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## Police Prevention of Domestic Homicide: Missed Opportunities and Barriers to Change

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A thesis submitted in partial fulfillment of the requirements for the Doctor of Philosophy degree in Education

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**Abstract**

This integrated-article dissertation focused on the critical role of police in responding to domestic violence (DV) and recognizing the potential risk of adult and child homicides. The first study examined the police role in domestic homicide through an analysis of cases reviewed by the Domestic Violence Death Review Committee in Ontario, Canada. Homicide cases with police contact were found to have 1.6 times more risk factors compared to those without police contact. Cases also show an overall scarcity of formal risk assessments, even when there was prior police contact. The second study was a national survey on the types of structured tools Canadian police officers report utilizing in their risk assessment strategies. Despite police officers reporting frequent use of risk assessments, there was inconsistency in the type of tools utilized other than Ontario police officers who had a preference for the Ontario Domestic Abuse Risk Assessment. The third study involved interviews with police officers to obtain their perspectives on their role in assessing risk for families. Qualitative analyses indicated that police officers face multiple challenges in responding to DV including barriers at the systemic (i.e., lack of collaboration with justice/community partners), organizational (i.e., lack of resources, inapplicable tools), and officer (i.e., lack of awareness/training) levels. The fourth study addressed police officers' perspectives on the barriers and promising practices in providing services to children at the scenes of DV occurrences. The study raised themes on the lack of training in dealing with children and the distrust of many families to mandated agencies like Police and Child Protection.

Overall the four studies highlight the critical role that police can play in potentially preventing deaths related to domestic homicide. Police are involved in high risk and complex cases that require the best possible risk assessment and intervention. Police identified promising practices for change. Officers know that they cannot succeed on their own and require enhanced community collaboration to address DV. These studies call for strengthening efforts at police training and further research to evaluate the effectiveness of their assessments and interventions as well as their collaboration with community partners.

**Keywords:** domestic violence, police, risk assessment, domestic homicide, children, death review committees

### **Lay Summary**

This project is presented in four separate papers examining the police response to domestic violence. The first study evaluated domestic homicide data to see if differences existed in cases that had prior police involvement. Results indicated that homicide cases with police involvement had more risk factors prior to the deaths, however very few had a formal risk assessment completed. The second study was a national survey on the types of tools Canadian police officers utilize in their risk assessment. Results suggested that many officers say they use risk assessment tools but there was large variability in the types of tools being used. The third and fourth studies involved interviews with police officers to obtain their perspectives on assessing and responding to domestic violence for families. Results indicated that police officers face multiple challenges in responding to domestic violence including barriers at larger levels (i.e., legal system) as well as barriers specific to officers. Overall the four studies highlight the role that police play in preventing deaths related to domestic violence. Police are involved in high risk and complex cases that require the best possible risk assessment and intervention. Officers know that they cannot succeed on their own and require community collaboration to address domestic violence. These studies call for strengthening police training and further research to examine the effectiveness of their assessments and interventions as well as their collaboration with community partners.

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## **Chapter One: An Introduction**

### *Overview*

This introduction presents several sections that provide an overview of domestic violence, domestic homicide, and the potential impact of domestic violence and homicide on children. The role of domestic violence death review committees in helping to identify risk factors and missed opportunities for community intervention is reviewed. The introduction concludes with several sections that outline the critical role of police and current domestic violence policies and practices. The importance of understanding adult victims and children's need vis a vis the police response is outlined as a central impetus for the four thesis studies. Theoretical frameworks are presented, leading up to a summary of the studies undertaken.

### *Domestic violence*

Domestic violence (DV) continues to be a significant public health concern and social issue across the world. A report published by the World Health Organization (WHO; 2013) found that DV affects approximately 30% of women worldwide, making DV the most common type of violence experienced by women. In line with other literature, the WHO report also acknowledged that reported statistics on DV are underestimated given the stigmatization DV victims and their families face (WHO, 2013). DV is recognized internationally as a human rights issue that permeates all socio-demographic groups, and effects families in a plethora of ways (Katula, 2012; Garcia-Moreno & Watts, 2011; Sinha, 2013; WHO, 2013).

