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Missed opportunities for saving children from domestic homicide: Implications for prevention, intervention, & community collaboration

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Abstract

This dissertation is comprised of three studies that explored the risks faced by children exposed to domestic violence, as well as systemic and agency-related recognition of, and responses to, these risks. Literature in the field has demonstrated that children living in these circumstances are at risk of significant adverse outcomes stemming from their exposure to domestic violence, and at its extreme, domestic homicides (Alisic et al., 2017; Jenney & Alaggia, 2014). In addition, these children are also at risk of becoming homicide victims in the context of domestic violence, either through being directly targeted in the homicide, or as a result of being caught in the altercation occurring between the perpetrator and victim (Jaffe, Campbell, Hamilton, & Juodis, 2012). This dissertation explored the ways in which the diverse needs of children are accounted for by systems and agencies involved with families experiencing domestic violence.

In Study One, a retrospective analysis of Ontario Domestic Violence Death Review Committee (DVDRC) child domestic homicide cases was conducted to explore risk factors and agency involvement in these cases. The study utilized a quantitative analysis of 140 cases in Ontario, Canada and identified unique risk factors in cases where children existed in the family unit, with some significant differences between cases involving and not involving children. Other significant findings were based on expected outcomes for child-specific cases. The study's findings are indicative of children's risk of harm as a result of their exposure to domestic violence.

In Study Two, themes are identified in domestic violence death review reports in Canada and the U.S. A thematic analysis of annual reports from three jurisdictions between 2004 to 2016

was conducted and results highlight key barriers, recommendations, and promising practices specific to children living with domestic violence.

In Study Three, the perspectives of Ontario Violence Against Women (VAW) service providers were examined in order to identify the ways in which children are included in their services and the barriers they encounter with providing child-specific interventions, particularly as they relate to risk assessment and safety planning. The study utilized a thematic analysis with 27 service providers in order to identify these barriers, which fell within individual, agency, and community-related domains.

Altogether, findings from these studies suggest that domestic homicides involving children, with the benefits of hindsight, appear predictable and/or preventable. In particular, there are warning signs that provide an opportunity for systems and agencies such as the VAW sector, to intervene with appropriate risk assessment, risk management, and safety planning strategies. Overall, a coordinated community response is needed, comprised of public awareness, professional training, the use of risk assessment tools, as well as specialized interventions.

Key words: domestic violence, domestic homicide, children, Violence Against Women, death review committees

Summary for Lay Audience

This dissertation examined child-specific risks of domestic homicide (the killing of intimate partners and/or family members in this context), domestic violence-related services available for children exposed to this violence, as well as barriers to service provision for children within Violence Against Women (VAW) agencies.

Co-Authorship Statement

I, Katherine Reif, acknowledge that the three integrated manuscripts contained within this dissertation all resulted from collaboration with a co-author. In all three manuscripts, the primary intellectual contributions were made by the first author, who conducted the research and devised the methodologies and methods of the studies, attained ethical approvals, analyzed the data, and organized and wrote all three manuscripts.

The primary author is also the main contact for the process of publication. The contribution of co-author Dr. Peter Jaffe (Chapters 2, 3, and 4) was provided predominantly through research supervision, and guidance and support in the intellectual and editing processes of writing the work and in preparing it for preparation.

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1 Introduction

1.1 Domestic violence

Domestic violence, or intimate partner violence, involves violent and/or controlling behaviour that is intentional and perpetrated by an individual towards a current or former intimate partner. Such behaviour can include acts such as physical and verbal attacks, financial manipulation, intimidation, threats, isolation, and sexual assaults (Alpert, Cohen, & Sege, 1997). This violence is a widely prevalent phenomenon that can affect individuals of all ethnic, racial, and socio-economic backgrounds. Annually, there are more than 10 million victims of domestic violence in the U.S. In addition, intimate partner-perpetrated violence comprised 54% of all incidents of violence in 2015 (Black, 2011; U.S. Department of Justice, 2016). Although domestic violence victimization is not exclusive to women, according to Statistics Canada (2013), a woman's risk of victimization is four times greater than that of men. To illustrate, women comprised 79% of Canadian victims of reported domestic violence in 2016 (Statistics Canada, 2016). In addition, women are more likely to experience a higher degree of victimization, increased severity of violence, and are more prone to injury and lethality stemming from this violence (Black, 2011). Violence of this nature rarely occurs in isolation; rather, it often occurs as a recurrence of abuse patterns that have been present within the home (Kuijpers, Van der Knaap & Winkel, 2012). In extreme circumstances, domestic violence can result in domestic homicide.

1.2 Domestic homicide

Domestic homicide involves the killing of family members and/or intimate partners (Turvey, 2008). These homicides often occur after lengthy histories of abuse and a consolidation of rage and patterns of turmoil and conflict within the relationship between intimate partners (Ewing,

1997; Turvey, 2008). Homicide of this nature typically follows a critical event such as a separation, which elevates the potential that one or more family members are at risk of death (Biron & Reynald, 2016).

There were 960 reported domestic homicides in Canada between the years 2003 and 2013 (Statistics Canada, 2015). Evidence points to these homicides being mostly perpetrated by men, with the victims being predominantly female (Websdale, 1999, Ontario DVDRC, 2009). The rate of victimization for women was five times greater than that of men in Canada in 2017, and between 2007 and 2017, 79% of domestic homicide victims were women, according to Statistics Canada (Statistics Canada, 2017). Globally, there were approximately 30,000 women who were victims of these homicides in 2017 (United Nations Office on Drugs and Crime, 2018). Given the gendered nature of these crimes and the smaller sample of female perpetrated homicide, this research focused primarily on male perpetrators and female victims. The author acknowledges that domestic violence and homicide also occurs in same-sex relationships and with female perpetrators and is the subject of other research (e.g., Decker, Littleton, & Edwards, 2018; Hester, 2012; Suonpää & Savolainen, 2019).

1.3 Children's experiences of domestic violence and homicide

Although domestic violence affects intimate partners, children can also be directly and indirectly affected. They are directly affected either by watching the interplay of violent acts, through intervening, or being abused as a result of the violence that is taking place around them. The term "witnessing" is often used to describe children's experiences with domestic violence. However, this term implies that children are physically present during the incident of violence. In fact, they may be exposed to this form of violence in many ways without direct observation. They may overhear violent incidents take place or be aware of its occurrence through other

means, such as seeing its aftermath (e.g., bruises, destruction of property, family members' distress) (Hester, 2007). It has been estimated that in excess of one billion children globally between the ages of 2 and 17 years are exposed to some type of violence, including domestic violence (Hills, Mercy, Amobi, & Kress, 2016).

Children living in an environment of domestic violence are also at risk of other forms of maltreatment such as physical abuse, and their risk of being physically maltreated often increases with the severity and frequency of violence experienced by the mother (Bancroft, Silverman, & Ritchie, 2012). In addition, children can be impacted by domestic homicide through suffering the loss of one or both parents (resulting from homicide victimization, suicide, or incarceration), and facing negative repercussions associated with exposure to the violent incident (Alisic et al., 2017; Jaffe, Campbell, Hamilton, & Juodis, 2012; Jaffe, Campbell, Reif, Fairbairn, & David, 2017; Jenney & Alaggia, 2014). This type of violence can have profound effects on a child's development and later life course as they navigate through their own relationships (Richards, Letchford, & Stratton, 2008). This points to a need for prevention of and intervention in these cases. Children exposed to this violence also face an increased risk of traumatization, including a risk of developing posttraumatic stress disorder (PTSD) (Eth & Pynoos 1994; Georgia Statewide Commission on Family Violence 2015; Jaffe et al. 2012; Lewandowski et al. 2004).

Aside from risks associated with exposure to domestic violence, children may be victims of lethal violence as well. A review of 418 Canadian domestic homicide cases between 2010 and 2015 found that 37 children were killed in this context (Dawson et al., 2018). A comprehensive review of child homicides in Canada between the years 1961 and 2011 identified that there were 1,612 children who died at the hands of their parents, inclusive of domestic-violence related deaths (Dawson, 2015). Children who are killed in the context of domestic violence may not be

the perpetrator's primary target, but rather are killed as a result of the domestic violence taking place in their surroundings (Lawrence, 2004). A child's death may be the result of being "at the wrong place at the wrong time" or they may become victims through attempting to intervene and protect their mother from violence (Jaffe et al., 2012). Apart from being at an indirect risk of harm due to domestic violence exposure, research has also documented specific risk factors for children living in these circumstances.

1.3.1 Risk factors. Research has found risk factors associated with domestic homicides involving children. According to the Ontario Domestic Violence Death Review Committee (DVDRC), these include: a history of violence within the home, alienation, obsessive and possessive behaviour, the perpetrator's criminal history, and prior involvement with police (Ontario DVDRC, 2009). Based on a review of domestic homicide cases by the DVDRC in Ontario, it was found that more than 70% had seven or more risk factors and 52% had 10 or more. The risk of an actual or pending separation was repeatedly found to be a risk factor, and reviews of research in this area indicate that children are often killed in retaliation for the mother terminating the relationship (Bourget, 2007; Dawson et al., 2017; Dawson, 2015; Jaffe, Campbell, Hamilton, & Juodis; 2012), indicating that children's risk of homicide is heightened when their parents separate.

In other research, parental substance abuse, mental health issues, past child abduction and/or threats of abduction, and threats of child homicide have been considered as risk factors (Brandon et al., 2012). Three antecedents to child domestic homicides were found to include: a prior history of child abuse, the family's previous involvement with social service and mental health agencies, and the existence of previous domestic violence (Websdale, 1999). Children who experience maltreatment as a result of domestic violence may appear healthy and well-

adapted and may not significantly stand out from their peers. It is, therefore, misleading to assume that a child who presents in such a way is not at a risk of harm, especially when there are known parental risks (UK Department of Education, 2016). This highlights the importance of appropriate interventions for families with children who experience domestic violence, inclusive of risk assessment, risk management, and safety planning. In addition to including the needs of children in domestic violence service provision, there is a need to retrospectively examine domestic homicide cases involving children to evaluate agencies' responses to children who were exposed to domestic violence.

1.4 Emerging knowledge from death review committees

Domestic Violence Death Review Committees (DVDRCs) in Canada and Domestic Violence Fatality Review Teams (DVFRTs) in the U.S. are multi-disciplinary committees comprised of domestic violence experts who review deaths that occur in this context. Most committees review the homicides of any family member or third party that were perpetrated by the partner of the primary victim. Although most death review committees focus on homicides perpetrated by intimate partners, some have a broader scope in their definition, such as the inclusion of all deaths involving family members (e.g., homicide perpetrated by siblings) (Jaffe, Dawson, & Campbell, 2013).

Most death review committees conduct reviews of the homicides that are comprised of demographic and descriptive characteristics of the deaths in order to identify important components. These can include risk factors such as: a history of system involvement, possible mechanisms of intervention, as well as missed opportunities for intervention in these cases (Bugeja, Dawson, McIntyre, & Walsh, 2015). The committees then publish recommendations that result from their review of the homicides. Themes that commonly emerge from their

published reports fall within the realms of awareness and education, assessment and intervention, and areas of needed support (Jaffe et al., 2013). It is important to consider, however, that recommendations stemming from these reviews are not legally binding. Likewise, the recommendations do not make determinations of the perpetrator's guilt; rather, they place a focus on pinpointing systemic problems that may have had an impact on these homicides to some degree.

DVDRC's and DVFRT's have grown across a number of locations since 1990 with differences in their structure and governance (Bugeja et al., 2015). These committees have been established in Great Britain, Australia, New Zealand, the U.S., and seven Canadian provinces (Ontario, New Brunswick, Alberta, Manitoba, Saskatchewan, British Columbia, and Quebec) (Jaffe et al., 2013; The Canadian Press, 2017). Although these committees have grown on an international scale, there has been little understanding relative to the nature of the recommendations that are made, whether they have been executed, and the efficiency of those recommendations that have been put into action.

Although most DVDRC's make recommendations, some committees may not target specific agencies or systems. In addition, there is often no mandate for agencies to respond to these recommendations, and the means by which their implementation is tracked is often vague (Bugeja et al., 2015). As a result, this can contribute to challenges in boosting their efficiency. There is a need for increased understanding on the impact that themes and recommendations stemming from death review committees have on child-specific domestic violence intervention and service provision.

1.4.1 Representation of children within death review committees. Apart from tracking primary victims (perpetrators' intimate partners), most committees also track secondary or

"collateral" victims who are in a close relationship to either one or both intimate partners (e.g., child) or individuals who were in close proximity to the incident (Meyer & Post, 2013). Certain types of homicides, however, may be under-represented within domestic homicide reviews. Deaths that result from child neglect or abuse may be left out of these counts, even though they may have occurred within the context of domestic violence (Jaffe et al., 2012). Furthermore, it may be difficult to identify a history of domestic violence in these cases (Wisconsin Coalition Against Domestic Violence, 2014). The under reporting of children in these cases can create challenges for identifying child-specific risk factors and missed opportunities for intervention. This calls for more succinct ways of identifying children at risk alongside comprehensive investigations of their deaths in order to gain a better understanding of the risk factors and other related factors. Through this process, information sharing among various agencies can assist in bringing these factors to the forefront (Frederick, Goddard, & Oxley, 2013).

Retrospectively, many domestic homicides involving children had some degree of awareness regarding the presence of warning signs that were known by others and, therefore, these cases appear preventable and predictable (Jaffe et al., 2012). The processes of death review committees have contributed in some degree to this increased awareness (Jaffe et al., 2017). However, these findings demonstrate that children's risks are often ignored, even when it has been documented that these risks had preceded the homicide (Jaffe et al., 2017; Sillito & Salari, 2011).

Recommendations that stem from death review committees relative to domestic homicides involving children have frequently called for increased public awareness and professional training and education on the dynamics of domestic violence and its effects on children (Ontario DVDRC, 2010; Sacramento County, 2003). The committees frequently address

the need for communication and collaboration among service providers to enhance risk assessment, risk management and safety planning strategies with victims and children, as it has been noted that these interventions have often excluded children (Georgia Statewide Commission on Family Violence, 2015; Jaffe et al., 2017; Ontario DVDRC 2014).

1.5 Risk assessment, risk management, & safety planning

Risk assessment involves assessing the probability of the occurrence of a behaviour or event, how frequently it may occur, as well as who it may affect and the impact it may have. Risk assessments are utilized to decrease the probability of recurrent victimization and assist in the creation of risk management and safety planning interventions. The assessment of risk is most commonly based on a multitude of factors that include: the victim's perception of their own level of risk, professional judgment, and any other information gathered through checklists, instruments, and other processes (Campbell, Cross, Jaffe, MacQuarrie, 2010). Risk assessment helps to lay the foundation for a uniform understanding among service providers with respect to a victim's risk (Laing, 2014). It has been recommended that service providers use standardized risk assessment instruments in order to increase communication and understanding across agencies working with families experiencing domestic violence (Guo & Harstall, 2008).

Risk management takes place after an assessment of risk is made and utilizes various approaches to decrease future risk of harm to the victim. Some of these approaches may include: keeping the whereabouts of the victim and child undisclosed, obtaining a protection order, ensuring safety measures are in place when making determinations of child access agreements, and suspending the perpetrator's contact with the child until specific criteria are met (Nielson, 2017).

Whereas risk management often has a perpetrator-related focus, safety planning is a process that involves collaboration between service providers and victims, with the victim's own

awareness of their needs being at the forefront. During the process, the potential risks associated with remaining with the perpetrator are weighed alongside risks relative to terminating the relationship (Waugh & Bonner, 2002). Victims and service providers then work collaboratively to make efficient use of resources in order to ultimately increase the victim's safety and that of their children (Richards, Letchford, & Stratton, 2008). Safety planning strategies can include: helping victims feel empowered, management of fear and anxiety, and providing strategies in order to reduce the potential of violence. When engaging in safety planning with children, research recommends that this should be a voluntary, developmentally appropriate, ongoing process with multiple components, and one that is created in collaboration with the mother (Chanmugam, 2012; Hart, 1990). Ultimately, safety planning should also take into consideration the emotional and physical safety needs of children (Evans, Davies, & DiLillo, 2008; MacMillan, Wathen, & Varcoe, 2013). The degree to which safety planning is conducted can vary across agencies that work with families, however.

1.6 Agencies involved with families experiencing domestic violence

Families experiencing domestic violence may come into contact with a variety of agencies, including criminal and family courts, child protection services, shelters, batterer intervention programs, police, social services, education, and frontline service providers (Jaffe et al., 2017). The differing priorities of the various systems involved with families can cause inconsistency, confusion, and a lack of congruency between the measures that are taken to enhance safety and protection (Judicial Council of California 2008; Martinson, 2012). The lack of coordinating and cohesive practices between domestic violence, child protection, and child custody proceedings have been termed the "three planet model," where each "planet" contains its own practices and priorities (Hester, 2011). Whereas domestic violence agencies focus on adult

victims, child protection focuses on the safety of the child, and child custody focuses on the promotion of regular child contact of the parents. Altogether, the safety of children depends on information sharing and coordination between all three systems (Jaffe et al., 2017). A lack of agency collaboration can result in difficulties in effective service provision or missed opportunities for intervention (Jaffe et al., 2017). A study found that homicides with children in the family had more prior agency involvement than cases where there were no children in the home (Hamilton, Jaffe, & Campbell, 2013). If this is the case, then it can be assumed that there were more warning signs and opportunities to intervene present in these cases.

Furthermore, in many jurisdictions child exposure to domestic violence is not considered a form of maltreatment that mandates reporting. In some cases, risk of serious harm is required before a report is made. It is rare for a jurisdiction to mandate reporting of exposure to domestic violence without direct evidence of harm (Cross, Mathews, Tonmyr, Scott, & Ouimet, 2012). In some Canadian provinces and American states, child exposure to domestic violence is legislated as a form of maltreatment. Notwithstanding this obligation, at times jurisdictions may have an ambiguous mandate, or it may be unclear as to what falls under the definition of domestic violence (Echlin & Marshall, 2005), which can contribute to a lack of reporting.

In addition to difficulties associated with jurisdictional classifications of child maltreatment, there are currently no empirically supported tools that assess a child's risk of lethality or harm in being exposed to domestic violence (Olszowy, Jaffe, Campbell, Hazel, & Hamilton, 2013). Therefore, children's risk may be overlooked if there is no prior history of child abuse (Jaffe et al., 2012). Risk assessments that involve children are typically conducted through agencies that are tasked with serving the needs of children, such as child protection. Tools that are used by these agencies, however, typically focus on general maltreatment (often

with a focus on physical violence), without identifying whether or not it has occurred in a domestic violence context (Shlonsky & Friend, 2007). While the need for physical protection can be examined through their use, these measures may not be effective in determining the best interests of children in cases of family law or child protection, and they may ignore a child's risk of harm related to living in an environment of domestic violence. Clearly, this points to a lack of recognition of risk for children who are exposed to domestic violence and an infrequency of appropriate responses to these cases, highlighting the need for appropriate risk assessment strategies to be implemented. As such, the combination of the Social Ecological Model and Exposure Reduction framework can serve as a theoretical lens through which domestic violence prevention and intervention efforts can be examined.

1.7 Theoretical framework

1.7.1 The Social Ecological Model. The Social Ecological Model (SEM) is a framework for understanding the ways in which individual and environmental factors influence behaviours (Centers for Disease Control and Prevention, 2015). It can be used to identify points of intervention within behavioural and organizational domains in order to implement health promotion within organizations. The SEM can be used in the development of prevention strategies for domestic violence. According to the model, the prevention of violence requires an understanding of the factors that contribute to violence. The interplay between individual, interpersonal, community, organizational, and policy factors is considered in order to understand the various factors that increase or decrease individuals' risk for experiencing or perpetrating violence. It is thought that factors at one level influence those at another level. The prevention of violence requires service providers simultaneously acting across multiple levels, which is thought to increase the sustainability of prevention efforts. The individual and interpersonal aspects of the model focus on individual characteristics and the nature of relationships that

increase the risk of violence, respectively. With respect to the individual level, prevention strategies focus on the promotion of attitudes, beliefs, and behaviours. Prevention strategies that target the relationship level of the model focus on the promotion of healthy relationships and conflict resolution, such as through parenting or family-focused prevention programs (Centers for Disease Control and Prevention, 2015). The first two levels of the model, therefore, speak to the need to provide services to victims and children experiencing domestic violence, as well as perpetrators.

The community, organizational, and policy levels of the social-ecological model focus more on what can be done by systems with which the victim and perpetrator may be involved. The community level focuses on the social and physical environment of the individual, and prevention strategies within this area focus on policies and processes that may exist within various agencies. Similarly, the organizational level examines rules and regulations that exist within organizations that may affect service provision. The policy level in turn focuses on provincial and territorial laws and policies that can affect the allocation of resources (Centers for Disease Control and Prevention, 2015). One of the ways in which violence prevention strategies can be incorporated is through improving health, educational, and social policies that focus on inhibiting the acceptance of violence (Centers for Disease Control and Prevention, 2015). In this way, the promotion of family wellness and preventing domestic violence is linked with economic and workplace policies that impact violence (Peters et al., 2001). According to this model, the development of prevention through service delivery systems and the community must be sustainable. Service professionals therefore must incorporate their commitment to social change in their practice (Ungar, 2002). The service provider can help their client through policy and planning activities as well as through the provision of therapy and other individual-based

approaches. Therefore, challenges can be treated through various system levels and treatment can be thought of as a strategy that improves the transactions between individuals and their environments (Pardeck, 1988).

1.7.2 Exposure Reduction Framework. The Exposure Reduction framework helps explain prevention strategies for homicides that occur in the context of domestic violence (Reckdenwald & Parker, 2010 In order for these crimes to be prevented, there is a need for identified resources to be in place for victims to access in order to reduce their risk. Prevention strategies, through the provision of resources and services, may include: helping victims terminate abusive relationships, helping them overcome barriers that impede safety, and recognizing pertinent perpetrator characteristics (Dawson, Bunge, & Balde, 2009; Dugan, Nagin & Rosenfeld, 2003). Therefore, the likelihood of domestic homicides is decreased through reduced exposure of victims to their abusers by providing increased opportunities to safely terminate the relationship (Reckdenwald & Parker, 2010). Opportunities that can increase safety include the availability of appropriate resources, policies, as well as cultural and societal changes that support victims leaving their abusers (Dawson et al., 2009; Dugan Rosenfeld, & Nagin, 2003).

Although the increased availability of resources is beneficial, there is a risk for retaliation in relationships that have more severe forms of violence when inadequate amounts of intervention or ineffective strategies are provided. In these cases, the perpetrator's level of aggression may be increased while exposure to the violence may not be reduced (Dugan et al., 2003). The existence of children may provide another complex dimension to these issues, as a result of increased pressure for contact with their perpetrating fathers while awaiting criminal and family court decisions. Therefore, there is a need for appropriate services in order to

decrease domestic violence exposure and thereby reduce the likelihood of homicides in this context. As children are at risk if their mothers are deemed to be at risk, an awareness of child risks and effective intervention strategies tailored to their needs can assist in preventing domestic homicides involving children (Jaffe, Johnston, Crooks, & Bala, 2008; Poole, Beran, & Thurston, 2008).

1.8 Domestic violence services

Although child domestic homicides are a relatively infrequent occurrence, nevertheless they warrant further consideration. Children's victimization in this context has not been given the same degree of consideration as that of adult victims and their distinct needs have often been ignored. Research therefore reflects a need for domestic violence agencies to ensure that their needs and individual risks are taken into consideration (Richards et al., 2008). However, it is unclear to what extent children are involved in this process (Stanley & Humphreys, 2014). Originally, concerns pertaining to child safety were not prioritized, however there has been an increased awareness of the need to address them (Radford & Hester, 2006). Children who are considered to be at risk of harm come to the attention of child protection services, which are tasked with serving the best interests and safety of the child. Services that are geared towards adults, such as victim shelter services, however, primarily focus on the needs of adults. A study found that homicides with children in the family had more prior agency involvement than cases where there were no children in the home (Hamilton, Jaffe, & Campbell, 2013). When this is the case, it can be assumed that there were more warning signs and more professionals' eyes present in these cases. While it could be assumed that this would warrant more appropriate child-centered intervention, it appears that this is not the reality. Therefore, there is a need to include children's needs in the provision of these services with respect to risk assessment, risk management, and safety planning.

