safe climate for disclosure of intimate partner violence. This includes breaking the barrier of silence around violence by asking questions about abuse with care and interest

IPV specialists recognize that working with disclosures requires knowledge about intimate partner violence, the dynamics of disclosure, the dynamics of intimate partner violence and possible impacts and repercussions of disclosure.

IPV specialists understand that an important part of working with disclosures is inquiring (“asking”) questions about intimate partner violence in ways that are thoughtful, trauma-informed, inviting, and respectful of the service user's self-determination.

**Knowledge Item 6/6:*****Recognize That There are Specific Approaches to Risk Assessment and Safety Planning with Children and Youth***

IPV specialists recognize that there are specific issues related to assessing and managing risk for children (including risk of contact) which includes facilitating disclosures from young people.

IPV specialists understand that children’s disclosures of violence and abuse are more likely to be through their behaviour and indirect disclosures, rather than direct verbal disclosures and that they need to create safe spaces in which such disclosure can take place



IPV specialists working with families, children and youth have knowledge of the vulnerability and heightened risk of structural violence due to identity, and of physical, psychological, and sexual violence for LGBTQI2s+ children and youth (both within and outside of the family).

IPV specialists understand the complexity of children's relationships with perpetrators and caregivers and make decisions that balance knowledge about risk with children's wishes for (or against) contact.

**Judgement Item 1/5:**

*Understand, Appreciate and Accept That Service Users Will Share Their Stories in Their Own Time and in Their Own Ways*

IPV specialists understand that working effectively with disclosures includes knowing and accepting the fact that women, children and men who harm them are sometimes unable or unwilling to disclose. In addition, service users sometimes share only some components of their situation, and do not disclose others. Given this, working effectively with non-disclosure refers to the ability to explore and obtain as much truthful information as possible, especially when indicators of DV are not directly available.

IPV specialists recognize that effectively working with disclosures requires an attitude and approach which respects that service users impacted by IPV will share their story in portions, as trust is developed.

IPV specialists commit to a non-judgmental, non-labelling manner. They are aware that service providers' responses, when ineffective, may compound the harm survivors are experiencing rather than contribute to their safety.

IPV specialists' acceptance of disclosure is grounded in awareness that past violence, poverty and marginalization can impact people's experiences/perceptions of IPV, as well as an awareness that culturally safe and collaborative approaches are necessary.

**Judgement Item 2/5:*****Make Ongoing Judgments About the Potential Impact of Intervention Programs on Risk and Safety***

IPV specialists recognize the potential risks of service users' access to programs as intervention may lead to behaviour change, reduced isolation and separation which may increase risk while still promoting safety.

IPV specialists recognize that engaging with perpetrators, even in service provision, may increase risk to survivors through a number of factors, such as false sense of hope for change, or through perpetrator manipulation of intervention content. They communicate and address these risks with survivors and address this.

IPV specialist recognize the importance of assessing the level of risk for apprehension.

**Judgement Item 3/5:*****Consider How Survivor Responses to Abuse Related to Risk Assessment and Safety Planning May Impact the Process***

IPV specialists recognize a variety of survivor responses to abuse related to risk assessment and safety planning and do not make judgements about their effectiveness (e.g. substance use) while recognizing how such strategies make increase or reduce risk.

**Judgement Item 4/5:*****Demonstrate Judgement When Engaging in Collection of Information to Assess Risk***

IPV specialist made decisions about gathering additional information/collaborating with others while balancing the need for or value of such information with the creation of risk for the survivor.

**Judgement Item 5/5:*****Make Decisions About When to Seek Consultation or Additional Support to Manage Risk and Safety***

IPV specialists recognize their knowledge needs to be at a sufficient level to enable quality risk assessment and make judgements about when to seek additional support and consultation.

**Skills Item 1/7:*****Gather Information From Survivors and Collaterals in Assessing Risk Posed by Those Who Have Perpetrated IPV***

IPV specialists assess risk posed by those who have caused harm by seeking, and considering, information from a range of collaterals including the following: information from police (e.g. police arrest reports, 911 call records, information about the perpetrator's criminal history, previous statements or affidavits) Information provided by probation or parole officers Information provided by the survivors, the child(ren) and other family members who may have knowledge about the abusive man's pattern of behaviours Information provided by the man who has harmed.

**Skills Item 2/7:*****Collaborate With Others to Manage Risk and Promote Safety***

IPV specialists recognize that collaboration is required for effective safety planning. They consult with, and refer to specialists and community resources for safety, education, caretaking,

and support services (e.g., hotlines, legal, mental health, substance abuse, and criminal justice) as appropriate.

IPV specialists considering survivor safety as a collective systems responsibility and holds the system accountable for creating that safety.

IPV specialists set up and participate in high risk committees or safety teams as an effective resource.

**Skills Item 3/7:*****Consider and Manage Risk Factors to Promote Safety for Survivors***

IPV specialists identify, analyse and respond to risk factors and prioritize safety through:

- Considering history background of perpetrator (patterns)
- Recognize pending or recent separation as risk factor
- Balancing risk with protective factors
- Recognizing that risk management involves monitoring and supervision and appropriate follow up

IPV specialists demonstrate an understanding of risk management that is responsive to the dynamics and shifts in family violence perpetration and responses and circumstances of survivors.

IPV specialists include intersectional risks in their risk assessment processes.

**Skills Item 4/7:*****Use Comprehensive Risk Assessment Processes to Effectively Identify, Communicate and Respond to Risk With Survivors***

IPV specialists skillfully collect information that results in identification of risk factors and comprehensive safety plans through:

- Understanding and work with disclosures
- Seeking information to conduct risk assessment
- Inquiring (asking about) about areas of risk and identifying risk factors
- Accessing specific tools or processes (such as high-risk committees)

IPV specialists develop a risk assessment skill set –through the experience of completing risk assessments.

IPV specialists use screening and risk assessment practices to effectively communicate risk.

IPV specialists demonstrate effective Interviewing skills to safely assess risk.

IPV specialists perform focused assessment of immediate risk/safety including routine inquiry, screening and case-finding.

IPV specialists use their own documentation skills as a component of effective risk assessment (e.g. make good notes to manage risk, respond to risk, report on/advocate for increased safety measures from systems (justice, child protection)).

**Skills Item 5/7:*****Effectively Assess Risk and Manage Risks to Children***

IPV specialists working with young people routinely ask about experiences of and exposure to violence and abuse in since they are unlikely to disclose this issue spontaneously.

IPV specialists manage children's disclosures by:

- Understanding variations in children's disclosure (verbal, non-verbal)
- Helping child feel safe and supported and believed
- Providing support and reassurance for the child that abuse is not their fault
- Helping child discuss feelings/concerns and work to develop a developmentally appropriate safety plan

IPV specialists are skilled at engaging in safety planning with children and youth. This includes an ability to work with children and youth to create individualized and developmentally appropriate safety plans, which acknowledges children as being central to these plans.

IPV specialists work with caregivers and other safe adults in order to support the child(ren) or youth.

IPV specialists consult with community partners concerning the risks for the child before access visits and especially if there is a pending or recent separation.

**Skills Item 6/7:*****Engage in Risk Assessment and Safety Planning Related to Child Access With a Parent Who Has Perpetrated IPV***

IPV specialists engage in access planning which involves recognizing that children's desire for contact with the abusive partner, while important, is not the primary determining factor in access planning; fathers must be able to provide safe and positive access, and access must be meaningful and beneficial to the child.

IPV specialists engage in a comprehensive risk assessment and safety planning process which includes factors such as the perpetrating parents':

- History, type and level of abuse toward the children/mother
- History of using the children as weapons, and of undermining the mother's parenting
- History of neglectful or severely under involved parenting.
- Level of risk to abduct the children
- Mental health/substance abuse history

**Skills Item 7/7:**

***Engage in Safety Planning That is Service User-Centred, Recognizing Service User Expertise in the Process of Developing Individualized Approaches to Safety***

IPV specialists safety plan in ways that are service user-centred and recognize service user expertise in the process including:

- Identification of strategies/protective factors already in use
- Engagement of service users as part of an interactive and collaborative planning process
- Listening for the specific safety concerns of the person involved
- Collaboratively exploring the person's support networks and sources of assistance
- Creating individualized safety plans that anticipate and reduce known risks, clarifies how a survivor can respond to emergencies, identifies indicators of escalation of violence and clarifies how they can communicate with the contact support worker, agency or police emergency contacts. In collaboration with survivor, modify safety plans for context such as disability

**Self Regulation Item 1/3:*****Regulate Their Own Reactions to Service Users' Disclosures***

IPV specialists recognize the importance of not over-reacting to the disclosed situation, and preserving service user self-determination wherever possible. This practice is informed by an awareness that hearing disclosures has impacts for the person hearing the disclosure.

IPV specialists are aware of these impacts and can support workers and allies to remain focused in hearing disclosures, and work in collaboration with service users in deciding on next steps and support.

**Self Regulation Item 2/3:*****Regulate Their Own Reactions to Issues of Safety***

IPV specialists maintain an awareness of and manage their own emotions and attitudes in response to issues of risk and safety.

IPV specialists regulate their own emotions and behaviours in the process of safety planning as they understand the limits of safety planning, perpetrator accountability and recognition of the risks perpetrators pose.

**Self Regulation Item 3/3:*****Regulate Their Own Reactions to the Well-Being of Children***

IPV specialists recognize that working with vulnerable children requires them to manage their own feelings around child well-being. They intentionally focus on strengthening parent-child relationships whenever possible.

**Professional Values Item 1/1:**

IPV specialists believe in service users rights to self-determination and their expertise in the risk assessment safety planning process for themselves and their children.



## Appendix B

### List of Risk Management Practice-Based Competency Items

#### General Risk Management

#### *Develop Relationships, Collaborate, and Consult With Other Professionals to Provide Care to the Service User Allowing for a Comprehensive Approach to Meeting Service User's Needs and Managing Risk*

IPV specialists need to be able to collaborate with people across agencies to provide effective care and be able to reduce the risk of continued harm. It is important that they be able to develop relationships and a professional network that they can utilize to create a comprehensive picture of the situation, understand the needs of all involved, and effectively evaluate risk. Risk management does not occur in a vacuum. It involves not only the IPV specialist working with the men who have harmed, but also everyone else involved in the care of the other parties. By collaborating across agencies and professionals, the IPV specialist can acquire and share relevant information regarding the safety of all parties in a more complete way through multiple sources including probation officers, survivors, CAS etc.

“Now, the odd person that we get that are probationers or are from community corrections, then we can work with those fellows, right? And there is that sense then where what I will often ask for is some assistance from their probation officer or from community corrections. I'll say, you know, I'm curious about whether...I know you're saying in this case, there was no assault but I'm wondering if previously there's been any aggression or just conflicts.” (Men 319)

The IPV specialist should work towards cultivating a relationship with the partner contact worker specifically to ensure there is an open channel of communication whereby risk can be discussed between the two parties without breaking confidentiality when possible.

“And so there's a couple of sort of strategies. One is, again, through well-resourced and well-developed partner contact. They're constantly doing safety planning, safety planning, risk assessment, safety planning. And so you would work with the women's component. You'd say "OK. Tonight's group, I'm addressing, you know, Joe's driving by the house five times a day and kind of following her around and breaking the no contact order. So either she needs to, you know, like in terms of her safety plan, it needs to be developed that she's at the shelter for the next couple of days or she's with mom or there's like there's a safety plan specific to how he may react.” (Men 301)

In doing so, the IPV specialist would be able to avoid relying on potentially biased information they receive from the perpetrator but instead use a cumulation of information from multiple sources when possible, as stated by an expert expressing,

“ I think I think the pieces that were missing for us was knowing that he was also involved in other jurisdictions. That did come through. Now that we had that information, we had to find a. So those are those are broader system issues that are related to how information gets shared about who you're working with and jurisdictionally. It's arisen that certain the police were able to access it. So we went to our local police. We said we think he's in need. So they go through their system and we're able to find out that there were other charges, which there were. And so the reach out and work with them became more easily done. We don't as a community service. We don't have access to those kinds of details, which would have changed would have helped us.” (Men 311)

Additionally collaborating across agencies allows for a more targeted approach on how best to address a particular situation or need that is being expressed as stated in,

“it would be really important with this guy is if he isn't having access to the kids, is doing a call to the Child Protection Agency. And talk to the worker about what what is happening there, because they may very well be waiting for him to finish this program in order to make that decision. And and from our perspective, it would be a lot better for them to see him with the kids while he's in the program and doing their assessments rather than waiting to the end. So they're able to make some decisions” (Men 311).

As an IPV specialist this cross-agency collaboration also creates an opportunity to holistically understand and address the needs of all parties involved. The network of professionals developed allows the IPV specialist to connect parties with the appropriate resources such as shelter, food or employment.

“And also want to be sure that the partner has had some safety planning, which will be because we have it. It's within our program. Well, same people contact that. They would be making sure that there's that person's connection with whoever they're in connection with, including maybe they need to go into the shelter for a couple of days.” (Men 308)

When possible, IPV specialists who work with men who have caused harm should work with other professionals in the field to provide and seek consultation on complex cases. This allows alternative interpretations of the situations and feedback on the best course of action that minimizes risk and promotes safety.

“In fact as a coordinator and manager, I have to do the clinical spot, which therefore in clinical meetings on occasion is - the interveners will bring back more complex situations, but I think that - sometimes you have to be able to have the capacity to go out,

to see, to take off a bit of - because we have too much of our nose in the situation, we talk about the details makes someone take a step back to see the situation in his whole.” (Men 318)

Consulting with other professionals and developing a network also allows for specialists to broaden their knowledge and receive feedback from people with varied strengths and skills in the field.

“what you do is you bring in your knowledge and your experience and then, you know, there's police there, mental health, probation, women's shelter, child protection, men's program and a high risk case comes before this committee. You may not know the individuals that are you know, the case is about. But you're there and you're able to ask questions around risk escalation, safety and security planning. You're able to sort of get enough information from all the service providers so that you're able to assign a level of risk that, that then sort of transforms into a risk mitigation strategy.” (Men 301)

The specialist is also able to determine what other professionals may be best suited to meet a particular need for their client and refer them to those additional services.

“You know, one thing that's that's I find to be really invaluable for me is there, again, having having a good network within the community, you know, whether it's for whether it's for employment or training or elders. I know a lot of elders that I've sent a lot of the men to that continue to see these elders and have now become their apprentices and have, you know, embraced the the the lifestyle so that network connection is vital.” (Men 302)

*Gather Information From Multiple Sources Such as Police Reports, Survivor, Perpetrator, and Other Service Providers to Develop a Full Understanding of the Situation and Service User*

As an IPV specialist, it is crucial to gather information regarding each particular case prior to intervening or making any decisions. According to the experts interviewed, this would involve developing an understanding of the situation overall, establishing what has happened so far, the steps that have been taken to promote safety, and how that was executed. In doing so the IPV specialist would also be able to determine what has not yet been addressed and therefore consider next steps. This general understanding can be acquired through multiple sources such as victims services and police reports as expressed by an expert saying,

“The father has completed an intake assessment for perpetrator intervention program. OK, so he has is indicated that he wants to see his kids get back together. [with his partner] Because we're unique here at Cumberland County Transition House, we have the men's intervention program under the umbrella of the Women's Transition House, so. what we need to know? We'd already have a little bit of information based on her probably reaching out to the shelter, but working with him, we would, you know. Want to know if there was a Jacquelyn Campbell dangerous assessment done on the women's side and is there, you know, worry for past behaviors of new and then we would... set up appointments for him to start coming in in our Monday to Friday, nine to five New Directions program, and we would give him our 24 hour seven crisis line so that if he was in distress in the evenings or at night, he needed to talk to somebody. Our women support counselors are accessible to him 24/7 for de-escalation of a distress call.” (Men 317).

When working with men who have caused harm, the IPV specialist should gather information to develop a better understanding of the service user overall, getting to know them, their values and their challenges.

“it's just keeping in mind some of these things that when you're talking to him, you're kind of getting this idea of who this person is.” (Men 320)

When gathering information, the IPV specialist should also speak directly with the perpetrator to develop an understanding of his perception of the situation, his personal experiences within it, his awareness of various issues at play, the level of accountability he may be demonstrating around his actions, his own personal struggles such as finances or emotion regulation, and any other factors that may be at play such as addiction or mental health issues.