While there is no single definition in the literature, DV is often identified as a pattern of behaviours aimed at exerting control through the use of physical, sexual, and emotional threats, or violence, by an intimate partner (WHO, 2013). DV constitutes a wide range of controlling behaviours, from more subtle forms and isolated incidents to severe and prolonged patterns of

violence (Jaffe, Johnston, Crooks & Bala, 2008). While there are male victims of DV, research continues to demonstrate the gendered nature of DV, with women being far more likely victims compared to men. A recent Statistics Canada report found that approximately 80% of police-reported DV calls involved a female victim (Beaupré, 2015). Though there has been continued progress toward understanding as well as addressing DV, both in theoretical and clinical spheres, DV remains a major social problem impacting families today. In Canada alone, DV represents approximately one-quarter of all reported violent crimes (Beaupré, 2015).

#### *Domestic homicide*

In extreme cases, the escalation of DV has ended in the homicide of an intimate partner and children. While the occurrence of domestic homicide is rare, these tragic deaths continue to reinforce the danger DV can pose for families. Though these deaths are considered infrequent, they still account for a significant portion of deaths related to family violence. Past research has found that DV related homicides represent 17% of all solved homicides, and 47% of all family homicides in Canada (Statistics Canada, 2008). Previous research has also found that 76% of homicides in the context of DV involved a married or a common-law spouse from a current or former relationship, with the highest prevalence occurring for victims aged 20 to 44 (Beaupré, 2015). Similar to the overall occurrence of DV, there is also a clear indication of the gendered nature of these murders, with the rate of domestic homicide approximately four and a half times higher for female victims than for male victims (Beaupré, 2015).

#### *Domestic Violence Death Review Committees*

Over the last few decades, the increased recognition of the need to understand and proactively prevent domestic homicides has led local governments to create domestic violence death review committees (DVDRCs). These committees are made up of multidisciplinary DV

experts who review deaths involving intimate partners. The overarching purpose of these committees is to gather data on deaths occurring in the context of DV, identify risk factors, potential interventions and service opportunities (Bugeja, Dawson, McIntyre, & Walsh, 2015). The emergence of DVDRCs has taken place across the world and is currently present in jurisdictions in Australia, the United Kingdom, the United States, and Canada. While there are differences between committees (i.e., structure, governance, processes, inclusion criteria, review measures, and outputs), they are similar in their focus on reviewing deaths that have occurred in the context of DV (Bugeja et al., 2015).

### *Children and Domestic Violence*

Exposure to DV is one of the most common forms of child maltreatment in Canada with approximately 35% of maltreatment cases substantiated yearly related to DV (Trocmé, Fallon, MacLaurin, & Sinha, 2010). Numerous studies have shown that children are present in at least half of reported DV incidents (Gewirtz & Edleson, 2007; Fantuzzo & Fusco, 2007; Burton, 2000). Over the last few decades, research has repeatedly found that living with DV can significantly impact children's development and wellbeing. Broadly, prior research has shown that children exposed to DV may experience difficulties with their emotional, psychological, cognitive, social and behavioural development (Alisic, Krishna, Groot, & Frederick, 2015; Humphreys et al., 2001; Holt, et al., 2008; Jaffe, Wolfe & Campbell, 2011; Kitzmann, et al., 2003). For instance, children who grow up in violent households have been found to be at a higher risk for developing mental health difficulties (Bogat et al., 2006; Holt et al. 2008; Meltzer et al., 2009), physical health difficulties (Bair-Merritt, Blackstone, & Feudtner, 2006), learning difficulties (Byrne & Taylor, 2007; Koenen et al., 2003), and interpersonal difficulties in their own social and intimate relationships (Black, Sussman, & Unger, 2010; Ehrensaft et al., 2003).

Consequently, researchers have come to recognize that witnessing DV is likely as impactful as being physically abused in terms of the potential adverse outcomes for children (Adams, 2006; Kitzmann et al., 2003; Moylan et al., 2010; Sousa et al., 2011).