One of the key sectors involved in the provision of domestic violence services is represented in Violence Against Women (VAW) services. As one of the agencies that falls within this sector, domestic violence shelters are a common service that is provided to women and children who have experienced this violence and they offer protection for women and children who are fleeing from it. Emergency shelters provide crisis, short-term services with longer-term options that can include transitional and permanent housing (Baker, Billhardt, Warren, Rollins, & Glass, 2010). In a state of crisis, women who are escaping domestic violence are often focused on basic needs (Baker, Cook, & Norris, 2003). However, children who arrive at shelter often have an array of psychosocial needs in addition to their immediate safety and basic needs (Chanmugam, Kemter, & Goodwin, 2015). Although children often accompany their mothers to shelters, it is unknown exactly how widespread child and youth-centered services are within these settings (Lyon, Lane, & Menard, 2008).

Overall, the focus of domestic violence services is the acknowledgment of this violence being rooted in gender inequality, with men being the primary perpetrators of the violence. The work of these agencies is mainly adult-focused, with interventions being geared towards supporting victims in overcoming their experiences. Children, however, are not a prominent focus of these interventions, even though VAW services have recognized the impacts of living with domestic violence on children (Hester, 2011). Over time, there has been increased awareness of the need to directly involve children and youth with safety planning, especially during the period of heightened risk after separation (O'Keefe & Lebovics, 2007). Advocates began safety planning with these populations as they began to recognize them as a separate group with their own individual needs. However, safety planning practices often differ across agencies in terms of goals and procedures (Chanmugam, 2009; Hardesty & Campbell, 2004).

Furthermore, there is a lack of a seamless means of identifying which children are in need of services in relation to domestic violence, and so agencies responsible for providing children's services may not be notified (Stanley, 2011). The systems that are involved with families experiencing domestic violence may, therefore, not operate in cohesion, which can impact intervention efforts, as described by the Social Ecological Model, which has emphasized the need for system-wide interventions.

1.9 Considerations for children

As demonstrated throughout this chapter, domestic violence and homicide are significant and prevalent public health concerns (Guedes, Bott, Garcia-Moreno, & Colombini, 2016). In the United States, for example, the rates of domestic homicides continue to be on the rise, having increased on an annual basis from 2004 to 2017 (Fridel & Fox, 2019). Apart from being victimized themselves, children may experience an array of negative repercussions stemming from their exposure to this violence or as a result of losing one or both parents as a result of it (Alisic et al., 2017; Jenney & Alaggia, 2014). As a result, there is a need to identify risk factors for children living in these circumstances, and once identified, examine how these unique risks are being accounted for through appropriate interventions across systems and agencies. Building off from these identified risks, there is also a need for service providers directly involved with victims such as VAW agencies, to also extend appropriate services to children. Consequently, pertinent questions emerge with respect to child risk: Given the high prevalence of domestic homicides, why do the needs of children and their individual risks continue to be overlooked? What are the barriers and challenges that exist to providing these services, given the growing recognition of the risks of children exposed to domestic violence?

Together, the three articles in this manuscript are designed to provide insight into the recognition of the psychological and physical risk of children exposed to domestic violence and the need for services tailored to their needs. In Study One (Chapter Two), domestic homicide cases in Ontario, Canada, are explored via a quantitative analysis of cases with and without children in the family in order to identify unique risks for children in these cases as well as the agencies that were involved. To examine whether these risks are recognized among systems and agencies, the second article utilized a thematic analysis to explore key themes from death review committees in Canada and the U.S. pertaining to children exposed to domestic violence and homicide. Finally, to explore how this information is put into practice, the third article, explores VAW service providers' responses to the needs of children through a thematic analysis in the hopes of identifying barriers to effective service provision with this population.

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2. Risk factors and agency involvement associated with children present in domestic homicides

2.1 Abstract

Children exposed to domestic violence may be at risk of homicide. Through an analysis of 140 domestic homicide cases in Ontario, Canada, this study sought to identify unique factors that heighten the risk for children in these circumstances. Two groups of domestic homicide cases were compared: the first represented the context where the victim and perpetrator had no children (No Children, *n*=39) and the second, where children were part of the family system (Children, *n*=101). Overall, there were few unique differences between the groups and most of the significant findings were based on expected characteristics related to having children in the family (e.g., child custody disputes). Other significant results included a higher percentage of reports made to legal counsel/services within child-specific cases and a higher percentage of reports made to family members in cases where children were present but not killed. Although results were non-significant, few cases had risk assessment or safety plans completed. Overall, the results indicate that in the context of domestic violence, children who have not been directly targeted are at similar risk of harm as children who have been killed. The findings highlight a need for awareness of child domestic homicide risk among service professionals, consideration of additional risk factors when children are present, and an increased availability of resources to assess and manage their levels of risk.

2.2 Introduction

Domestic violence has consistently been acknowledged as a significant public health concern, and is linked to adverse physical, emotional, and economic effects on victims and society in general (World Health Organization, 2016). This form of violence involves intentional, violent, and/or controlling behaviour perpetrated by an individual towards a current or former intimate partner. The definition encompasses acts such as physical and verbal attacks, intimidation, threats, isolation, and sexual assaults and can affect individuals of all ethnic, racial, and socio-economic backgrounds (Alpert et al., 1997). In the United States, an average of 20 individuals per minute experience physical domestic violence, which equates to an annual rate of more than 10 million victims (Black et al., 2011). In 2015, 54% of all violent victimizations were perpetrated by an intimate partner (US Department of Justice, 2016).

Although victimization by domestic violence is not exclusively experienced by women, a woman's risk of victimization is four times greater than that of a man (Statistics Canada, 2013). In 2016, 79% of victims of reported domestic violence were women (Statistics Canada, 2016). Apart from the experience of domestic violence, women are more likely to experience a higher degree of victimization, increased severity of violence, and greater susceptibility to injury and lethality stemming from the violence (Black, 2011). Violence of this nature rarely occurs in isolation; rather, it often develops in conjunction with recurrent abuse patterns that have been present within the home (Kuijpers, Van der Knaap & Winkel, 2012). When there is an escalation of this violence, domestic homicide may occur (Adams, 2007).

2.2.1 Domestic homicide. At its extreme, domestic violence may result in domestic homicide, which involves the killing of intimate partners and/or family members in the context of domestic violence (Turvey, 2008). In Canada, there were 960 domestic homicides reported

between 2003 and 2013 (Statistics Canada, 2015). As with domestic violence, women are disproportionately affected by domestic homicide. According to Statistics Canada, the rate of intimate partner homicide in 2017 was five times greater for women than for men (Statistics Canada, 2018). On a global scale, approximately 30, 000 women were killed by an intimate partner in 2017 (United Nations Office on Drugs and Crime, 2018). As homicides of this nature have mostly been perpetrated by men, and primary victims have been predominantly female (Ontario DVDRC, 2009; Websdale, 1999), the current study will focus on male perpetrators and female victims.

2.2.2. Experiences of children in the context of domestic violence and homicide.

Although domestic violence is rooted in intimate partnerships, it can also directly and indirectly affect children. Children can be exposed to domestic violence and its aftermath in a wide variety of ways (Jaffe, Wolfe, & Campbell, 2011). Some children may intervene or distract their parents and are at risk of injury or death in the crossfire (Jaffe et al., 2012). A study based on data collected from 112 studies in 96 countries estimated that over one billion children, aged 2-17 years, are exposed to some form of violence, including domestic violence (Hills, Mercy, Amobi, & Kress, 2016).

Children may also be victims of homicides, which can occur in the context of domestic violence that is occurring between their parents. In these cases, children may not be the primary targets of the male perpetrator, but rather, may be killed as a result of the domestic violence taking place around them (Lawrence, 2004). These cases are more likely to occur during the period of separation and as part of an ultimate act of revenge by the perpetrator (Dawson, 2015; Jaffe & Juodis, 2006). In Canada between the years 2010-2015, 8% of children were victims of domestic violence-related fatalities (Dawson et al., 2018).

Children who are exposed to domestic violence are also at an increased risk of experiencing other forms of maltreatment, defined as including physical, emotional, and sexual abuse, neglect, negligence, and any other form of abusive behaviour (WHO, 2010). In Canada, exposure to domestic violence is among the most frequently experienced forms of maltreatment experienced by children, with 34% of cases substantiated on an annual basis (Trocmé et al., 2010). The risk of physical abuse often increases with the severity and frequency of violence experienced by the mother (Bancroft, Silverman, & Ritchie, 2012). Apart from being faced with the risk of homicide themselves, children can be impacted by domestic homicide through experiencing the loss of a parent, as well as suffering from the negative repercussions associated with exposure to this extreme violence (Jaffe, Campbell, Hamilton & Juodis, 2012; Jaffe, Campbell, Reif, Fairbairn, & David, 2017). It can also profoundly affect a child's development and later life course as they navigate through their own relationships (Alisic et al., 2017; Graham-Bermann & Perkins, 2010; Richards, Letchford, & Stratton, 2008).

2.2.3 Risk factors. Research is extensive on the impact of domestic violence exposure on children's development. In fact, research on the effects of domestic violence on children has increased almost twenty-fold since the early 1990s (Jaffe, Wolfe, & Campbell, 2011). In contrast, a child's risk of lethality in the context of domestic violence is not well documented, although some risk factors have been identified. Common risk factors that increase the risk of domestic homicide among intimate partners include a history of domestic violence and an actual or pending separation and some research has found that these factors likewise place children at risk of homicide (Dawson et al., 2018; Ontario DVDRC, 2015). In addition, the presence of mental health-related challenges has often been identified in domestic homicide perpetrators (Jackson, 2012; Sillito & Salari, 2011). The presence of current child custody/access disputes

among parents has also been identified as a risk factor for domestic homicides of children (Dawson et al., 2018).

Other research has also pinpointed risk factors related to child homicide. An examination of domestic homicide cases in the U.S. from 1999-2004 found that a higher percentage of cases where children were killed had parents in an intact relationship, perpetrators had exhibited suicidal intent, and they were more likely to involve biological children (Sillito & Salari, 2011). Moreover, early research in this area identified three antecedents to child domestic homicides: a prior history of child abuse, previous formal agency involvement with the family, and the existence of prior domestic violence (Websdale, 1999). This has also been supported by research that found a greater number of formal agencies involved in domestic homicide cases with couples who had children (Hamilton et al., 2013). Apart from these studies, research has been limited on domestic homicide risk of children (Hamilton et al., 2013). Research has shown, however, that children can be considered at risk if their mothers are at risk because of the overlapping risk factors for children and adult domestic homicide (Olszowy, Jaffe, Campbell, & Hamilton, 2013).

2.3 Theoretical Framework

The Exposure Reduction framework can be applied in exploring the ways in which domestic homicides, including those of children, can be prevented. According to this framework, the prevention of domestic homicides depends on the identification of structures in place for victims of domestic violence in order to facilitate the reduction of risk. Mechanisms through which this may occur can include: assisting victims with ending an abusive relationship, providing support with overcoming obstacles to safety, and acknowledging the attitudes and behaviours of the perpetrator (Dawson, Bunge, & Balde, 2009; Dugan, Nagin, & Rosenfeld,

2003). According to the framework, decreased exposure of victims to perpetrators of domestic violence reduces the likelihood of domestic homicides from occurring through the provision of opportunities to leave the relationship (Reckdenwald & Parker, 2010). Some of these opportunities include the availability of domestic violence-oriented resources, policies, and societal shifts that help victims leave an abusive relationship (Dawson et al., 2009; Dugan et al., 2003). However, research has also documented a potential retaliation effect in cases of severely violent relationships when too little, or ineffective prevention resources are implemented. That is, ineffectively implemented interventions may increase perpetrators' aggression without appropriately reducing exposure (Dugan, Rosenfeld, & Nagin, 2003). These effects may be further compounded when children are involved due to the added pressure for facilitation of contact or engagement with perpetrators, as perpetrators are presumed innocent until the risk they pose is ascertained in criminal and family court.

Ultimately, it is thought that reducing exposure to domestic violence with appropriate service provision can curtail the occurrence of domestic homicides. Drawing on this framework and on research that has shown that a child's risk is parallel to their mother's risk, it can be inferred that an increased awareness of child-related risk factors can aid in the prevention of child domestic homicides. Therefore, appropriately implemented interventions that are tailored to the unique needs and risks of children (e.g., supervised visitation, age-appropriate safety planning) are paramount (Jaffe et al., 2008; Poole, Beran, & Thurston, 2008).

2.4 Current study

As evidenced by research in the field, children who live in an environment of domestic violence may be at risk of homicide, as well as negative psychological repercussions stemming from their exposure to this violence. Although previous research on child-specific risk factors

has been limited, some research has supported a history of domestic violence, an actual or pending separation, and the presence of perpetrator mental health-related challenges as risk factors for child domestic homicides (Dawson et al., 2018; Jackson, 2012; Sillito & Salari, 2011). Furthermore, a study that examined data from a review of 84 domestic homicide cases in Ontario, Canada, found that a higher number of agencies were involved with the family prior to the homicide (Hamilton, Jaffe & Campbell, 2013). As a result, agencies, professionals, and members of the community are in a unique position to identify risk factors and engage in efforts to prevent child domestic homicides from occurring. This study sought to address research gaps with respect to child-specific risk factors for domestic homicide, through comparing domestic homicide cases with and without child involvement and examine risk factors that were present in those cases where children existed as part of the family system and explore the degree of agency involvement in these cases.

To determine risk factors for domestic homicide that are specific to children and the agencies involved, a review of Ontario Domestic Violence Death Review Committee (DVDRC) cases was conducted. Established in 2002, the DVDRC is a multidisciplinary committee of experts in the field who assist the Office of the Chief Coroner by reviewing deaths that occur as a result of domestic violence. The Committee uses historical information, interviews with family and friends, police reports, and agency files related to the perpetrator, victim, and other family members, to conduct a review of the cases and make recommendations with the objective of preventing future domestic homicides from occurring. The Committee has specified 41 risk factors for domestic homicide, obtained from literature in the field specific to the risk of repeated or lethal domestic violence. Consensus among committee members is required in order to include identification of these risk factors within the reviewed cases. Detailed definitions of these

risk factors can be obtained from annual reports that are publicly available on the website of the Office of the Chief Coroner (https://www.mcscs.jus.gov.on.ca/english/DeathInvestigations/office_coroner/PublicationsandReports/coroners_pubs.html).

This study selected 140 cases reviewed by the DVDRC and divided these cases into two separate groups: (a) No Children (cases where no biological or step children exist within the family system) and (b) Children (cases where there is a child who exists within the family system, irrespective of whether a direct or indirect attempt was made on their life). This study operated with the awareness that children are at risk by living in proximity to domestic violence regardless of whether they were directly harmed, and that children are at risk for negative outcomes irrespective of their degree of exposure, such as physical injury, long-term mental health, behavioural, academic problems, as well as the difficulties associated with the loss or one or both caregivers (Stanley, Chantler, & Robbins, 2018). Moreover, surviving children may have been spared from the homicide simply by being physically absent from the homicide scene. A subsequent analysis was done with respect to cases where children were killed or where children survived the attempted homicide. The children in each case were either biological or stepchildren of the primary victim and/or perpetrator. Cases were examined for risk factors as well as agency involvement with families where domestic homicides took place. The objective of the study was to examine those factors that increase the risk of children for domestic homicide, as well as the number of agencies involved in cases involving children.

2.5 Method

2.5.1 Sample. This study analysed 140 domestic homicide case summaries that were obtained from the Ontario DVDRC database between the years 2003 and 2016, alongside

individual case summaries and reports to identify unique risk factors that heighten the risk of domestic homicide for children.

The Ontario DVDRC database was developed through coding information from the Committee's review of each case, based on files obtained from various agencies and professionals who were involved with the families, as well as interviews with family, friends, and other key individuals. Information that was coded included: demographic characteristics of the perpetrator and victim, circumstances of the homicide, and risk factors that were present in the case. The amount of information that was available differed among cases based on the amount of information available on file and the meticulousness of police investigations. The definitions for the risk factors have been developed by the DVDRC based on discussion and mutual agreement. Information and definitions pertaining to all risk factors are available in the appendix of the Ontario DVDRC's 2016 annual report. The cases in the database came from two coding forms (see Appendix A) that are used by the Committee to organize the data pertaining to the homicide at intake.

DVDRC risk factor coding form. The DVDRC risk factor coding form is used by the Committee to identify and code information specific to the DVDRC's 41 risk factors, with specification of whether the risk factor was present (P), absent (A), or unknown (Ukn) based on the information contained within the case reports.

DVDRC data summary form. The other coding form is a data summary form, which is used to provide a summary on all information pertaining to the case, including information specific to the victim(s) and perpetrator. This form also provides information on the involvement of 34 different service providers from various sectors (e.g., justice system, child protection, mental health).

Out of the 289 cases reviewed by the DVDRC between 2003-2016, 140 cases were selected that met this study's inclusionary criteria, which were based on the following: a heterosexual relationship between the primary victim and perpetrator, the perpetrator and victim being up to the age of 55 years (inclusive), and the perpetrator being male. Cases with female perpetrators and same-sex couples were excluded due to small sample sizes. The age restriction criterion was applied in order to better reflect cases where the perpetrator and primary victim were of age to have minor children and exclude cases involving older couples. For the purposes of the study, the term "perpetrator" is used to denote the individual committing the offense, and the primary victim refers to the female intimate partner of the perpetrator. "Child" was used to classify any individual 18 years of age and under.

Cases were divided into a "No Children" group and a "Children" group based on a careful review of the homicide case summaries. The "No Children" group represented the absence of children in the family unit where neither the victim nor the perpetrator had any children. "Children" was the category used to reflect cases where children existed within the family unit as biological, adopted, or stepchildren of the primary victim and/or perpetrator, whether or not they were in their direct care and resided within their home. This included cases where children were killed, as well as ones where they were not killed. Cases which included adult children and minor children who were not the kin of the victim or perpetrator were not included. Likewise, cases were removed when it could be inferred that the victim and perpetrator had no contact or access to the children. Group 1 (No Children) allowed for the exclusion of predisposing factors that are common to all domestic homicides, whereas Group 2 (Children) provided an opportunity to examine all cases involving children, with the awareness that all

children living in an environment of domestic violence are at equivalent levels of risk, irrespective of whether they have or have not been directly harmed.

The researcher took an oath of confidentiality and was granted approval from the Western University Ethics Review Board prior to commencing this study. In order to maintain confidentiality, cases were identified by numbers. All cases were stored on a password-encrypted computer in a locked room at the university and were not transported outside of the room. All data analyses were performed on the same encrypted computer.

2.5.2 Procedure. The data in the DVDRC database was coded by a research associate and graduate research assistants who were all familiar with the database. The database has existed since 2003 and is continuously updated with incoming data related to domestic homicide cases. Where there was missing data, case histories were carefully reviewed and a judgment was made by the researcher on specific variables (e.g., whether children existed within the family system). Cases were then divided into the two groups: No Children and Children. Demographic information was used to investigate general case characteristics. Variables related to risk (e.g., risk factors, risk assessment, agency involvement) were compared among the groups using chi-square and t-test analyses. The analysis was then followed by a comparison of the cases in the Children group, through segregation of cases where children were killed, and ones where they were not killed (irrespective of whether they were physically present in the home), again through conducting analyses using chi-square and t-tests for continuous variables.

2.6 Results

2.6.1 General case characteristics. The study utilized separate chi-square analyses with the two groups (No Children x Children) on variables that related to the case characteristics and the primary victim and perpetrator's relationship (Type of Case, Type of Relationship, Length of

Relationship; see Table 2-1). The results revealed no significant differences between groups with respect to Type of Case. Significant differences between the groups were found for Type of Relationship (χ^2 (2) =25.7, p<0.001) and Length of Relationship (χ^2 (2) =24.9, p=0.001). The highest percentage of cases where children existed within the family unit involved legal spouses (65%), which was significantly higher than for cases where no children existed (23%). No statistically significant difference was found with respect to common-law relationships for both groups (26% for No Children and 22% for Children). Differences between the groups were found for the Boyfriend/Girlfriend category, involving 49% of the No Children group and 13% of the Children group. Most cases where children existed (50%) and where they did not exist (72%) involved relationships that were one to 10 years in length. Differences were found for relationships that were less than one year in length, with 21% of cases with no children and 4% of cases with children falling in this category. Furthermore, the two groups also differed in relation to relationships that were 11 years or longer, encompassing 46% of cases with children and 5% of cases with no children.

Table 2-1. Demographic Information/General Case Characteristics

Category	No Children (n=39) n (%)	Children (n=101) n (%)	χ^2
Type of case			0.0
Homicide	24 (62)	64 (63)	
Homicide-suicide	15 (38)	37 (37)	
Type of relationship±			25.7***
Legal spouse	9 (23)	66 (65)	
Common-law partner	10 (26)	22 (22)	
Boyfriend/girlfriend	19 (49)	13 (13)	
Length of relationship±			24.9***
Less than 1 year	8 (21)	4 (4)	
1-10 years	28 (72)	51 (50)	
11+ years	2 (5)	46 (46)	

***p<0.001

±Numbers may vary due to missing data. Uneven percentages may be from smaller numbers for some variables

Additional analyses were completed to examine children killed by dividing the Children group into two groups based on whether the children were killed: No Child Target (child was not killed) and Child Target (child was killed) to examine if any differences existed between them with respect to the degree of child involvement. No significant differences were found between these groups for all three categories (Type of Case, Type of Relationship, and Length of Relationship).

2.6.2 Agency Contact. An independent samples t-test was used to compare the two groups (No Children x Children) to determine if there were any significant differences in the average number of all agency contacts (domestic-violence related and otherwise) for the primary victim only, perpetrator only, and for both the victim and perpetrator (see Table 2-2). No significant differences were found between the two groups. Likewise, when the two Child groups were compared (No Child Target x Child Target), no significant differences were found between the groups.

Table 2-2. Average number of agencies involved

Category	No Children± (*n*= 39) *M (SD)*	Children± *(n*=101) *M (SD)*	*t*
Primary victim only	2.1(2.8)	3.3 (3.2)	-1.9
Perpetrator only	3.4 (3.5)	4.2 (3.5)	-1.2
Perpetrator and victim	4.4 (4.0)	5.8 (4.5)	-1.6

±Numbers may vary due to missing data. Uneven percentages may be from smaller numbers for some variables

To determine the types of formal and informal domestic violence-related supports that were sought by the families involved in these cases, both groups (No Children x Children) were compared for the number of agency reports made using a chi-square analysis (see Table 2-3). Results were significant for Child Protection Reports ($\chi^2(2) = 8.2$, $p<0.05$), indicating that 21% of cases where children existed involved reports made to child protection services in contrast to

these reports made in 3% of cases where there were no children. This percentage represents a single case within this group that involved an adolescent primary victim who experienced child protection involvement within her family of origin. Significant differences were found for Legal Counsel/Services Reports ($\chi^2(2) = 7.5$, $p<0.05$, with 31% of cases where children existed and 13% of cases with no children involved reports made to legal counsel or legal services. No other significant relationships were found for any of the other agency reports.

The cases were further examined for distinction between child-related cases (No Child Target x Child Target). No significant differences were found between these two groups with respect to formal and informal reports, with the exception of informal reports from the "Family Members" category, which was present in a higher number of No Child Target cases; $\chi^2(2) = 6.7$, $p<0.05$.