“But I think that might be something where I asked to talk to the client individually and just see what going on there. But yes, absolutely, I would not discount his perception of what's going on as well.” (Men 319)

As an IPV specialist working with men who have caused harm it is important to develop an understanding of the current situation and have an awareness of how everyone involved is doing or impacted by it.

“try to get my information on how it's going since the children have been placed with ... go and question them, have you had any contact with them, question them? custody rights, to name directly, have you currently respected the CPPO agreement.” (Men 318)

*Effectively Address Concerns Raised Regarding the Men Who Have Harmed in a Way That Promotes and Maximizes Safety of all Parties*

As concerns are brought forward, an IPV specialist must be able to address them effectively and appropriately. They should determine what is the safest and most effective way to address the concern by considering factors such as the safety of the survivor and the therapeutic relationship. This can be explored through consultation with other professionals. An IPV specialist may discuss the issue indirectly during a group without going into specifics if it is appropriate to do so. This may be in cases where if the perpetrator were to discover the source of the information, direct confrontation may risk the safety of the survivor. In this scenario, the IPV specialist may use themes to indirectly facilitate a conversation around the issue at hand.

“Well, there’s a number of considerations for sure. So the woman’s worker would contact me. We would talk about it. I would measure it in terms of, if I thought I could maintain my therapeutic relationship with him and bring it up, I would bring it up. If I also thought that’s related to the issue, if it was safe for the woman for me to bring that up, so I would want to have the assessment of the woman’s worker too. Whether she thought it was helpful for me to bring up. If neither one of us thought it was safe for me to bring up directly or that I thought it was going to sever my work with him, I think it’s better off to let this experience... and I give it maybe if it’s a group of these, in a group, or even if he’s not in a group, but I would use this information to guide my conversations, like just and get people’s thoughts about what we just responding out of desperation around the whole killed parenting piece that’s going on here. I would use it as themes basically for the conversation. So if I couldn’t address it directly because both parties thought it was unsafe to do so, I would use it as themes in conversations.” (Men 316)

In situations where it may be safe to directly approach the service user regarding concerns, the IPV specialist may do this on an individual basis with a one-on-one conversation. When addressing these threats, the IPV specialist should try to do it in a way that the perpetrator feels supported as opposed to persecuted.

“I will pull some guys aside after group and talk to them about a specific thing that partner contact has mentioned. And this might be, in my opinion, this might be an example. Not just for her safety, but for his safety as well as far as breaching. For him to realize that he’s going to breach his conditions. And this is not going to be good for him, so it’s that part about like looking out for him in a way, like he feels that I’m looking out for him rather than I’m here to punish him because I’m not the one that’s going to breach him.” (Men 320)

While addressing concerns brought forward, an IPV specialist should explore the underlying reasons behind the perpetrators actions do develop a fulsome understanding of the root cause of their behaviour when and if it is safe to do so. This would allow a more targeted approach to addressing the concerns, and more awareness regarding the actions to promote mindfulness in future interactions.

“I think what he doesn't seem to be doing is being transparent with men, so to say listen, I am aware of this and I would like you to explain to me the why - so question why he is doing that. ... to expose to the consequences which he could face by not respecting the order of no communication? What is his need behind, too? Why do you ... OK, normalize that the person misses their children. Finally, okay, I can understand it, what do we ... now what can we put in place to meet this need without putting you in trouble and then risking have legal consequences.” (Men, 318)



*Assess and Identify Changes in Attitudes, Behaviours, and Determine the Degree of Progress Through Interventions Within Men Who Have Caused Harm While Recognizing Barriers to Change*

As an IPV specialist working with men who have harmed a crucial skill to develop is the ability to assess the impact, or lack thereof, of a program or intervention on a perpetrator. It is important for an IPV specialist to be able to recognize whether a service user has changed their problematic attitudes and behaviour to reflect increased safety. This may be through evaluating changes in their attitudes and perceptions, especially regarding their partner.

“But one of the strongest ones is the attitudes and perspectives of the offender. You know, how does he see his partner? How does he see his decision to use abusive behaviours? How does he see the other person's, you know, relationship to him?” (Men 308)

An IPV specialist should be able to evaluate the efficacy of particular strategies in reducing the risk of continued harm, which may take the form of stability in a program.

“That is, is this an effective way of reducing their likelihood of being aggressive?” (Men 319).

An IPV specialist may also utilize the stages of change as a method of evaluating progress,

“It's kind of like a precontemplative thing, like contemplation of I'm thinking about doing something here or at the very least, he's messing with this. Right. It's just something going on and he's working on it and that's my house. Right.” (Men 308)

Communicating with the partner contact is an invaluable method of evaluation, as this would allow the IPV specialist to determine real world change.

“The only way that you can really measure whether or not this man is progressing well in group is through good partner contact. And if there's one thing that every men's program needs to have, it's a robust, well supported partner contact. We always said in the work with men that we won't give progress updates to -we'll give you no information or participated in discussion attended group, but we won't say anything about whether or not the man is making changes because the only person that can really say whether anything's changed and to what degree it's changed is the partner. And even though they may not even be living with that person, as in this case. And so that's one of the things that anyone doing this work needs to know and understand. It doesn't matter what you're seeing, what you're hearing, what you're sensing from your interaction with this person individually and in group. The only way that you can know whether this person's really changing is through what the partner [is] sharing in terms of her experience.” (Men 301)

Furthermore, IPV specialists must also be able to recognize limitations in a service users' ability to change due to other factors such as brain injuries and developmental disorders.

“We've had a couple people referred to us through the courts, through the domestic violence treatment option court, who were struggling with FAS, with fetal alcohol syndrome, or at least fetal alcohol effects. And I think I needed to be clear and I need to get sort of training on whether these people, even if they put in their best effort, even if they try their hardest...because of the disability that they're struggling with, would they still be at risk to hurt others, despite our best efforts? That is, is this a effective way of reducing their likelihood of being aggressive? And part of my concern when I brought this up and we're pondering this is the extent that I don't want to be in a place where, again, in a couple of situations this has come up, the fellows who are struggling with FAS

really were trying very hard in group, right? So I felt like what I was saying in the courtroom was sort of giving the stamp of approval to the family and to the victim to say, you know what, he's doing well. Well, he was trying hard, but I wasn't certain that he was less likely to hurt her in the future.” (Men 319)

*Create a Safe and Supportive Environment for Service Users to be Able to Openly Discuss Issues They are Struggling With or Concerns of Safety*

When working with men who have harmed, an IPV specialist must be able to create an environment that is free of judgement, bias and blame to encourage truthful conversations regarding perpetrator thoughts, feelings and experiences with IPV. As an IPV specialist, when gathering information regarding risk and safety it is important to be able to have a conversation surrounding the situation and their contributing role in an informal and comfortable manner. This would create a space in which the service user feels they can openly share and are not being scrutinized or blamed.

“You know, it's first of all, I don't think we can get all the information at the beginning. And at the beginning of the program, or when you're working with somebody, I wouldn't really push the accountability part too much. I'd rather get to know some of that other information and kind of work in to find out what he's accountable for. Listening to him is also important.” (Men 320) overlapping

In these interactions an IPV specialist should be engaging with their active listening skills and using reflection as a way of furthering the conversation and discussing points of concern in a non-threatening manner.

“So when you ask about how to have these conversations, it's that you're using what they've given you in terms of the answers to the questions, to then kind of reflect that back to them. You said this at this particular point in time. So we stay with the isolation issue. We would say to them, 'so you said you're living out of the family camper and it's kind of closing time. And that's probably not very many people out there. What's that like for you being alone and on your own and isolated? And, you know, this is why this is a

concern for us, because we know that that can be a pretty troubling place for someone to be.' You just open that up. So you would still like some support.” (Men 311)

Experts expressed that being able to have a conversation around risk allows the service users to actively participate, discuss personal challenges or struggles, and ask questions to understand the intricacies of their situation better which would ultimately leave them more informed.

“And what we came to understand from their experience is nobody, whether it's child protection or court systems or police or really anybody, even their lawyers, were telling them what it meant to be high risk or moderate risk. And so when we were doing that work, the social workers that were working on that project, they would do this. What I just described to you and then say to them, we've seen some risk factors that are potentially a concern. Are you interested in knowing what those are? And we didn't have a single man saying, no, I don't want to know. And so, you engage in that conversation and say, 'okay, this is why living out in the trailer park by yourself is a risk factor to you.' And we go through that, 'right, because you're isolated, you're not connecting with people. And sometimes when we're, you know, perhaps feeling a little low or depressed and we're using alcohol or drugs and we're isolated and we don't have someone to kind of do reality checks with us, it can lead us into some pretty negative and high risk thinking. So that's how that becomes a risk factor to you. Do you want some help around not having that happen?’ (Men 311)

The ability to have a conversation with the perpetrator about concerns also facilitates a more thorough understanding of their risks and how to manage them.

“And then as he begins to talk about that, then you want to start pulling on some of the more salient details that are going to impact your assessment of the risk that has. The risk

of unemployment is not just around financial risk, but it's also if he's available now, you know, for those eight hours that he might be working, he now has free time to potentially stalk her or harass her or do things like, you know, over medicate himself.” (Men 311)

*Appropriately Engage in Intra-Agency Communication and Collaboration to Ensure all Resources Within the Agency are Being Effectively and Efficiently Utilized to Provide the Service User With the Best Care*

Communicating and sharing relevant information with others within the agency can be an important aspect of the role of an IPV specialist working with men who have harmed. Through this, the IPV specialist can then share information that indicated there is a risk to safety and discuss appropriate next steps including reporting to the authorities if necessary.

“that particular guy was keeping the staff member who was working for me, who did the assessment, and he did the assessment on Friday. It kept him awake all weekend. And he came in on Monday. So they got to talk about this. These are what I'm seeing. These are the concerns I have. And then we developed the plan going forward.” (Men 311)

It also provides the specialist with the opportunity to discuss cases that may be intricate or that they are unsure about. This discussion can occur with other colleagues or a clinical supervisor, however the IPV specialist must be able to identify when and how to share information ethically and without breaking confidentiality.

“So then this is what I need to know, think or be able to do in this situation is to know who to go to talk this through with, which typically means sort of my colleague or perhaps our clinical supervisor because it can be a bit of a dilemma. Because what am I supposed to do with that information?” (Men 314)

Through intra-agency communication, the IPV specialist would be able to collaborate on the case and involve other colleagues with the appropriate skills to address the particular situation they are dealing with.

“So my staff did the assessment, brought it to the clinical team, and we started talking about it.” (Men 311)

Finally, being able to appropriately discuss cases within the agency protects against the potential to make biased decisions based on service providers individual values, beliefs or judgements.

“But with even within an organization, collaboration is the key. If we work in isolation, you know, we're going to make we're not going to make accurate judgments because we're going to be influenced by the individual factors at play. So sharing of information might be important at some level with obviously appropriate consents.” (Men 308)



*Transparently Navigate the Service Provider and Service User Relationship so all Parties are Aware of Role Expectations and Boundaries Within the Relationship*

An IPV service provider should be aware of the importance of being transparent regarding their role with the service user. It is important that the service user be made aware of the professionals that their worker will also be in contact with including the partner contact worker and will be sharing and receiving relevant information from them. Furthermore, when possible, the service provider should inform the perpetrator that they must report something they have disclosed.

“I like to be honest with my clients in the sense that, you know, if I feel like they've disclosed information that I know I'm going to have to call CAS - child protection or whomever, I try to let them know, you know, and they're aware ahead of time, like they've signed the confidentiality agreement and are aware that there's certain information that I need to disclose.” (Men 304)

Additionally, as an IPV specialist working with men who have harmed, you must be able to express and maintain boundaries within the professional relationship. This can include the boundaries of the relationship in terms of what your role may include (i.e. no couple's counselling), the expectations that are held of yourself and them within the therapeutic environment, and the boundaries between yourself as an IPV specialist and your personal life.

“...understand what your role is in being a service provider, what you can do, what you can't do, which is you're not going to do couples counseling, you're not going to bring her into the appointments, you're not going to keep any threats or anything like that a secret” (Men 301)

***Build a Non-Judgemental, Authentic, and Empathetic Service User-Service Provider Relationship to Allow for Development of Trust and Safety***

IPV specialists working with men who have caused harm must be able to approach the therapeutic relationship from a non-judgemental or biased stance. It is essential that the men are not labelled or pathologized as being violent (i.e. they are not a violent man, but instead a man who has behaved violently). One strategy to accomplish this is speaking with the individual prior to reading the police report so judgements are not made before engaging with him.

“So we start building a relationship first. So in the part of the interview is not it is not a judgment. I'm not judging anybody. A lot of times I take the initial assessment or the reports that the courts would send to me, and that's put in the back. And I don't look at it until my second session with them because I don't want to have somebody else's words clogging up my thought process when I'm doing the initial interview and risk assessment with somebody. I really want to do it myself, to figure it out myself, because sometimes we just bring in things that we shouldn't bring in and if I'm bringing in somebody else's thoughts, then it may be a total miss.” (Men 310)

The work with the men should be client centred, meaning that they are involved in their process of care and it is based around issues and solutions collaboratively discussed as much as is possible. This can be accomplished by building real relationships with the men and understanding them better as a holistic person as opposed to men who have behaved in a hurtful manner.

“Bring him back and talk to him more. Make sure our staff are connecting with him more, making sure that we're supporting him to be part of that process.” (Men 311)

Through first building trust and an authentic relationship with the service user, the service provider can encourage honest communication. This is furthered through being mindful of the vocabulary being used.

“And matter of fact, that's one of the things I do say during the intake process is, is this is the first time you've got caught? Not necessarily first time this has happened. Is this the first time you've got caught? And a lot of the time if their response is, yeah, this is the first time I got caught, then I hear the rest of what's happened in the past. The change of the words and the way you change it, and the way you talk to someone and your presence and you open it, you can get a whole lot of stuff. And they'll just telling you. Right, because of that. So its not building walls is letting the walls down” (Men 310)

As an IPV specialist working with perpetrators, you must be able to engage empathetically with the service user. It is important to recognize and validate their emotions, while also being able to determine the reason they may be feeling that way. This will also allow the service provider to be able to determine the man's issues more accurately and thereby help him meet his needs appropriately.

“Then the guys will arrive with an emotional charge and it's important to... distinguish him, is he angry in my office or is he violent, because sometimes the tone will rise, yes. They will gesticulate a lot. Being in the context of welcoming that there is anger, they have just experienced a crisis, a first arrest. Youth centers arrive in his life, the children, his wife goes to a refuge, which is like a whole crisis that will be ingested with this person there, so it will be as much to show him as good, this is the current situation ... he is unstable, but put ... a safety net around him to ensure that he will not have suicidal thoughts or thoughts of suicide or homicide” (Men 318)

*Engage in Ongoing Risk Assessment Throughout all Interactions With the Service User and Recognize Any Escalation in Risk Resulting From Changes in a Person Such as Their Behaviour, Language, and Attitudes*

While working with men who have caused harm, assessing for risk to self and others must be an ongoing process. It is important that the IPV specialist be able to recognize changes and assess for the level of risk the individual is presenting with continuously throughout the therapeutic relationship. The specialist must be able to detect changes in behaviour, attitudes and presentation that may indicate an escalation in risk to safety.

“My view is that that's risk escalating and people precede behavior with like like they they'll go through they'll use behaviors that will lead up to something. And so we have to look at it that way, that this drive by stuff is as could precede an assault and or, you know, some kind of other incident that could be detrimental to the family.” (Men 308)

IPV specialists must be able to recognize when a person's communication may be indicating changes in level of risk.

“you're paying attention to what they're saying to you, identifying where those risks are really beginning to increase” (Men 311)

If escalation in risk is suspected, the IPV specialist must be able to identify and discuss the concerns with appropriate professionals to increase safety of vulnerable parties.