The recognition that DV directly impacts children has several implications. For one, this perspective aids in enabling children to be seen as part of the needed services provided to support families affected by DV (Callaghan, Alexander, Sixsmith, & Fellin, 2016). Mullender et al. (2002) noted the importance of recognizing children as directly affected by DV, and thereby, active participants in DV services, provide the vital space for children to be seen and listened to. Importantly, providing such a space also allows children to be actively involved in developing solutions by allowing them to have a voice in decision making, which can be vital in fostering wellbeing (Callaghan et al., 2016). Broadly, research acknowledges the need to move away from understanding children's experience with DV as being passive "witnesses" to a more sophisticated understanding; one where there is a recognition that children are both victims and active participants in DV situations - as well as solutions (Callaghan et al., 2016; Mullender et al., 2002; Øverlien, 2011).

#### *Children Killed in the Context of Domestic Violence*

While child homicides may occur in a variety of contexts, children killed by a parent or parent's intimate partner often take place within a history of DV (Bourget, Grace, & Whitehurst, 2007; Jaffe et al., 2014). It is important to note that there remains a paucity of research in this area. A longstanding challenge to this research has been a lack of a consistent and clear definition that captures what constitutes a child homicide occurring in the context of DV. However, more recent research has identified three principal situations where children are killed in the context of DV; these being: (1) during efforts to protect a parent from violence; (2) as part

of a murder-suicide plan by a parent; and (3) as part of a partner's act of revenge against another for leaving the intimate relationship (Jaffe et al., 2017; Olszowy et al., 2013).

#### *Characteristics of Child Homicides in the Context of Domestic Violence*

While child homicides in the context of DV are rare events that are often difficult to predict, results from DVDRCs suggest that warning signs are overlooked (Jaffe et al., 2014). Unfortunately, there remain very few studies examining risk factors associated with a child's death in the context of DV. Far more research exists focusing on adult victims of domestic homicide, which may be the result of a historical perspective that children are often secondary to adult victims of DV. Nevertheless, there is a recognition that there is an overlap between adult and child victims of domestic homicide, particularly in terms of the risk factors associated with the increased likelihood of domestic homicide.

It is important to note that researchers propose that filicide cases involving DV differ from child maltreatment-related homicides due to the perpetrator's motives (Jaffe & Juodis, 2006; Dawson, 2015). Researchers point to a difference in the level of intentionality, whereby violence perpetrated against a child in DV cases seems to be intended to affect other family members, most often an intimate partner (Fairbairn, Jaffe, Dawson, 2017). Hence, the resulting homicide of a child may likely be an act of revenge against a current or former partner in a deliberate attempt to make the partner suffer (Brandon et al., 2012; Campbell & Messing, 2017; Lawrence, 2004). Additionally, the likely intended purpose of this homicide is tied to an effort to gain back power and control (Dawson, 2017; Family Violence Death Review Committee, 2014; Lawrence, 2004; O'Hagan, 2014). In other words, it appears that perpetrators may perceive a loss of control over their own lives and the lives of their family members and retaliate as a way of gaining power back through revenge (Campbell & Messing, 2017; Jaffe & Juodis, 2006).

One background difference to emerge in child deaths in the context of DV is the multiple points of service contact the family had before the occurrence of a death. In one of the only empirical studies to individually examine unique factors in DV homicide cases with a child victim, Hamilton and her colleagues (2013) found that the sole difference between cases involving children compared to adult victims-only was the higher number of agencies involved. More specifically, when children were the target of the homicide, the number of agencies involved increased from 4.1 to 9.3 on average (Hamilton et al., 2013; Jaffe et al., 2014); this finding fits with an earlier study by Websdale (2003), who in his review suggested prior family involvement with agencies as an antecedent to a child homicide. Researchers have also pointed out that given a large number of agencies often involved with these families there likely were several opportunities to provide interventions that may help mitigate the violence (Jaffe et al., 2014). Previous inquests into children killed in the context of DV have found that missed opportunities, as well as gaps in service, are significant missteps in child homicide cases.