Table 2-3. Formal and informal agency reports

Category	No Children± (*n*= 39) *n (%)*	Children± (*n*=101) *n (%)*	χ^2
Formal reports			
Police reports	14 (36)	50 (50)	2.1
Court reports	6 (15)	30 (30)	3.2
Medical reports	5 (13)	23 (23)	1.8
Shelter/Other DV Programs	3 (8)	18 (18)	2.3
Family court reports	2 (5)	19 (19)	4.2
Social services	2 (5)	6 (6)	0.3
Child protection reports	1 (3)±±	21 (21)	8.2*
Legal counsel/services	5 (13)	31 (31)	7.5*
Informal reports			
Family members	28 (72)	80 (79)	0.9
Clergy	3 (8)	8 (8)	0.5
Friends	29 (74)	70 (69)	0.6
Co-workers	12 (31)	38 (38)	0.6
Neighbours	10 (26)	29 (29)	0.3

*p≤.0.05

± Numbers may vary due to missing or unknown data. Uneven percentages may be due to smaller numbers for some variables

±±Child protection involvement in No Children group was due to alleged abuse within the primary victim's family

2.6.3 Risk factors, risk assessment, risk management, and safety planning. An independent samples t-test compared the two groups (No Children x Children) to determine if there were any significant differences in the average number of risk factors between the two groups, utilizing the 41 risk factors from the Ontario DVDRC. Results indicated no significant differences with the average number of risk factors between both groups, although both groups had the presence of 11 or more risk factors. A subsequent analysis with the child-focused groups (No Child Target x Child Target) was also found to be insignificant.

The cases were examined for differences across the two groups (No Child x Children) with respect to risk factors for domestic homicide as identified by the Ontario DVDRC in Canada (see Table 2-4). All 41 risk factors were initially analyzed, with low-frequency risk factors (present in five or fewer cases for both categories) being removed. The analyses were conducted using chi-square and Fisher's exact tests for those variables with low expected cell counts. Significant results using chi-square analyses were found for Youth of Couple (χ^2 (2) =20.5, p<0.01), with a higher percentage (33%) of cases with no children than child-specific cases (5%) having this risk factor, as well as for History of Violence/Threats to Children (χ^2 (2) =28.5, p<0.01) with 32% of child-specific cases having this risk factor. As expected, none of the cases without children had the presence of this risk factor. Significant, although slightly weaker relationships were found for: Perpetrator Abused/Witnessed Violence χ^2 (2) =7.7, p<0.05), with a higher percentage of cases with no children having this risk factor (36% vs. 17%) and Presence of Step-Children (χ^2 (2) =8.1, p<0.05), with 17% of child-specific cases having this risk factor.

Overall, 10 risk factors did not meet the chi-square assumption of fewer than 25% of cells having an expected count of fewer than five. As a result, the Fisher's exact test was administered. Of these risk factors, Child Custody or Access Disputes (χ^2(1) =8.1, p<0.01), Prior

Assault on Victim During Pregnancy ($\chi^2(2) = 8.7$, $p<0.01$), and History of Domestic Violence in Current Relationship (χ^2 (1) =5.4, $p<0.05$), were significant with a higher percentage of cases with children having these risk factors (0% vs. 17%, 3% vs. 8%, and 67% vs. 79%, respectively). Post hoc analyses utilizing the Bonferroni correction, indicated that the significance of all results was not maintained with an adjusted alpha value (p=0.001), with the exception of Youth of Couple and History of Violence/Threats Towards Children. Furthermore, post hoc results approached significance for Child Custody or Access Disputes and Prior Assault on Victim During Pregnancy. No significance was found for all factors upon analysis with child-focused groups (Child Target x No Child Target).

Table 2-4. Comparison DVDRC risk factors across two groups

Category	No Children± (n= 39) *n (%)*	Children± (n=101) *n (%)*	χ^2
Separation	29 (74)	82 (81)	0.5
Obsessive behaviour	23 (59)	66 (65)	0.2
Perpetrator depression – diagnosed	6 (15)	25 (25)	1.5
Perpetrator depression – opinion	18 (46)	47 (47)	0.1
Other mental health/psychiatric issues	12 (31)	30 (30)	1.1
Threats to commit suicide	16 (41)	51 (50)	2.4
Prior suicide attempts	7 (18)	20 (20)	0.7
Victim's sense of fear	22 (56)	45 (45)	2.4
Sexual jealousy	18 (46)	46 (46)	0.7
Threats to kill primary victim	14 (36)	47 (47)	1.4
Threats with a weapon against victim	8 (21)	29 (29)	1.5
Prior assault with a weapon against victim	2 (5)	16 (16)	3.1
Excessive substance use	18 (46)	37 (37)	0.1
Perpetrator unemployed	16 (41)	39 (39)	1.2
Attempts to isolate victim	14 (36)	41(41)	1.3
Prior hostage-taking/confinement	8 (21)	14 (14)	1.8
Forced sexual acts/assaults	2 (5)	15 (15)	2.7
Child custody or access disputes	0 (0)	17 (17)	8.1**
Destruction of victim's property	7 (18)	14 (14)	1.5
Prior assault on victim during pregnancy	1 (3)	8 (8)	8.7**
Choked victim	5 (13)	17 (17)	0.4
Perpetrator abused/witnessed violence	14 (36)	17 (17)	7.7*
Living common-law	11 (28)	22 (22)	0.7

Presence of step-children	0 (0)	17 (17)	8.1*
Extreme minimization	8 (21)	21 (21)	1.2
Access to/possession of firearms	9 (23)	33 (33)	1.6
Victim's new partner	19 (49)	47 (47)	0.1
Failure to comply with authority	14 (36)	32 (32)	0.8
Access to victim after risk assessment	5 (13)	13 (13)	4.7
Youth of couple	13 (33)	5 (5)	20.5***
Misogynistic attitudes	11 (28)	29 (29)	0.0
Age disparity	7 18)	11 (11)	1.3
History of violence/threats to children	0 (0)	32 (32)	28.5***
Controlled victim's daily activities	15 (38)	41 (41)	0.7
History of violence outside family	15 (38)	40 (40)	1.3
History of DV in current relationship	26 (67)	80 (79)	5.4*
Escalation of violence	17 (44)	50 (50)	0.4
History of suicidal behaviour in family	1 (3)	6 (6)	2.9

***p=0.001
**p<0.01
*p<0.05
± Numbers may vary due to missing data. Uneven percentages may be from smaller numbers for some variables

The number of cases where risk assessment, risk management, and safety planning practices were undertaken, was examined. A two-group comparison (No Children x Children) was performed using a chi-square analysis (see Table 2-5). Overall, results indicated no significant difference between groups with respect to Completed Risk Assessment and Safety Planning & Risk Management. An analysis of both cases in the Child group (No Child Target x Child Target) was performed to determine if any differences existed between these two groups. Again, no significant differences were found.

Table 2-5. Number of cases reporting risk assessment, risk management, and safety planning

Category	No Children± (*n*=39) *n* (%)	Children± (*n*=101) *n* (%)	χ^2
Completed risk assessment	5 (13)	9 (9)	4.3
Safety planning & risk management	2 (5)	9 (9)	2.2

± Numbers may vary due to missing data. Uneven percentages may be from smaller numbers for some variables

2.7 Discussion

This study investigated the risk factors related to domestic homicide faced by children who are exposed to domestic violence and the extent of agency involvement with families experiencing this violence. The research examined 140 domestic homicide cases in Ontario, Canada that were reviewed by a multidisciplinary death review committee in order to investigate the circumstances and factors that were present where children existed within family units that experienced domestic homicide and compared to cases with no children.

Overall, cases in the Children category were similar to those in the No Children category. Most significant differences found were based on expected demographics; i.e., factors associated with having children, such as non-youth couples in longer term relationships. Significant results were found pertaining to the type of relationship existing between the perpetrator and primary victim. A higher proportion of cases where children existed within the family system involved legal or estranged legal spouses, whereas a higher percentage of cases with no children involved more casual dating relationships. A higher percentage of cases with no children involved relationships that were less than one year in length and a significantly higher percentage of cases with children involved relationships that were 11 years or longer in length. Findings were not significant, however, when cases with children were compared for child involvement. Overall, these findings are aligned with research that has found that married couples with children are more likely to stay together than cohabiting parents (Social Trends Institute, 2017). Therefore, it may be more commonplace for couples with children to have a longer, more firmly established relationship status than couples with no children.

With respect to agency involvement, significant findings were found for reports made to legal counsel and/or legal services, present in a higher percentage of cases with children. Research has found that children are a motivating factor for women to seek legal intervention for

challenges with child custody and support (Rhodes, Dichter, Kothari, Marcus, & Cerulli, 2011). Research has also documented the use of custody and access proceedings as abuse tactics meant to exert power and control over victims, with new opportunities for retaliation (Radford et al., 1997; Harrison, 2008; Jaffe, Crooks, & Bala, 2009; Watson & Ancis, 2013), which may propel women to seek legal advice. As would be expected, significant differences were also found with respect to child protection reports in 21% of cases involving children. As child maltreatment has been reported to occur in up to 60% of homes with domestic violence, this increases the likelihood of child protection involvement with these families (Lawson, 2019).

In the subsequent analysis, cases where children were targeted (children killed) and children who were not targeted (children not killed) were compared. This yielded an unexpected finding for informal family reports, with a higher percentage of cases with children not directly targeted having had reports made to family members; that is, family members were aware of the violence taking place in these cases. As the likelihood of child maltreatment increases with the frequency and severity of domestic violence (Hartley, 2004), extended family members may be more aware of domestic violence occurring in these cases and as a result they may have provided some form of safeguarding to children in those families where children were not harmed. Conversely, victims with children experiencing domestic violence may be more likely to seek informal supports such as family, in lieu of formal agency support which they may not access due to feared repercussions (e.g., children being removed from the home) (Ansara & Hindin, M, 2010; Fugate, Riordan, Naureckas, & Engel, 2005; Sylaska & Edwards, 2014), which in turn may contribute to increasing the domestic homicide risk of children. As all of these cases culminated in a death (either victim or child-related), however, this indicates that homicide risks may not have been fully recognized by family members, and they may not have been aware of

where to direct victims to potential areas of support. No significant findings in the current study were found, however, with respect to the average number of agencies accessed by victims and perpetrators, although both groups in this study had an average of 11 or more risk factors, indicating that significant warning signs were likely present in these cases.

This study also examined risk factors for domestic homicide, where notable significant results were found. As expected, a higher percentage of cases involving children had a history of violence/threats towards children. Previous abuse of children has been found to significantly increase their risk of harm after divorce, indicating a link between previous violence towards children and increased risk to children (Hardesty et al., 2008). The study also found significant differences for cases with younger victims and perpetrators (between the ages of 15 and 24 years), with a higher percentage of cases without children having this risk factor. This finding is in agreement with research that has linked young age as a risk factor for all types of police-reported violence, including domestic violence (Statistics Canada, 2013).

Although results were not significant when examining differences between the two groups with respect to other risk factors following post-hoc analyses, several of these results approached significance and, therefore, warrant consideration. A higher percentage of cases with children involved victims who experienced prior assault(s) during pregnancy, and as expected, prior child custody and access disputes. It has been suggested that child homicides can occur as a result of relationship breakdown with the involvement of custody and access disputes. Likewise, perpetrators of these homicides are frequently motivated by jealousy and revenge and perceived loss of control (Dawson, 2015), feelings that may be heightened during custody and access proceedings. As indicated by the Exposure Reduction framework, the potential loss of power and control during legal proceedings also provides opportunities for retaliation by the perpetrator. In

addition, research suggests that violence against victims during pregnancy may be indicative of more dangerous perpetrator characteristics (Campbell et al., 2003). No significant findings were found, however, when the groups with children targeted and not targeted were compared for all of the risk factors. Therefore, it can be inferred that children are at risk by merely living in proximity to domestic violence, regardless of whether they were directly harmed.

The outcomes in the cases that were analyzed in this study reflect an under-utilization of opportunities to perform risk assessment, risk management, and safety planning with families experiencing domestic violence. To illustrate, only 9% of the cases with children that were analyzed in this study had formal risk assessments completed and 9% of the cases were followed up with risk management and safety planning interventions. This finding is especially crucial, as the cases indicated an average of over 11 risk factors and an average of over four agencies involved with the families, although the findings were not significant. The Ontario DVDRC has an arbitrary definition of seven or more risk factors as being indicative of high-risk perpetrators where the homicide should have been predictable and preventable with hindsight (Ontario DVDRC, 2017). In addition, cases involving children had a higher percentage of reports made to legal counsel and legal services, indicating missed opportunities for intervention among these agencies. Although there are multiple tools that assess risk of harm or lethality, research suggests that these tools are underutilized, even in extreme cases (Nichols-Hadeed et al., 2012). A study that analyzed family court responses to child welfare reports found that even with evidence of domestic violence and concerns by child welfare agencies, contact with fathers was still promoted (Macdonald, 2016). Therefore, research reflects a need for utilization of family violence screening tools among legal professionals (Cross, Crann, Mazzuocco, & Morton, 2018; Ontario DVDRC, 2004). Despite the recommendations made by death review committees for

increased risk assessment, risk management, and safety planning, it appears that these recommendations are not being fully implemented (Jaffe, et al., 2012). Drawing on the exposure reduction framework, services for children may, therefore, be inadequate in diminishing their exposure to domestic homicide risk.

The objective of the study was to identify unique risk factors present in domestic homicide cases involving children and examine the degree of agency involvement in those cases. The study utilized 41 risk factors identified by the Ontario death review committee and examined those risk factors that were present in cases involving children exposed to domestic violence. In addition to acknowledging the risk posed to children when their mothers are at risk, professionals working with families experiencing domestic violence should also be cognizant of the heightened risk posed to children when the identified risk factors are present, irrespective of whether there are obvious forms of maltreatment. The identification of these child-specific risk factors warrants timely risk assessment, risk management, and safety planning practices with families experiencing domestic violence, as these practices play a vital role in reducing their exposure to risk associated with domestic violence and ultimately preventing domestic homicides.

2.7.1 Limitations. The study's findings should be considered with acknowledgment of its limitations. This research utilized a secondary data set in order to gather information on domestic homicides. Information about these homicides was based on Ontario DVDRC case reports, with an analysis of risk factors and agency involvement, as well as a synopsis of events leading up to the homicide. The case reports may have differed from one another based on the amount of information that was available. The Ontario DVRC may have been restricted in its access to all pertinent information (e.g., reports, interviews). The availability of information can differ based

on factors such as the degree of family's agency involvement, regardless if a case resulted in a criminal trial. As a result of the missing information, certain variables may have been inputted as "unknown" and, therefore, may not have been reflected in the analyses. This study is also limited by its lack of detailed data pertaining to the whereabouts and circumstances of children at the time of the homicide. The information that was available was limited in its scope with respect to the location of children who were and were not killed. Furthermore, the intentions of domestic homicide perpetrators were not always clear or documented in the DVDRC database.

Another limitation of the study is the uneven distribution of cases within each respective category. The "No Children" category had 39 cases and the "Children" category had 101 cases. Within the child group, there was an uneven distribution of cases where children were directly harmed and ones where they were not present or targeted (20 and 81 cases, respectively). As a result, these discrepancies may not have allowed for sufficient detection of differences, and therefore may have had some effect on the findings of this study.

2.7.2 Implications. Notwithstanding the limitations, the study generated findings that offer considerations for future research and practice. This study sought to expand on previous research examining child domestic homicide risk factors (Olszowy, Jaffe, Campbell, & Hamilton, 2013), through the use of a larger sample size than previous studies had access to. Future research can explore differences among children who were directly harmed or killed and children who were not present, using larger and more evenly distributed samples to determine if there are unique risk factors for lethality that exist in these populations. Future studies should also explore the unique risks and challenges within diverse and vulnerable populations of children who have various intersectional identities. Examples of such groups include: immigrant/refugee, indigenous, as well as rural/remote/northern populations. Literature in the

field has demonstrated that children from vulnerable populations (e.g., immigrants) may face additional vulnerabilities and risks (David & Jaffe, 2018).

As the findings in this study revealed an extensive lack of risk assessment (e.g., professional judgment, structured tools), risk management (e.g., counselling, parenting programs), and safety planning interventions (e.g., age-appropriate safety strategies, identification of safe places and emergency contact), even in the presence of a number of risk factors for victims and children, this is an area that warrants further exploration. Retrospective exploration of risk factors in homicide cases allows for an enhanced identification of areas of need by prevention efforts (Jaffe et al., 2017). As a result, future research can more closely examine the barriers that exist to assessing risk and providing appropriate interventions, through conducting interviews with a variety of service professionals and exploring the implementation of death review committee recommendations. A retrospective examination of risk factors most frequently present across homicide cases allows for prevention efforts to focus on these areas of need. Furthermore, there is a need to increase public awareness of these risks and available resources, in order for friends and family members of victims to be aware of where referrals can be made to support services.

As mentioned throughout the study, children's risk of homicide in the context of domestic violence has not been extensively studied. It is the hope of this research that through awareness and identification of unique risk factors specific to children in the context of domestic violence, and challenges associated with providing services catered to their needs, efforts can be made by service professionals and the community to protect these children and ultimately prevent the occurrence of these types of homicides.

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3. An examination of themes related to child-specific domestic violence services across Domestic Violence Fatality Reviews

3.1 Abstract

Children exposed to domestic violence can suffer an array of negative effects associated with this exposure. At its extreme, this violence can result in domestic homicide, which further exacerbates children's risks and negative outcomes (Jaffe, Campbell, Hamilton, & Juodis, 2012). Apart from being at risk of homicide victimization, these children can also suffer the loss of one or both parents, as well as experience traumatization and other adverse outcomes stemming from the homicide (Georgia Statewide Commission on Family Violence 2015). Domestic Violence Fatality Review Teams (DVFRT's) are tasked with examining domestic homicides in order to inform recommendations, with the goal of preventing deaths that occur in this context (Dawson, 2017). Through a review of annual reports from 2004-2016 across three DVFRT jurisdictions (Ontario, Canada & Georgia and Florida, U.S.A), this study sought to examine key themes relative to children exposed to domestic violence. A thematic analysis of the reports enabled this research to highlight key barriers, recommendations, and promising practices with respect to servicing this vulnerable population. This study aims to help inform the importance of recognizing the needs of children exposed to domestic violence and homicide. Lessons learned from these reviews can mitigate the harm suffered by children exposed to domestic violence and homicide.

3.2 Introduction

Domestic violence involves violent and/or controlling behaviour that is intentional and perpetrated by an individual towards a current or former intimate partner. This form of violence has been a persistent and significant problem in Canada and the U.S. (Alpert, Cohen, & Sege 1997; Statistics Canada, 2016; Turvey, 2008; US Department of Justice, 2016). Although men can be victimized by this violence, women have been disproportionally represented as victims, as they are almost four times more likely than men to experience domestic violence (Statistics Canada, 2016).

At its extreme, domestic violence can culminate in domestic homicide, which involves the killing of family members and/or intimate partners (Turvey, 2008). Approximately 1,800 adults are victims of domestic homicide in the United States annually (Adams, 2007). In 2007 in Canada the spousal homicide rate was reported to be four per one million spouses (Statistics Canada, 2009). As with domestic violence, these homicides are mostly perpetrated by men, with the victims being predominantly female (Ontario DVDRC, 2009; Websdale, 1999).

Children may also be victims of domestic homicide themselves. In Canada between 2000-2010, parents were the perpetrators of over 90% of all homicides of children, including ones committed in the context of domestic violence (Statistics Canada, 2011). To further highlight its occurrence, the U.S. National Violent Death Reporting System documented 1,386 child victims of homicide between the ages of 2 to 14 years in 16 states from 2005 to 2014, of which 10.4% were identified as being domestic violence-related (Adhia, Austin, Fitzmaurice, & Hemenway, 2019).

Aside from the direct risk of homicide faced by children, they can also suffer the loss of one or both parents (as a result of the homicide, incarceration, and/or suicide) and face negative

repercussions associated with exposure to the violence (Alisic et al., 2017; Jaffe, Campbell, Hamilton, & Juodis, 2012; Jaffe, Campbell, Reif, Fairbairn, & David, 2017; Jenney & Alaggia, 2018). Children can be directly impacted by the violence through exposure to violent acts or observing its aftermath, through intervening, or being abused as a result of the violence that is taking place around them (Hester, 2007). The exposure and presence of children at the scene of the crime increases their risk of suffering extreme trauma in these circumstances, with a heightened risk of developing posttraumatic stress disorder (PTSD) (Eth and Pynoos 1994) Georgia Statewide Commission on Family Violence 2015; Jaffe et al. 2012; Lewandowski et al. 2004). To compound these difficulties, children's exposure to violence is frequently revealed only after the homicide occurs, resulting in many children not receiving support for their experiences (Alisic et al., 2017).

Although child homicides in the context of domestic violence are rare, their prevalence cannot be ignored. Oftentimes children are considered the 'hidden victims' of domestic violence in that their individual needs are frequently ignored. As previously mentioned, apart from the negative repercussions associated with exposure to domestic violence, children may also face domestic homicide victimization, either through being fatality victims themselves, or losing one or both parents as a result of it and being at risk of traumatization and adjustment challenges (Alisic et al., 2017). Research reflects a need for service providers to ensure that their needs and individual risks are taken into consideration (Radford & Hester, 2006; Richards et Letchford, & Stratton, 2008). Closer examination of cases involving children often provide important lessons on how to improve risk assessment and intervention strategies. Missed opportunities for intervention may become apparent through a retrospective examination of death review reports.

3.2.1 Domestic Violence Death Review Committees & Fatality Review Teams.

Domestic Violence Death Review Committees (DVDRCs) in Canada and Domestic Violence Fatality Review Teams in the U.S. (both hereafter referred to as DVFRTs for ease) are multi-disciplinary committees comprised of experts in the field who review deaths that occur as a result of domestic violence. Most DVFRTs review the homicides of any family member or third party that were perpetrated by the partner of the primary victim. Although some committees may incorporate a broader definition of domestic violence, such as ones that include all family violence-related deaths (e.g., sibling-perpetrated homicide), or deaths as a result of fleeing domestic violence, most focus on intimate partner homicides (Dawson, 2017; Jaffe, Dawson, & Campbell, 2013).

DVFRT's have emerged across the world since 1990. They differ in the ways in which they are structured and governed, as well as in their processes, inclusion criteria, review measures, and outputs (Bugeja, Dawson, McIntyre, & Walsh 2015). Currently, these committees exist in Australia, New Zealand, Great Britain, United States, and Canada. In Canada, seven provinces have implemented these committees: Alberta, British Columbia, Manitoba, New Brunswick, Saskatchewan, Ontario, and Quebec (Cross, 2017; The Canadian Press, 2017). They have also since been implemented in over 40 U.S. states. The reviews of most DVFRTs are based on demographic and descriptive data on domestic homicides to identify risk factors, system contact history, potential areas of intervention, missed opportunities in terms of service delivery, policy flaws, and promising practices (Bugeja et al., 2013). These committees seek to identify frequently occurring risk factors and more effective intervention approaches, and acknowledge the significance of documenting these homicides, with the ultimate objective of preventing future domestic homicides from occurring (Cross, 2017). The recommendations that

result from their reviews are focused on the identification of systemic problems that may be related to homicides of this nature (Cross, 2017).

Although DVFRTs have expanded internationally, little understanding has been garnered with respect to the types of recommendations that are made by their reviews, whether they are in fact implemented, and the effectiveness of those recommendations that have been implemented. Most of these committees make recommendations, however, agencies are often not mandated to respond to these recommendations and the processes used to track their implementation may be unclear (Bugeja et al., 2015). Altogether, this can create difficulties with maximizing their effectiveness. Therefore, there is a need to gain a greater understanding of the impact of these recommendations on domestic violence intervention.

In hindsight, many child domestic homicides appear to have been predictable and preventable as a result of warning signs that were known by others (Jaffe et al., 2012). This awareness has in part come from these international death review processes (Jaffe et al., 2017). Unfortunately, findings from many of these reviews indicate that children's risk of harm in these settings has often been overlooked even with the documentation of significant risks prior to the homicide (Jaffe et al., 2017).

Recommendations from death review committees for child domestic homicide have often included a need for increased public and professional awareness and education on domestic violence dynamics, with the inclusion of the impact of domestic violence on children (Ontario DVDRC 2010; Sacramento County, 2003).The importance of communication and collaboration between various service providers is also frequently highlighted in order to engage in risk management and safety planning with victims and children, as children have often been overlooked in these practices (Ontario DVDRC 2014; Georgia Domestic Violence Fatality

Review Project 2015; Jaffe et al., 2017). The recognition of the needs of children exposed to domestic violence by agencies and systems and the importance of service provision can be examined through the multidimensional Social Ecological Model.