“this case was brought to the high risk table because the fellow, all the sudden, started driving up and down the street and actually knocked on the door a couple of times, has increased his activity in trying to contact her or get her attention. And and so there there hasn't been any police action. But she is reporting that his behavior has changed and he's following her more, checking on her more and attempting to contact her more. For people

that have done this work for a long, long time, that's an escalation in his behavior. And what we want to understand is what does that mean in terms of her risk? And for people who haven't done this work, they're like, well, he hasn't-he hasn't threatened her. He hasn't, hasn't busted the door down. He hasn't- he hasn't- he hasn't. But for people that have done this work for a long, long time, just that change in his behavior, where he drives up and down the street now, where he wasn't doing that two weeks ago, three weeks ago, that's an escalation. That's a red flag in terms of risk. Another example, another example is Facebook. The fella hasn't posted anything on Facebook about her in a month. Now he's posting these rants about her and about the system. And police are like, so what? The guy can rant all he wants. Once those of us that have worked in the field for a long, long time, we're like, this is a huge red flag. This is an escalation in his behavior.” (Men 301)

It is important to understand that risk is a dynamic concept that can change at any point.

“They're highlighting and so my staff, when the guy, that particular guy was in the group, they're paying attention. They're listening to what he's saying. They might check in with him at the end of the end of the group and say, you know, how's it going? How's your housing doing? Are you still seeing these services? You're engaged in that” (Men 311)

As the IPV specialist builds a relationship with the service user, they may disclose additional information that provides a clearer picture of the situation and the danger that is present.

“You may not get everything, and I think there needs to be follow up conversations with the person as well, because things change from from time, like from the moment of initial contact to seeing really where he is.” (Men 307)

When engaging in ongoing assessment, this can be structured into the program, where there are specific points in time risk is assessed, in addition to being done on an as needed basis.

“The risk assessment itself, we actually filled out and its two pieces of paper that answer questions and that's provided three times during their stay with us. So it's in the initial intake, it's provided to them, halfway through, and the final is one of the final things they do- is how they respond to our risk assessments.” (Men 310)

*Collaboratively Create a Safety Plan for the Service User to Ensure That His Needs are Identified and Addressed in a Manner That is Best Suited for Him*

As an IPV specialist working with men who have harmed, you must be aware of the necessity to collaboratively create a plan promoting safety by working with him, for his own and others' safety. This involves the knowledge that safety for him would promote safety for others.

“Safety plans I think it's probably been the most important thing I do with people, whether they're the victim or perpetrator. I believe people need safety plans. I mean, as a perpetrator, you need a safety plan because, you don't know if they're going to just lose it. So you try to set that piece up with them, you know, if you do get angry, what are you going to do? Let's talk about this. Because you're challenging the person basically to say if you get angry, are you going to go back into the house or try to get back? Because the repercussions of that is you're going to be arrested or even worse, someone is going to get hurt. Right. So as a perpetrator, and some people might say that's a little bit weird doing a safety plan with a perpetrator, but I think we need to do safety plans for perpetrators, too”

(Men 310)

The specialist should understand the importance of the men's safety in the context of IPV and help them establish a plan to promote safety and meet their needs. The specialist should assess for the risk factors at play within the man's life including unmet basic needs such as a lack of housing, food insecurity, and mental health crisis.

“I mean, if you just keep guys living in desperation and you don't attend to their needs, which is what we didn't do for years, you know, and we still don't really I mean, some guys have child protection taking them out of their home and then they're living in their cars. That makes him more dangerous, that we don't have any supports for him, and more

desperate. You know, it's like that's just a mistake. If your goal is safety and repair, if it's either one of those or both of those, that's not a step in the right direction. Anyway, so that is part of the assessment, too, and just the basic needs of the guys.” (Men 316)

It also involves assessing for practical aspects of what the client may need in terms of maintaining employment and supplies, while ensuring that there is a plan in place for those things if needed.

“But at the same time, too, they have to maintain their jobs. They have to maintain what they were doing. So they have to be ready for that. One of the things they do with men when they come into my program is I get them to put together a little kit. Should they find themselves in the situation again so that they can keep some extra work clothes, a little bit extra money, wherever, you know, wherever they may end up finding themselves? Right. A brothers place or someplace safe where they can get it and get access to it. That's usually after the fact. But it's still important because a lot of the men that come to me, I think about 98 percent of the men that come to me have breached their NCOs. So it's a constant battle, right?” (Men 302)



*Be Able to Use Structured Clinical Judgement to Promote Safety For all Parties by Using Their Knowledge and Judgement to Interpret the Situation and Make Decisions Accordingly*

An IPV specialist working with men who have harmed must recognize ethically grey scenarios and be able to use their professional experience to determine when and how it is appropriate to involve others or seek consultation.

“But just the way that we work in my organization at Clinic, the clinical direction was quite clear on privacy and transparency and not wanting to be holding things that we shouldn't, so. These would be scenarios that we would be talking about quite often.”

(Men 314)

They must also be able to recognize high risk situations and determine the best course of action in intricate scenarios to prioritize safety.

“And it's not for everybody. It's not everyone. But there are certain ones that jump up. And my concern is always - and I say to myself when I'm talking to my staff - is that the ones that we miss are the ones that are probably most concerning that are going to keep you up at night. So that guy, that particular guy was keeping the staff member who was working for me, who did the assessment, and he did the assessment on Friday. It kept him awake all weekend. And he came in on Monday. So, they got to talk about this. These are what I'm seeing. These are the concerns I have. And then we developed the plan going forward. He might have done six assessments that week. But that's the one that stood out. And so when we talk about structured clinical judgment, that's what we're talking about. It's those people who jump out. It sits in your stomach and makes you feel like, ‘oh, my God, did I miss anything’ that you need to respond in the kind of way that I just described.” (Men 311)

An IPV specialist should be able to interpret information they are presented with in a way that identifies underlying risks, and communicate these risks to others in a client centred way.

“It's like listening to what's being said to you and then interpreting it in a way that's going to be understood, and especially if you're starting to hear stuff that is really risky. interpreting it and writing up in a way that's going to can make the case to say local police or other services to say this is we need this help or on this guy, we do this with them. These are the other services that are meeting at this point in time.” (Men 311)

***Knowledge of, and Ability to Utilize Evidence-Based Tools for Risk Assessments***

As an IPV specialist working with men who have caused harm you must be aware of the various evidence based tools for risk assessment as well as how to utilize them and which ones they have access to. The specialist must also understand how to score the tools and be skilled in being able to interpret the results of the assessments.

“static risk factors that if you're doing like an ODARA risk assessment or a DVSR risk assessment where you look at, 'so these are the sort of criminal behaviours, these are the risk factors.' So we know this happened in the past that we can use to potentially predict future behaviour. So, the criminal justice system, will use those kinds of assessments to score someone on like a Lickert score and say, OK, he's seven and a half? So he's a high risk.” (Men 311)

The IPV specialist must know and be able to determine which assessment tool is appropriate for the situation, and when to use formal or informal assessment methods. In the case of informal assessments, it is crucial that the specialist be aware of what needs to be assessed for and be intentional in the conversation.

“But you're asking all those questions intentionally so that you can find out more information around risk and risk assessment. And then, you know, in other cases, you you can actually sit down and do a formalized risk assessment. There's nothing wrong with that either. But I wouldn't do that in the first couple of contacts. That would be something that I might consider later on.” (Men 301)

*Effectively Engage With Service Users to Manage Their Expectations Within IPV Care, Explain the Scope of the Practice and Support the Development of a Realistic Understanding of the Program and Services Offered*

An IPV specialist working with perpetrators must be able to help the service users develop a realistic set of expectations around their engagement within IPV services, and cope with disappointment regarding outcomes. When working with men who have harmed, the IPV specialist must be able to manage the service user's expectations regarding their relationship with their partner and children and what may or may not be possible or reasonable.

“so we'd have to tell the father, you know, you certainly have a chance to and a right to speak to having access to your children, but we have to see if that's going to be within a week or so through an approved third party, whether that's a supervised visit or whether, in some cases, there would be a no contact clause with the children, as well.” (Men 319)

The specialist must also be able to help the service user manage their expectations around the IPV program and establish more reasonable expectations about what the program can or will do. This would also extend to reasonable and realistic expectations of the service provider – service user relationship.

“...she was saying is she was so hopeful that whatever I was doing, I was going to keep doing because it was going to make them better. So I said, no, that's not the way it works. Unfortunately, I can give them the information. He knows the difference, what he decides to do with it. And, you know, and then you may need to look at your decisions about how you're being treated because, you know, he knows the difference. So it's yeah. It's that that was a little upsetting. I felt bad for her because I think she wanted me to kind of fix him up and send them back and things would be OK.” (Men 313)

*The IPV Specialist Must Possess Understanding of Their Scope of Practice, Assess the Unique Needs of Each Service User, and Determine the Most Appropriate Avenue to Meet These Needs*

IPV specialists working with perpetrators of violence must be able to recognize when a service user may need additional services and provide the referrals accordingly. In doing so, the specialist must first assess what issues the individual is struggling with, what needs are unmet and whether meeting those needs falls within or outside of their scope of practice.

“And as OW came forward with money then he was able to take manage that on his own. But he didn't consult there. I think it depends on what you describe as your scope of practice with these guys, right? I don't see that as outside our scope of practice. The other piece is around that doing assessments or on a related acquired brain injury or some of the mental health services that were needed in housing services as well that were well outside of our scope of practice.” (Men 311)

The service provider must be knowledgeable of the responsibilities and limitations of their role. This includes awareness of their professional competencies, recognition of specialized needs outside of their scope, and providing care to only those within their direct care.

“But on the other hand, it's it's you, you can't as the leader, as the as the group leader, you can't take on goals that have to do with people that you're not working with, like the mother, for example. So, you have again, you just have to be clear with the dad what you can and can't do.” (Men 312)

*Recognize That Survivor Safety is The Priority Throughout all Aspects of IPV Care and Utilize Work With the Perpetrators to Promote and Prioritize Safety of Vulnerable Individuals*

As an IPV specialist working with perpetrators, you must be aware that although the role primarily involves the perpetrator, the safety of the survivor or other vulnerable individuals is the priority. As such, whenever working with a man who has harmed the IPV specialist must be aware of, and consider, how the work with him will ultimately impact the safety of others. Your work with the perpetrator will often directly impact the survivors, as safety for him tends to mean safety for her and the children, therefore it is important to consider the service user's family while providing services to the perpetrator.

“Obviously, in my work, in domestic violence with men I always have the safety of women and children in mind. Even though I work with men, my primary mission is to make sure that potential victims are safe.” (Men 318)

This can also refer to being mindful of how safety concerns are addressed with the man, in terms of considering the impact of the service user discovering that the survivor has shared information about his behaviour with the IPV specialist.

“And what can I do with that information in a way that is safe for the family and also for my relationship with the man. Because my relationship needs to be with the person that's in group. And how do I talk about this, if I can? Right. So I would think does the fact, does the family- I'll say mum, right, does the mum know that I now know this information? Like, what am I to do with this information? It feels like a bit of a- How could I how would I have possibly come by this information if the mom or her contact worker wouldn't have told me? Right. Like, I can't. It would be very difficult to say to the

man "Oh, I hear you've been driving by the house? You want to tell me about that?" Like, how do I know that information and what jeopardy does that put the mom in?" (Men 314)

Keeping survivor safety in mind, the IPV specialist should work with the perpetrator as it is safe to do so to involve them in contributing to the woman's safety plan. This may involve discussing what they can do or change to increase safety for the woman.

"And there was a hole in our world that was pretty scary for him that we got to be acquainted with. That happened before that ever happened. So we have to put things in place about what could he do? What safety planning? What could he contribute to the safety planning for his partner's family? And I said that earlier on. I think it's novel to ask men to contribute to women's safety plans. I'm not suggesting that they're at risk in any way, but I do think that if we don't address what they can do differently, what we're doing is we're just asking women to prevent from some immovable, uncontrollable force, you know? The best person to change the scenario is the one who is doing the behavior, you know." (Men 308)

Part of your role as an IPV specialist may be ensuring that the survivor has been connected to appropriate supports to develop her own plan around promoting safety.

"And also want to be sure that the partner has had some safety planning," (Men 308)

Furthermore, if the specialist detects an increase in the risk to survivor safety, the specialist must be able to work towards involving the appropriate resources to promote safety. This may involve working with the perpetrator beyond the allotted time to ensure that they are not leaving in a heightened state.

"And you want to make sure that you know, for example, if the couple still together, you don't want him leaving a session, you know, super angry because they're going to face the

repercussions, right? They're going to have to deal with him when he comes home angry." (Men 304)



***Possess a Thorough and Holistic Understanding of the Theories and Facts Regarding IPV***

IPV specialists must have knowledge about IPV in general to understand how the issues they are addressing with men specifically impact all other aspects of IPV, risk and protective factors for experiencing and perpetrating IPV, and typical patterns of behaviour.

“That is the first time that that they were arrested, so knowing intimate partner violence, the thing that you would you'd be looking at the history of of abuse, even though they said they were arrested usually. So somebody would need to have some sort of understanding that when the police are called for the first time, there's generally been prior incidences of violence of some sort in some way” (Men 313)

They must know of correlated problems to IPV or issues that IPV can lead to, as well as an understanding of the risk factors for these other issues.

“It is sure that in these cases of domestic violence I think there must also be expertise in other issues, so we must develop knowledge on the other problems that we know so much ... in conjugal violence, in my opinion, it is extremely important to know the risk factors for homicide because we have a role to play in protecting children. For me, it is a key element, as well as the notions, precisely of accountability, equal relationship, that too are elements that I have already mentioned in the interview” (Men 318)

Specialists must also be knowledgeable of the theories that speak the nature of abuse and how that may factor into assessing for risk to the safety of others.

“You would need to know a lot about risk assessment and safety planning and you would be listening in those first few contacts for any flags that would indicate to you that this man is contemplating suicide, or homicide or, you know, in terms of the risk that his violence may escalate. In particular around access to children, temporary custody of

children, visitation, things like that. So you'd need to have, again, a lot of sort of literature, contextual knowledge so that you're able to listen for any flags that might present.” (Men 301)

Finally, IPV specialists must be knowledgeable about intersectionality and how various issues and factors may influence one another. This can be regarding themselves within the therapeutic relationship or the various presenting issues with the service user.

“And even though I had eight men in the room, really, what are they going to do? Right. I mean, it's not realistically that probably he's not going to get to me, but. It's still, you know, it's a reality of any woman who faces someone else's anger, anger, aggressive, angry, abusive behavior, I think I had to work through my own my own sense of being a woman in the world and what that's like as women, which was maybe another part of my gender lens, is that I'm aware that women have to consider their safety in most contexts, including their family homes.” (Men, 308)

*Ability to Communicate Concerns of Risk and Safety Effectively and Assertively With all Parties Involved Including the Service User, Survivors, and Any Relevant Professionals*

Once an IPV specialist has determined risk while working with men who have caused harm, they must be able to communicate this risk to the appropriate parties, including survivors, as needed.

“Also, contacting probation like that needs to get dealt with, but then afterwards you also need to communicate with him.” (Men 304)

IPV specialists must also be able to assertively communicate with the perpetrators to discuss when risk is determined, allowing for client centred and transparent care, while directly addressing the risk as it is safe to do so.

“... I would want to make contact with the fellow directly and say, hey, you know, is it possible that I can have a talk with you? We could talk about some stuff and I need to see it pretty quick. And that would be great to share some feedback that I got from your partner about some stuff that's happening. I want to see him in person because or at least have like a Zoom thing, because we've been doing alot of Zoom” (Men 308)

This would also extend to the ability to navigate difficult conversations when a client is presenting in a heightened and unproductive state. In such a situation the specialist must be able to communicate concern and respectfully end interactions as needed.

“I'm like, OK, you seem to be getting, you know, really agitated. This seems to be something that, you know, you're having a hard time talking about, are you OK to continue the session? And then if they're like, no, I'm getting really upset and frustrated. I was like, OK, would you like to end that here for today? And then go, I have had one occasion when I have been like, OK, this is done like we're out of here. Like I didn't give him the choice kind of thing just because he was getting so agitated that he was unstable

mentally as well. So when you mix that with the agitation, you don't know what to expect. So at that point, it was like, OK, I'm making the decision, we're ending it here. I'll call you again to rebook if that person was to be rebooked.” (Men 304)

*Support Clients in Developing an Accurate Understanding of the Actual and Potential Impact of Their Decisions and Behaviours by Helping Contextualize Them*

As an IPV specialist working with men who have harmed, you must be able to work with the service user to help them understand the significance of their behaviour within the context of their current situation and its impact on those around them.