While there is a belief by many that separation is an ideal short-term outcome for families experiencing DV, it appears that merely leaving a violent relationship is not as straightforward, or safe, for many victims and their children. Issues around separation and contact seemed to be a feature in many domestic homicide cases, with-and-without children (Jaffe & Juodis, 2006). In their recent review of the literature examining the safeguarding of children in families experiencing DV, Humphreys and Bradbury-Jones (2015) found that parental separation is one of the most significant points in time for increased risk for lethality. Similar results in another study demonstrated approximately a quarter of paternal filicides occurred as a response to a threatened or actual separation (Liem & Koenraadt, 2008). Overall, this risk seems to relate directly to the aforementioned evidence suggesting the killing of a child can be an attempt by

perpetrators to gain back power; whereby, the child homicide can be a deliberate act to inflict suffering as a means to gain back perceived power/control over a partner who has made the decision to leave the relationship. However, more empirical research is needed to examine the intersection of DV, separation, and child homicide.

### *Police Response to Domestic Violence*

Police Services play an essential role in response to domestic violence. Often, police officers are the first responders to a domestic dispute and may be the first professionals that have contact with the family. Police, therefore, are in an essential position to help victims immediately, but also over time as they may be the starting point in referring victims and perpetrators to support and treatment services (Trujillo & Ross, 2008). There is a general recognition that police officers are the gatekeepers of the criminal justice system (Hamby, Weber, Grych, & Banyard, 2016; Tasca, Rodriguez, Spohn, & Koss, 2012). Some acknowledge police officers' ability to intervene, arrest, and engage in best practices during DV incidents as laying the groundwork for holding perpetrators accountable for their actions (Hamby et al., 2016). For many, the police are often the entry point for further access to interventions and services, as they may be the first point of contact with a network of social institutions that can provide greater safety as well as support for families experiencing DV (Berkman, & Esserman, 2004).

### *Influences on Police Responses to DV*

It is essential to recognize that many factors can impact the police response to DV. Previous research has indicated factors like the level of specific training, knowledge and attitudes, organizational practices, the federal and provincial policy as well as departmental and individual interpretation all can play a role in how an officer responds to DV (Saxton et al.,



2018; Trujillo & Ross, 2008). Consequently, there is variability not only across police services around the world but also within countries given the regional differences, which is further complicated by the existence of different levels of police services (i.e., federal and local). In Canada, there is a jurisdictional difference between police services based on geographical location and their related mandates. For instance, Ontario contains Provincial (i.e., Ontario Provincial Police) and Federal Police (i.e., Royal Canadian Mounted Police), as well as several Indigenous Police and local (or Municipal) police services. While these police services function somewhat differently given the type of service they provide, they are duty-bound to follow Provincial policy mandated for services that layout a minimum standard of practice.

#### *Domestic Violence Police Policy in Canada*

Broadly police DV policy has evolved over the last three decades in Canada. In 1986 the Attorneys General and Solicitors General across all jurisdictions issued directives to police services to ensure the treatment of DV cases as a criminal matter (Department of Justice, 2003). While the implementation of this direction had some variability throughout police services, police policies were generally put into place requiring officers to lay charges where reasonable and probable grounds of an assault had taken place (Department of Justice, 2003). Today, charging and prosecution policies on DV remain in effect in all provinces and territories of Canada. While there is no "national" charging or prosecutorial policy on DV, all jurisdictions continue to support a similar police and justice system response (Department of Justice, 2003); that is, the primary objective is to criminalize DV (Department of Justice, 2003). In this way, police department DV policies in Canada are directed toward both general and specific deterrence; the general deterrence is through the loud and clear message to society that DV is

wrong; and the specific deterrence is through the pursuit of perpetrators and the prevention of further acts of violence (Department of Justice, 2003).