3.3 Theoretical Framework

The Social Ecological Model (SEM) can be applied in exploring the means by which behaviours are influenced by various individual and systemic factors. This framework can also be utilized to gain an understanding of domestic violence intervention strategies. The model presupposes that an understanding of those factors contributing to violence is needed in order to work towards preventing violence (Centers for Disease Control and Prevention, 2015). Consideration is given to the interactions between the factors at the individual, interpersonal, community, organization, and policy levels in order to gain insight into those that heighten or reduce levels of risk for victimization or perpetration of violence. The factors across these levels are thought to influence one another. Therefore, in order to prevent violence, service provision should target all factors in order to increase the maintenance of prevention strategies. At the individual level, prevention efforts are focused on the promotion of anti-violence behaviours, attitudes, and beliefs, whereas at the interpersonal level, they promote an individual's support networks (e.g., co-workers, friends, service providers) (Carlson, 1984; Centers for Disease Control and Prevention, 2015). The remaining three levels focus on prevention efforts across systems with which victims of domestic violence may be involved. At the community level, interventions focus on policies and practices within agencies as well as the relationships between them. The DVFRTs were developed to identify changes at this level that are beneficial to victims of domestic violence (Storer, Lindhorst, & Starr, 2013). These changes challenge those social environments that are tolerant of violence, which ultimately aids in the reduction of domestic

violence perpetration (Casey & Lindhortst, 2009; Heise, 1998 from). The organizational level examines those rules and regulations within organizations that can have an impact on the provision of services. At the policy level, there is a focus on laws and policies that can influence resource provision (Carlson, 1984; Centers for Disease Control and Prevention, 2015).

Domestic homicides are, therefore, thought to be influenced by factors at multiple levels that require efforts from multiple systems (Storer et al., 2013). As a result, domestic violence prevention requires sustainable individual and systemic means of service delivery. As children who live in an environment of domestic violence can face various forms of victimization and are at risk of facing a myriad of negative outcomes, there is a need for prevention strategies to target these various forms of victimization through diverse levels of intervention (Etherington, & Baker, 2018; Stevens, Ayer, Labriola, Faraji, & Ebright, 2019).

3.4 Current Study

Research in the area of domestic violence has predominately focused on adult victims with minimal inclusion of children. Adult victims' needs have been at the forefront of many domestic violence policy initiatives and the need for service provision for children exposed to domestic violence has been documented (Hester, 2007; Poole et al., 2008). Some research has found greater agency involvement with families with children prior to domestic homicides taking place (Hamilton, Jaffe, & Campbell, 2013), indicating that these agencies are equipped to engage in prevention efforts in cases involving children. It is unknown to what extent the unique needs and risks of children are recognized among these agencies, however. Likewise, it is unknown what weight is given to these child-related factors among death review committees, which are tasked with documenting pertinent information related to domestic homicides. Therefore, collaborative community responses are required in order to investigate domestic homicide deaths

and create better safety measures and aid in the prevention of future deaths through holding systems accountable (Websdale, Moss & Johnson, 2001). An examination of themes stemming from death review committees can provide information on the ways in which systems and agencies have accounted for the needs of children exposed to domestic violence.

This study sought to examine the extent to which agencies and death review committees recognize the needs of children based on themes reflected in DVFRT annual reports. To accomplish this, annual reports were examined and analyzed from select locations in Canada and the United States. Reports from these jurisdictions were selected as they were the only ones with consistently published annual reports on a yearly basis.

3.5 Procedure

This study utilized annual DVFRT reports from Ontario, Canada and Georgia and Florida, USA from 2004 to 2016, as these jurisdictions met the criteria for consistency in annual report publication. Each DVFRT annual report (N=50, due to varying amounts of published reports by DVFRTs) was reviewed and examined for child-specific themes, risk factors, and recommendations. The word "child" was searched for in each report and all text containing child specificity in relation to domestic violence was utilized in the analysis. The use of other child-related terms was attempted (e.g., "youth"), however they did not yield any significant results. Caution was used to avoid themes that were not specific to children. Text containing the word "family" or "families" was included if it was discerned that there was enough child specificity in the statement (e.g., recommendations geared at least in part towards child-focused agencies). Themes that included "mothers and children" were likewise only included if child specificity could be inferred from the text. Those themes where it could be inferred that the adult victim was the intended target, with the children being referred to in more of passing manner, were not included in the analysis, as the focus was on child-specific themes. Any themes pertaining to

adolescent dating violence were not included unless they were broadly applicable to all child age groups as well as to children who were exposed to domestic violence. All relevant text was copied onto a working document, categorized by year of the report with three separate documents for each committee, each document containing a compilation of all annual reports.

3.5.1 Data analysis. This study utilized a generic qualitative data analysis based on analyzing dominant themes that emerged in the research. This type of methodology allows for a thorough exploration and deeper understanding of the research (Creswell, 2007). The qualitative data was coded via multiple phases. A provisional codebook was created initially to capture child-specific information in the DVFRT annual reports (see Appendix B). Preliminary codes were created for this codebook based on the information from the reports, along with memos and notes used for clarification and journaling of pertinent information throughout the coding process. The codebook was discussed with a qualitative research team, composed of graduate students who were familiar with domestic violence-related research, in order to obtain feedback. Some modifications were made to the codebook based on feedback from the team, and throughout the coding process. The first cycle coding was performed with the use of broad descriptive coding, more refined sub-coding, and simultaneous coding in order to capture and categorize the data from the DVFRT annual reports. Some of the codes were further updated and refined to reflect the research questions more closely and only the data that pertained to the research questions was utilized for analysis.

The study utilized Dedoose V8.1.8, a qualitative computer software program, to facilitate the data analysis process. Three separate documents (one for each DVFRT) containing child-specific information was uploaded to the program for analysis. The information was categorized

by codes, examining key research areas in order to identify dominant themes in the annual reports. Some codes were further refined depending on the frequency of their use.

To ensure reliability, the researcher consulted with a senior advisor who is also an expert in the field of domestic violence. Together, both parties reviewed the initial coding for one annual review from each Committee. Agreement was found on most codes with limited discrepancy. Any minimal disagreement was further discussed in detail until agreement was reached. After the initial coding and data analysis, all of the data was checked over twice thoroughly by the researcher. Some codes were further revised or eliminated, based on their utility and frequency of implementation.

Once the coding process was completed, each coded segment was organized into separate word documents and organized by theme headings. These were further reviewed and condensed to ensure that all information was accurately captured. Those thematic categories that were represented in at least two DVFRTs were included in the data analysis.

3.6 Results

The content of the DVFRT annual reports fell within three broad categories: barriers to child-specific service provision, DVFRT recommendations, and promising practices with respect to children exposed to domestic violence and/or domestic homicide. There were various subcategories that emerged within each of these categories, with many of them overlapping. The most frequently represented categories are summarized below. For further details on emerging themes within the annual reports, see Table 3-1.

3.6.1 Barriers to child-specific service provision. A variety of barriers and challenges to effective service provision for children was mentioned within the DVFRT annual reports.

Predominantly, these fell within the following themes: a lack of child-specific training, lack of services and ineffective service provision, as well as a lack of inter-agency collaboration.

Lack of professional training/awareness. The DVFRT annual reports indicated that there is an overall lack of awareness on the dynamics of domestic violence and effects of child exposure to this violence as well as a lack of training on accessing appropriate resources for victims. Furthermore, some service professionals may also lack awareness on appropriate responses to domestic violence victims. Some of the responses may re-victimize the victims, as showcased in this example of police response from the Georgia Domestic Violence Fatality Review Project 2007 annual report:

> Responding officers have, at times, told domestic violence victims that her kids will be taken away or that both parties will go to jail if she calls the police one more time. These tactics are not effective in reducing domestic violence, as victims who have received these threats may be reluctant to call law enforcement for help again (p. 28)

Lack of child-specific services. A theme that frequently emerged within the reviews was a consistent lack of services for children exposed to domestic violence and homicide. The DVFRTs acknowledge that earlier intervention may have made a difference in the lives of children exposed to domestic violence in terms of readjustment after their traumatic experiences. According to the reviews, agency responses highlighted a lack of recognition of domestic violence-related risks to children, with a focus on adult victimization. Barriers to child-specific service provision include: a lack of funding, lack of training and awareness by service providers, lack of appropriate support to meet the needs of children, lack of follow-up services for surviving children (e.g., trauma, grief counselling), and a lack of connection to resources in the community. The following example from Georgia's Domestic Violence Fatality Review Team (2006) report highlights challenges with providing specialized services for surviving children:

> Resources are seldom provided to surviving families and children in these cases because a majority of services are provided by prosecution-based advocates once the case is forwarded to the prosecutor. The reality is that children have to manage or cope with the traumatic way in which they lost their parent(s) and there are not adequate follow-up services available to them or their families (p. 18)

As a result, surviving children and caregivers tasked with caring for these children are often not connected to pertinent resources, such as counselling and victim compensation programs, further impeding access to necessary services.

Lack of inter-agency collaboration. The annual reports also shed light on challenges associated with a lack of collaboration among various agencies involved with victims and children, through a lack of service coordination and information exchange, and a lack of referral provision to outside agencies. There is an awareness that a lack of inter-agency collaboration may have heightened the risk of domestic homicide and contributed to decreased intervention effectiveness.

One of the difficulties associated with effective collaboration has been the competing processes and mandates between agencies, as in the case with family and criminal courts, which may result in ineffective enforcement of certain orders and provisions. The differences in mandates may exist due to a variety of reasons, such a lack of formal mechanisms in place to foster communication between systems, varying individual beliefs and biases, and contrary opinions of various service professionals. In addition, there may be a lack of clarity with respect to the roles and responsibilities of various agencies, as exemplified by the following finding of the 2004 Ontario Domestic Violence Death Review annual report:

> Families in which domestic violence occurs may find themselves in three different streams of court proceeding: criminal, child custody, and child protection hearings. There is considerable confusion about the roles and responsibilities of the latter two systems regarding when domestic violence is an issue for state intervention (e.g., the CAS on behalf of provincial child protection legislation) versus an issue for parents to settle privately through provincial laws for custody and access post-separation. There appears

> to be no formal mechanisms in place to foster communication between the family court and criminal court in coordinating issues around child custody and safety of individual family members. These cases raise the importance of understanding the special circumstances surrounding children exposed to domestic violence and the fundamental relationship between victim and children's safety (p. 41).

3.6.2 Recommendations. The recommendations made by the DVFRT directly stem from the identified barriers and challenges to service provision in the annual reports. These recommendations highlight a need for increased public awareness and training and education for professionals, targeting professionals from all sectors that come into contact with victims and perpetrators, as well as specific training for individual agencies, most frequently child protection and family court, lawyers, and advocates working with families. In addition, the need for increased service provision through enhanced interagency collaboration is also reflected.

Professional training and public awareness. The reports indicated a need for increased awareness and training for the public, professionals, and victims and children on the dynamics of domestic violence and risk factors for lethality in this context, reporting requirements, as well as available differentiated supports that are mindful of cultural diversity. Some prevention approaches and internal reviews are also mentioned, focused on learning from previous domestic homicides as well as prevention campaigns. The recommendations also reflect a need for child protection training on child risk assessment, standardized tools, risk management, agency protocols, legislative processes, appropriate service referral, increased comfort in working with perpetrators, as well as inter-agency collaboration and collaborative case management. Recommendations frequently addressed the need for cross-sectoral training; however, recommendations specifically targeted towards child protection and family court judges, lawyers and advocates are also reflected. The importance of understanding lethality risk factors by family law professionals is highlighted in the Ontario DVDRC 2004 annual report:

> It is recommended that lawyers in family law practice receive continuing education on understanding and recognizing the dynamics of domestic violence and the risk factors for lethality associated with separation, divorce, and custody and access (p. 30)

Increased service provision. Recommendations from the annual reports have also highlighted a need for increased service provision. This need for services has focused on ensuring victim and child safety while reducing perpetrator risk and maintaining perpetrator accountability. This is predominantly reflected in the need to ensure that children receive appropriate services through identification and outreach to surviving children who have been exposed to domestic homicide, and inter-agency collaboration. Recommendations for a variety of child-specific services are mentioned which include prevention and education programs, counselling and trauma-informed services, early identification programs, ongoing outreach and follow-up with children. There is also an expressed need for funding and provision of resources to help meet the basic needs of victims. Many of the recommendations also reflect the need for screening and standardized risk assessment of children, safety planning, as well as assessment and risk management of the perpetrator.

A call for increased service provision that fosters collaboration was also found. Included in these recommendations was a focus on processes that aid in increasing inter-agency collaboration through risk assessment, case management, information sharing, protocol, training, and program development, legislation review, committee formation and relationship building, consultation, and service coordination. The following example from the Georgia Fatality Review Project's 2004 annual report illustrates their recommendation for collaborative case management:

> Case management plans should be developed in collaboration with domestic violence advocates. The focus of case plans should include the adult victim's safety and well-being because protecting mothers helps to protect children (p. 31)

3.6.3 Promising practices. The annual reviews highlighted a variety of promising practices, as determined by the review teams. These were used broadly to denote any identified practices that are prospective or currently in place in the Committee's province or state, or promising initiatives that are happening in other jurisdictions. The most frequently emerging themes were relative to the training and education of service providers, child-specific service provision, and child-focused legislation/policy development.

Professional and public training/education. Themes relative to training and education by service professionals and the public emerged within the annual reports. The annual reports mention specialized cross-agency training provided to a variety of agencies and service professionals such as judges, advocates, attorneys, law enforcement, domestic violence workers, batterer intervention program providers, community activists, domestic violence fatality review teams, as well as academic institutions. Generally, the reports reflect educational and training material that focuses on enhancing inter-agency collaboration, improving service response to children and families experiencing domestic violence, increasing understanding and awareness of domestic violence dynamics and its effects on children, risk assessment, risk management, community supports, training on legal challenges, as well as policies and protocols relative to domestic violence. The Florida Coalition Against Domestic Violence describes some of the domestic violence-related training provided to child protection in their 2011-2012 annual report to the legislature:

> FCADV provides training and technical assistance to domestic violence center staff that are working with Child Protective Investigators (CPIs) to assist them with identifying batterers' patterns of coercive control and garner a greater understanding of the impact of the batterer's behaviors on the children. FCADV provides training to CPIs and CBC case managers focused on holding perpetrators accountable and partnering with the non-offending parent in domestic violence cases to best protect the children (p. 17)

Service provision. The annual reports mention a variety of child-specific services

that include risk assessment, risk management, safety planning interventions, advocacy, prevention and early intervention programming, as well as services for adult victims and perpetrators. Trauma-informed individual and group counselling is available for children exposed to domestic violence, with some programs offering support and acquisition of safety, problem-solving, and coping skills. A variety of publicly accessible resources are available, such as helplines and online resources for parents whose children have been exposed to domestic violence, as well as surviving family members. Many of the child-specific services are provided through inter-agency collaboration that includes information sharing, consultation, collaborative case management, co-location of services, provision of training and curriculum and protocol development. The following example from the Ontario DVDRC showcases a collaborative initiative between the child protection and VAW sectors, based on their 2013-2014 report:

> Over the past 12 years, improvements have been made to policy, programs and training to assist in understanding, investigating, assessing and servicing families where domestic violence is a problem. Collaboration agreements have been developed with the violence against women (VAW) sector and a joint training curriculum has been developed and is being delivered across the province on a regular basis. All referrals to Children's Aid Societies are screened for domestic violence, some agencies have domestic violence designated workers or teams and many agencies participate in community high-risk domestic violence teams (p. 22)

In addition, committees for cases identified as high-risk are also mentioned, as in Florida's DVFRT's 2014-2015 annual report to the legislature:

> The InVEST Program [https://www.fcadv.org/projects-programs/invest-program] is comprised of members from law enforcement, domestic violence centers, child welfare agencies, courts, and other partners who move beyond traditional approaches to advocacy and response by identifying high risk cases and ensuring that all systems specifically tailor their response to address the unique needs of each survivor (p. 19)

Policy and legislation development. Another theme that emerged within the DVFRT annual reviews was with respect to policy and legislation development that recognizes the needs of children exposed to domestic violence. The reviews spoke of inter-agency collaboration

agreements in place, the development of best practice guidelines and frameworks for better service delivery responses, enhanced legislation to increase the safety of children, as well as protocol development for agency responses (e.g., law enforcement) to children, as shown in the following example from the 2013 Georgia Domestic Violence Fatality Review Project wanting to adopt a successful model from another state:

> Vermont's Model Protocol: Law Enforcement Response to Children at the Scene of a Domestic Violence Incident was developed by Vermont's Criminal Justice Training Council in partnership with the Vermont Department of Social and Rehabilitative Services and the Vermont Network Against Domestic Violence and Sexual Assault to assist law enforcement officers to respond effectively to children at the scene of a domestic assault. The protocol provides an outline for an effective response and includes directives on assessing whether children have been physically harmed, minimizing the impact and repercussions to children who are present, and empowering children as much as possible in the process, all while maintaining victim safety and batterer accountability. The protocol includes the following topics: determining if children are present, welfare checks on children, how to talk to children about the incident, who should interview the children and what questions to ask, separating children from the parents, and considerations when arresting someone in the presence of a child (p.17)

Table 3-1. Emerging themes from DVFRT reports

Recommendations	Promising practices
Professional training and public awareness	
• Training on domestic violence dynamics & child risk, screening/risk assessment and intervention • Public awareness campaigns • Individual agency and cross-sectoral training • Prevention /healthy relationships curriculum-based programs • Enhanced coordination of services • Clarify agencies' mandates and responses to children	• Educational campaigns on impact of domestic violence on children • Publicly accessible online resources and helplines on understanding effects of violence and assisting children exposed to domestic violence • Educational toolkits for service providers to help recognize the needs of children in the classroom • Integration of domestic violence-based curriculum in academic faculties • Training topics: enhancing inter-agency collaboration, improving service response, awareness of DV dynamics and effects on children, awareness of legal challenges, policies and protocols • Individual agency (e.g., child protection) and cross-sectoral training on working with domestic violence victims and children • Multidisciplinary high-risk committees to foster collaboration and response to families experiencing domestic violence • VAW/CAS collaboration agreements • Domestic violence units in sheriffs' offices • Formal policies/procedures for service coordination
Service provision	
• Screening/risk assessment, risk management/ safety planning • Outreach/follow-up services • Funding for services for children • Internal review/quality assurance	• Medical services, trauma-informed and grief counselling for children exposed to domestic violence and homicide • Psychoeducational/parenting programs for perpetrating fathers • Funding/grants/victim compensation • Projects/community initiatives to enhance safety for victims and children
Policy and legislation development	

• Formal protocols and policies for service provision • Review of existing legislation to ensure children's needs are recognized	• Review and amendment of existing legislation to recognize the needs of children in decision-making • Creation of agency service delivery protocols/ procedures to respond to children exposed to domestic violence through best practice guidelines • Existence of domestic violence-related legislation for custody disputes involving children to enhance the safety of victims and children

3.7. Discussion

This research study identified key themes that emerged across DVFRT's in Ontario, Canada, as well as Georgia and Florida in the U.S. with respect to the recognition of the diverse needs of children exposed to domestic violence and homicide and their inclusion in specific service provision to address these needs. The study utilized annual reports from 2004-2016 from all three jurisdictions, as they have had reliably published reports in contrast to other jurisdictions in the U.S. and Canada or elsewhere. Overall, the content of the annual reports demonstrated an awareness by the DVFRT's with respect to the deleterious effects of domestic violence exposure on children, risks of child homicide and the aftermath of domestic homicide on children. Dominant themes that emerged within the annual reports fell within the realms of barriers to child-specific service provision, DVFRT recommendations, and promising practices, with much of the content being interrelated across the three thematic categories.

The DVFRT annual reviews mention a variety of barriers to service provision involving children exposed to domestic violence. Among these challenges are a lack of child-specific services, inclusive of a lack of training, funding and resources, as well as a lack of collaboration. In conjunction with these identified barriers, the DVFRT's make recommendations for enhanced child-specific service provision, which predominantly focus on service provider training and public awareness, as well as increased availability of services for children through specific practices (e.g., trauma-informed services, risk assessment, risk management, safety planning), and increased inter-agency collaboration.

Agencies tasked with servicing the needs of these families have not always recognized that the presence of domestic violence should warrant the assessment of the needs of children who are exposed to it (Stanley & Humphreys, 2006; Humphreys, Houghton, & Ellis, 2008). Policies and professional practices therefore need to account for the effects of domestic violence

on children (Rivett & Kelly, 2006). Contrary to common assumption, not all children who have been exposed to domestic violence require protective services; many children may benefit from the provision of other supportive services offered by agencies such as child protection (e.g., referrals). (Clarke & Wydall, 2015). As these children have varying needs, the involvement of a number of agencies is needed to address and meet their necessities, as demonstrated by the Social Ecological Model. According to the Model, interventions are needed across multiple systems in order to provide enhanced service provision. Service providers' responses to children's needs are influenced by the degree to which their agencies' mandates and practices provide child-specific service provision, as well as their own awareness of the dynamics of domestic violence (Clarke & Wydall, 2015). Previous research has documented a lack of training among child-specific service providers with respect to conducting assessments and making referrals (Mennicke, Langenderfer-Magruder, & MacConnie, 2019), thereby highlighting the need for appropriate training of service providers who work with children. In addition to a lack of effective training, agencies may be limited by resources (e.g., shortage of staff, space, funding) (Stephens & Sinden, 2000), further affecting service provision.

Another identified barrier is the frequent lack of coordination among systems that are involved with the families. Infrequent information sharing among law enforcement, child protection, and perpetrator intervention programs can prevent service providers from being aware of the degree of risk that is faced by families experiencing domestic violence when there are changes to the degrees of risk (Diemer, Humphreys, Laming & Smith, 2015). Furthermore, differences among these agencies in client focus can contribute to confusion when it is time to engage in collaboration or information-sharing (Stanley & Humphreys, 2014). Ineffective service coordination can hinder the safety and support of victims and children (Hester, 2011). Literature

in the field has supported the need for collaboration between agencies and government systems in the development of appropriate interventions for families experiencing domestic violence, ones which balance support for victims while ensuring perpetrator accountability (Banks, Dutch, & Wang, 2008; Banks, Landsverk, & Wang, 2008; Featherstone & Peckover, 2007; Malik, Ward, & Janczewski, 2008; Mancini, Nelson, Bowen, & Martin, 2006). As the Social Ecological Model has demonstrated, domestic violence prevention requires targeted efforts across all systems levels.

In addition, the DVFRTs mention key promising practices, which are also related in large part to their identified barriers and recommendations. These are existing practices, as highlighted by the review teams, that are occurring in their own or other jurisdictions that were identified as good examples of service provision. Those practices that frequently emerged from the DVFRT reviews included: identifying professional training and education and public awareness, increased services for children exposed to domestic violence, as well as the development and amendment of existing protocols and legislation to increase the safety of children. The National Domestic Violence Fatality Review Initiative, which has been funded by the U.S. Office of Justice Programs' Violence Against Women Office since 1998, is an example. This initiative has formed connections between DVFRTs in the U.S. through provision of conferences, publicly available resources, and consultations, with the promotion of ongoing dialogue among review teams (Anonymous, 2002). In addition, developments in policy and practice have placed an emphasis on collaboration across agencies with respect to children's needs (Department of Health, 2009; HM Government, 2013; National Task Force on Children Exposed to Violence, Listenbee, & Torre, 2012; The National Child Traumatic Stress Network, n.d.). Further, a growing recognition of the high rates of children's exposure to domestic violence, has

contributed to an acknowledgement among agencies of the need to include children in services (Stanley, 2011), an important step in the direction of informing practice in this area.