“But I think that shift happens because men really want you to sort of make what they did... not OK, but sort of agree to that. And what I want to do is say "I get your approach, but what was the fall out of that approach? What was the impact of that? Is that an impact that you want to have in your family?" Because most people actually don't want to be harming the person that they love, that they care about. They want their homes to be safe. So then talking about how might that how might your approach undermine that safety is often quite possible.” (Men 314)

The specialist should be able to help the individual conceptualize their behaviour from other perspectives in addition to their own to create a clearer picture of the impact of their actions.

“And it's about determining the the length of time between the slips up slip ups or the noise level of those slip ups. Is that diminished as it lasts? Like. Clearly, this falls into, like, stalker type of, you know, behaviors. But he's probably telling himself he's just swinging by to see if everything's OK and if he can be a help. So having a reality based conversation about what that looks like to the wife and children, is he helping his situation or not and how his children might be looking at him and how his wife might be living in fear from his behavior, Or, you know, how would how would it look like to her” (Men 317)

It is also important to be able to discuss their behaviour in a way that encourages the individual to understand possible consequences of their actions, so they are better informed of possible outcomes. This also allows for the service provider to explain how certain behaviours may contradict the conditions they are legally obligated to abide by.

“letting him know that you understand how difficult it is to be separated from your children and how he might so want to have contact with them. But what's the cost? What's the cost of you breaking the no contact order? At this point nothing has happened. An option would be for the police to intervene. And actually, it would result in the charge because it's a breach of a police order. And so the consequences could be potentially going to jail. I mean, there's lots of consequences. So you'd really have to - I mean, he needs to know what, what the consequences would be.” (Men 312)

*Actively Seek an Understanding of the Survivor's Experiences and Verify What She Wants and Needs Within the Relationship and Moving Forward*

As an IPV specialist working with men who have caused harm it is important to determine what the survivor's wishes are and why she may be saying something (i.e. her motivations). In other words, as the specialist working with the man who has caused harm, you must do your due diligence to explore whether the survivor is asking for contact or the charges to be retracted of her own free will or because she may feel pressured or obligated to do so. As an IPV specialist, it is crucial to be able to recognize coercion or pressure within the situation.

“That becomes a very complex issue, is the victim of the assault saying she wants contact because the perpetrator is threatening her: You better get this charge dropped or you better get this lifted or I will hurt you again. Or is it genuinely she isn't afraid, or is it that she is anxious to some degree, but also relies on that person for childcare, financially, maybe the home she's living in is in his name. She's not sure if she'll be able to reside there. All those practical reasons, she may want to have the no contact listed. Even if she is feeling anxious that he might hurt her again.” (Men 319)

It is also important to verify what the survivor's experiences are, and the issues she is identifying to allow for a more unbiased understanding and approach to the situation. In this way, the specialist can understand what the survivor's wishes are.

“We would want to know kind of how she's experiencing things. The fact that he wants to get back and what he needs to be thinking about... he wants to get back together with his wife. So right at that point, he would probably be saying just about anything, being passive, compliant and doing what he needs to do with that particular time to do whatever he needs to do to get back with his wife and children.” (Men 313)

Finally it is crucial to work with the partner contact worker to establish what information the survivor is comfortable with disclosing and being addressed with the perpetrator directly.

“So again, that's the work that partner contact would do. Is this information you'd like to share with the counselor Is this information you'd like to have brought out in the group? Is this information would like to keep just with us? So, again, looking at her and her sort of agency and managing her information as it gets shared, how it's used but it needs to be really clear whether that there would be no direct sharing of any information she would provide. But there may be there, but, you know, the conversation would be that we would find ways of working a scenario like this, and is that something you're comfortable.”

(Men 311)



***Support Service Users to Develop a Sense of Agency and Accountability Over Their Actions in the Past, Present and Future***

When working with men who have caused harm, the IPV specialist should work with the perpetrator to create a collaborative risk management plan by encouraging him to identify strategies he feels would be helpful for him.

“So I think and I think people will say, hey, I need to find a way to protect my family against this showing up in me, I could take my medication. I can go ask for help. When those voices start to show up, I can tell when I'm breaking down somehow or I'm fragmenting or something's happening in my head. What are my signals? What tells me I need to get help? Because lots of ways that he can become in charge of that before he even has to think about what happens at the worst case scenario.” (Men 308)

It is important that the specialist work with the service user to foster a sense of agency and control over their actions, empowering them to take the necessary steps to change problematic behaviours and be accountable for their actions.

“I think certainly there's an enforcement component, but the more earlier on, you're able to get buy in from the from the person that has committed the action, a lot of the dependency on whether behaviours occur or not are going to be on his decision to abide or not abide with those conditions or his decision to not use abuse or violence in the future.” (Men 308)

*Avoid Colluding With the Service User's Perception of Their Experiences, Minimizing or Validating the Harmful Behaviour, or Losing Focus of the Present Situation of Safety Concerns*

When working with men who have behaved violently, IPV specialists should work to maintain an objective view of the experience, recognizing that they are only receiving one perception of the experience through the lens of the perpetrator. It is crucial that IPV specialist avoid engaging with service users in a way that condones or validates their harmful behaviour and maintain the focus on the present concerns for safety.

“But in his interpretation, it was that, you know, she was there. She just lost it. So he would try to unpack that a little bit and not into that win lose Right or wrong, the person needs to take responsibility for what, for what happened. So I would really kind of try to focus on on the on the male partner's behavior and their understandings and and that sort of thing” (Men 313)

*Interpret and Prioritize the Information Obtained Through Risk Assessments for the Service User to Best Promote Safety, While Developing the Most Appropriate Individualized Risk Management Strategies, Adapting Approaches as Situations May Change*

IPV specialists working with men who have behaved violently must be able to interpret all information gathered through their various methods of ongoing assessments in a way that they are able to conceptualize the risks present. By interpreting the information, the specialist would then be able to utilize it within the risk management plans for service users.

“How do we support this guy? He's living in his car. So there's all of that sort of human compassion. You have say somebody live in a car there. They're dumpster diving to get their dinners. And, you know, there's that part. And and so for him, it's like you've got all of these have these things happening. He's struggling. He's he's marginally coping. And what would it take for him to just go over the top and kill himself or take some one?

That's that's where you go. “ (Men 311)

Once the specialist has interpreted the assessments to determine the risks present and the issues at hand, they must be able to prioritize the issues. This may entail identifying the issues that indicate the greatest risk to safety so those can be addressed first, followed by the other issues in order of importance.

“so you'd be looking at, I guess what I'm looking I guess the way to put it is I'm looking for for some sort of stability during a period of a program in terms of like if they have mental health issues because not everybody that is, you know... those are contributing factors, but they're not the cause. So those things need to be separated. Those policies need to be separated. It's not about marriage counseling. It's not about anger management. It's not about... it's about addressing the violence right now. And is this person The best

place to do that because of part of the offence cycle is like is the alcohol, then that needs to be addressed. You know, so the factors that would lead to to what increases the tensions.” (Men 313)

Once the IPV specialist has thoroughly assessed the situation and any associated risks it is important that they identify individual risk factors and develop tailored strategies to address the issues or minimize the risks for the specific situation. This requires an understanding of the needs of each person and knowledge of the most appropriate interventions or strategies to meet those needs.

“talking about the guy who's not traumatized and he's ready to get on with making sure that never happens again and repairing what he did. And she feels the same way. Those are other scenarios, low risk scenarios that a guy who doesn't have to hang out with me for six months because he already gets the point. This is something that happened that was bad, but he already knows how to engage in a way that actually leads to repair.”  
(Men 316)

It also requires recognition of the individual differences in the service users' beliefs, knowledge and willingness to make necessary changes, and how that may translate into the services or support they require.

“What you're doing is you're paying attention to what they're saying to you, identifying where those risks are really beginning to increase. And then you're acting. Versus the man who comes in. You go. Yeah, I did this wrong. I was terrible. I shouldn't have done this. I'm in your program and learning and reading different. So those are the kinds of the ranges that we have. But I do think what happens is when we do this work, as we have

this sort of cookie cutter attitude where all the men go through the same program in the same way, and it just can't happen.” (Men 311)

IPV specialists working with men who have caused harm must be able to assess the needs of the service user and determine the most appropriate strategies to promote safety for all parties. It is essential that the service provider be able to evaluate the approaches for fit to the specific service user and adapt treatment and strategies as needed. The specialist must also be able to adapt services as the situation may evolve and recognize changing needs.

“with needs that they might have. I mean, we have people coming in that was kicked out of their housing or whatever the case is. So that goes in as part of, OK, I need to make a new referral now for housing or whatever the referral might be.” (Men 305)

The IPV specialist must also be able to identify specific skills that may need to be developed to engage in meaningful therapeutic interactions.

“... then when we know how to be in a body, in a mind that's been through trauma and have our body and our nervous system be able to tolerate that, then you can do the other part of maybe unpacking. Because then you can't do some of that unpacking. Like, you can't dive into the deep stuff if you don't have, the body skills to make that be safe, because then we run the risk of people coping with that by behaving abusively.” (Men 314)

*Recognize Service User's Resistance to Treatment Adherence as a Response to Underlying Issues, and Address This Resistance to Provide the Needed Supports*

IPV specialists must be able to recognize when a service user's resistance to treatment may be a result of additional underlying issues. They must also be able to work with this resistance and help the service user address the concerns obstructing their capacity to meaningfully engage in treatment. The resistance may present as not regularly attending appointments and remaining distant.

“But I think in one of those cases, I wished we'd have known earlier that he had been dealing with very bad childhood sexual abuse. But he was so shut down at the beginning for so many appointments. And and I think that the support worker in the role at the time hadn't quite figured out the newness and was a little hesitant of this new model that she was being maybe a bit too passive. And so I feel like we wasted a good four or five months tiptoeing around to get to the place. Had we known what we knew, that could have looked different from from the start But he's Pulled out his appointments because he was court mandated to do so many, and then when he was when they were done, he just stopped attending. And, you know, it's I feel it's unfortunate. That we didn't do more for him right at the beginning, had we known or been able to get down to where he was, where you meet him, where his needs really were But also, I don't know, he's older and lives by himself, so that will. Chances are if he gets another girlfriend, he might be court mandated to come back and then we'll we'll know.” (Men 317)

**Risk Assessment*****Explore the Level of Accountability a Service User is Accepting Regarding Their Contribution to the Situation and in Causing Harm to Others***

IPV specialists working with men who have caused harm must be able to determine the level of accountability a service user is accepting in causing the harm. It is important to explore the service users understanding of their own role in causing harm and acceptance of the severity of the situation.

“Like I say, to at least get them to admit that someone was scared, because then I can say, well, I've got something to work with but if they absolutely refuse all of that, I mean, then- then the partner is definitely in- in severe danger. And that to me would be a really big red flag.” (Men 306)

The service provider must be able to recognize denial, minimization and blame as potential risk indicators, and understand the importance of the service user accepting responsibility for their behaviour in determining further risk.

“I know when a man's ready to actually start making changes because he gets he starts to be accountable and honest. So if if he shows up to me and everything that's happened to him is the police fault, the lawyer's fault, the judge's fault, his partner's fault, the appeals fault, CFS workers fault, then I know that that either he's going to do something crazy or unwise and that his family could still be in danger.” (Men 302)

*Assess for and Recognize the Ways in Which the Men Who Have Harmed May Be a Danger to the Safety of Others*

IPV specialists must assess the type and degree of risk that service users pose to others. This may include assessing immediate risk through a homicide risk assessment.

“be vigilant also with regard to the risk of homicide. in situations like that, or infanticide.” (Men 318)

It can also involve assessing for risk of physical and psychological harm to others.

“you're already coming in, I think, at a level where you're going to assume that things have gone on to a degree that you could be coming in at a stage where there's some harm, potential harm for the people involved. So when I think about risk, I'm considering the the potential risk of future harm and the risk of ... serious injury to the parties involved. And I'm not just talking about physical. I'm also talking about psychological, because I do think all of those have significant impacts in our society” (Men 308)



*Obtain a Complete History for the Relationship and Service User While Completing a Risk Assessment to Improve Accuracy in Determining Past and Potential Risks to Safety*

When completing a risk assessment with a man who has acted violently, the IPV specialist should work to get a complete history of the service user and any previous issues within the relationship. It is important that the specialist develop a thorough understanding of any past incidents and recognize them as indicators of risk. The IPV specialist should gather information pertaining to past incidents of harm or violence, financial issues, previous charges or legal issues, employment information, mental health issues, immigration issues, housing issues, family history, and experiences of trauma to develop a more comprehensive understanding of past and potential risks to safety. This also allows the specialist to better understand the situation and the individuals involved in regard to threats to safety.

“is there a family history of family violence in his house? You know, did he grow up with family violence? Did he see, you know, his father hurting women or other people even? Um and then the medical assessment would be as if he has a mental health issue. That to us is very important to be able to take into consideration that, you know, maybe he's quit taking his meds. You know what kinds of medicines? Is he suicidal? Are we concerned about that? Do we need to assess him for, you know, suicide? Does he have suicidal ideal- ideology, that kind of thing? And then uh getting permission to follow up with his mental health worker or his psychologist or doctor, whoever it was prescribed to be sure that, you know, he- that they're aware that something has changed for him too. Um lots of times, that's not the case. You know, there is no mental- they're not taking unprescribed- uh... they're not taking prescribed medications and stopped. Most of the cases if they have mental health issues, they're not- they haven't addressed that at all yet. And that might be

something as- as we go through the process, if we determined, 'oh, this person might be schizophrenic or have some mental health issues', um then we would certainly be, also with his consent, making application to refer him or get him appointment with a mental health worker here in town.” (Men 306)

Part of this history may be obtained through review of available documentation such as files, referrals and information from other professionals involved while maintaining confidentiality.

“Well, in our program, the first- first thing we would do also is make an assessment. And that would include, you know, uh having a- a police report and whether um and again, it tells us that he didn't have any other criminal charges before this, but we would want to know that officially. Then we would do an intake and in our intake we would probably... well, we do ask for medical history, basically an assessment of, you know, his- his family situation growing up, his medical situation at the present time and any past medical- medicines that, or medical situations, he might have had a even as a young person or a child, we'd find out whether he is on any medications. If he was on any prescribed medications, especially for some mental health issues, we would likely get permission then, signed permission from him, to contact the physician or psychologist or whoever was that prescribed medications to get a little more history from them also” (Men 306)

While getting a complete history of the perpetrator and the relationship, the specialist should be able to determine if there are any patterns of behaviour and create safety accordingly.

“Sometimes relationships are toxic, that's important. How many times has this happened in the past? Because it does say that the police were notified, but maybe whatever it is that he's been doing might be there's a pattern there or is this a one time occurrence. Does he drink? I don't know if it says that alcohol was involved. That would be important. If

drinking was involved, does he considered himself to have a problem with alcohol? Is he getting help for that? And, Yeah, I think that, you know, getting more information about how the partner is doing, the effects on her I think are really important. That kind of gives you an idea about how systemic this was for them. If she has a lot of fear.” (Men 320)

*Have Knowledge of and be Able to Identify the Different Indicators of Risk Based on the Service User's History, Behaviour, Current Struggles, and Stressors*

IPV specialists working with men who have caused harm must be knowledgeable of, and able to identify, risk factors and points of concern ('red flags') while completing risk assessments.

Specialists must be cognizant of mentions of various stressors in a person's life such as employment and financial issues. IPV specialists must also be able to recognize issues such as mental health struggles, medical issues, access to weapons, and access to family as indicators of risk.

"Is she really stressed? Is her life horrible because of living with this guy or, you know, and she feels fear questions like that. Which is great if we if we get that from partner contact. You know, his life situation is really important. Is he employed? Are they having financial difficulties? And those things can also be helpful to know. Yeah, basically, I want to know everything. Which we can't and it depends on what he's willing to tell us, right. Especially about himself. And that's the trick, is how do you get him to talk about the stuff that he's done? There's no information there about culture. Culture, background will be a big factor. I don't know if it's says if he's a recent immigrant. That'll make a difference. Especially if he's from somewhere where he has PTSD or just the fact of coming here can be very stressful. So that's another kind of an issue. Not sure if I'm forgetting something, but there's quite a lot that, you know, that would be helpful to know." (Men 320)

IPV specialists should be able to inquire about and identify risk factors throughout regular interactions in addition to formal assessments.