### *Ontario Police Standards*

Since 1994, a mandatory arrest policy has been a part of the Ontario Policing Standards Manual. This manual contains the province-wide guideline outlining the requirements of all police actions. Contained in this manual are the standard requirements for police services when responding to DV occurrences. More specifically, this manual instructs all services to maintain procedures and policies for undertaking and to manage DV investigations that address: initial response; enhanced investigative procedures; the use of a risk indicators tool; children at risk; high-risk cases and repeat offenders; post-arrest procedures; safety planning – to list a few (Ministry of the Solicitor General, 2000). Ontario police standards also require services to ensure they have access to trained DV investigators as well as a level of oversight on DV investigations (Ministry of the Solicitor General, 2000).

Two essential standards for the current study relate to risk assessment procedures as well as the response to children present in DV occurrences. Ontario standards dictate that upon arrest, there should be a measure of risk indicators assessment completed as part of the report submitted toward the legal process (i.e., bail hearing, Crown report). Furthermore, the standards require "police officers to address issues relating to children, who are under 16, in accordance with the police service's procedures on child abuse and neglect and the police service's protocol with the local Children's Aid Societies" (Ministry of the Solicitor General, 2000, p. 8). While this is a somewhat open description, overall procedures toward children are not a central focus in these standards. Additionally, and more globally, there has been little research completed examining how these procedures are being implemented across services.

*Police and Risk Assessment*

There is a substantial body of literature that has demonstrated the validity of using risk assessment instruments that identify factors associated with future violence (Campbell et al. 2009; Mills et al. 2011; Singh & Fazel, 2010), including in DV (Campbell, Gill & Ballucci, 2017; Hilton et al. 2010; Kropp, 2008). Research has also shown that police officers' perception of risk of future violence and the imminence of that violence are some of the most influential factors impacting their response decisions in DV situations (Campbell, Gill & Ballucci, 2017; Storey et al., 2014; Trujillo & Ross, 2008). For example, Trujillo and Ross (2008) found that perceptions of DV risk predicted whether Australian police officers engaged in some form of action in response to a DV occurrence, including referrals to service. More broadly, research has shown that when no structured assessment is used to assess the risk of potential violence, the resulting risk judgments are often unreliable and inaccurate (Campbell, Gill & Ballucci, 2017); likewise, a lack of assessment can directly lead to reduced risk management and intervention planning (Bonta & Andrews 2010; Hanson, 2009). A validated risk assessment, therefore, provides police officers a tool that aids in not only recognizing risks posed to a family but also identify the appropriate level of response, all of which are crucial aspects in keeping families safe.

*Factors Influencing Victims' Contacting Police*

Only a minority of DV victims report their experiences of violence to the police (Hamby, Finkelhor, & Turner, 2015). An American study that utilized a phone survey to collect data from a nationally representative sample of households with children found that 42.3% of the families who reported experience with DV indicated the incident was "known" to the police (Finkelhor, Turner, Shattuck, & Hamby, 2015). Similar results were found in a Canadian study, which found

that of the 2,831 DV survivors surveyed 36% of the victims reported the violence to the police (Saxton et al., 2018). Another survey found that only 25.2% of respondents who had experience with DV indicated that police were involved (Hamby et al., 2015). Regardless of the exact percentages, statistics on police-reported DV like the above highlight that several factors likely influence a victim's decision to call the police.

Indeed, research has found that the decision to report DV to police can be complicated and influenced by factors like gender, ethnicity and sexual orientation (Felson, Messner, Hoskin, & Deane, 2002; Hirschel & Hutchinson, 2003; Statistics Canada, 2016). Moreover, research has identified a number of specific reasons why victims choose to remain silent including: privacy concerns, fear of perpetrator reprisal, desire to protect perpetrators, and beliefs about inadequate police response (Bradford & Bruce, 2004; Buzawa & Buzawa, 2003; Felson et al., 2002; Fleury, Sullivan, Bybee, & Davidson, 1998; Saxton et al., 2018; Statistics Canada, 2016; Wolf, Ly, Hobart & Kernic, 2003). While it is likely that a complex combination of factors is present in victims' decisions to contact police, what does remain clear is that DV continues to be an under-reported, and often a hidden crime (Barrett & St. Pierre, 2011; Meyer, 2010; Novisky & Peralta, 2015).