Research in the area has also identified promising initiatives with respect to increased service provision through enhanced inter-agency collaboration. A promising practice in the area of coordinated service provision is the *Ontario Integrated Domestic Violence Court* within the court system, an approach to cohesive responses to families experiencing domestic violence through the use of one judge situated within family and criminal law who is experienced in the area of domestic violence (Birnbaum et al. 2014; Jaffe et al. 2014). In addition, *Futures Without Violence*, a national campaign within the United States, provides resources to support organizations working with children who have been exposed to domestic violence (Jaffe et al., 2017). Another example of a promising practice in collaboration is the *Child Trauma Response Team* (CTRT) in New York City, which involves coordinated responses to incidents of domestic violence by law enforcement and service providers with the aim of reducing the impact of exposure on children and connecting them to necessary resources (Stevens et al., 2019). When a serious incident is identified that involves the presence of a child, the family is contacted and provided with a trauma-informed intervention that includes coordinated outreach programs, case management services for victims, as well as mental health support (Alisic et al., 2017). As can be seen, there is a growing number of promising intervention strategies that can target the needs of children exposed to domestic violence, highlighting an increased recognition of these needs among systems and agencies.

3.7.1 Limitations. Although this study has provided a valuable overview of themes across various DVFRT's, its findings should be understood in consideration of its limitations. It is important to acknowledge the differences that exist among the DVDFRT's, particularly as they

relate to the variations in legislation between Ontario Canada and the two states in the United States that were represented in the data. As there are clear differences between the various jurisdictions in terms of policies such as firearm and healthcare accessibility, these differences may have played a part in the nature and occurrence of domestic homicides and may have contributed to informing subsequent DVFRT recommendations. In addition, there are differences among the DVFRT annual reports across the three jurisdictions, such as with respect to the scope, comprehensiveness, and representation of certain themes across these reports. As the study captured only those themes that came up frequently in at least two of the Committee's reports, there may have been some important themes that emerged in one jurisdiction that were not included as a result. Moreover, the quality and quantity of themes may not be indicative of the committee's degree of understanding and awareness of the gaps in services, but rather, may be due to other limitations (e.g., lack of funding and resources, publication constraints). Furthermore, the annual reports may represent an undercount of domestic homicides; that is, there may have been cases that are domestic-violence related that may not have been reviewed by the committees. Notwithstanding these limitations, the study makes several important contributions to the field.

3.7.2 Implications. This study provided an overview of DVFRT insights into the recognition of the diverse needs of children exposed to domestic violence and homicide and their inclusion in specialized services through the lens of varying jurisdictions in Canada and the U.S. Findings from the study shed light on important considerations for future research and practice.

Future research and practice in the area should continue to keep children on the forefront; that is, they should be included in DVFRT homicide counts and in the recommendations of these reviews. Children are profoundly impacted when they lose their

parent(s) to homicide, even if they themselves are physically unharmed (Alisic et al., 2017; Jaffe et al., 2012) and so the effects of their exposure to this violence should continue to be recognized. Future research should examine the systemic barriers that exist with respect to addressing issues related to children exposed to homicide. There is also a need for the implementation of audits to address the gap between theory and practice; that is, the challenges that exist with respect to implementing death review recommendations. Given that agencies are often not mandated to respond or implement the recommendations made by DVFRT's, research is needed to gain a greater understanding of the efforts that are needed in order to shift recommendations from the process of development into implementation (Bugeja et al., 2015).

In addition, as the needs of children and youth have often been gone ignored, there is a need for prevention programing for children and youth who are exposed to domestic violence even though they may not demonstrate any visible symptomology (Etherington, & Baker, 2018). For any prevention initiative to be successful however, there needs to be a means by which children who have been exposed to domestic violence and show early symptoms of mental health challenges (e.g., PTSD symptoms) are identified (Stevens et al., 2019).

Furthermore, there is a need for more jurisdictions at national and international levels to invest in the development of DVFRT's. Data drawn from seven Canadian provinces and over 40 U.S. states, suggested only three jurisdictions provided consistent documentation of children in their annual reports. This lack of consistent reviews is likely associated with shortages of funding. It is important that increased consistency is established with respect to the implementation of DVFRT's in order to recognize the needs of children exposed to domestic violence and homicide and take away important lessons learned from these reviews.

3.7.3 Conclusions. This research study identified major themes within various DVFRT's with respect to the recognition of the needs of children exposed to domestic violence and homicide. The study highlighted the importance of recognizing the needs of these children as victims and as witnesses to this violence, and underlined a need for enhanced public awareness, professional training, and increased child-specific services. Furthermore, it is important to ensure that other DVFRT's include children as victims and survivors within their reviews in order to examine barriers to service provision and promising practices in their jurisdictions. Ultimately, it is hoped that this research serves as a catalyst to inform the importance of including children in this area, through shifting best practices from the stages of recommendation to implementation, and ultimately into the evaluation phase.

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4. Barriers to providing specialized services for children exposed to domestic violence in Violence Against Women (VAW) services

4.1 Abstract

Domestic violence is a significant and prevalent global problem (Guedes, Bott, Garcia-Moreno, & Colombini, 2016). Children exposed to this violence require services tailored to their unique needs and risks. Violence Against Women (VAW) agencies, particularly shelters, are a critical resource for women and children fleeing from domestic violence. Shelters, however, have traditionally focused primarily on servicing adult victims, while there have been limited funding and focus on specialized services for children (Maki, 2019). There has been an emerging need to include children in these services, particularly with respect to risk assessment and safety planning. Drawing on the Exposure Reduction framework, this study sought to provide an updated perspective on the barriers that exist to providing these child-specific services within VAW agencies. To gain insight into these practices, interviews were conducted with 27 service providers in the VAW sector in Ontario, Canada, with a majority (approximately 81%) of these individuals working in shelters. Through a thematic analysis of the data, this research highlights key barriers with respect to child-specific service provision across VAW agencies in the province. As research has been limited in this area, this study has important implications for research and practice.

4.2 Introduction

Domestic violence, a profound public health concern, involves violent behaviour that is intentional and/or controlling and is perpetrated by an intimate partner against another. It is inclusive of physical, verbal, psychological, and sexual abuse. The prevalence of domestic violence is widespread. In the United States, more than 10 million victims experience this

violence on an annual basis (Black et al., 2011). Furthermore, violence by intimate partners accounted for 54% of all violent forms of victimization in 2015 (US Department of Justice, 2016). Although domestic violence can affect individuals from all ethnic and racial backgrounds and socio-economic statuses, it disproportionately affects women, many of whom are mothers (Alpert et al., 1997; Breiding et al., 2014). In fact, the risk of victimization faced by women is four times greater than that of men (Statistics Canada, 2013). Women comprised 79% of victims of reported domestic violence in 2016 (Statistics Canada, 2016). Women are also more likely than men to experience increased victimization, severity of violence, and risk of domestic violence-related injury and lethality in this context (Black, 2011). At its extreme, when domestic violence is escalated, it can culminate in domestic homicide, the murder of intimate partners and/or family members (Turvey, 2008).

4.2.1 Children as victims of domestic violence and homicide. Although domestic violence is nested within intimate relationships, children can also be affected by it through both direct and indirect means. They can be exposed to violent acts taking place or witness their aftermath, intervene in it, or experience abuse stemming from the violence taking place around them. Based on a study that utilized data obtained from 112 studies in 96 countries, it was estimated that over one billion children between the ages of 2-and17 years face exposure to violence of some form, inclusive of domestic violence (Hills, Mercy, Amobi, & Kress, 2016).

Children may also be victims of domestic homicides that are primarily rooted in the violence occurring between their parents. These children may not be the perpetrator's primary target in these cases. Rather, children may be killed in the context of the domestic violence (Lawrence, 2004). These homicide cases involving children more often occur as a result of the perpetrator's motive for revenge, particularly during circumstances of relationship breakdown

between him and the victim (Jaffe, Campbell, Hamilton, & Juodis, 2012; Dawson, 2015). To illustrate its occurrence, one in 12 victims of domestic homicide in Canada are children (Dawson et al., 2018).

Apart from the risk of homicide faced by children living in an environment of domestic violence, these children also face a heightened risk of exposure to other forms of maltreatment. Their risk of physical abuse is often parallel to the violence experienced by the victim (Bancroft, Silverman, & Ritchie, 2012). Children can also face the vast negative repercussions of domestic homicide through facing the loss of their parent(s), as well as adverse effects resulting from exposure to this form of violence (Hamilton, Jaffe, & Campbell, 2013). Children's development and life trajectory can be profoundly affected from their exposure, which can hinder their future relationships and long-term outcomes (Alisic et al., 2017; Graham-Bermann & Perkins, 2010; Richards, Letchford, & Stratton, 2008). As a result, there is need for appropriate interventions to be in place to assess and manage children's risk, as well as promote their safety.

4.2.2 Risk Assessment, risk management, & safety planning. Risk assessment involves determining the likelihood of the occurrence of a behaviour or event, its frequency, the individuals affected by it, and its impact. Risk assessments are used to reduce the likelihood of repeated victimization and guide decision-making in the development of risk management strategies and appropriate safety plans for victims (Laing, 2004). Research recommends the use of standardized risk assessment tools by service professionals to enhance a sense of understanding and communication across agencies (Guo & Harstall, 2008). Risk assessments that involve children are typically conducted through agencies that are tasked with serving the needs of children, such as child protection. Tools that are used in child protection typically focus on general maltreatment, specifically physical manifestations of violence (Shlonsky & Friend, 2007). Therefore, children's

risk may be overlooked if there is no prior history of child abuse (Jaffe, Campbell, Olszowy, & Hamilton, 2014).

Risk management is characterized by the response towards risk assessment in order to ensure the reduction of future risk of harm through the use of various strategies. These strategies can include: seeking a civil protection order, ensuring that the abused parent and child's whereabouts are not disclosed, seeking supervision of child access with appropriate safety measures in place, seeking permission for the custodial parent to relocate with their child to another jurisdiction, and suspending the perpetrator's contact with the child until certain conditions are met (Nielsen, 2017). As such, risk management strategies are typically perpetrator-focused.

Safety planning is as a collaborative process between victims and service providers that is based on the victim's own awareness of their needs. Such planning weighs the potential risks associated with staying in an abusive relationship alongside the risks with leaving (Waugh & Bonner, 2002). Safety planning involves victims and agencies working together to make use of the resources that are available in order to increase the safety of the mothers and their children. (Richards et al., 2008). This collaboration component is critical, as it has been recommended that service providers incorporate interventions that fit the context of mothering and victims' own protection strategies for their children, as victims should be considered the experts of their own experiences (Nixon, Tutty, Radtke, Ateah, & Ursel, 2017). Safety planning strategies can include: developing empowerment, managing associated fears and anxiety, teaching critical thinking skills, and developing strategies to minimize violence potential. Safety planning for children should be ongoing, have multiple components, be voluntary for the child, and be implemented in collaboration with the mother (Hart, 1990). Ultimately, it is recommended that the process results in a plan that is individualized, interactive, age appropriate, simple, and consistently reviewed

(Chanmugam & Hall, 2012). Furthermore, given the negative effects of domestic violence exposure on children, it has been recognized that safety planning should also consider children's emotional needs in addition to their physical safety (Evans et al., 2008; MacMillan, Wathen, & Varcoe, 2013).

In the beginning, child safety concerns were not at the forefront during safety planning with adult victims. However, research has supported the need to address child safety, both in situations where separation has occurred between the adult intimate partners, and in cases where the relationship is not terminated (Hardesty & Campbell, 2004; Radford & Hester, 2006). One of the key specialized agencies that can provide safety planning to victims and children are domestic violence shelters.

4.2.3 Domestic violence shelter services. The 'battered women's movement' came into existence in the 1970s and brought with it increased public awareness, research, and media attention towards issues of domestic violence (Berns, 2004). Domestic violence has been considered a crime in the majority of states and provinces since the early 1980s; however, the focus was placed on adult victims and perpetrators. Children tended to be seen as invisible or forgotten victims of this violence in their homes (Jaffe, Wolfe, & Wilson, 1999). By the early 1990s, six Canadian provinces established laws that defined childhood exposure to domestic violence as child maltreatment (Weithorn, 2001). This legislation served as a catalyst for increased involvement of child protection services with families experiencing domestic violence. The effects of exposure to domestic violence on children were studied as early as the mid-1970s (Dobash & Dobash, 1979; Hilberman & Munson, 1977; Martin, 1976; Walker, 1979). Research in this area has increased almost twenty-fold since the beginning of the 1990s. As can be seen, there has been a growing recognition of the harmful effects of domestic violence exposure on children (Jaffe,

Wolfe, & Campbell, 2012). In relation to this, shelter services arose as a consequence of the women's movement and have continued to expand (Lehrner & Allen, 2009). Given that children comprised a majority of shelter residents, there was a growing awareness of the need to recognize the needs of children in these settings (Bancroft et al., 2012).

Domestic violence shelters offer protection for women and children who are fleeing from domestic violence. Emergency shelters provide crisis, short-term services with longer-term options including transitional and permanent housing (Baker Billhardt, Warren, Rollins, & Glass, 2010). Prior to 1975, there were 18 shelters that operated in Canada. By 2014, there were 627 shelters in Canada (Beattie & Hutchins, 2015). In Ontario, Canada's largest province with a population of upwards of 13.5 million, there are 100 organizations that provide some form of domestic violence services (Theresa's Fund, 2019). These programs and services include emergency shelters, crisis and support services, counselling services, housing support services, transitional support services, and province-wide crisis help lines (see https://www.mcss.gov. on.ca/en/mcss/programs/community /helpingWomen/index.aspx). Women's concerns for their children and the growing awareness of the effects of it on children led to some service provision for children, which was initially provided within shelters (OAITH, 2019).

Many of the shelters' residents are children and programs for children in Ontario have existed for more than 20 years; however, the sustainability of these interventions within these settings are unknown (Lyon, Lane, & Menard, 2008; Poole et al., 2008; Shostack, 2001; Sudermann, Marshall, & Loosely, 2000). Although there has been an increased recognition of the needs of children who have been exposed to domestic violence, the work of these agencies has been mainly adult-focused, with interventions being geared towards supporting victims in overcoming their experiences. The needs of children, however, have not been considered a primary

focus, although the effects of domestic violence exposure have been recognized by VAW agencies (Hester, 2011). Although children often accompany their mothers to shelters, it is unknown exactly how widespread child and youth-centered services are within these settings (Lyon et al., 2008). Therefore, there is a need to consider the needs of children within the provision of adult domestic violence services, through the guidance of a theoretical framework.

4.3 Theoretical Framework

The Exposure Reduction framework is a theoretical framework that can be used to explain the prevention of domestic homicides, including those involving children (Dugan, Nagin, & Rosenfeld). The prevention of these homicides according to this framework, relies on the provision of structures and supports in place for victims in order to reduce the risk they face. There are a variety of ways in which these supports can occur, namely, providing assistance to victims during the time of separation from an abuser, assisting with safety enhancement, and recognizing the risk posed by the perpetrator (Dawson, Bunge, & Balde, 2009; Dugan, Nagin, & Rosenfeld, 2003). The framework, therefore, purports that the likelihood of domestic homicide victimization is lessened through decreased exposure to domestic violence perpetrators through increased opportunities (e.g., resources, policies, cultural norms) that facilitate leaving the relationship (Dawson et al., 2009; Reckdenwald & Parker, 2010).

It is important to consider, however, that there may be a potential retaliation effect that takes place in cases involving severe violence, where the type or amount of resource provision is ineffective or insufficient. In this way, inappropriately administered interventions may serve to increase the perpetrator's level of aggression while simultaneously not decreasing exposure (Dugan, Rosenfeld, & Nagin, 2003). The involvement of children can exacerbate these effects due to additional factors, such as expectations for child contact with perpetrators prior to the

determination of their risk in the courts. Therefore, this addresses the need for appropriately tailored services that account for the unique needs and risks of children exposed to domestic violence (Jaffe, Johnston, Crooks, & Bala, 2008; Poole et al., 2008).

4.4 Current Study

Literature has documented the need for specialized services for children who are exposed to domestic violence (Chanmugam & Hall, 2012; Poole et al., 2008). As previously mentioned, however, it is unknown how VAW agencies, which are primary resources for victims, currently account for the unique risks and needs of children. Previous research has been sparse with respect to the degree that children are involved in the service provision of these agencies, particularly with regard to risk assessment, risk management, and safety planning.

This study sought to bridge the gap in research specific to service provision for children within VAW agencies through an updated examination of the perspectives of service providers working in this sector. This study utilized interviews with 27 service providers in the VAW sector in Ontario, Canada, who either worked with children directly or had services available for children at their agency. The qualitative interviews were subsequently analyzed for key themes that emerged. The objective of the study was to examine the barriers with respect to providing risk assessment and safety planning among VAW agencies.

4.5 Method

4.5.1. Sample. This study is based on an ongoing Social Sciences and Humanities Research Council (SSHRC) research initiative, the Canadian Domestic Homicide Prevention Initiative for Vulnerable Populations (CDHPIVP). The purpose of this initiative is to enhance collaboration through cross-sectional research to identify the unique needs and risk factors that can heighten exposure to violence for vulnerable populations, including: Indigenous, rural, remote and Northern communities, children living with domestic violence, as well as immigrants

and refugees. As part of phase two of the project, semi-structured interviews with key informants were held with individuals who work with victims and/or perpetrators of domestic violence across five different sectors: Violence Against Women (VAW), Police, Child Protection, Mental Health/ Healthcare/Addictions, and Partner Assault Response Programs/Corrections across Canada. This study utilized 27 interviews with key informants from the VAW sector.

All interview participants were individuals working in the VAW sectors from various agencies across Ontario, Canada. These individuals differed with respect to their level of experience in the field, their roles at their respective agencies, and the degree to which they worked with children as part of their role. A majority of the services providers (81%) worked in shelters.

4.6 Procedure

Prior to the collection of data, ethics clearance was obtained from the research ethics review boards at Western University and the University of Guelph, as these were the lead universities involved in the SSHRC CDHPIVP collaborative. Key informants in the field of domestic violence across Canada were initially contacted to complete a survey involving questions about their work, particularly with respect to risk assessment, risk management, and safety planning with vulnerable populations. Participants who completed the survey and expressed an interest in participating in a more detailed phone interview were then contacted to schedule the interview.

4.6.1 Interview phase. The interviews with key informants were conducted during the years 2017 and 2018 by approximately 10 graduate students with backgrounds in domestic violence-related research across different disciplines. These disciplines included Psychology, Criminology, and Sociology of students who were recruited to work on the CDHPIVP initiative.

The interviews ranged from approximately 45 to 60 minutes and were conducted in a quiet and secure location. A majority of interviews occurred via telephone, although the participants had the option of being interviewed in person. As part of the initiative, participants were familiarized with the purpose of the interview and the interview questions prior to the interview (see Appendix C). Questions that were asked focused on the key informants' roles at their respective agencies, their experiences with risk assessment, risk management and safety planning practices associated with their role, and challenges, risks, and promising practices associated with working with vulnerable populations. In order to elicit further responses to certain questions, probes were utilized as part of the interview protocol (e.g., "Can you elaborate further on that?"). Participants were provided with a consent form (see Appendix D) that they were asked to sign and return. With their permission, the interview was audio recorded for transcription purposes. Permission to audio record was granted for all of the interviews that were used for this research study. No identifying information was used in the interview and audio recordings were transferred onto an encrypted computer in a locked room. All communications with project coordinators and any data transfers were made through the use of a secure email software. Graduate students who were familiarized with the CDHPVP initiative then transcribed all recorded interviews verbatim onto written documents that were likewise stored on the encrypted computers. After the initial transcription, the interviews were re-checked for accuracy by the original interviewer at least once afterwards, with many of the interviews being checked twice following the initial transcription.

4.6.2 Selection of data. For the purposes of this research study, interviews were selected based on specific criteria. Those interviews with service providers working in the VAW sector in Ontario, Canada were selected. Interviews with VAW workers solely from Ontario were utilized

in order to allow for a uniform comparison of service provision across the province. Of these interviews, a preliminary scan was conducted to select those interviews where the participant identified that they or their agency worked with children and was able to answer all questions from the interview protocol pertaining to their work with this population.

4.6.3 Data analysis. This research study utilized a generic qualitative data analysis that was performed by the researcher, which allows for an examination and deeper understanding of the research (Creswell, 2007). Consultation with two other research assistants who were also involved with the CDHPIVP initiative was done in order to ensure reliability of procedures, findings, and interpretation of the data. Multiple phases were involved the in coding of the qualitative data. Initially, a provisional codebook was created to capture the content of the interviews (see Appendix E). Preliminary codes were created as part of this codebook, along with memos and notes used for points of clarification and journaling of additional information throughout the coding process. The codebook was provided to a qualitative research team for approval and feedback. Once updated, the first cycle coding utilized broad descriptive coding, and more refined sub-coding, as well as simultaneous coding in order to categorize the interview data. All of the interview data was coded initially as part of an exploratory process during coding of the first three interviews; however, some of the codes were further refined in order to closely parallel the research questions, therefore, only the data that was relevant to the research questions were used.

Dedoose V8.1.8, a qualitative computer software program, was used to facilitate the data analysis process. All interview transcripts were uploaded to the program for analysis. Transcripts were categorized by codes, examining both research questions (barriers and challenges to risk assessment, risk management, and safety planning for children as well as identified promising

practices) in order to identify pertinent themes across the interviews. Some codes were further refined depending on their utility and frequency.

To ensure reliability, two graduate qualitative researchers coded three of the interviews and these were later compared and disagreements in coding were discussed. Interviews were coded independently and discussed one at a time to allow for comprehensive discussion and increased familiarization with the codes prior to subsequent coding. Consistency was developed with practice, until the same passages were coded with agreement among the researchers and only subtle differences existed with respect to the codes that were used. Some clarification was required on what needed to be coded in order to align with the child specificity and focus of the research questions.

4.7 Results

Interviews were conducted with 27 service providers in various roles from the Violence Against Women (VAW) sector across different locations in Ontario, Canada (see Table 1). A considerable majority of the participants were from the southern and southwestern regions of Ontario and most of the participants worked as counsellors at their agency. Some participants indicated that they worked in more than one role.

Table 4-1. Demographic characteristics of sample

Variable	*n* = 27 *n* (%)

Location of agency (region of Ontario)	
Southwestern	12 (42.9)
Southeastern	5 (17.9)
Northern	2 (7.1)
Central/Toronto	9 (32.1)
Role	
Counsellor	11 (40.7)
Manager	5 (18.5)
Executive director	5 (18.5)
Transitional support worker	3 (11.1)
Other	5 (18.5)
Unspecified	1 (3.7)

Note. Some participants indicated having more than one role and working in more than one location

Interview participants frequently shared common perspectives. However, they also revealed divergence through varying approaches and practices. This study focused on themes that arose in the interviews most frequently, or that demonstrated significant points for consideration. Certain themes and important points of discussion by individual participants were, therefore, unable to be captured extensively. In this section, significant themes that were captured by the interview participants are explored.

Insights from the interviews with the key informants produced themes stemming from their experiences working in the VAW sector with respect to barriers and challenges associated with working with children. Participants identified barriers and challenges across agency client, and systemic levels.

4.7.1 Agency-related barriers. Various agency-related barriers were identified by slightly over half of the key informants. Overall, themes stemming from the interviews indicated a lack of training, lack of resources, and a lack of standardized risk assessment instruments and protocols for children who are exposed to domestic violence.

An identified agency-related barrier illustrated the inconsistencies that exist across service providers at their agency with respect to training, particularly in relation to safety planning, as indicated by Participant A:

> I think they all want to do what is best for the child but really understanding the dynamics of domestic violence…I feel like the training is not consistent or something for [agency] because some people have a really deep understanding and some people have no understanding, so it's frustrating.

Participant B identified their agency's lack of resources, particularly with respect to a lack of funding for child-centered services at their agency:

> From our own agency, I know for sure…I think it's something like half of the people in our shelter at any given time are children, but only a small percentage of our funding is for children, which is a big problem so there is a lot of community advocacy happening for children to have access to more services in the shelter.

Related to this lack of funding, Participant C mentioned having a shortage of specialized staff, as well as the short-term nature of the services that are offered:

> I think some of the challenges is that we offer short-term goal-focused work and it can be difficult for us to have enough staff on site who are probably most prepared to work with children who've experienced domestic violence. We do try to accommodate but it almost seems as though the short term is often not enough and there is so many other things…to be honest it can be really chaotic.