“And when you've done this work for a while. Like all of those indicators, risk indicators are kind of in your head. And and so, you know, as as he's sharing information with you, you're probing. You're being curious. You're asking more questions. You're really getting to know the person and you're asking about the history of the relationship. You're asking things about, you know, the kids and do you have pets and things like that. But you're asking all those questions intentionally so that you can find out more information around risk and risk assessment.” (Men 301)

IPV specialists must be able to recognize body language, behaviour and mood that may be an indicator of risk, such a agitation, fidgeting and tone of voice.

“Elevated tone, fidgeting. So for me, it's the tapping the table or it's the foot going is a common kind of one that shows that they're getting frustrated and then that if it couples with tone or exaggerated gestures that are just kind of out of their character, that's a sign for me that I think will end here for today.” (Men 304)

IPV specialists should be knowledgeable of the different kinds of risk factors such as dynamic and static risk factors.

“So there are two basic types of risk factors. One, [is] static risk factors. So things that have happened in the past. Things you can't do anything about. So you might have, you know, a history of violence. You may have a history of arrests or maybe other types of involvement with the criminal justice system. There may be a family history where violence was a part of its history. ... So we know this happened in the past that we can use to potentially predict future behaviour. ... But what we're wanting to look for is more sort of the risk factors that are like live and currently happening. So, when employment is a dynamic risk factor, it's something that if it happens, if he becomes unemployed, will

impact the risk he is towards people in his life, drugs, drug and alcohol abuse, similar mental health issues. So these are changeable. These are things that are changeable. And when you start compiling dynamic risk factors, you start getting a picture of where things could kind of go sideways at any given time. Right. So what it does is it becomes a structured clinical assessment, we're starting to see where those sort of constellation of risk factors that are changeable in his life are, and then you begin to focus on those two to create safety around. “ (Men 311)

***Recognize Instances in Which There is an Immediate Risk to Safety***

As an IPV specialist working with men who have acted violently, it is important to be able to recognize situations and behaviours in which there is an indication of imminent risk while conducting a risk assessment. As such it is important that IPV specialists understand the potential significance of desperation as a sign of risk to self and others.

“How desperate is he to get her back? For me, that's been like the biggest of all the red flags. If he's really desperate to get her back, for me, that's one of the most dangerous situations. For him and for her.” (Men 301)

It is also important for IPV specialists to be able to recognize behaviour and patterns of communication that may indicate someone's safety may be at risk in that moment, or soon after the engagement with the specialist.

“Right. So there are certain things that you look at, look out for that you think to yourself, I feel like if he leaves like this, other people might be at risk. I better do something.”  
(Men 304)

***Be Able to Interpret All of the Information They Have to Determine the Level of Risk That the Service User Currently Poses to Others and Themselves***

While conducting a risk assessment with a man who has behaved violently, the IPV specialist must be able to consider all information from each source to determine what kind of risks to safety the service user is demonstrating towards others. They must also be able to determine the severity of that risk in terms of the safety of all involved to establish appropriate next steps promoting safety for all individuals involved.

“...recognising your you're coming in at a stage where their intervention is needed. And so your first job is to determine just how serious or what levels of risk are present” (Men 308)

The level of risk may be partially determined based on an assessment of the service users ability to recognize their behaviour as harmful and their understanding of violence.

“You know, if he's failing to recognize, you know, any other type of abuse but physical violence and not understand the impacts on children or on the partner. Those are big indicators that there is a likelihood to reoffend.” (Men 304)



***Regularly Assess for Risk of Suicide or Self-Harm With the Service User***

When doing a risk assessment, an IPV specialist must also be able to recognize and determine the service user's risk of self-harm or suicide. It is important that the specialist work with the man to explore any suicidal ideations, identify any behaviours that may indicate risk to self, and ask purposeful questions to regularly assess for risk of suicide or self-harm.

“you'd be listening about his own personal safety, because many of the men that I worked with at some point had suicidal ideation.” (Men 301)

This may be done through formal assessments and questions, or throughout informal conversations.

“I took the ASSIST program and I follow a lot of what they recommend and some of their processes that they do. And then if all else fails, I do the scaling, you know, from 1 to 10, 1 being you're feeling very suicidal and 10, you're not suicidal at all, where would you put yourself on that scale? And if they put themselves below five, then I would go further into asking them more questions.” (Men 306)

Assessing for risk of suicide must be an ongoing process, whereby the service provider is regularly monitoring for any indications of suicidal ideation or changes in behaviour.

“And not only when they first come in. Actually, that assessment would happen- could happen any time in the process if I felt that, you know, I noticed that they were unusually quiet during a session or something, then I might reach out to double check to make sure that everything is fine with them, as far as suicide goes” (Men 306)

***Interpret the Service User's Behaviour, Coping Mechanisms, Motivations, Intentions and Mitigating Factors in the Context of Assessing Risks to Safety***

As an IPV specialist working with men who have caused harm you must be able to understand and identify the perpetrators motivations for behaving in a certain way or changing their behaviour to determine their level of risk to themselves and others.

“And to see where he is, as it says in the scenario, he's wanting to get back to his family but what's his motivation for returning to the family unit” (Men 307)

The specialist must be able to interpret his behaviour and vocabulary within the context of being an indicator of harm to others and determine how the perpetrator may perceive their situation.

“This guy, if he's not getting access of the kids and it's because she's preventing it because related to her safety, then he might start using language like, you know, being alienated, parental alienation, those kinds of things, and really seeing those as code words to to really trying to maintain or exert some sort of control over the women and using the kids to do that. I just think it's really important to understand where the kids kind of fit in” (Men 311)

In assessing the risk that a service user may pose to themselves or others it is important that the specialist explore the various coping mechanisms used, particularly in reference to the service user's relationship with substance use.

“And so he and also asking the other type of risk assessment with him in terms of the alcohol consumption and drug consumption, if that is how he's coping with the stress at this particular moment” (Men 315)

It is also important to discuss the perpetrators intentions of violence moving forward.

“That and I would also be paying attention to his suicidality as well as his degree of intention for violence against his partner.” (Men 308)

In observing the service user’s behaviour and interpreting how they may be a risk to safety, it is important that that IPV specialist also be aware of any mitigating and protective factors that may decrease risks to safety such as engaging with professional supports.

“Yeah. And that's where really knowing the red flags for risk assessment and being able to discern what is escalation in risk and what's mitigation in risk” (Men 301)

## Appendix C

### Literature and Practice Based Competency Item Comparison

Comparing competencies from Literature to competencies discussed in interviews

When analyzing the competencies derived from the literature and comparing them to those extracted from the interviews with experts, there are a number of similarities and differences. It is difficult to compare them in a 1:1 manner as the competencies that surfaced within the interviews are not as clearly delineated as the literature. Within the literature we were able to distinguish competencies based on whether they spoke to knowledge, skill, judgement, self-regulation, professional values or organizational and community values required of IPV specialists within the field. Within the interview experts discussed competencies as they would be utilized within the field in a comprehensive and all-encompassing manner. Below I will discuss the competencies from within the literature in regard to similarities and differences with practice-based competencies derived from the interviews.

#### **Knowledge Items**

1. Understand risk assessment and safety planning as a holistic dynamic, intersectional, and service user centred practice.

#### ***Description based on literature***

IPV specialists understand risk and safety are dynamic, complex, holistic and contextualized processes that begin at the point of contact and are continual and ongoing throughout service provision.

IPV specialists understand that assessment of risk and safety is intersectional in nature and needs to be culturally informed, sensitive, holistic, flexible and collaborative in order to be most effective.

IPV specialists understand that risk assessment and safety planning is about anticipating what may occur, not about predicting who may be hurt/killed.

IPV specialists understand that risk assessment and safety planning centres service user narratives which requires exploring options that are individualized and take into account all aspects of service user's contexts, including those associated with broader systems and environments

### ***Comparison***

This item nearly overlaps completely with the item stating IPV specialists should have a thorough and holistic understanding of IPV from the interview. Both items speak to the importance of understanding IPV conceptually, the general facts and theories for IPV, risk and protective factors, typical patterns of behaviour, and understand IPV through an intersectional lens. It also somewhat overlaps with the item speaking to the importance of interpreting risk assessments and developing individualized strategies for service users.

The interview items did not specifically speak to the importance of anticipating outcomes in comparison to predicting who may be hurt when evaluating risk.

2. Know that children's risk and safety must be considered alongside that of survivors

### ***Description Based on Literature***

IPV specialist consider children within the context of their families and considers developmental levels, emotional, psychological and physical safety of children and young people.

IPV specialists recognizes that the safety of children is aligned with safety of their mothers. This recognition leads to collaborative family safety planning

### ***Comparison***

This item is not covered within the interview competencies as the analyzed data was limited to the experts working with the men who have caused harm. The experts within these interviews did not discuss skills specific to considering children's safety directly, however it was indirectly discussed in the sense of prioritizing survivor and vulnerable individual's safety.

3. Understands that risk assessment often requires collaboration

***Description Based on Literature***

IPV specialists understand that collaboration with other professionals is often necessary to effectively assess risk to survivors, children exposed to IPV and in those who have perpetrated abuse.

IPV specialists understand there may be challenges involved in acquiring knowledge necessary for effective risk assessment (including information sharing/privacy legislation issues and perpetration minimization/distortion).

***Comparison***

This item overlaps with the interview item speaking to the importance of developing relationships, collaborating and consulting with other professionals to ensure a comprehensive approach to working with service users. The one main difference is that the interviewees speak to this competency specifically in terms of working with the perpetrator of violence, and the literature item speaks to it for all parties. Both items discuss collaboration amongst professionals as being an important method of gathering all necessary information and developing a more complete and accurate understanding of the situation.

4. Have knowledge and understanding of risk and protective factors

***Description Based on Literature***

IPV specialists recognize a core set of risk and protective factors at the individual, family, community/society and systems levels that intersect in myriad ways to influence assessments of risk and safety.

IPV specialists understand that various risk assessment tools exist to help consider a combination of risk and protective factors. They understand that risk factors are not cancelled out by protective factors.

IPV specialists have knowledge of which risk factors, or their combinations are specific indicators of lethality/severity.

### ***Comparison***

The competency identified within this item is covered well in both the literature and the interviews. There is a considerable level of overlap between this item and the interview items speaking to the importance of knowing and identifying risk factors and identifying the level of risk that is indicated within a situation based on a thorough risk assessment. The interviews do not specifically speak to the importance of identifying general protective factors in addition to risk factors, except within the context of assessing for the perpetrator's risk of suicide.

5. Understand the barriers and facilitators for disclosure and how these barriers impact on the risk assessment process.

### ***Description Based on Literature***

IPV specialists understand that the key to effective risk and safety planning is having knowledge of risk and protective factors that may only become evident through disclosures from service users.

IPV specialists understand that working with disclosures includes knowledge and understanding of the many barriers to disclosure for those impacted by intimate partner violence.

IPV specialists recognize that an important part of working with disclosures is creating a safe climate for disclosure of intimate partner violence. This includes breaking the barrier of silence around violence by asking questions about abuse with care and interest

IPV specialists recognize that working with disclosures requires knowledge about intimate partner violence, the dynamics of disclosure, the dynamics of intimate partner violence and possible impacts and repercussions of disclosure.

IPV specialists understand that an important part of working with disclosures is inquiring (“asking”) questions about intimate partner violence in ways that are thoughtful, trauma-informed, inviting, and respectful of the service user's self-determination.

### ***Comparison***

The competency described within this item is covered across a few of the competencies identified in the interviews. Experts discussed the importance of creating a safe space for the service users by creating a non-judgemental and unbiased environment where service users feel respected and valued. This is discussed within the context of creating this space for the perpetrators of violence to be able to openly discuss their situation and any harm they have caused as well as any thoughts or feelings they may currently be struggling with. Furthermore, within the interview’s experts discussed the importance of developing a real and authentic relationship as an essential facet to being able to build trust with the service user and collaborate effectively.

6. Recognize that there are specific approaches to risk assessment and safety planning with children and youth.

### ***Description Based on Literature***



IPV specialists recognize that there are specific issues related to assessing and managing risk for children (including risk of contact) which includes facilitating disclosures from young people.

IPV specialists understand that children's disclosures of violence and abuse are more likely to be through their behaviour and indirect disclosures, rather than direct verbal disclosures and that they need to create safe spaces in which such disclosure can take place

IPV specialists working with families, children and youth have knowledge of the vulnerability and heightened risk of structural violence due to identity, and of physical, psychological, and sexual violence for LGBTQI2s+ children and youth (both within and outside of the family).

IPV specialists understand the complexity of children's relationships with perpetrators and caregivers and make decisions that balance knowledge about risk with children's wishes for (or against) contact.

### ***Comparison***

This competency is not covered in the analyzed interviews because discussions consisted of the skills required of specialists working with men who have caused harm.

### **Judgement Items**

1. Understand, appreciate and accept that service users will share their stories in their own time and in their own ways

### ***Description Based on Literature***

IPV specialists understand that working effectively with disclosures includes knowing and accepting the fact that women, children and men who harm them are sometimes unable or unwilling to disclose. In addition, service users sometimes share only some components of their

situation, and do not disclose others. Given this, working effectively with non-disclosure refers to the ability to explore and obtain as much truthful information as possible, especially when indicators of DV are not directly available.

IPV specialists recognize that effectively working with disclosures requires an attitude and approach which respects that service users impacted by IPV will share their story in portions, as trust is developed.

IPV specialists commit to a non-judgmental, non-labelling manner. They are aware that service providers' responses, when ineffective, may compound the harm survivors are experiencing rather than contribute to their safety.

IPV specialists' acceptance of disclosure is grounded in awareness that past violence, poverty and marginalization can impact people's experiences/perceptions of IPV, as well as an awareness that culturally safe and collaborative approaches are necessary.

### ***Comparison***

There is a degree of overlap within this competency and those that are mentioned throughout the interviews with experts working with men who have harmed. Both discuss the importance of building a real and respectful relationship with clients to some extent, however the literature speaks to this mostly in a general sense or with the survivors, and the interviews focus on the importance of developing authentic relationships between service providers and the perpetrators. Both sources of information explicitly discuss the role of trust in being able to develop an accurate understanding of risk to others such that it would encourage honesty, transparency and a non-judgemental environment to make real changes in behaviour. They also both discuss the risk that can be present to survivors if an authentic unbiased and trusting relationship is not built. In addition to this, both sources of information discuss the need to have

an existing pool of knowledge regarding IPV overall including theories and facts to more accurately conceptualize the issues being discussed.

2. Make ongoing judgments about the potential impact of intervention programs on risk and safety.

### ***Description Based on Literature***

IPV specialists recognize the potential risks of service users' access to programs as intervention may lead to behaviour change, reduced isolation and separation which may increase risk while still promoting safety.

IPV specialists recognize that engaging with perpetrators, even in service provision, may increase risk to survivors through a number of factors, such as false sense of hope for change, or through perpetrator manipulation of intervention content. They communicate and address these risks with survivors and address this.

IPV specialist recognize the importance of assessing the level of risk for apprehension.

### ***Comparison***

The competency described within this item overlaps with some of the competencies discussed by the experts within the interviews. Within the interviews experts speak to the importance of balancing the need to maintain confidentiality as best as possible (for the perpetrator or survivors) with the need to address risks as they are assessed. One of the competencies highlighted within the interviews is the need for IPV specialists to prioritize the safety of survivors when working with the men who have harmed and conducting ongoing risk assessments to see how things may change throughout perpetrator engagement. Similar to this item, within the interviews experts spoke to the importance of assessing progress through treatment, however it was discussed within the context of also assessing perpetrator fit for

interventions, readiness to change and effectiveness of specific interventions. In accordance with this item, the interviews also specifically discussed the importance of assessing the level of risk that the perpetrator continues to pose to others. The interviews do not speak to competencies surrounding directly engaging with survivors to communicate this risk in an explicit way but they do discuss engaging with partner contacts to discuss issues identified.

3. Consider how survivor responses to abuse related to risk assessment and safety planning may impact the process.

#### ***Description Based on Literature***

IPV specialists recognize a variety of survivor responses to abuse related to risk assessment and safety planning and do not make judgements about their effectiveness (e.g. substance use) while recognizing how such strategies make increase or reduce risk.

#### ***Comparison***

This competency is not covered within the analyzed interviews conducted with experts working with men who have harmed.

4. Demonstrate judgement when engaging in collection of information to assess risk

#### ***Description Based on Literature***

IPV specialist made decisions about gathering additional information/collaborating with others while balancing the need for or value of such information with the creation of risk for the survivor.

#### ***Comparison***

Though the interviewees do discuss the importance of gathering information and collaborating with others, they do not discuss this specifically within the context of risk to the survivor. It is mostly discussed in terms of developing a more thorough and accurate

understanding of the perpetrator's risk to others through multiple sources of information including collaborating with other professionals.

5. Make decisions about when to seek consultation or additional support to manage risk and safety.

### ***Description Based on Literature***

IPV specialists recognize their knowledge needs to be at a sufficient level to enable quality risk assessment and make judgements about when to seek additional support and consultation.

### ***Comparison***

Within the interviews this is discussed in terms of IPV specialist competencies of understanding their role and scope of practice. Experts also identified the importance of recognizing the limitations of one's role as a specialist and when certain aspects of care may be outside of their capacity as a professional. They also extend this to include the skill of being able to communicate the limitations of one's role and scope of practice to the clients and individuals they are working with.

### ***Skills Items***

1. Gather information from survivors and collaterals in assessing risk posed by those who have perpetrated IPV

### ***Description Based on Literature***

IPV specialists assess risk posed by those who have caused harm by seeking, and considering, information from a range of collaterals including the following: Information from police (e.g. police arrest reports, 911 call records, information about the perpetrator's criminal history, previous statements or affidavits), Information provided by probation or parole officers,

Information provided by the survivors, the child(ren) and other family members who may have knowledge about the abusive man's pattern of behaviours, Information provided by the man who has harmed.

### ***Comparison***

This competency is thoroughly discussed in much the same way across the interviews conducted with experts and within the literature. Within the interviews, experts spoke to the importance of getting a complete history in order to conduct a thorough risk assessment. In acquiring this history, they specifically speak to the need of using multiple sources of information to ensure an accurate and complete understanding of the situation and risks present (i.e. various professionals involved with the service user, the survivors, perpetrators, police reports etc.).

2. Collaborate with others to manage risk and promote safety

### ***Description Based on Literature***

IPV specialists recognize that collaboration is required for effective safety planning. They consult with, and refer to specialists and community resources for safety, education, caretaking, and support services (e.g., hotlines, legal, mental health, substance abuse, and criminal justice) as appropriate.

IPV specialists considering survivor safety as a collective systems responsibility and holds the system accountable for creating that safety.

IPV specialists set up and participate in high risk committees or safety teams as an effective resource.

### ***Comparison***

This is a competency discussed across the literature and throughout the interviews with a great deal of overlap. Experts explicitly discussed the importance of collaborating and consulting with other professionals to manage risk and safety. They discussed risk and safety as a multifaceted concept that required co-ordination across many different sectors such as legal, children's aid, partner contact, addictions care etc. to be able to holistically address concerns of risk and safety when working with the men who have caused harm. The experts discussed the importance of conducting a thorough risk assessment and determining the various needs of the service user and communicating with the other professionals involved to ensure a consistent understanding of any risks that may be present. This is discussed in relation to the understanding that survivor safety must be prioritized and therefore it is important to develop a professional network and circle of care that is most suited to promoting safety. Interviewees also specifically discussed the importance of participating in high risk committees as an important aspect of the role of an IPV specialist.

3. Consider and manage risk factors to promote safety for survivors

***Description Based on Literature***

IPV specialists identify, analyze and respond to risk factors and prioritize safety through:

- Considering history background of perpetrator (patterns)
- Recognize pending or recent separation as risk factor
- Balancing risk with protective factors
- Recognizing that risk management involves monitoring and supervision and appropriate follow up

IPV specialists demonstrate an understanding of risk management that is responsive to the dynamics and shifts in family violence perpetration and responses and circumstances of survivors.

IPV specialists include Intersectional risks in their risk assessment processes.

### ***Comparison***

Within the interviews this competency is discussed through work with the perpetrator and in a way that the risk assessment would prioritize survivor safety and contribute to the survivor's safety plan, however this is usually done indirectly through the partner contact worker as opposed to working directly with the survivor.

Similar to this competency, the experts discussed the importance of IPV specialists possessing the ability to get a complete history of the perpetrator, know and be able to identify the different risk factors, conducting ongoing risk assessments throughout contact with the perpetrator, a general understanding of IPV, and the ability to apply an intersectional lens to their risk assessment such that they are able to contextualize the various factors and how they may impact one another.

4. Use comprehensive risk assessment processes to effectively identify, communicate and respond to risk with survivors

### ***Description Based on Literature***

IPV specialists skillfully collect information that results in identification of risk factors and comprehensive safety plans through:

- Understanding and work with disclosures
- Seeking information to conduct risk assessment
- Inquiring (asking about) about areas of risk and identifying risk factors



- Accessing specific tools or processes (such as high-risk committees)

IPV specialists develop a risk assessment skill set –through the experience of completing risk assessments.

IPV specialists use screening and risk assessment practices to effectively communicate risk.

IPV specialists demonstrate effective Interviewing skills to safely assess risk.

IPV specialists perform focused assessment of immediate risk/safety including routine inquiry, screening and case-finding.

IPV specialists use their own documentation skills as a component of effective risk assessment (e.g. make good notes to manage risk, respond to risk, report on/advocate for increased safety measures from systems (justice, child protection)).

### ***Comparison***

There is a great deal of overlap for this competency across the literature and throughout the interviews. Experts discussed the importance of being able to identify risk factors and interpret the information to inform safety plans, however this is done mostly in the form of safety planning for the perpetrator and creating a risk management strategy to promote safety. Within the interviews, experts do not discuss using these risk factors to create safety plans for the survivors. They speak to the importance of being able to gather information across multiple sources to comprehensively understand the situation and address concerns for safety. They also discuss the importance of knowing of and being able to use evidence-based assessment tools and engaging with high risk committees.

In line with the literature, the experts also discussed the importance of being able to communicate the risk to the service users, however they expand this to include the ability to

conduct conversational style risk assessments in addition to structured assessments. Finally throughout the interviews the experts mention the importance of being able to document the risk that is assessed and report to the appropriate sources as required.

5. Effectively assess risk and manage risks to children

***Description Based on Literature***

IPV specialists working with young people routinely ask about experiences of and exposure to violence and abuse in since they are unlikely to disclose this issue spontaneously.

IPV specialists manage children's disclosures by:

- Understanding variations in children's disclosure (verbal, non-verbal)
- Helping child feel safe and supported and believed
- Providing support and reassurance for the child that abuse is not their fault
- Helping child discuss feelings/concerns and work to develop a developmentally appropriate safety plan

IPV specialists are skilled at engaging in safety planning with children and youth. This includes an ability to work with children and youth to create individualized and developmentally appropriate safety plans, which acknowledges children as being central to these plans.

IPV specialists work with caregivers and other safe adults in order to support the child(ren) or youth.

IPV specialists consult with community partners concerning the risks for the child before access visits and especially if there is a pending or recent separation.

***Comparison***

This competency is not discussed in the analyzed interviews with experts who work with men who have caused harm.

6. Engage in risk assessment and safety planning related to child access with a parent who has perpetrated IPV

***Description Based on Literature***

IPV specialists engage in access planning which involves recognizing that children's desire for contact with the abusive partner, while important, is not the primary determining factor in access planning; fathers must be able to provide safe and positive access, and access must be meaningful and beneficial to the child.

IPV specialists engage in a comprehensive risk assessment and safety planning process which includes factors such as the perpetrating parents':

- History, type and level of abuse toward the children/mother
- History of using the children as weapons, and of undermining the mother's parenting
- History of neglectful or severely under involved parenting
- Level of risk to abduct the children
- Mental health/substance abuse history

***Comparison***

This competency is not discussed within the analyzed interviews of experts working with men who have caused harm.

7. Engage in safety planning that is service user-centred, recognizing service user expertise in the process of developing individualized approaches to safety

***Description Based on Literature***

IPV specialists safety plan in ways that are service user-centred and recognize service user expertise in the process including:

- Identification of strategies/protective factors already in use

- Engagement of service users as part of an interactive and collaborative planning process
- Listening for the specific safety concerns of the person involved
- Collaboratively exploring the person's support networks and sources of assistance
- Creating individualized safety plans that anticipate and reduce known risks, clarifies how a survivor can respond to emergencies, identifies indicators of escalation of violence and clarifies how they can communicate with the contact support worker, agency or police emergency contacts.
- In collaboration with survivor, modify safety plans for context such as disability

***Comparison***

This competency is covered across the literature and the interviews however the literature does not specifically discuss this in relation to creating a safety plan for the perpetrator. Within the interviews the importance of developing a safety plan is discussed specifically for the perpetrator, and it is acknowledged that service providers would only contribute to the safety plan of the survivors but not create one.

**Self Regulation Items**

1. Regulate their own reactions to service users' disclosures

***Description Based on Literature***

IPV specialists recognize the importance of not over-reacting to the disclosed situation, and preserving service user self-determination wherever possible. This practice is informed by an awareness that hearing disclosures has impacts for the person hearing the disclosure.

IPV specialists are aware of these impacts and can support workers and allies to remain focused in hearing disclosures, and work in collaboration with service users in deciding on next steps and support.

***Comparison***

Experts did not discuss the importance or necessity of service provider's regulating their own reactions to service user's disclosures, or recognizing the impact of these disclosures on themselves. They did however discuss the need to engage in intra-agency communication to allow for discussion of the most appropriate next steps, seek consultation during difficult situations and reduce the likelihood of the specialist engaging in biased decision making.

2. Regulate their own reactions to issues of safety

***Description Based on Literature***

IPV specialists maintain an awareness of and manage their own emotions and attitudes in response to issues of risk and safety.

IPV specialists regulate their own emotions and behaviours in the process of safety planning as they understand the limits of safety planning, perpetrator accountability and recognition of the risks perpetrators pose.

***Comparison***

This competency is discussed within the interviews within the context of IPV specialists possessing an awareness of the limitations of their role and scope of practice when working with service users. In other words, being aware of what they can and can't do as an IPV specialist working with male perpetrators of violence. It is also indirectly discussed in the importance of being able to assess service user's progress, fit, and readiness to change through interventions. The experts did not discuss the importance of regulating one's own reactions while working with men and addressing issues of safety.

3. Regulate their own reactions to the well-being of children

***Description Based on Literature***

IPV specialists recognize that working with vulnerable children requires them to manage their own feelings around child well-being. They intentionally focus on strengthening parent-child relationships whenever possible

***Comparison***

Competencies regarding self-regulation surrounding the well-being of children in providing care were not discussed in the analyzed interviews with experts who work with men who have perpetrated violence.

**Professional Values Item*****Description Based on Literature***

IPV specialists believe in service users rights to self-determination and their expertise in the risk assessment safety planning process for themselves and their children

***Comparison***

This value is not explicitly stated throughout the interviews, however it is indirectly discussed within the context of collaborating with the service user in providing care and assessing for risk.

## Appendix D

### Only Practice-Based Competency Items

#### General Risk Management Competencies

#### *Effectively Address Concerns Raised Regarding the Men Who Have Harmed in a Way That Promotes and Maximizes Safety of All Parties.*

As concerns are brought forward, an IPV specialist must be able to address them effectively and appropriately. They should determine what is the safest and most effective way to address the concern by considering factors such as the safety of the survivor and the therapeutic relationship. This can be explored through consultation with other professionals. An IPV specialist may discuss the issue indirectly during a group without going into specifics if it is appropriate to do so. This may be in cases where if the perpetrator were to discover the source of the information, direct confrontation may risk the safety of the survivor. In this scenario, the IPV specialist may use themes to indirectly facilitate a conversation around the issue at hand.

“Well, there’s a number of considerations for sure. So the woman’s worker would contact me. We would talk about it. I would measure it in terms of, if I thought I could maintain my therapeutic relationship with him and bring it up, I would bring it up. If I also thought that’s related to the issue, if it was safe for the woman for me to bring that up, so I would want to have the assessment of the woman’s worker too. Whether she thought it was helpful for me to bring up. If neither one of us thought it was safe for me to bring up directly or that I thought it was going to sever my work with him, I think it’s better off to let this experience... and I give it maybe if it’s a group of these, in a group, or even if he’s not in a group, but I would use this information to guide my conversations, like just and get people’s thoughts about what we just responding out of desperation around the whole

killed parenting piece that's going on here. I would use it as themes basically for the conversation. So if I couldn't address it directly because both parties thought it was unsafe to do so, I would use it as themes in conversations." (Men 316)

In situations where it may be safe to directly approach the service user regarding concerns, the IPV specialist may do this on an individual basis with a one-on-one conversation. When addressing these threats, the IPV specialist should try to do it in a way that the perpetrator feels supported as opposed to persecuted.

"I will pull some guys aside after group and talk to them about a specific thing that partner contact has mentioned. And this might be, in my opinion, this might be an example. Not just for her safety, but for his safety as well as far as breaching. For him to realize that he's going to breach his conditions. And this is not going to be good for him, so it's that part about like looking out for him in a way, like he feels that I'm looking out for him rather than I'm here to punish him because I'm not the one that's going to breach him." (Men 320)

While addressing concerns brought forward, an IPV specialist should explore the underlying reasons behind the perpetrators actions do develop a fulsome understanding of the root cause of their behaviour when and if it is safe to do so. This would allow a more targeted approach to addressing the concerns, and more awareness regarding the actions to promote mindfulness in future interactions.

"I think what he doesn't seem to be doing is being transparent with men, so to say listen, I am aware of this and I would like you to explain to me the why - so question why he is doing that. ... to expose to the consequences which he could face by not respecting the order of no communication? What is his need behind, too? Why do you ... OK, normalize



that the person misses their children. Finally, okay, I can understand it, what do we ...  
now what can we put in place to meet this need without putting you in trouble and then  
risking have legal consequences.” (Men, 318)

*Assess and Identify Changes in Attitudes, Behaviours, and Determine the Degree of Progress Through Interventions Within Men Who Have Caused Harm While Recognizing Barriers to Change*

As an IPV specialist working with men who have harmed a crucial skill to develop is the ability to assess the impact, or lack thereof, of a program or intervention on a perpetrator. It is important for an IPV specialist to be able to recognize whether a service user has changed their problematic attitudes and behaviour to reflect increased safety. This may be through evaluating changes in their attitudes and perceptions, especially regarding their partner.

“But one of the strongest ones is the attitudes and perspectives of the offender. You know, how does he see his partner? How does he see his decision to use abusive behaviours? How does he see the other person's, you know, relationship to him?” (Men 308)

An IPV specialist should be able to evaluate the efficacy of particular strategies in reducing the risk of continued harm, which may take the form of stability in a program.

“That is, is this an effective way of reducing their likelihood of being aggressive?” (Men 319).

An IPV specialist may also utilize the stages of change as a method of evaluating progress,

“It's kind of like a precontemplative thing, like contemplation of I'm thinking about doing something here or at the very least, he's messing with this. Right. It's just something going on and he's working on it and that's my house. Right.” (Men 308)

Communicating with the partner contact is an invaluable method of evaluation, as this would allow the IPV specialist to determine real world change.

“The only way that you can really measure whether or not this man is progressing well in group is through good partner contact. And if there's one thing that every men's program needs to have, it's a robust, well supported partner contact. We always said in the work with men that we won't give progress updates to -we'll give you no information or participated in discussion attended group, but we won't say anything about whether or not the man is making changes because the only person that can really say whether anything's changed and to what degree it's changed is the partner. And even though they may not even be living with that person, as in this case. And so that's one of the things that anyone doing this work needs to know and understand. It doesn't matter what you're seeing, what you're hearing, what you're sensing from your interaction with this person individually and in group. The only way that you can know whether this person's really changing is through what the partner [is] sharing in terms of her experience.” (Men 301)

Furthermore, IPV specialists must also be able to recognize limitations in a service users' ability to change due to other factors such as brain injuries and developmental disorders.