Some participants mentioned a lack of a child worker or someone specifically tasked with looking after the needs of children, as mentioned by Participant D:

> Well, we don't have a childcare worker. And what I hear from frontline staff is they just don't have time to sit with each individual child and do either safety planning, to an extent, you know. They can do the form - fill out the form for the children and safety plan, but it's a ticking a box kind of thing. Nobody [emphasis added] here really works with the children and that's a huge problem I have with what we do. If I had to critique our shelter at all, that would be my biggest critique. There's nobody here dedicated strictly for children's well-being.

Several participants mentioned a lack of child-specific risk assessment and risk management practices at their agency. Safety planning practices at their agency were much more common. Participants also differed in the comprehensiveness of some of these practices, particularly with respect to their risk assessment practices. As an example, Participant D said, “But I’d like it to be consistent across the board and it’s not. Even in our high-risk case assessments, when they get together there’s no consistent tool that’s being used.”

4.7.2 Client-related barriers. Client-related barriers to service provision were also mentioned by just over half of the informants. At the client level, some victims are unable to afford counselling services for their children and are apprehensive about having their children labeled and stigmatized. In addition, some victims appeared to not acknowledge the impact of the violence on children.

Some clients also experience apprehension and mistrust towards disclosing the extent of the violence, as indicated by Participant E:

> If we have to talk to them about reporting to Children’s Aid Society, they’re very resistant to that just because of their cultural views and as well, they may be weary of engaging with anyone who they feel is part of a majority.

Other client-related barriers related to a lack of consistent and stable support resulting from established custody and child visitation agreements, and children’s contact with the perpetrator, as mentioned by Participant F:

> There may be a lot of times there is ongoing contact with the abusive parent and… struggles in kind of custody or different things going at mom’s and dad’s house and so there is just a lot of instability that really challenges the work, which I guess is life…but it does make it more difficult to really give them the amount of support that they need.

In addition, children may also be resistant to speaking with the service provider, as indicated in this example by Participant G:

> Some of it is similar to the adult that they are taught not to trust, not to talk, and a lot of times it is because the parents are afraid of losing their children to the child welfare system and because of the injustices that have happened with child welfare in our community again CAS is a bad thing so that is some of the barriers. I know as a child and youth worker with working with these children, they have been taught not to tell or talk.

4.7.3 Systemic barriers. Slightly fewer than half of the participants mentioned various systemic barriers that exist with respect to providing services to children. Notably, these primarily fell within the realm of challenges with inter-agency collaboration, as well as a lack of services for children within the community.

Some participants mentioned challenges with collaborating with other agencies. Participant H mentioned a lack of information-sharing even when there was a mutual awareness of high risk:

> All these different agencies have identified things, it's just they weren't talking to each other about that specific case so…we've been really good at collaborating on community events and community campaigns but we weren't good at collaborating on individual people…so we are really good at those things… and that's what was the sad thing about that inquest is that it was clear everybody knew that was a high risk case but no one was talking to each other they were just doing their own thing on their own end.

Participant I mentioned limited collaboration with agencies such as child protection:

> We follow mandatory need to report to CAS protocol, we don't necessarily report to CAS if there is a high-risk situation, if the woman has already been involved then we can coordinate with them and we do. But it isn't an automatic call.

Other participants mentioned challenges associated with competing mandates across other agencies, and a lack of recognition or child-specific risk among them, such as with respect to child protection and the courts, as described by Participant J:

> I guess the only thing is the fact that there's this big gap between child protection services, so when a woman is being abused and then CAS comes in they say you have to leave or they're going take their kids away, so she leaves she goes to shelter, she gets re-housed and then all of sudden she's going for divorce and all of this stuff and now the courts are really emphasizing that the dad or the abuser gets access to the children. So now there is often this emphasis that both parents should be able to see the children and

> then this person is very dangerous and I think that there's this misconception that perpetrators or abusers can be abusive towards their partner but then they can be a good dad, but the reality is that they're way more likely to abuse their children as well, right? So I think we ignore that or they don't know that so there's this big gap between child protection services and then when they close that file when the women leaves and then now child access comes in and family law and they forget all of a sudden this person is an abusive person and then the children are left in his care or he has access to them, so that can be really challenging and then also using the children as a tool or as pawn to continue the abuse on the women. I guess that's really challenging.

Some participants also mentioned challenges stemming from a lack of services for children. A lack of funding for community services was mentioned as a barrier, as in the following example stated by Participant F:

> Immediately my mind goes to how many cuts to services there have been for supports for children. It feels as though its been more and more difficult for children to access their supports that they used to be a little more prevalent and available so that's not a good thing.

Participant H also mentioned an overall lack of services for children in their area:

> I think one of the biggest challenges is that we don't have a lot of services for children, so we have one agency here, ____, the women's services has a program as well…and then (city) we have ___ and both…have long waiting lists

In addition, challenges associated with wait times for children's services were highlighted in the following example by Participant K:

> I think one of the challenges is really high wait times for kids…counselling program is school-based so it's only funded during the school year that those kids…if they don't live in a shelter then they are not getting counselling services during the summer and that's a really big barrier to consistently providing that support. I'll often have a mom who's meeting with me in counselling and she is saying, 'my kids are on the waitlist for the school-based counselling through you guys but right now is when they're having nightmares and court is coming up and they are really stressed out and they are going to be forced to see dad…' So, part of it is just there is thousands of kids in a small community, it's like there is one place that provides that service and if they have a waitlist, I don't know how to get around that.

4.8 Discussion

This research study sought to identify key barriers to providing risk assessment and safety planning interventions for children identified by VAW service providers in Ontario, Canada. To do this, the study utilized interviews with 27 key informants who work in the VAW sector in various positions, predominantly within domestic violence shelters.

The inclusion of children in services geared towards domestic violence victims is essential, as a significant number of children accompany their mothers to shelters. According to a snapshot survey of shelters in Canada conducted on April 16th, 2014, 3,493 children accompanied 4,476 women to shelters across the country (Statistics Canada, 2015). Children also play a key role in motivating their mothers' help-seeking behaviours after experiencing domestic violence (Rasool, 2016). Based on the Exposure Reduction framework, appropriately tailored services are needed for children exposed to this violence in order to increase their mental and physical safety. Overall, the study's findings suggest significant barriers that exist with respect to the provision of these services. The study identified agency, client-related, and systemic barriers to risk assessment and safety planning services for children in the VAW sector.

Among agency-related barriers, interview participants identified a lack of training, a lack of resources (e.g., funding, specialized staff, short-term nature of the services), and a lack of specific and comprehensive risk assessment and risk management practices as challenges to providing services to children exposed to domestic violence. Research in the field has paralleled these findings, through documenting limited agency resources, such as a shortage of staff, lack of specialized staff, brevity of the services, and a pressing lack of funding (Chanmugam, 2012; Goodson, 2015; Macy, Giattina, Parish, & Crosby, 2010; Stephens & Sinden, 2000).

Approximately half of the population of shelter services is comprised of children and youth. Notwithstanding this fact, there is a shortage of available programs, advocacy, and

supports. Shelters differ in their ability to provide services to children, with some shelters not having dedicated programming to this population (OAITH, 2017). According to a survey of 401 VAW shelter workers across Canada, many shelters have been experiencing an inflation of clients without commensurate increases in funding. As a result, many victims and children cannot access shelter services. In addition, prevention and advocacy efforts in these settings often do not receive government funding (Maki, 2019). This lack of resources is related to inconsistencies in service provision across service providers, which may be influenced by a lack of training on effective service provision for domestic violence victims, particularly when working with vulnerable populations (Briones-Vozmediano, La Parra, & Vives-Cases, 2015). Furthermore, training on safety planning has not been well established and when it has occurred, it has typically been geared towards adult victims with a limited focus on effectively addressing children's needs (Horton et al., 2014; MacMillan, Wathen, & Varcoe, 2013).

Compounding these challenges in effective service provision is a lack of empirically validated and standardized risk assessment tools for children. Risk assessments that involve children in general are typically conducted through child protection agencies. The involvement of these agencies, however, more often results in access to services when there is a substantiated co-occurrence of maltreatment and domestic violence, rather than mere exposure to violence (Black, Trocmé, Fallon, & MacLaurin, 2008). As a result, children's risk of harm related to living in an environment of domestic violence may be ignored without direct evidence of maltreatment.

Various client-related barriers were also identified by interview participants. Primarily, these focused on victim apprehension and mistrust of services, a lack of recognition of the effects of domestic violence exposure on children, as well as a lack of formal custody and access arrangements in place that in turn present unique challenges for victims themselves as well as

service providers. Some of the responses by interview participants highlighted a lack of recognition by victims of the effects of domestic violence exposure on children which can affect the degree to which children participate in services. This finding is supported by research, which has found that some victims believe their children did not witness the violence or were unaware of its occurrence, or that they were too young to be affected by it. Victims may believe that their children were not affected by the violence in their home and as a result, may be ambivalent towards having their children participate in programs, as well as have concerns about what the child may disclose (Chanmugam, 2012; Peled & Edleson, 1999; Poole et al., 2008). Children themselves may also be ambivalent about sharing their experiences due to fear and complex feelings towards with the perpetrator (Chanmugam, 2012). They may also be inhibited by their young age and inability to articulate their needs or concerns.

Research has also found that victims experience stigma associated with help-seeking and are further impeded by concerns with the involvement of child protection agencies and the potential for child apprehension (Briones-Vozmediano et al., 2015; Groves and Gewirtz, 2006; Jenney et al., 2014). Furthermore, mandated reporting by domestic violence service providers can cause tension in their role as victim advocates through exerting a measure of power and control over the victims, which can thwart victims' autonomy and sense of control over personal decision-making (Davies & Krane 2006; Humphreys 2008). Research has found that the prospect of mandated child welfare reporting may impede victims from seeking assistance (Lippy, Burk, & Hobart, 2016). This fear may be further exacerbated for women from certain cultural groups, (e.g., African-Canadian women, Indigenous victims) due to historical experiences of oppression of these women by child protection agencies (Harris and Hackett 2008). While there are provincially mandated collaboration agreements between child protection agencies and VAW

agencies, the ways in which the content of these agreements is implemented may differ across agencies and communities (Sapozhnikov, 2017). A lack of mention of these practices within this study is indicative of some of these challenges in their implementation.

Various systemic barriers were also identified by the interview participants. One of these barriers was a lack of inter-agency collaboration, particularly with child protection agencies and the justice system. Research has noted a frequent lack of coordination among systems that are involved with families experiencing domestic violence. Infrequent ongoing information sharing among law enforcement, child protection, and perpetrator intervention programs prevents service professionals from being aware of the degree of risk that is faced by families with domestic violence when there are changes to the degrees of risk (Diemer, Humphreys, Laming, & Smith, 2013). Furthermore, differences among these agencies in client focus can contribute to confusion and varying perspectives when it is time to engage in collaboration or information-sharing (Stanley & Humphreys, 2014).

Child maltreatment and domestic violence have traditionally been considered as siloed issues, although there is a high co-occurrence between them (Beeman & Edleson, 2000; Hamby, Finkelhor, Tuner, & Omrod, 2010; Moles, 2008; Zannettino & McLaren, 2014). Barriers identified by child protection workers and domestic violence advocates include incongruent philosophies, insufficient communication and cooperation between the two sectors, as well as a lack of adequate services (Beeman & Edleson, 2000; Stanley & Humphreys, 2014). The priority of domestic violence agencies is on the victim's own independence and ability for planning for her future, while child protection makes child safety a priority, which can lead to concerns by domestic violence advocates over child protection agencies placing the blame on women for their children's exposure to violence (Campbell et al., 2010; Fusco, 2013; Lapierre and Côté

2011). In addition, child protection workers may consider the victim's separation from the perpetrator as pivotal in ensuring the safety of children and likewise focus on what they perceive to be inappropriate parenting strategies by the victim (Jenney et al., 2014; Nixon, 2009). Research examining women's experiences with child protection found that a large degree of responsibility was placed upon them by workers to leave their abusive partners without the provision of adequate assistance and an understanding of domestic violence dynamics and their level of risk during separation (Hughes, Chau, & Poff, 2011; Strega et al., 2008). Overall, research has been supportive of the need for interagency collaboration, as it has been shown to increase the accessibility of services, improve service providers' knowledge and skills, and results in increased effectiveness in ultimately increasing the safety and wellbeing of victims and children (Statham, 2011; Valentine, Katz, & Griffiths; Stanley, 2015; White, Forsman, Eichwald, & Munoz, 2010).

Other systemic barriers identified in this study highlighted a lack of resources available to children in the community. Some interview participants indicated an overall lack of funding, which has contributed to difficulties in providing domestic violence-related services for children. and a shortage of services for children. Research has also documented an overall lack of resources for children in both shelters as well as other domestic violence agencies (Horton et al., 2014; Stanley & Humphreys, 2014). This is particularly significant, as the Exposure Reduction Framework highlights the importance of appropriately administered services in order to enhance the safety of mothers and children.

4.8.1 Limitations. The study's contributions should be understood in consideration of its limitations. Mainly, these limitations stem from individual characteristics of the interviewers and interviewees. The interviews were conducted by different graduate research assistants who

worked on the CDHPIVP initiative. As a result, there may have been differences with regard to various interviewing styles and techniques that were implemented by each research assistant, with respect to: the amount and degree of prompting used, the ways in which the questions were asked, the degree to which the interview protocol was closely followed, as well as differences in the rapport between the interviewer and interviewee.

Likewise, it is important to acknowledge the differences across service providers. Some participants indicated they worked at multiple agencies and their answers may have reflected previous experiences or other roles. There was also diversity in the roles and experiences of the key informants, and they differed in the capacity with and degree to which they worked with children. Since all of the study's participants were VAW workers who identified working with children, this may not be reflective of the practices of other VAW professionals. Likewise, the majority of the participants in this study worked in shelters, although this study aimed to gain the perspectives of individuals working in a variety of VAW agencies. As a result, the perspectives of non-residential service providers may not have been effectively captured in this study. Various agencies may differ in the ways in which they utilize their funding and resources and so this study cannot ascertain the degree to which the needs of children are supported across all VAW agencies. Further, individuals from agencies that do not provide services to children may have had an awareness of promising practices and child-specific risk factors associated with exposure to domestic violence; however they did not meet the inclusionary criteria of the study. There may have also been differences in participants' understanding of some of the questions in the interview protocol. For some interviewees, there appeared to be limited differentiation between some of the definitions used in the study for risk assessment, risk management, and safety planning, with some of these (particularly risk management and safety planning) being used

interchangeably. Furthermore, an important consideration is the motivation for the interviewees to participate in this study. Those service providers who agreed to participate may have been more motivated in their work and may have differed in their characteristics from other participants who did not express an interest in participation. It is also important to acknowledge that some professionals may have wanted to present their agency and its practices in the best light and consequently may have embellished their responses.

4.8.2 Implications & conclusions. This study provided some important insights into VAW service providers' work with children, particularly with respect to the barriers that exist in this work. Domestic violence shelters are often limited by a lack of resources (e.g., funding) and the short-term duration of victims' visits at shelters, which can impact their ability to engage in training and provide specialized services to children (Chanmugam & Hall, 2012; Groves & Gewirtz 2006; Poole, et al., 2008). As a result, this research sheds light on important implications for practice and research in this area, as better services can lead to enhanced risk assessment and safety planning, which in turn can prevent the occurrence of domestic homicides.

There are several suggested directions for future research. This study should be replicated with the use of a larger sample and capture the perspectives of VAW service providers in other Canadian provinces as well as within the United States. There should also be an examination of the services in this sector that cater to the needs of other vulnerable populations (e.g., women and children who live in poverty, racialized minority populations). Victims from these populations who come into shelters may face additional challenges. Research has shown that women from some minority ethnic backgrounds may be reluctant to seek shelter services (Flicker et al. 2011; Gillum 2008). As a result, this is an area that requires further exploration, particularly with respect to how women from these populations who also have children navigate and utilize these

services. Future research should also focus on an evaluation of the practices in place at shelters. Since these agencies provide short-term assistance, it is important to explore which services are most helpful. Furthermore, there is a need for research to examine the practices of domestic violence service providers in relation to how they engage in inter-agency collaboration in these cases. A study of police officers in Arizona, for example, found that a majority of these officers did not understand the utility of having a service provider on scene for domestic violence-related cases (Ward-Lasher, Messing, & Hart, 2017), indicating that in certain jurisdictions engaging in collaboration may not be a common practice.

This research also highlights important implications for practice. There is a need for funding priorities for domestic violence services for children and to ensure that there are programs in place for families in crisis. In addition, there is a need to provide for individual programming for mothers that focuses on rebuilding parenting capacities and providing psychoeducation on the effects of domestic violence exposure on children. The Exposure Reduction framework highlights the need for appropriate supports for children in order to increase their safety and thwart the possibility of retaliation by their perpetrating fathers. Furthermore, there is a need for enhanced training and increasing the competence of service providers in working with families experiencing domestic violence. A research study involving service providers cited a lack of competence in intervening in domestic violence-related cases as a barrier to collaboration with clients and other agencies (Langenderfer-Magruder, Alven, Wilke, & Spinelli, 2019). As a result, there is a need for enhanced collaboration and service coordination across sectors, as well as joint training initiatives in order to bridge these gaps.

As indicated in this study, child-specific service provision by VAW agencies, particularly

with respect to risk assessment and safety planning, has been an under-studied area. It is the hope of this study to shed light on some important perspectives from service providers in this area. With an increased awareness of these practices, it is hoped that this study can serve as a blueprint for enhanced service provision in this area in order to best meet the needs of children exposed to domestic violence.

4.9 References

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5 Final Considerations

The objective of this chapter is to consolidate the key findings from the three article manuscripts, which have cumulatively emphasized the need for the prevention of child domestic homicides and appropriate assessments and interventions for children who have been exposed to this violence. In doing so, they have highlighted the importance of identifying missed opportunities by systems and agencies to intervene at earlier points in time. The studies emphasize the importance of recognizing key risk factors and warning signs that were present preceding the homicides and adequate service provision for children following exposure to domestic violence and homicide. In addition, the importance of gaining an understanding of the challenges to service provision is highlighted, based on the perspectives from service providers in various roles and positions in the VAW sector.

5.1 Overall Findings

Study One identified risk factors and agency involvement for children exposed to domestic violence, through an examination of 140 domestic homicide cases in Ontario, Canada. Overall, the findings of the study indicated few unique risk factors in cases involving children, whereas most significant findings were based on expected outcomes related to children being part of the family unit. Other significant findings indicated a higher percentage of cases involving children having had greater legal counsel involvement, and a greater percentage of cases involving children who were not killed having had reports of the violence made to family members. In addition to an overall lack of risk assessment and safety planning interventions in these cases, the study's findings purport that children are at risk of harm merely by living in an environment of domestic violence.

The second study identified themes stemming from death review reports in Canada and the U.S. pertaining to child domestic homicides. Through a thematic analysis of annual reports from 2004 to 2016 in Ontario, Canada and Georgia and Florida, U.S.A., the study's findings identified pertinent barriers, recommendations, and promising practices with respect to effective service provision for children exposed to domestic violence. In this way, the study sought to highlight the importance of acknowledging the varying needs of children exposed to domestic violence and homicide and informing appropriate interventions in these cases.

In Study Three, the perspectives of VAW service providers were examined in order to identify the ways in which children exposed to domestic violence are included in these services and the challenges that exist to providing seamless service provision to this vulnerable population. Through a thematic analysis based on interviews with 27 Canadian VAW service providers in Ontario from various roles, the study identified key barriers at the individual, agency, and community levels. Major themes that arose with respect to barriers included a lack or resources, lack of child-specific services and intervention practices, client mistrust, and a lack of information sharing.

Children can be affected by domestic violence and homicide through diverse ways; they can be victims themselves, lose one or both parents, and face traumatization and other significant negative repercussions as a result of this violence (Alisic et al., 2017; Jaffe, Campbell, Hamilton, & Juodis, 2012; Jaffe, Campbell, Reif, Fairbairn, & David, 2017). Notwithstanding these risks, however, children are often forgotten victims in intervention efforts. The needs of children exposed to domestic violence have not always been recognized by systems and agencies tasked with working with these families (Humphreys & Stanley, 2006; Humphreys, Houghton, & Ellis, 2008). Children may have diverse levels of exposure and victimization by this violence

Compounding these difficulties is the finding that children's exposure to violence is frequently revealed only after the homicide occurs, resulting in many children not receiving support for their experiences (Alisic et al., 2017). Therefore, there is a need for multiple agencies to be involved in order to effectively meet their needs, as purported by the Social Ecological Model, which calls for multi-tiered service delivery and community engagement. A lack of collaboration and coordination among service providers can result in a lack of awareness of children's degree of risk in these circumstances (Diemer, Humphreys, Laming, & Smith, 2015). Furthermore, a lack of effective service coordination can ultimately affect the safety of victims and children (Hester, 2011), as demonstrated by the Exposure Reduction theory, which emphasizes the need for appropriately tailored services to children exposed to domestic violence. Other difficulties impeding effective service provision include a lack of agency resources (e.g., shortage of funding and staff), which may influence a lack of training among service providers particularly with respect to the needs of children (Horton et al., 2014; MacMillan, Wathen, & Varcoe, 2013).

5.2 Future research & implications for practice

Future research directions should continue keeping the needs of children exposed to domestic violence at the forefront. An evaluation of agency responses to death review committee recommendations should be enacted on a regular basis, as well as tracking of the ways in which their recommendations are being implemented. Research in the area should also continue to explore unique risk factors for children exposed to domestic violence and effective system-wide prevention strategies in order to address these risk factors. The perspectives of service providers from a variety of agencies working with families experiencing domestic violence should be captured, in order to gain insight into some of their challenges with inter-agency collaboration as well as with engaging children in risk assessment, risk management, and

safety planning practices. Further, research should also examine the ways in which services account for the unique needs of children from other vulnerable populations (e.g., Indigenous, Immigrant and refugee, rural, northern and remote communities), as victims with certain ethnic identities may be ambivalent towards seeking support (Flicker et al. 2011; Gillum 2008).

This research also has some important implications for practice. There is a need for increased funding for agencies, such as domestic violence shelter services in order to provide adequate services for victims and children. Overall, as the Exposure Reduction framework has indicated, appropriate services are needed for children exposed to domestic violence in order to keep them safe from the potential for retaliatory violence by the perpetrator. To accomplish this, there is a need for enhanced training protocols among service providers as well as cross-sectoral training, in order to cater to the unique needs of children exposed to domestic violence. There is also a need for outcome evaluation; that is, it would be beneficial to implement audits of VAW agencies to more closely examine their practices and identify areas of need.

Overall, there is a need for systemic prevention and intervention efforts. Many of the findings of this research have highlighted the need for increased inter-agency collaboration. The Interagency Case Assessment Team (ICAT) in Canada and the Multi Agency Risk Assessment Conference (MARAC) in the U.K. are examples of promising practices in this area. These interventions involve information sharing among various agencies involved with families responding to high risk cases, with a focus on victims (Ending Violence Association of B.C., n.d.; Reducing the Risk of Domestic Violence, 2019). Furthermore, legislative and organizational policies and practices should also recognize and take into consideration the needs of children living with this violence (Rivett & Kelly, 2006). Ultimately, there is a need for early

prevention for children who have had varying levels of exposure to domestic violence and require different intervention approaches (Etherington, & Baker, 2018).

5.3 Limitations

This dissertation's research findings should be considered alongside its limitations. It is important to acknowledge differences across various agencies and jurisdictions, which can affect the generalizability of the findings. There may be differences in the ways in which child domestic homicides are counted and reflected in death review reports and missing information with respect to these homicides can affect the accuracy and comprehensiveness of the information that is tracked. This in turn can impede the ability of these committees in addressing identified gaps in service provision and consequently impact the recommendations that stem from their reviews.

Further, it is important to acknowledge the limitations associated with the samples sizes of the data collected within the three articles of this manuscript. The first and third studies of this manuscript involved data from Ontario exclusively, whereas the second manuscript additionally included data from two U.S. jurisdictions, all of which may affect the generalizability of the findings to some degree relative to systems and agencies in other jurisdictions. Moreover, as there is a clear lack of comparison groups of victims and children who survived the homicide, this can further affect the reliability of the findings. Furthermore, given the lack of outcome evaluation and audits to examine which death review committee recommendations have been implemented and evaluated, it is difficult to determine the success of these recommendations in preventing and intervening in these homicides.