“We've had a couple people referred to us through the courts, through the domestic violence treatment option court, who were struggling with FAS, with fetal alcohol syndrome, or at least fetal alcohol effects. And I think I needed to be clear and I need to get sort of training on whether these people, even if they put in their best effort, even if they try their hardest...because of the disability that they're struggling with, would they still be at risk to hurt others, despite our best efforts? That is, is this a effective way of reducing their likelihood of being aggressive? And part of my concern when I brought this up and we're pondering this is the extent that I don't want to be in a place where, again, in a couple of situations this has come up, the fellows who are struggling with FAS

really were trying very hard in group, right? So I felt like what I was saying in the courtroom was sort of giving the stamp of approval to the family and to the victim to say, you know what, he's doing well. Well, he was trying hard, but I wasn't certain that he was less likely to hurt her in the future.” (Men 319)

*Appropriately Engage in Intra-Agency Communication and Collaboration to Ensure All Resources Within the Agency are Being Effectively and Efficiently Utilized to Provide the Service User With the Best Care*

Communicating and sharing relevant information with others within the agency can be an important aspect of the role of an IPV specialist working with men who have harmed. Through this, the IPV specialist can then share information that indicated there is a risk to safety and discuss appropriate next steps including reporting to the authorities if necessary.

“that particular guy was keeping the staff member who was working for me, who did the assessment, and he did the assessment on Friday. It kept him awake all weekend. And he came in on Monday. So they got to talk about this. These are what I'm seeing. These are the concerns I have. And then we developed the plan going forward.” (Men 311)

It also provides the specialist with the opportunity to discuss cases that may be intricate or that they are unsure about. This discussion can occur with other colleagues or a clinical supervisor, however the IPV specialist must be able to identify when and how to share information ethically and without breaking confidentiality.

“So then this is what I need to know, think or be able to do in this situation is to know who to go to talk this through with, which typically means sort of my colleague or perhaps our clinical supervisor because it can be a bit of a dilemma. Because what am I supposed to do with that information?” (Men 314)

Through intra-agency communication, the IPV specialist would be able to collaborate on the case and involve other colleagues with the appropriate skills to address the particular situation they are dealing with.

“So my staff did the assessment, brought it to the clinical team, and we started talking about it.” (Men 311)

Finally, being able to appropriately discuss cases within the agency protects against the potential to make biased decisions based on service providers individual values, beliefs or judgements.

“But with even within an organization, collaboration is the key. If we work in isolation, you know, we're going to make we're not going to make accurate judgments because we're going to be influenced by the individual factors at play. So sharing of information might be important at some level with obviously appropriate consents.” (Men 308)

*Transparently Navigate the Service Provider and Service User Relationship so All Parties are Aware of Role Expectations and Boundaries Within the Relationship*

An IPV service provider should be aware of the importance of being transparent regarding their role with the service user. It is important that the service user be made aware of the professionals that their worker will also be in contact with including the partner contact worker and will be sharing and receiving relevant information from them. Furthermore, when possible, the service provider should inform the perpetrator that they must report something they have disclosed.

“I like to be honest with my clients in the sense that, you know, if I feel like they've disclosed information that I know I'm going to have to call CAS - child protection or whomever, I try to let them know, you know, and they're aware ahead of time, like they've signed the confidentiality agreement and are aware that there's certain information that I need to disclose.” (Men 304)

Additionally, as an IPV specialist working with men who have harmed, you must be able to express and maintain boundaries within the professional relationship. This can include the boundaries of the relationship in terms of what your role may include (i.e. no couple's counselling), the expectations that are held of yourself and them within the therapeutic environment, and the boundaries between yourself as an IPV specialist and your personal life.

“...understand what your role is in being a service provider, what you can do, what you can't do, which is you're not going to do couples counseling, you're not going to bring her into the appointments, you're not going to keep any threats or anything like that a secret” (Men 301)

*Building a Non-Judgemental, Authentic, and Empathetic Service User-Service Provider Relationship to Allow for Development of Trust and Safety*

IPV specialists working with men who have caused harm must be able to approach the therapeutic relationship from a non-judgemental or biased stance. It is essential that the men are not labelled or pathologized as being violent (i.e. they are not a violent man, but instead a man who has behaved violently). One strategy to accomplish this is speaking with the individual prior to reading the police report so judgements are not made before engaging with him.

“So we start building a relationship first. So in the part of the interview is not it is not a judgment. I'm not judging anybody. A lot of times I take the initial assessment or the reports that the courts would send to me, and that's put in the back. And I don't look at it until my second session with them because I don't want to have somebody else's words clogging up my thought process when I'm doing the initial interview and risk assessment with somebody. I really want to do it myself, to figure it out myself, because sometimes we just bring in things that we shouldn't bring in and if I'm bringing in somebody else's thoughts, then it may be a total miss.” (Men 310)

The work with the men should be client centred, meaning that they are involved in their process of care and it is based around issues and solutions collaboratively discussed as much as is possible. This can be accomplished by building real relationships with the men and understanding them better as a holistic person as opposed to men who have behaved in a hurtful manner.

“Bring him back and talk to him more. Make sure our staff are connecting with him more, making sure that we're supporting him to be part of that process.” (Men 311)



Through first building trust and an authentic relationship with the service user, the service provider can encourage honest communication. This is furthered through being mindful of the vocabulary being used.

“And matter of fact, that's one of the things I do say during the intake process is, is this is the first time you've got caught? Not necessarily first time this has happened. Is this the first time you've got caught? And a lot of the time if their response is, yeah, this is the first time I got caught, then I hear the rest of what's happened in the past. The change of the words and the way you change it, and the way you talk to someone and your presence and you open it, you can get a whole lot of stuff. And they'll just telling you. Right, because of that. So its not building walls is letting the walls down” (Men 310)

As an IPV specialist working with perpetrators, you must be able to engage empathetically with the service user. It is important to recognize and validate their emotions, while also being able to determine the reason they may be feeling that way. This will also allow the service provider to be able to determine the man's issues more accurately and thereby help him meet his needs appropriately.

“Then the guys will arrive with an emotional charge and it's important to... distinguish him, is he angry in my office or is he violent, because sometimes the tone will rise, yes. They will gesticulate a lot. Being in the context of welcoming that there is anger, they have just experienced a crisis, a first arrest. Youth centers arrive in his life, the children, his wife goes to a refuge, which is like a whole crisis that will be ingested with this person there, so it will be as much to show him as good, this is the current situation ... he is unstable, but put ... a safety net around him to ensure that he will not have suicidal thoughts or thoughts of suicide or homicide” (Men 318)

*Collaboratively Create a Safety Plan for the Service User to Ensure That His Needs are Identified and Addressed in a Manner That is Best Suited for Him*

As an IPV specialist working with men who have harmed, you must be aware of the necessity to collaboratively create a plan promoting safety by working with him, for his own and others' safety. This involves the knowledge that safety for him would promote safety for others.

“Safety plans I think it's probably been the most important thing I do with people, whether they're the victim or perpetrator. I believe people need safety plans. I mean, as a perpetrator, you need a safety plan because, you don't know if they're going to just lose it. So you try to set that piece up with them, you know, if you do get angry, what are you going to do? Let's talk about this. Because you're challenging the person basically to say if you get angry, are you going to go back into the house or try to get back? Because the repercussions of that is you're going to be arrested or even worse, someone is going to get hurt. Right. So as a perpetrator, and some people might say that's a little bit weird doing a safety plan with a perpetrator, but I think we need to do safety plans for perpetrators, too”  
(Men 310)

The specialist should understand the importance of the men's safety in the context of IPV and help them establish a plan to promote safety and meet their needs. The specialist should assess for the risk factors at play within the man's life including unmet basic needs such as a lack of housing, food insecurity, and mental health crisis.

“I mean, if you just keep guys living in desperation and you don't attend to their needs, which is what we didn't do for years, you know, and we still don't really I mean, some guys have child protection taking them out of their home and then they're living in their cars. That makes him more dangerous, that we don't have any supports for him, and more

desperate. You know, it's like that's just a mistake. If your goal is safety and repair, if it's either one of those or both of those, that's not a step in the right direction. Anyway, so that is part of the assessment, too, and just the basic needs of the guys.” (Men 316)

It also involves assessing for practical aspects of what the client may need in terms of maintaining employment and supplies, while ensuring that there is a plan in place for those things if needed.

“But at the same time, too, they have to maintain their jobs. They have to maintain what they were doing. So they have to be ready for that. One of the things they do with men when they come into my program is I get them to put together a little kit. Should they find themselves in the situation again so that they can keep some extra work clothes, a little bit extra money, wherever, you know, wherever they may end up finding themselves? Right. A brothers place or someplace safe where they can get it and get access to it. That's usually after the fact. But it's still important because a lot of the men that come to me, I think about 98 percent of the men that come to me have breached their NCOs. So it's a constant battle, right?” (Men 302)

*The IPV Specialist Must be Able to Use Structured Clinical Judgement to Promote Safety for All Parties By Using Their Knowledge and Judgement to Interpret the Situation and Make Decisions Accordingly*

An IPV specialist working with men who have harmed must recognize ethically grey scenarios and be able to use their professional experience to determine when and how it is appropriate to involve others or seek consultation.

“But just the way that we work in my organization at Clinic, the clinical direction was quite clear on privacy and transparency and not wanting to be holding things that we shouldn't, so. These would be scenarios that we would be talking about quite often.”

(Men 314)

They must also be able to recognize high risk situations and determine the best course of action in intricate scenarios to prioritize safety.

“And it's not for everybody. It's not everyone. But there are certain ones that jump up. And my concern is always - and I say to myself when I'm talking to my staff - is that the ones that we miss are the ones that are probably most concerning that are going to keep you up at night. So that guy, that particular guy was keeping the staff member who was working for me, who did the assessment, and he did the assessment on Friday. It kept him awake all weekend. And he came in on Monday. So, they got to talk about this. These are what I'm seeing. These are the concerns I have. And then we developed the plan going forward. He might have done six assessments that week. But that's the one that stood out. And so when we talk about structured clinical judgment, that's what we're talking about. It's those people who jump out. It sits in your stomach and makes you feel like, ‘oh, my

God, did I miss anything' that you need to respond in the kind of way that I just described." (Men 311)

An IPV specialist should be able to interpret information they are presented with in a way that identifies underlying risks and communicate these risks to others in a client centred way.

"It's like listening to what's being said to you and then interpreting it in a way that's going to be understood, and especially if you're starting to hear stuff that is really risky. interpreting it and writing up in a way that's going to can make the case to say local police or other services to say this is we need this help or on this guy, we do this with them. These are the other services that are meeting at this point in time." (Men 311)

***Recognize That Survivor Safety is the Priority Throughout All Aspects of IPV Care and Utilize Work With the Perpetrators to Promote and Prioritize Safety of Vulnerable Individuals***

As an IPV specialist working with perpetrators, you must be aware that although the role primarily involves the perpetrator, the safety of the survivor or other vulnerable individuals is the priority. As such, whenever working with a man who has harmed the IPV specialist must be aware of, and consider, how the work with him will ultimately impact the safety of others. Your work with the perpetrator will often directly impact the survivors, as safety for him tends to mean safety for her and the children, therefore it is important to consider the service user's family while providing services to the perpetrator.

“Obviously, in my work, in domestic violence with men I always have the safety of women and children in mind. Even though I work with men, my primary mission is to make sure that potential victims are safe.” (Men 318)

This can also refer to being mindful of how safety concerns are addressed with the man, in terms of considering the impact of the service user discovering that the survivor has shared information about his behaviour with the IPV specialist.

“And what can I do with that information in a way that is safe for the family and also for my relationship with the man. Because my relationship needs to be with the person that's in group. And how do I talk about this, if I can? Right. So I would think does the fact, does the family- I'll say mum, right, does the mum know that I now know this information? Like, what am I to do with this information? It feels like a bit of a- How could I how would I have possibly come by this information if the mom or her contact worker wouldn't have told me? Right. Like, I can't. It would be very difficult to say to the

man "Oh, I hear you've been driving by the house? You want to tell me about that?" Like, how do I know that information and what jeopardy does that put the mom in?" (Men 314)

Keeping survivor safety in mind, the IPV specialist should work with the perpetrator as it is safe to do so to involve them in contributing to the woman's safety plan. This may involve discussing what they can do or change to increase safety for the woman.

"And there was a hole in our world that was pretty scary for him that we got to be acquainted with. That happened before that ever happened. So we have to put things in place about what could he do? What safety planning? What could he contribute to the safety planning for his partner's family? And I said that earlier on. I think it's novel to ask men to contribute to women's safety plans. I'm not suggesting that they're at risk in any way, but I do think that if we don't address what they can do differently, what we're doing is we're just asking women to prevent from some immovable, uncontrollable force, you know? The best person to change the scenario is the one who is doing the behavior, you know." (Men 308)

Part of your role as an IPV specialist may be ensuring that the survivor has been connected to appropriate supports to develop her own plan around promoting safety.

"And also want to be sure that the partner has had some safety planning," (Men 308)

Furthermore, if the specialist detects an increase in the risk to survivor safety, the specialist must be able to work towards involving the appropriate resources to promote safety. This may involve working with the perpetrator beyond the allotted time to ensure that they are not leaving in a heightened state.

"And you want to make sure that you know, for example, if the couple still together, you don't want him leaving a session, you know, super angry because they're going to face the

repercussions, right? They're going to have to deal with him when he comes home angry." (Men 304)



*Ability to Communicate Concerns of Risk and Safety Effectively and Assertively With All Parties Involved Including the Service User, Survivors, and Any Relevant Professionals*

Once an IPV specialist has determined risk while working with men who have caused harm, they must be able to communicate this risk to the appropriate parties, including survivors, as needed.

“Also, contacting probation like that needs to get dealt with, but then afterwards you also need to communicate with him.” (Men 304)

IPV specialists must also be able to assertively communicate with the perpetrators to discuss when risk is determined, allowing for client centred and transparent care, while directly addressing the risk as it is safe to do so.

“... I would want to make contact with the fellow directly and say, hey, you know, is it possible that I can have a talk with you? We could talk about some stuff and I need to see it pretty quick. And that would be great to share some feedback that I got from your partner about some stuff that's happening. I want to see him in person because or at least have like a Zoom thing, because we've been doing alot of Zoom” (Men 308)

This would also extend to the ability to navigate difficult conversations when a client is presenting in a heightened and unproductive state. In such a situation the specialist must be able to communicate concern and respectfully end interactions as needed.

“I'm like, OK, you seem to be getting, you know, really agitated. This seems to be something that, you know, you're having a hard time talking about, are you OK to continue the session? And then if they're like, no, I'm getting really upset and frustrated. I was like, OK, would you like to end that here for today? And then go, I have had one occasion when I have been like, OK, this is done like we're out of here. Like I didn't give

him the choice kind of thing just because he was getting so agitated that he was unstable mentally as well. So when you mix that with the agitation, you don't know what to expect. So at that point, it was like, OK, I'm making the decision, we're ending it here. I'll call you again to rebook if that person was to be rebooked.” (Men 304)

*Support Clients in Developing an Accurate Understanding of the Actual and Potential Impact of Their Decisions and Behaviours By Helping Contextualize Them*

As an IPV specialist working with men who have harmed, you must be able to work with the service user to help them understand the significance of their behaviour within the context of their current situation and its impact on those around them.

“But I think that shift happens because men really want you to sort of make what they did... not OK, but sort of agree to that. And what I want to do is say "I get your approach, but what was the fall out of that approach? What was the impact of that? Is that an impact that you want to have in your family?" Because most people actually don't want to be harming the person that they love, that they care about. They want their homes to be safe. So then talking about how might that how might your approach undermine that safety is often quite possible.” (Men 314)

The specialist should be able to help the individual conceptualize their behaviour from other perspectives in addition to their own to create a clearer picture of the impact of their actions.