It is also important to acknowledge other characteristics of the data and population groups present in this research that may not have been taken into consideration. Various

intersectional identities and vulnerabilities of victims and children (e.g., Indigenous, immigrant and refugee populations, victims and children residing in rural, remote, and Northern locations) may present additional complexities and needs, and the cumulative effect of these alongside other general risks are not reflected in this research. Furthermore, the diverse nature of the province of Ontario, given its rural and urban regions, further affects the generalizability of the findings of this research, as there may be variability in the resources and community supports that are offered across different regions.

5.4 Overall summary and conclusion

Children's exposure to and victimization by domestic violence and domestic homicide are significant societal concerns. They often appear predictable and preventable with hindsight because of the number of known warning signs known to family, friends, and community agencies. Systems and agencies involved with families experiencing domestic violence can provide more service delivery with enhanced training and funding opportunities. VAW agencies can play a critical role in their inclusion of children in their services, however, they are in need of a coordinated community response and fortified inter-agency collaboration. The Exposure Reduction framework has highlighted the need to recognize the plight of women and children and an increased understanding of children's risk in these circumstances. However, no one agency or system can accomplish this alone; there needs to be an informed community response, as reflected in the Social Ecological Model, whose framework emphasizes multilateral prevention and intervention efforts.

This research was built on the hope that an increased awareness and identification of unique risk factors specific to children in the context of domestic violence could promote community change. The recognition of children's diverse needs could enhance coordinated

efforts made by service providers and the community as a whole to protect these children and prevent domestic homicides.

5.5 References

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Appendix A: Domestic Violence Death Review Committee Data Summary Form

OCC Case #(s):

OCC Region: Central
OCC Staff: _____

Lead Investigating Police Agency:
Officer(s):
Other Investigating Agencies: _
Officers: __

VICTIM INFORMATION

***If more than one victim, this information is for primary victim (i.e. intimate partner)*

Gender	
Age	
Marital status	
Number of children	
Pregnant	
If yes, age of fetus (in weeks)	
Residency status	
Education	
Employment status	
Occupational level	
Criminal history	
If yes, check those that apply...	____ Prior domestic violence arrest record ____ Arrest for a restraining order violation ____ Arrest for violation of probation ____ Prior arrest record for other assault/harassment/menacing/disturbance ____ Prior arrest record for DUI/possession ____ Juvenile record

____ Total # of arrests for domestic violence offenses

____ Total # of arrests for other violent offenses ____ Total # of arrests for non-violent offenses ____ Total # of restraining order violations ____ Total # of bail condition violations ____ Total # of probation violations
Family court history
If yes, check those that apply... ____ Current child custody/access dispute ____ Prior child custody/access dispute ____ Current child protection hearing ____ Prior child protection hearing ____ No info
Treatment history
If yes, check those that apply... ____ Prior domestic violence treatment ____ Prior substance abuse treatment ____ Prior mental health treatment ____ Anger management ____ Other – specify _____ ____ No info

Victim taking medication at time of incident	
Medication prescribed for victim at time of incident	
Victim taking psychiatric drugs at time of incident	
Victim made threats or attempted suicide prior to incident	

Any significant life changes occurred prior to fatality?	
Describe:	
Subject in childhood or Adolescence to sexual abuse?	
Subject in childhood or adolescence to physical abuse?	
Exposed in childhood or adolescence to domestic violence?	

-- END VICTIM INFORMATION --

PERPETRATOR INFORMATION

***Same data as above for victim*

Gender	
Age	
Marital status	
Number of children	
Pregnant	
If yes, age of fetus (in weeks)	
Residency status	
Education	
Employment status	
Occupational level	
Criminal history	

If yes, check those that apply...

____ Prior domestic violence arrest record

____ Arrest for a restraining order violation

____ Arrest for violation of probation

____ Prior arrest record for other assault/harassment/menacing/disturbance

____ Prior arrest record for DUI/possession ____ Juvenile record
____ Total # of arrests for domestic violence offenses ____Total # of arrests for other violent offenses ____ Total # of arrests for non-violent offenses ____ Total # of restraining order violations ____ Total # of bail condition violations ____ Total # of probation violations
Family court history
If yes, check those that apply... ____ Current child custody/access dispute ____ Prior child custody/access dispute ____ Current child protection hearing ____ Prior child protection hearing ____ No info
Treatment history
If yes, check those that apply... ____ Prior domestic violence treatment ____ Prior substance abuse treatment ____ Prior mental health treatment ____ Anger management ____ Other – specify _____ ____ No info

Perpetrator on medication at time of incident	
Medication prescribed for perpetrator at time of incident	
Perpetrator taking psychiatric drugs at time of incident	

Perpetrator made threats or attempted suicide prior to incident	
Any significant life changes occurred prior to fatality?	
Describe:	
Subject in childhood or Adolescence to sexual abuse?	
Subject in childhood or adolescence to physical abuse?	
Exposed in childhood or adolescence to domestic violence?	

INCIDENT

-- END PERPETRATOR INFORMATION --

Date of incident	
Date call received	
Time call received	
Incident type	
Incident reported by	
Total number of victims ***Not including perpetrator if suicided*	
Who were additional victims aside from perpetrator?	
Others received non-fatal injuries	
Perpetrator injured during incident?	
Who injured perpetrator?	

Location of crime

Location of incident	
If residence, type of dwelling	
If residence, where was victim found?	

Cause of Death (Primary Victim)

Cause of death	
Multiple methods used?	
If yes be specific ...	
Other evidence of excessive violence?	
Evidence of mutilation?	

Victim sexually assaulted?	
If yes, describe (Sexual assault, sexual mutilation, both)	
Condition of body	
Victim substance use at time of crime?	
Perpetrator substance use at time of crime?	

Weapon Use

Weapon use	
If weapon used, type	
If gun, who owned it?	
Gun acquired legally?	
If yes, when acquired?	
Previous requests for gun to be surrendered/destroyed?	
Did court ever order gun to be surrendered/destroyed?	

Witness Information

Others present at scene of fatality (i.e. witnesses)?	
If children were present:	
What intervention occurred as a result?	

Perpetrator actions after fatality

Did perpetrator attempt/commit suicide following the incident?	
If committed suicide, how?	
Did suicide appear to be part of original homicide?	
How long after the killing did suicide occur?	
Was perpetrator in custody when attempted or committed suicide?	
Was a suicide note left? *If yes, was precipitating factor identified*	
Describe: *Perpetrator left note attached to envelope and within the envelope were photos of the victim and her boyfriend and correspondence regarding the purchase of a house in North Dakota and money transfers etc.*	
If perpetrator did not commit suicide, did s/he leave scene?	

If perpetrator did not commit suicide, *(At scene, turned self in, apprehended later, still at large,* where was s/he *other – specify)* arrested/apprehended?	
How much time passed between the *(Hours, days, weeks, months, unknown, n/a – still at large)* fatality and the arrest of the suspect:	

-- END INCIDENT INFORMATION -- VICTIM/PERPETRATOR RELATIONSHIP HISTORY

Relationship of victim to perpetrator	
Length of relationship	
If divorced, how long?	
If separated, how long?	
If separated more than a Month, list # of months	
Did victim begin relationship with a new partner?	
If not separated, was there evidence that a separation was imminent?	
Is there a history of separation in relationship?	
If yes, how many previous (Indicate #, unknown separations were there?	
If not separated, had victim tried to leave relationship	
If yes, what steps had victim taken in past year to leave relationship? (Check all that apply) ____ Moved out of residence ____ Initiated defendant moving out ____ Sought safe housing ____ Initiated legal action ____ Other – specify	

Children Information

Did victim/perpetrator have children in common?	.
If yes, how many children in common?	.

If separated, who had legal custody of children?	-
If separated, who had physical custody of children at time of incident?	
Which of the following best describes custody agreement?	
Did victim have children from previous relationship?	
If yes, how many? (Indicate #)	

History of domestic violence

Were there prior reports of domestic violence in this relationship?

Type of Violence? *(Physical, other)*
_____

If other describe: _____
_____
_____

If yes, reports were made to: (Check all those that apply)

____ Police
____ Courts
____ Medical

____ Family members

____ Clergy
____ Friends
____ Co-workers

____ Neighbors

____ Shelter/other domestic violence program
____ Family court (during divorce, custody, restraining order proceedings)

____ Social services
____ Child protection
____ Legal counsel/legal services
____ Other – specify _____

Historically, was the victim usually the perpetrator of abuse? _____

If yes, how known? _____

Describe: _____
_____
_____

Was there evidence of escalating violence?

If yes, check all that apply:

____ Prior attempts or threats of suicide by perpetrator

____ Prior threats with weapon
____ Prior threats to kill
____ Perpetrator abused the victim in public

____ Perpetrator monitored victim's whereabouts
____ Blamed victim for abuse
____ Destroyed victim's property and/or pets
____ Prior medical treatment for domestic violence related injuries reported
____ Other – specify _____

-- END VICTIM-PERPETRATOR RELATIONSHIP INFORMATION --

SYSTEM CONTACTS

Background

Did victim have access to working telephone? _____

Estimate distance victim had to travel to access helping resources? (KMs)
_____

Did the victim have access to transportation? _____

Did the victim have a Safety Plan? _____

Did the victim have an opportunity to act on the Plan? _____

Agencies/Institutions

Were any of the following agencies involved with the victim or the perpetrator during the past year prior to the fatality? _____

***Indicate who had contact, describe contact and outcome. Locate date(s) of contact on events calendar for year prior to killing (12-month calendar)*

Criminal Justice/Legal Assistance:

Police (Victim, perpetrator, or both)
Describe:_____
_____
Outcome:_____

Crown attorney (Victim, perpetrator, or both)
Describe:_____
_____
Outcome:_____

Defense counsel (Victim, perpetrator, or both)
Describe:_____
_____
Outcome:_____

Court/Judges (Victim, perpetrator, or both)
Describe:_____
_____
Outcome:_____

Corrections (Victim, perpetrator or both)
Describe:_____
_____
Outcome:_____

Probation (Victim, perpetrator, or both)
Describe:_____
_____
Outcome:_____

Parole (Victim, perpetrator, or both)
Describe:_____
_____
Outcome:_____

Family court (Victim, perpetrator, or both)
Describe:_____

_____
Outcome:_____

Family lawyer (Victim, perpetrator, or both)
Describe_____
_____
Outcome:_____

Court-based legal advocacy (Victim, perpetrator, or both)
Describe:_____
_____
Outcome:_____

Victim-witness assistance program (Victim, perpetrator, or both)
Describe:_____
_____
Outcome:_____

Victim Services (including domestic violence services)

Domestic violence shelter/safe house (Victim, perpetrator, or both)
Describe:_____
_____
Outcome:_____

Sexual assault program (Victim, perpetrator, or both)
Describe:_____
_____
Outcome:_____

Other domestic violence victim services (Victim, perpetrator, or both)
Describe:_____
_____
Outcome:_____

Community based legal advocacy (Victim, perpetrator, or both)
Describe:_____
_____
Outcome:_____

Children services

School (Victim, perpetrator, children or all)
Describe: (Did school know of DV? Did school provide counseling?)
_____
_____
Outcome:_____

Supervised visitation/drop off center (Victim, perpetrator, or both)
Describe:_____
_____
Outcome:_____

Child protection services (Victim, perpetrator, children, or all)
Describe:_____
_____
Outcome:_____

Health care services

Mental health provider (Victim, perpetrator, or both)
Describe:_____
_____
Outcome:_____

Mental health program (Victim, perpetrator, or both)
Describe:_____
_____
Outcome:_____

Health care provider (Victim, perpetrator, or both)
Describe:_____
_____
Outcome:_____
_____
Outcome:_____

Local hospital (Victim, perpetrator, or both)
Describe:_____
_____
Outcome:_____

Ambulance services (Victim, perpetrator, or both)
Describe:_____

_____

Outcome:_____

Other Community Services

Anger management program (Victim, perpetrator, or both)
Describe:_____

_____

Outcome:_____

Batterer's intervention program (Victim, perpetrator, or both)
Describe:_____

_____

Outcome:_____

Marriage counselling (Victim, perpetrator, or both)
Describe:_____

_____

Outcome:_____

Substance abuse program (Victim, perpetrator, or both)
Describe:_____

_____

Outcome:_____

Religious community (Victim, perpetrator, or both)
Describe:_____

_____

Outcome:_____

Immigrant advocacy program (Victim, perpetrator, or both)
Describe:_____

_____

Outcome:_____

Animal control/humane society (Victim, perpetrator, or both)
Describe:_____

_____

Outcome:_____

Cultural organization (Victim, perpetrator, or both)
Describe:_____

_____

Outcome:_____

Fire department (Victim, perpetrator, or both)
Describe:_____
_____
Outcome:_____

Homeless shelter (Victim, perpetrator, or both)
Describe:_____
_____
Outcome:_____

-- END SYSTEM CONTACT INFORMATION --

RISK ASSESSMENT

Was a risk assessment done?

*If yes, by whom?*_____

When was the risk assessment done?_____ What was the outcome of the risk assessment?_____

DVDRC COMMITTEE RECOMMENDATIONS

Was the homicide (suicide) preventable in retrospect? (Yes, no)

If yes, what would have prevented this tragedy?

_____
_____
_____
_____
_____
_____
_____
_____
_____

What issues are raised by this tragedy that should be outlined in the DVDRC annual report?
_____

Future Research Issues/Questions:

Additional comments:

Appendix B: DVFRT Codebook

Considerations of Children by Domestic Violence Death Review Committee/Fatality Review Teams

Overarching Questions: To what extent do domestic violence committees in Florida, Georgia and Ontario consider the unique risks and needs of children exposed to domestic violence? What are commonalities in child-specific themes across the committees between 2004 and 2016?

Parent Code - Barriers to Service Provision for Children: This code is used to identify any barriers or challenges to domestic violence child-specific service provision

- **Gaps in services:** Use this code when the committee identifies gaps in child-specific services
    - **Lack of child-specific services:** Use this code when the report mentions a lack of child-specific services or lack of referral to these services
    - **Competing mandates:** Use this code when the committee indicates competing mandates among agencies
    - **Lack of screening/RA, RM, and/or SP:** Use this code when the committee indicates there is a lack of sufficient screening/RA, RM, and/or SP
    - **Lack of training/awareness:** Use this code when the committee indicates there is a lack of awareness of DV effects on children or lack of training by service providers that is impending effective service provision
    - **Agency inconsistency:** Use this code when the committee indicates a lack of consistent service implementation (e.g., variability of intervention depending on jurisdiction)
    - **Lack of inter-agency collaboration:** Use this code when the committee indicates a lack of inter-agency collaboration as a barrier
    - **Lack of policy/protocol development:** Use this code when the committee indicates there is a lack of policy or protocol development that is impeding successful service provision
    - **Lack of resources:** Use this code when a lack of resources (e.g., funding) is mentioned
    - **Other gaps in services:** Use this code for any other gaps in services mentioned
- **Lack of specific/clear legislation:** Use this code when the committee indicates a lack of appropriate or clearly articulated legislation pertaining to children exposed to DV
- **Other:** Use this code when there are other issues impacting effective service provision

Parent Code - Type of Agency Recommendations: This code is used to identify recommendations by the committees/review teams specific to children exposed to domestic violence

- **Recommendations for inter-agency collaboration**: Use this code when there is mention of collaboration across agencies as a recommendation for future practice
- **Recommendations for increased resources**: Use this code when the committee recommends increased resources (e.g., funding)
- **Recommendations for policy changes/protocol development:** Use this code when the committee recommends policy changes or protocol development to help support children exposed to DV
- **Recommendations for screening/risk assessment:** Use this code when there are recommendations for screening/risk assessment of children exposed to DV
- **Recommendations for risk management/safety planning:** Use this code when the committee recommends child-specific safety planning or risk management strategies
- **Recommendations for internal review/quality assurance:** Use this code when the committee makes recommendations for internal review/quality assurance
- **Recommendations for increased awareness/education/training:** Use this code when the committee recommends increased public or agency awareness of impacts of DV exposure on children
    - **Sector-specific education:** Use this code when the committee recommends increased education/awareness for professional agencies
        - **Child protection:** Use this code when the committee recommends child protection agencies to have increased education/awareness
        - **Family court/lawyers/judges:** Use this code when the committee recommends family court, lawyers, or judges to have increased education/awareness
        - **Police:** Use this code when the committee recommends police to have increased education/awareness
        - **Medical professionals:** Use this code when the committee recommends medical professionals to have increased education/awareness
        - **Education:** Use this code when the committee recommends professionals in the education field to have increased education/awareness
        - **Mental health:** Use this code when the committee recommends professionals in the mental health field to have increased education/awareness
        - **VAW:** Use this code when the committee recommends professionals in the VAW field to have increased education/awareness
        - **Other:** Use this code when the committee recommends professionals in other fields to have increased education/awareness
    - **Public awareness:** Use this code when the committee recommends increased public awareness/education campaigns
    - **Awareness for victims:** Use this code when the committee recommends increased awareness (e.g., of the risk) for the victim(s)
- **Recommendations for increased service provision:** Use this code when the committee recommends increased child-specific services at agencies/organizations

- **Other:** Use this code when the committee makes other recommendations specific to children

Parent Code - Promising Practices Specific to Children: This code is used to identify promising practices relative to service provision for children exposed to domestic violence

- **Inter-agency collaboration:** Use this code when there is mention of collaboration among agencies as a current promising practice
- **Child-specific services:** Use this code when where are child-specific services offered at DV agencies/organizations
- **Provision of RA, RM & SP:** Use this code when the committee indicates the use of RA, RM, or SP with children
- **Legislation/policy/protocol development:** Use this code when there are recently enacted legislative policies or procedures that consider the needs of children
- **Awareness of DV effects on children:** Use this code when the committee recognizes the impact of exposure to DV on children
- **Training:** Use this code when there is mention of training that considers needs of children as a current promising practice
- **Provision of resources/initiatives:** Use this code when the committee mentions resources/initiatives specific to children
    - **Funding:** Use this code when provision of funding is mentioned as a promising practice
    - **Victim compensation:** Use this code when there is mention of funding provided to bereaved children
- **Other:** Use this code for any other mentions of current promising practices

Parent Code - Good Quotes: This code is used to highlight great quotes from annual reports that are illuminating or interesting

Appendix C: Interview Guide

CDHPIVP Interview Guide

Name of interviewer: _____

Participant Code_____

Date of interview: _____

Section A.

Hello. My name is_____.

Thank you for agreeing to participate in this research interview regarding domestic violence risk assessment, risk management and safety planning. This interview is being conducted as part of the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations. The Co-Directors are Dr. Peter Jaffe and Dr. Myrna Dawson, and the Co-Investigator for this region is _____ (e.g. Dr. Mary Hampton for Saskatchewan).

This interview asks about your knowledge and use of risk assessment, risk management, and safety planning strategies and tools, focusing on four populations identified as experiencing increased vulnerability for domestic homicide: Indigenous, immigrants and refugees, rural, remote, and northern populations, and children exposed to domestic violence. I will be asking you about risk factors, barriers to effective risk management and safety planning, and strategies currently being used with these vulnerable groups and the communities in which they live. Some questions I will ask may have you focus on specific cases you have dealt with in your work and may trigger emotional responses.

Because the topic of domestic violence and domestic homicide may be distressing, and depending on your personal experiences in the work these questions may trigger some memories of cases you have worked with that were violent or upsetting, I am obliged to discuss vicarious trauma with you. If the questions in the interview cause you to become distressed, do you have someone you can reach out to, either in your workplace, or through an EAP program, or elsewhere?

If the person replies no, "Are you aware of resources in your community or other communities that you can reach to either by phone or in person? "

I can follow up with a link to a list of support lines that I will email to you after the interview. (include link www.yourlifecounts.org)

Before we begin, I want to make sure we've walked through the informed consent and that you have had an opportunity to have any questions addressed.

If Interview is by phone or Skype:

Have you received and read the Information Letter and Consent form for Interview? (Circle Response) YES NO

If yes, have you signed and returned the consent form to Anna-Lee Straatman?

Do you have any questions at this time?

If no,

I would like to take a moment to review the consent form with you.

Prompt: Review the consent to participate in research form.

"Do you agree to participate in this research?" Verbal consent should explicitly state that they have read the Letter of Information and agree to participate. Note: Obtain their consent verbally if they have not sent the email so you can get on with the interview without delay

Note: the participant will still need to send an email to Anna-Lee Straatman [email] which states, "I have read and understood the letter of information and agree to participate in this interview."

Along with the informed consent, we sent you our definitions of risk assessment, risk management, and safety planning to review. Do you happen to have the definitions in front of you as we will ask for feedback later in the interview? YES NO

If yes, go to obtaining permission to audio record the interview.

If no, I can email the definitions to you again but I will also read out the definition when we get to the corresponding questions in order to get your feedback.

With your permission, I am going to audio record this interview for transcription purposes only. The audio recording will be destroyed at the end of the study.

Do I have your permission to record this interview? YES NO.

If yes, turn on recorder. Thank you.

If no, will it be possible to reschedule this interview? If the interview is not recorded, we require two research assistants to be present so one person can conduct the interview and the other person can take notes to ensure accuracy. YES NO

This interview will take about 45 minutes to an hour to complete. You are free to withdraw from the interview at any time. If we run out of time, and you wish to complete the interview, do I have your permission to contact you at a later date to complete the interview?

(Circle response) YES NO

Thank you.

If interview is in person:

Have you received and read the Information Letter and Consent form for Interview? (Circle Response) YES NO

If yes, have you signed and returned the consent form to Anna-Lee Straatman or do you have it with you now?

Do you have any questions at this time?

If no,

I would like to take a moment to review the consent form with you.

Prompt: Review the consent to participate in research form.

If you are in agreement with this, please sign.

Along with the informed consent, we sent you our definitions of risk assessment, risk management, and safety planning to review. Do you happen to have the definitions in front of you as we will ask for feedback later in the interview? YES NO

If yes, go to obtaining permission to audio record the interview.

If no, I can provide the definitions to you again but I will also read out the definition when we get to the corresponding questions in order to get your feedback.

With your permission, I am going to audio record this interview for transcription purposes only. The audio recording will be destroyed at the end of the study.

Do I have your permission to record this interview? YES NO.

If yes, turn on recorder. Thank you.

If no, will it be possible to reschedule this interview? If the interview is not recorded, we require two research assistants to be present so one person can conduct the interview and the other person can take notes to ensure accuracy. YES NO

This interview will take about 45 minutes to an hour to complete. You are free to withdraw from the interview at any time. If we run out of time, and you wish to complete the interview, do I have your permission to contact you at a later date to complete the interview?

(Circle response) YES NO

Thank you.

Section B.

Now I would like to ask you a few questions about where you work and the kind of work you do.

1. Where is your agency located (clarify name of town, city, etc and province)? Please note the name of your agency will not be identified in any reports or publications.

_____

2. Which sector do you work in? (e.g., VAW, family law, police, victim services, health, education, settlement services)

_____

_____

3. What is your job title? (Note: do not record job title if it can identify the participant – e.g., Executive Director of an agency in a small community)

_____

4. What does your role as [job title] entail? _____
5. How much of your work /percentage of clients involves direct contact with victims or perpetrators of dv?
6. How long has it been that you have recognized that the concerns of victims and perpetrators are a part of your role? _____

Risk Assessment

I'm now going to ask you some questions about risk assessment.

Risk assessment involves evaluating the level of risk a victim of domestic violence may be facing, including the likelihood of repeated or lethal violence. It may be based on a professional's judgment based on their experience in the field and/or a structured interview and/or an assessment tool/instrument that may include a checklist of risk factors.

7. Do you have any feedback on this definition of risk assessment? For example, is this a definition that you would use in the context of your work?

8. In your role at (see response to Q#3) _____, do you conduct risk assessments as we described? YES NO

If no, who does (e.g., referral to another organization, frontline professionals in the organization)? _____

If yes…

a) Do you use your professional judgment in risk assessment? YES NO
   Please explain. _____
b) Do you use a structured interview? YES NO
   If yes, please describe the structured interview. _____
c) Do you use a structured tool/instrument? YES NO
   If yes, what tool(s) do you use? _____
d) Did you receive training on this tool(s)? YES NO
   If yes, who conducted the training? _____

How many trainings did you receive? (e.g., refresher training)

_____

9. Is conducting a risk assessment mandatory or optional in your organization/role? (e.g. only done when charges are laid)

   _____

10. If someone is deemed to be high risk, what happens next in terms of information sharing and interventions?

    _____

11. Are there any written documents/directives (e.g., policies, protocols) that guide risk assessment within your organization? YES NO

    Please elaborate: _____

12. Are the victim's perceptions of safety considered in the risk assessment? YES NO

    Please elaborate: _____

13. If children are present, is there an automatic referral to child protection? (do they get involved or just file report) YES NO Skip question if interviewing a child protection worker.

    Please elaborate: _____

14. Are children included in the risk assessment? YES NO

    Please elaborate: _____

15. Do you collaborate with other organizations when assessing risk? YES NO

If yes, which ones? _____

Risk Management

I'm now going to ask you some questions about risk management.

Risk management refers to strategies to reduce the risk presented by a perpetrator of domestic violence such as close monitoring or supervision and/or counselling to address the violence and/or related mental health or substance use problems.

16. Do you have any feedback on this definition of risk management? For example, is this a definition that you would use in the context of your work?
17. In your role at (see response to Q#3) _____, do you engage in risk management strategies? YES NO

    If no, who does (e.g., referral to another person in agency or another agency)?

    If yes…

    a) What are the strategies you use? _____

b) Did you receive training in risk management? YES NO Can you tell me about the training you've received regarding risk management?
If yes, who conducted the training? _____
If yes, how many trainings did you receive? (e.g., refresher training)
_____

18. Are children included/considered in the risk management strategy? YES NO
If yes, please elaborate: _____
19. Are there any written documents/directives (e.g., policies, protocols) that guide risk management within your organization? YES NO
Please elaborate: _____

20. Do you collaborate with other organizations regarding risk management? YES NO
If yes, which ones? _____

Safety Planning

I'm now going to ask you some questions about safety planning.

Safety planning identifies strategies to protect the victim. Strategies may include: educating victims about their level of risk; changing residence, an alarm for a higher priority police response, a different work arrangement and/or readily accessible items needed to leave the home in an emergency including contact information about local domestic violence resources.

21. Do you have any feedback on our definition of safety planning? For example, is this a definition that you would use in the context of your work?

22. In your role at [see response to Q#3], do you provide safety plans for victims? YES NO Please elaborate: _____
If no, who does so (e.g., referral to another agency, frontline professionals in the organization)? _____

If yes…

a) What are the strategies you use?_____
b) Did you receive training on safety planning? YES NO
If yes, who conducted the training? _____
How many trainings did you receive? (e.g., refresher training)
_____

23. Are there any written documents/directives (e.g., policies, protocols) that guide safety planning within your organization? YES NO
Please elaborate: _____
24. Are children included in the safety plan? YES NO
Please elaborate: _____

25. Do you collaborate with other organizations around safety planning? YES NO
    a. If yes, which ones? _____

Unique Challenges for Vulnerable Populations

26. Do you work with individuals who fit into one or more of the following groups? (name them and check all that person says yes to)
    b. Indigenous people
    c. immigrants and refugees
    d. rural, northern and remote communities
    e. children exposed to domestic violence

    i. If yes, how do you become involved with these clients? (e.g. referral; community outreach; voluntary; mandatory)
    _____

[Note to interviewer: For each vulnerable population identified in question 26 ask the following questions. If none identified, skip to question 28.

27. You indicated that you work with (name all that apply):
    - Indigenous people
    - immigrants and refugees
    - rural, northern and remote communities
    - children exposed to domestic violence

[Note to interviewer – for each of the follow up questions, prompt participant to address the population(s) they have the most experience with and then address the others if there is more time – when discussing multiple populations some answers may overlap, some will be different.]

a) What are the challenges dealing with domestic violence within these particular populations? _____

b) What are some unique risk factors for lethality among these populations?
_____

c) What are some helpful promising practices? (Including specific risk assessment tools, risk management and safety planning strategies that address vulnerabilities.)
_____

28. That is the end of the interview questions. Do you have any other comments you would like to make? If yes:

    _____

29. Thank you very much for participating in this interview. Your answers have been very helpful.

30. We talked at the beginning of this interview about the possibility of vicarious trauma, related to answering these questions, that talking about your experience with risk assessment and risk management with individuals experiencing violence may be triggering for you. Do you have peers, supervisors or counsellors you can speak to? Would you like me to send you some information about helplines to reach out to?

31. If you are interested in learning more about this project, updates are available on the project website at www.cdhpi.ca

If you have any questions about the study, please contact Dr. Jaffe or Dr. Dawson.

[NOTE: If the participant asks how the results from this study will be used, please inform the participant that findings from this study will be shared through brief reports available on our website www.cdhpi.ca; academic and scholarly publications; and at our upcoming conference in October (information on the conference is available on our website). Assure the participant that at no time will their name or identifying information be revealed.]

32. Would you permit us to email you our findings, resources, and publications that resulted from this study?

33. Do you know of a colleague or someone else who may be interested in being interviewed for this study?

[*NOTE*: If they identify someone, please ask if they would be willing to email that person, with a CC to you, with details of the research study and scheduling an interview OR if they could provide the person's contact information so you can email them directly.]

Send a follow-up email to the participant about one week after completion of the interview.

Message:

Thank you very much for participating in this interview. Your answers have been very helpful. More information about this research study is available on our website at www.cdhpi.ca

Appendix D: Interview Consent Form

CONSENT TO PARTICIPATE IN RESEARCH

Date:_____

Thank you for your interest in participating in the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPIVP) Research Project (Project No.108312). This project is led by Dr. Myrna Dawson, Director of the Centre for Social and Legal Responses to Violence, University of Guelph and Dr. Peter Jaffe, Director of the Centre for Research and Education on Violence Against Women and Children, Western University, and is funded by the Social Sciences and Humanities Research Council of Canada.

If you have any questions or concerns about the research, please feel free to contact Dr. Dawson at [email] or 519-824-4120 x56028 or Dr. Jaffe at [email] or 519-661-2018 x 82018.

This project involves asking about your knowledge and use of risk assessment, risk management, and safety planning strategies and tools, focusing on four populations identified as experiencing increased vulnerability for domestic homicide: Indigenous, immigrants and refugees, rural, remote, and northern populations, and children exposed to domestic violence. We will be asking you about potentially unique risk factors, barriers to effective risk management and safety planning, and strategies currently being used with these vulnerable groups and the communities in which they live.

POTENTIAL RISKS AND DISCOMFORTS

Confidentiality: Information gathered from this interview may be used in report summaries and future publications. This may include quotations from interviews, with any identifying information (name, agency, organization, province/territory) removed. No individual, agency, or organization that participates in an interview will be named in any reports or applications unless permission is received beforehand to do so, and every effort will be made to exclude identifying information about an individual, agency, or organization in report summaries and future publications. Therefore, the risk of participating in this interview is minimal.

Emotional distress: While you are not likely to encounter any additional risks participating in this study than you would in the context of your day-to-day work, it is important to note that certain topics or questions may be upsetting or stressful to different people, and we will be asking you about domestic violence and domestic homicide cases of which you may be aware. We will make every effort to have appropriate resources and supports on hand or easily accessible. Upon request

participants may be given a list of general interview questions ahead of time so they will be prepared for the nature and scope of questions that we will be asking.

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

Your participation in this research has the potential to provide several benefits for those experiencing domestic violence, the community of individuals and sectors who provide services and resources to these individuals, to scientific community, and society in general. In short, it will begin to provide a mechanism through which we can more clearly understand the types of risk assessment, risk management, and safety planning available populations identified as experiencing increased risk of domestic homicide.

PAYMENT FOR PARTICIPATION

Individual participants will not be compensated for the time it takes to complete this survey.

CONFIDENTIALITY

Every effort will be made to ensure confidentiality of any identifying information that is obtained in connection with this study.

Information from interviews will be presented without names, organizations, or other identifying information in final reports and future publications. Only research assistants and their supervisors will have access to your identified interview data, and they will be required to sign a confidentiality agreement. Research assistant supervisors include faculty from Western University, University of Guelph, Saint Mary's University, Université du Québec à Montréal, University of Manitoba, Native Women's Association of Canada, University of Regina, University of Calgary, and Simon Fraser University. Interview recordings and transcripts will be retained until six months after completion of the project (June 30, 2021) and after that will be destroyed.

PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. You will be audio recorded only if you give permission for us to do so. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind before or during the interview without explanation. You also have the right to withdraw your participation at any point before the end of the data collection on August 31, 2017. You may also refuse to answer any questions you do not want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise that warrant doing so.

Should you withdraw your participation entirely you may decide at that time if we may use any of the information you have provided. If you do not want us to use the interview material, we will destroy the notes and/or any audio recording material and they will not be used in the final research report or future publications.

RIGHTS OF RESEARCH PARTICIPANTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. This study has been reviewed and received ethics clearance through the University of

Guelph Research Ethics Board, the Western University Research Ethics Board. If you have questions regarding your rights as a research participant, contact:

Director, Research Ethics

University of Guelph

OR

Director, Research Ethics

Western University

Having read and understood the above letter, and being satisfied with the answers to any questions I have asked, I consent to participate in this research study:

Name: _____ Date:_____

I consent to being audio recorded during this interview:

Name: _____ Date:_____

I consent to having portions of my responses included as quotations in the final research report and future publications, with identifying information removed:

Name: _____ Date:_____

Witness: _____ Date:_____

PLEASE EMAIL THE SIGNED CONSENT TO ANNA-LEE STRAATMAN AT [email] OR FAX TO [number]

Appendix E: Codebook for Interviews with VAW Service Providers

VAW Service Provision for Children Exposed to Domestic Violence

Overarching questions: To what extent do VAW service providers take into account the needs of children who are exposed to domestic violence in regard to risk assessment, risk management & safety planning? What are the barriers to service provision?

Parent Code - Barriers & Challenges in RA, SP, RM for Children within Agency: This code is used to identify any barriers or challenges to risk assessment, safety planning, and challenges/barriers in general that are identified by the key informant when working with victims and children.

- **Agency barriers:** Use this code when the key informant is referring to agency-related challenges with child-specific service provision
    - **Lack of Consideration of Children in RA, RM, SP:** Use this code when the participant indicates that they do not consider children in risk assessment, risk management, and/or safety planning
    - **Lack of Training:** Use this code when the participant identifies a lack of training on child-specific DV practices as a barrier
    - **Other:** Use this code when the participant mentions other agency-related barriers
- **Systemic Barriers/Challenges:** Use this code when participant identifies or refers to barriers/challenges that are systemic in nature
    - **Concerns with Information Sharing/Confidentiality:** Use when participant indicates they are reluctant to collaborate with other professionals for privacy reasons or issues related to confidentiality
    - **Difficulty in Collaboration with Other Professionals:** Use when participant identifies challenges in collaborating with other community professionals, including police, CA, mental health/healthcare, justice, education
        - **Poor Working Relationships:** Use when participant identifies the relationship between their agency and other sectors is tense or non-collaborative
        - **Absence of Protocols with Other Sectors:** Use when participant indicates that there is no protocol with a specific sector
        - **Competing Mandates/Philosophies:** Use when participant indicates different competing mandates between agencies as a challenge
        - **Inadequate resources:** Use this code when participant indicates lack of resources/time as a barrier to effective inter-agency collaboration
        - **Other:** Use this code for other challenges in collaborating with other professionals

    - **Lack of Resources:** Use this code when the participant identifies limited resources (e.g. time, staff, etc.**)** that makes it more challenging to collaborate with other sectors
- **Client-Related Barriers:** Use this code when participant identifies challenges when working with victims and perpetrators to assess/manage risk or safety plan or resistance by victims or perpetrators sharing information
    - **Resistance from Victim:** Use this code when participant identifies that the victim shares little information with the staff or does not wish to share information related to the perpetrator or child
    - **Resistance from Perpetrator:** Use this code when participant identifies difficulty with engaging the perpetrator or the perpetrator fails to access services
    - **Lack of Trust in System:** Use this code when the participant identifies lack of trust with formal service providers, negative perceptions of the system, or fear of children being apprehended
    - **No Established Custody:** Use this code when the participant indicates a lack of an established child custody arrangement as a barrier
    - **Other Client-Related Challenges:** Use this code for any other challenges that stem from the individual
- **Other:** Use this code when participant identifies other barriers and challenges not listed above

Parent Code - Promising Practices for RA, RM, SP: This code is used to indicate any promising practices utilized by the key informant or by their organization that specifically improves/reduces/manages the risk for children and their families. It might also be discussed in other parts of the interview, such as when key informants talk about adaptations of risk assessment tools, different risk management strategies, or collaboration with informal services.

- **Systemic Promising Practices:** Use this code when the participant identifies promising practices that are systemic in nature
    - **Multi-Sector High Risk Protocols:** Use when participant identifies that their agency has a protocol with other community professionals for cases deemed to be high-risk
    - **Access to Services for Men:** Use when participant indicates there are adequate services for men/fathers in their community related to holding them accountable and providing treatment for MH or addictions issues
    - **Access to Services/Initiatives for Children:** Use when participant indicates there are adequate services/initiatives for children exposed to DV in their community
    - **Collaboration:** Use this code when the participant indicates good inter-agency collaboration
    - **Other:** Use this code for other promising practices at the systems level
- **Agency-Related Promising Practices:** Use this code when the participant indicates agency-related promising practices

- **CAS Notification:** Use this code when the participant indicates they automatically refer cases to CAS where children are exposed to DV
- **Child-Specific In-House Services:** Use when participant indicates their agency is a member of co-located services
- **Expert Driven Consultations:** Use when participant identifies their agency has specific people/experts that they can consult on DV cases with
- **Risk Assessment:** Use when participant mentions child-specific risk assessment practices or the consideration of children in these practices
- **Risk Management:** Use when participant mentions child-specific risk management practices or the consideration of children in these practices
- **Safety Planning:** Use when participant mentions child-specific safety planning practices
    - **Child-**Specific Safety Strategies: Use when participant mentions child-specific safety planning strategies
    - **Children's Groups:** Use when participant mentions children's groups (e.g., counselling) as a safety planning strategy that is used
    - **Other:** Use when participant mentions other child-specific safety planning strategies
- **Other:** Use this code when the participant identifies other agency-related promising practices

Parent Code - Good Quotes: This code is used to highlight great quotes from key informants that are illuminating or interesting

Curriculum Vitae

EDUCATION

Graduate
Ph.D. Educational Studies in School & Applied Child Psychology, Candidate
Western University, London, Ontario, Canada
Present-2019 (Expected)
Doctoral Thesis Supervisor: Peter Jaffe, Ph.D.

M.A. Counselling Psychology, Conferred June 2014
Western University, London, Ontario, Canada.
September 2012-June 2014
Master's Thesis Supervisor: Peter Jaffe, Ph.D.
Thesis Title: The use of technology and electronic media in adolescent dating violence

M.Ed Educational Psychology, Conferred October 2012
Specialization in Special Education
Western University, London, Ontario, Canada.
September 2011-October 2012

Undergraduate
B.Sc. (Hons), Conferred June 2010
Major in Psychology, Minors in Philosophy and Political Science
University of Toronto, Mississauga, Ontario, Canada.
September 2006-June 2010

CLINICAL EXPERIENCE

Practicum Student (Sept.2018-May 2019)
Thames Valley District School Board
Supervisors: Dr. Michelle Wesley & Paola Caponetto
Responsibilities included: Conducting psychoeducational assessments with elementary and high school students exhibiting learning and social-emotional challenges and providing individual counselling support, as well as offering consultation to parents and school staff

Practicum III (Sept. 2017 –Aug. 2018)
Child & Youth Development Clinic, Western University
Clinical Supervisor: Dr. Colin King
Responsibilities included:

Club 21 - Applied Behaviour Analysis Children's Group (Jan.-April 2017)
Western University
Supervisor: Dr. Claire Crooks
Responsibilities included: Utilizing applied behaviour analysis techniques to support children with Down syndrome with learning life skills and appropriate social interactions

Practicum II (Sept. 2016-May 2017)

Waterloo Region District School Board
Clinical Supervisors: Drs. Laura Bickle & Lisa Mulvihill
Responsibilities included: Providing support to students, parents, and teachers and conducting psychoeducational assessments with students exhibiting a variety of learning and mental health challenges

Practicum (Jan.-July 2016)
Merrymount Family Support & Crisis Centre
Clinical Supervisor: Dr. Karen Bax
Responsibilities included: Providing support to staff working with children and parents in a variety of capacities, conducting behavioural observations on and interventions with children exhibiting externalizing behaviours, and co-facilitating groups for parents who were seeking access to their children. Conducted an assessment on a victim of domestic violence that culminated in a report used in court.

Clinical Internship (2013-2014)
Student Intern at the London Family Court Clinic
Clinical Supervisor: Dr. Karen Bax
London, ON
Responsibilities included: Providing counselling and support services and advocacy to young offenders and youth-at-risk in various community and youth justice agencies, as well as conducting assessments, making referrals to psychiatric and psychological services, and collaborating with various mental health professionals and agencies to support the needs of the youth.

RESEARCH EXPERIENCE

Research Assistant-Paid
Supervisor: Dr. Peter Jaffe, Director of the Centre for Research and Education on Violence against Women & Children
Research Assistant for the Centre for Research and Education on Violence against Women & Children
April 2014-Present
Tasks include: Data analysis, literature reviews, creation of presentation materials, and writing of important court documents prepared for expert testimony in the field of domestic violence

Research Assistant-Paid
Supervisor: Ian Kerr, Project Manager, Applied Research and Education
Research Assistant for the Child and Parent Resource Institute
June 2013-April 2014
Tasks included: Preparation of research and mental health assessment materials, data analysis, and literature reviews

Research Assistant-Paid
Supervisor: Dr. Immaculate Namukasa, Faculty of Education, Western University
Research Assistant for the School Board-University Research Exchange (SURE) Network
October-November 2013
Tasks included: facilitation and coordination of an upcoming festival, marketing and promotion of the event, preparation of registration materials, and facilitation of discussion

Research Assistant-Paid
Supervisor: Dr. Peter Jaffe, Director of the Centre for Research and Education on Violence Against Women & Children

Research Assistant for the Centre for Research and Education on Violence Against Women & Children
April-June 2013
Tasks included: Preparation of research materials, literature reviews, and other research tasks

Research Assistant-Volunteer
Supervisor: Piya Sorcar, Stanford University
Research Assistant for Stanford University's Word Acquisition Study in London, ON
April-May 2013
Tasks included: Data collection and preparation, collaboration with prominent researchers, and running participants.

Research Assistant-Paid
Supervisor: Dr. Immaculate Namukasa, Faculty of Education, Western University
Research Assistant for Dr. Namukasa's work on Mathematics Education
September-April 2013
Tasks included: Data analysis, organization and storage, editing and formatting scientific research reports, and conducting and transcribing oral interviews.

Event Planner & Coordinator-Volunteer
Western Research Forum Committee
Western University
London, Ontario
October 2011-April 2012
Tasks included: Planning, coordinating, and facilitating an annual graduate research event aimed at promoting graduate-level student research.

Research Analyst-Paid
American Express
Burlington, Ontario
January-August 2011
Tasks included: Research analysis for tier-one clients/vendors, as well as data implementation, organization, and presentation

VOLUNTEER EXPERIENCE

Case Manager
Cold Case Society
Western University
London, Ontario
October 2015-June 2016
I have taken over the role of Dr. Arntfield for the year while he is away and assist with managing a team of students with the goal of resolving and ultimately bringing closure to a prominent cold case.

Group Co-Facilitator
Provincial Parole and Probation
Middlesex County Youth Justice Services
London, Ontario
October 2013-January 2014

I developed programs and manuals for group counselling with male and female youth. I was responsible for organizing, coordinating and co-facilitating these groups on a weekly basis.

Group Co-facilitator
Holt Counselling and Consulting
Provincial Parole and Probation
St. Thomas, Ontario
January-April 2014
I collaborated with a licensed psychotherapist and co-facilitated weekly groups with mandated adult male sex offenders.

Group Co-facilitator
Merrymount Family Support and Crisis Centre
London, ON
January-March 2014
I was responsible for co-facilitating a parenting group for caregivers of school-aged children dealing with custody issues, and planning and implementing a program for weekly sessions.

Student Counsellor
Wait-List Clinic
Canadian Mental Health Association
London, Ontario
September-December 2012
I worked with adults with mental illness who have been placed on a wait list for counselling services. I was supervised by Dr. William Newby, Ph.D., Registered Psychologist.

Editor & Chairperson
Western Graduate Review
Western University
London, Ontario
October 2011-April 2012
I helped plan, organize, and contribute to an online magazine that spotlights graduates students and student life at the university.

Youth Services Coordinator
St. Christopher House
Toronto, Ontario
January-August 2011
I provided counselling and educational support and advocacy to youth of diverse backgrounds in the greater Toronto area. I also aided newcomer youth in their transition to Canadian culture and in dealing with acculturation issues.

Student Resource Worker
Philip Pocock Catholic Secondary School
Dufferin-Peel Catholic District School Board
Mississauga, Ontario
January 2009-June 2011
I assisted youth with behavioural and learning disabilities and other exceptionalities by providing educational and one-on-one support, assessment design and modelling via the school's Student Success Program initiative, the Special Education department's Planning for Independent Progress (PIP) program,

as well as the school's Academic Resource program. I also assisted staff members in the preparation and review of Individualized Education Plans (IEPs) and in the Identification, Placement & Review Committee (IPRC) process.

Mentor
Youth Assisting Youth (YAY)
Toronto, Ontario
July 2010-July 2011
I mentored a 12-year-old child with disabilities through weekly meeting aimed at improving the child's cognitive thinking, problem-solving, and critical thinking skill set. I also organized and spearheaded interactive activities with a focus on improving adolescent participation and socialization among various youth groups.

Facilitator
Parkdale High Park Ontario Early Years Centre
Toronto, Ontario
January-November 2011
I supervised and challenged small children (1-3 years old) through a variety of educational games and teaching tools. I also promoted social interaction between parents and children through various innovative cognitive strategies and initiatives.

Tutor
Frontier College
The Boys and Girls Club of Canada
Toronto, Ontario
January-March 2010
I tutored, supervised, and worked one-on-one with elementary school-aged children. I helped design and implement innovative, interesting and challenging classroom activities with a focus on developing cognitive thinking and problem-solving skills from an early age.

PEER-REVIEWED POSTER PRESENTATIONS

Arbeau, K., Stewart, S. Reif, K., & Theall, L. (June, 2014)
Collaborative Action Plans (CAPs): Building effective capacity through the interRAI Youth Justice Custodial Facilities (YJCF) Instrument.
Trauma, Violence and Recovery: Risk and Resilience across the Lifespan
14th Annual Meeting of the International Association of Forensic Mental Health Services
Toronto, Ontario

Jaffe, P., Straatman, A., Harris, B., Georges, A., Vink, K., & Reif, K. (April, 2014).
Emerging trends in teacher sexual misconduct in Ontario 2007-12.
The 2014 Robert MacMillan Graduate Research in Education Symposium
Western University
London, Ontario

Reif, K., Arbeau, K., Stewart, S., Vilijoen, J., & Leschied, A. (June, 2014).
The interRAI Criminality Prevention Collaborative Action Plan (CAP): Identifying children and youth at risk for involvement with the law.
Trauma, Violence and Recovery: Risk and Resilience across the Lifespan

14th Annual Meeting of the International Association of Forensic Mental Health Services
Toronto, Ontario

NON PEER-REVIEWED POSTER PRESENTATIONS

Reif, K. (April, 2013).
The use of technology and electronic media in adolescent dating violence: Projected outcomes.
The 2013 Robert MacMillan Graduate Research in Education Symposium
Western University
London, Ontario, Canada

Reif, K (November, 2013).
The use of technology and electronic media in adolescent dating violence: Projected outcomes.
IGNITE: Research-to-Practice Festival
Western University
London, Ontario, Canada

PUBLICATIONS

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