“And it's about determining the the length of time between the slips up slip ups or the noise level of those slip ups. Is that diminished as it lasts? Like. Clearly, this falls into, like, stalker type of, you know, behaviors. But he's probably telling himself he's just swinging by to see if everything's OK and if he can be a help. So having a reality based conversation about what that looks like to the wife and children, is he helping his situation or not and how his children might be looking at him and how his wife might be living in fear from his behavior, Or, you know, how would how would it look like to her” (Men 317)

It is also important to be able to discuss their behaviour in a way that encourages the individual to understand possible consequences of their actions, so they are better informed of possible outcomes. This also allows for the service provider to explain how certain behaviours may contradict the conditions they are legally obligated to abide by.

“letting him know that you understand how difficult it is to be separated from your children and how he might so want to have contact with them. But what's the cost? What's the cost of you breaking the no contact order? At this point nothing has happened. An option would be for the police to intervene. And actually, it would result in the charge because it's a breach of a police order. And so the consequences could be potentially going to jail. I mean, there's lots of consequences. So you'd really have to - I mean, he needs to know what, what the consequences would be.” (Men 312)

*Actively Seek an Understanding of the Survivor's Experiences and Verify What She Wants and Needs Within the Relationship and Moving Forward*

As an IPV specialist working with men who have caused harm it is important to determine what the survivor's wishes are and why she may be saying something (i.e. her motivations). In other words, as the specialist working with the man who has caused harm, you must do your due diligence to explore whether the survivor is asking for contact or the charges to be retracted of her own free will or because she may feel pressured or obligated to do so. As an IPV specialist, it is crucial to be able to recognize coercion or pressure within the situation.

“That becomes a very complex issue, is the victim of the assault saying she wants contact because the perpetrator is threatening her: You better get this charge dropped or you better get this lifted or I will hurt you again. Or is it genuinely she isn't afraid, or is it that she is anxious to some degree, but also relies on that person for childcare, financially, maybe the home she's living in is in his name. She's not sure if she'll be able to reside there. All those practical reasons, she may want to have the no contact listed. Even if she is feeling anxious that he might hurt her again.” (Men 319)

It is also important to verify what the survivor's experiences are, and the issues she is identifying to allow for a more unbiased understanding and approach to the situation. In this way, the specialist can understand what the survivor's wishes are.

“We would want to know kind of how she's experiencing things. The fact that he wants to get back and what he needs to be thinking about... he wants to get back together with his wife. So right at that point, he would probably be saying just about anything, being passive, compliant and doing what he needs to do with that particular time to do whatever he needs to do to get back with his wife and children.” (Men 313)

Finally it is crucial to work with the partner contact worker to establish what information the survivor is comfortable with disclosing and being addressed with the perpetrator directly.

“So again, that's the work that partner contact would do. Is this information you'd like to share with the counselor Is this information you'd like to have brought out in the group? Is this information would like to keep just with us? So, again, looking at her and her sort of agency and managing her information as it gets shared, how it's used but it needs to be really clear whether that there would be no direct sharing of any information she would provide. But there may be there, but, you know, the conversation would be that we would find ways of working a scenario like this, and is that something you're comfortable.”

(Men 311)

***IPV Specialists Should Support Service Users in Developing a Sense of Agency and Accountability Over Their Actions in the Past, Present and Future***

When working with men who have caused harm, the IPV specialist should work with the perpetrator to create a collaborative risk management plan by encouraging him to identify strategies he feels would be helpful for him.

“So I think and I think people will say, hey, I need to find a way to protect my family against this showing up in me, I could take my medication. I can go ask for help. When those voices start to show up, I can tell when I'm breaking down somehow or I'm fragmenting or something's happening in my head. What are my signals? What tells me I need to get help? Because lots of ways that he can become in charge of that before he even has to think about what happens at the worst case scenario.” (Men 308)

It is important that the specialist work with the service user to foster a sense of agency and control over their actions, empowering them to take the necessary steps to change problematic behaviours and be accountable for their actions.

“I think certainly there's an enforcement component, but the more earlier on, you're able to get buy in from the from the person that has committed the action, a lot of the dependency on whether behaviours occur or not are going to be on his decision to abide or not abide with those conditions or his decision to not use abuse or violence in the future.” (Men 308)

*Avoid Colluding With the Service User's Perception of Their Experiences, Minimizing or Validating the Harmful Behaviour, or Losing Focus of the Present Situation of Safety Concerns*

When working with men who have behaved violently, IPV specialists should work to maintain an objective view of the experience, recognizing that they are only receiving one perception of the experience through the lens of the perpetrator. It is crucial that IPV specialist avoid engaging with service users in a way that condones or validates their harmful behaviour and maintain the focus on the present concerns for safety.

“But in his interpretation, it was that, you know, she was there. She just lost it. So he would try to unpack that a little bit and not into that win lose Right or wrong, the person needs to take responsibility for what, for what happened. So I would really kind of try to focus on on the on the male partner's behavior and their understandings and and that sort of thing” (Men 313)



*Interpret and Prioritize the Information Obtained Through Risk Assessments for the Service User to Best Promote Safety, While Developing the Most Appropriate Individualized Risk Management Strategies, Adapting Approaches as Situations May Change*

IPV specialists working with men who have behaved violently must be able to interpret all information gathered through their various methods of ongoing assessments in a way that they are able to conceptualize the risks present. By interpreting the information, the specialist would then be able to utilize it within the risk management plans for service users.

“How do we support this guy? He's living in his car. So there's all of that sort of human compassion. You have say somebody live in a car there. They're dumpster diving to get their dinners. And, you know, there's that part. And and so for him, it's like you've got all of these have these things happening. He's struggling. He's he's marginally coping. And what would it take for him to just go over the top and kill himself or take some one?

That's that's where you go. “ (Men 311)

Once the specialist has interpreted the assessments to determine the risks present and the issues at hand, they must be able to prioritize the issues. This may entail identifying the issues that indicate the greatest risk to safety so those can be addressed first, followed by the other issues in order of importance.

“so you'd be looking at, I guess what I'm looking I guess the way to put it is I'm looking for for some sort of stability during a period of a program in terms of like if they have mental health issues because not everybody that is, you know... those are contributing factors, but they're not the cause. So those things need to be separated. Those policies need to be separated. It's not about marriage counseling. It's not about anger management. It's not about... it's about addressing the violence right now. And is this person The best

place to do that because of part of the offence cycle is like is the alcohol, then that needs to be addressed. You know, so the factors that would lead to to what increases the tensions.” (Men 313)

Once the IPV specialist has thoroughly assessed the situation and any associated risks it is important that they identify individual risk factors and develop tailored strategies to address the issues or minimize the risks for the specific situation. This requires an understanding of the needs of each person and knowledge of the most appropriate interventions or strategies to meet those needs.

“talking about the guy who's not traumatized and he's ready to get on with making sure that never happens again and repairing what he did. And she feels the same way. Those are other scenarios, low risk scenarios that a guy who doesn't have to hang out with me for six months because he already gets the point. This is something that happened that was bad, but he already knows how to engage in a way that actually leads to repair.” (Men 316)

It also requires recognition of the individual differences in the service users' beliefs, knowledge and willingness to make necessary changes, and how that may translate into the services or support they require.

“What you're doing is you're paying attention to what they're saying to you, identifying where those risks are really beginning to increase. And then you're acting. Versus the man who comes in. You go. Yeah, I did this wrong. I was terrible. I shouldn't have done this. I'm in your program and learning and reading different. So those are the kinds of the ranges that we have. But I do think what happens is when we do this work, as we have

this sort of cookie cutter attitude where all the men go through the same program in the same way, and it just can't happen.” (Men 311)

IPV specialists working with men who have caused harm must be able to assess the needs of the service user and determine the most appropriate strategies to promote safety for all parties. It is essential that the service provider be able to evaluate the approaches for fit to the specific service user and adapt treatment and strategies as needed. The specialist must also be able to adapt services as the situation may evolve and recognize changing needs.

“with needs that they might have. I mean, we have people coming in that was kicked out of their housing or whatever the case is. So that goes in as part of, OK, I need to make a new referral now for housing or whatever the referral might be.” (Men 305)

The IPV specialist must also be able to identify specific skills that may need to be developed to engage in meaningful therapeutic interactions.

“... then when we know how to be in a body, in a mind that's been through trauma and have our body and our nervous system be able to tolerate that, then you can do the other part of maybe unpacking. Because then you can't do some of that unpacking. Like, you can't dive into the deep stuff if you don't have, the body skills to make that be safe, because then we run the risk of people coping with that by behaving abusively.” (Men 314)

*Recognize Service User's Resistance to Treatment Adherence as a Response to Underlying Issues, and Address This Resistance to Provide the Needed Supports*

IPV specialists must be able to recognize when a service user's resistance to treatment may be a result of additional underlying issues. They must also be able to work with this resistance and help the service user address the concerns obstructing their capacity to meaningfully engage in treatment. The resistance may present as not regularly attending appointments and remaining distant.

“But I think in one of those cases, I wished we'd have known earlier that he had been dealing with very bad childhood sexual abuse. But he was so shut down at the beginning for so many appointments. And and I think that the support worker in the role at the time hadn't quite figured out the newness and was a little hesitant of this new model that she was being maybe a bit too passive. And so I feel like we wasted a good four or five months tiptoeing around to get to the place. Had we known what we knew, that could have looked different from from the start But he's Pulled out his appointments because he was court mandated to do so many, and then when he was when they were done, he just stopped attending. And, you know, it's I feel it's unfortunate. That we didn't do more for him right at the beginning, had we known or been able to get down to where he was, where you meet him, where his needs really were But also, I don't know, he's older and lives by himself, so that will. Chances are if he gets another girlfriend, he might be court mandated to come back and then we'll we'll know.” (Men 317)

**Risk Assessment*****Explore the Level of Accountability a Service User is Accepting Regarding Their Contribution to the Situation and in Causing Harm to Others***

IPV specialists working with men who have caused harm must be able to determine the level of accountability a service user is accepting in causing the harm. It is important to explore the service users understanding of their own role in causing harm and acceptance of the severity of the situation.

“Like I say, to at least get them to admit that someone was scared, because then I can say, well, I've got something to work with but if they absolutely refuse all of that, I mean, then- then the partner is definitely in- in severe danger. And that to me would be a really big red flag.” (Men 306)

The service provider must be able to recognize denial, minimization and blame as potential risk indicators, and understand the importance of the service user accepting responsibility for their behaviour in determining further risk.

“I know when a man's ready to actually start making changes because he gets he starts to be accountable and honest. So if if he shows up to me and everything that's happened to him is the police fault, the lawyer's fault, the judge's fault, his partner's fault, the appeals fault, CFS workers fault, then I know that that either he's going to do something crazy or unwise and that his family could still be in danger.” (Men 302)

***IPV Specialists Must Assess for and Recognize the Ways in Which the Men Who Have Harmed May Be a Danger to the Safety of Others***

IPV specialists must assess the type and degree of risk that service users pose to others. This may include assessing immediate risk through a homicide risk assessment.

“be vigilant also with regard to the risk of homicide. in situations like that, or infanticide.” (Men 318)

It can also involve assessing for risk of physical and psychological harm to others.

“you're already coming in, I think, at a level where you're going to assume that things have gone on to a degree that you could be coming in at a stage where there's some harm, potential harm for the people involved. So when I think about risk, I'm considering the the potential risk of future harm and the risk of ... serious injury to the parties involved. And I'm not just talking about physical. I'm also talking about psychological, because I do think all of those have significant impacts in our society” (Men 308)

***Recognize Instances in Which There is an Immediate Risk to Safety***

As an IPV specialist working with men who have acted violently, it is important to be able to recognize situations and behaviours in which there is an indication of imminent risk while conducting a risk assessment. As such it is important that IPV specialists understand the potential significance of desperation as a sign of risk to self and others.

“How desperate is he to get her back? For me, that's been like the biggest of all the red flags. If he's really desperate to get her back, for me, that's one of the most dangerous situations. For him and for her.” (Men 301)

It is also important for IPV specialists to be able to recognize behaviour and patterns of communication that may indicate someone's safety may be at risk in that moment, or soon after the engagement with the specialist.

“Right. So there are certain things that you look at, look out for that you think to yourself, I feel like if he leaves like this, other people might be at risk. I better do something.”  
(Men 304)

***Regularly Assess for Risk of Suicide or Self-Harm With the Service User***

When doing a risk assessment, an IPV specialist must also be able to recognize and determine the service user's risk of self-harm or suicide. It is important that the specialist work with the man to explore any suicidal ideations, identify any behaviours that may indicate risk to self, and ask purposeful questions to regularly assess for risk of suicide or self-harm.

“you'd be listening about his own personal safety, because many of the men that I worked with at some point had suicidal ideation.” (Men 301)

This may be done through formal assessments and questions, or throughout informal conversations.

“I took the ASSIST program and I follow a lot of what they recommend and some of their processes that they do. And then if all else fails, I do the scaling, you know, from 1 to 10, 1 being you're feeling very suicidal and 10, you're not suicidal at all, where would you put yourself on that scale? And if they put themselves below five, then I would go further into asking them more questions.” (Men 306)

Assessing for risk of suicide must be an ongoing process, whereby the service provider is regularly monitoring for any indications of suicidal ideation or changes in behaviour.

“And not only when they first come in. Actually, that assessment would happen- could happen any time in the process if I felt that, you know, I noticed that they were unusually quiet during a session or something, then I might reach out to double check to make sure that everything is fine with them, as far as suicide goes” (Men 306)



***Interpret the Service User's Behaviour, Coping Mechanisms, Motivations, Intentions and Mitigating Factors in the Context of Assessing Risks to Safety***

As an IPV specialist working with men who have caused harm you must be able to understand and identify the perpetrators motivations for behaving in a certain way or changing their behaviour to determine their level of risk to themselves and others.

“And to see where he is, as it says in the scenario, he's wanting to get back to his family but what's his motivation for returning to the family unit” (Men 307)

The specialist must be able to interpret his behaviour and vocabulary within the context of being an indicator of harm to others and determine how the perpetrator may perceive their situation.

“This guy, if he's not getting access of the kids and it's because she's preventing it because related to her safety, then he might start using language like, you know, being alienated, parental alienation, those kinds of things, and really seeing those as code words to to really trying to maintain or exert some sort of control over the women and using the kids to do that. I just think it's really important to understand where the kids kind of fit in” (Men 311)

In assessing the risk that a service user may pose to themselves or others it is important that the specialist explore the various coping mechanisms used, particularly in reference to the service user's relationship with substance use.

“And so he and also asking the other type of risk assessment with him in terms of the alcohol consumption and drug consumption, if that is how he's coping with the stress at this particular moment” (Men 315)

It is also important to discuss the perpetrators intentions of violence moving forward.

“That and I would also be paying attention to his suicidality as well as his degree of intention for violence against his partner.” (Men 308)

In observing the service user’s behaviour and interpreting how they may be a risk to safety, it is important that that IPV specialist also be aware of any mitigating and protective factors that may decrease risks to safety such as engaging with professional supports.

“Yeah. And that's where really knowing the red flags for risk assessment and being able to discern what is escalation in risk and what's mitigation in risk” (Men 301)

**VITA**

**Name:** Simrat Tung

**Education:**

**Master of Arts – Counselling Psychology**

*Western University*

London, ON, Canada

2020-2022

**Postgraduate Certificate (Hons.)– Concurrent Disorders**

*Mohawk College of Applied Arts and Technology*

Hamilton, ON, Canada

2017-2018

**Bachelor of Arts (Hons.) – Joint Psychology and Sociology**

*University of Waterloo*

Waterloo, ON, Canada

2011-2016

**Honours and Awards:**

**Western University Entrance Scholarship**

2020

**Academic Experience:**

**Masters Thesis**

*Addressing Intimate Partner Violence: Effective Risk Management with Male Perpetrators*

**Undergraduate Thesis**

*Web-Based Micro-Interventions for Social Anxiety: How Helpful is a Single Guided Session of Individualized CBT Case Conceptualization?*

**Related Work Experience:**

**Addictions Counsellor and Lead Researcher**

*Wayside House of Hamilton*

2018-2022

**Psychotherapy Intern**

*Daya Counselling Centre*

2021- Present