One factor that seems to predict police contact consistently is the severity of violence. For instance, national incidence studies in Canada and the United States had found that police are more often contacted when the victim experienced more severe forms of physical violence (Bonomi et al., 2006; Felson et al., 2002; Sinha, 2013). Indeed, Statistics Canada data found that over half of the victims with experience of severe violence (i.e., sustained injury) involved the police, while only 14% of victims' who experienced less severe forms of violence did (Sinha, 2013). Furthermore, a significantly higher number of victims in the Statistics Canada analysis

were found to more likely report to the police if they feared for their lives and had experienced a more significant number of violent incidents (Sinha, 2013). Together, it appears that the severity of violence is a critical factor in whether a DV occurrence gets reported to the police and the initiation of a legal response.

The presence of children is another influential factor in whether a victim of DV contacts police. However, empirical studies have been inconsistent, with some indicating that children increase the likelihood of police contact, and others suggesting it decreases police contact. Researchers suggest that one of the most common reasons given by female victims for why they did not report DV to police was due to fears that their children would be taken away at the discovery of abuse (Rivett & Kelly, 2006; Wolf et al., 2003). Conversely, researchers have also found that police involvement may be more common in instances where children are living in the home as child wellbeing is perceived to be central, immediate, and requiring police intervention (Akers & Kaukinen, 2009; Novisky & Peralta, 2015). Novisky and Peralta (2015) posit that women may individually feel that they have less agency in reporting their abuse, but as mothers may feel a strong compulsion to protect their children. Therefore, the choice to report to the police may be a self-sacrificing decision, where women risk possible blame from the criminal justice system, and perhaps her immediate family, in order to ensure the safety of her children (Novisky & Peralta, 2015). The protection of children, thereby, may become the central reason for a victim to seek assistance from the police.

### *Police and Children*

There is a limited amount of empirical research that has examined how police officers interact with children during DV incidents, and even less on police assessments with children. The little research available suggests that the police have limited interactions with children

during DV incidents (Richardson-Foster et al., 2012). Research from the United Kingdom suggests that police officers may view children as observers rather than primary or secondary victims of DV that has occurred in their home (Richardson-Foster et al., 2012). Richardson-Foster et al.'s (2012) analysis of police incident records and notification forms revealed that the police placed children involved in DV incidents on the 'periphery of their gaze' (Richardson-Foster et al., 2012). Unfortunately, there remains an absence of Canadian research that directly examines police interactions with children during DV investigations. While it is likely that police in Canada share similar viewpoints to those in the UK, as discussed earlier, there are inevitable differences given the variability in policies and practices across police services, which lead to difficulties in drawing comparisons.

There are documented benefits to speaking with children who are living in a home where DV is occurring. For instance, police involvement with children has been shown to increase victim satisfaction with police and the likelihood of contacting the police in the future (Richardson-Foster et al., 2012). Additionally, police-child interactions seem to improve the information gathered, thereby aiding in the assessment of risk as well as potentially strengthening the evidence available in the prosecution of DV perpetrators (Richardson-Foster et al., 2012). Such a point is of particular importance given the evidence from other studies that suggest children living in a home with DV are aware of coercive control taking place in the family, are affected by these controlling dynamics, and continually attempt to make sense of these experiences (Callaghan et al., 2016). Therefore, children are likely a vital source of information about the occurrence of violence and the potential future risk if the violence continues unaddressed.

*Children's Perspectives of the Police*

Prior research has shown that children do have a desire for police officers to involve them in the process of DV investigations. Previous studies suggest that children often voice concerns of not being included or listened to by police officers in the context of DV calls (Holt et al., 2008; Richardson-Foster et al., 2012). One such study utilized 54 interviews with children who had experienced DV and found that many children were upset by the attending police officers' lack of acknowledgment or willingness to address their needs (Mullender et al., 2002). Similar findings were reported in Richardson-Foster et al.'s (2012) study, with children describing perceptions of being excluded by the police during the incidents. The children in this study also appeared to emphasize the need to be seen, heard, and believed by the police; all of which seem to be lacking in many DV instances where children and police are involved (Mullender et al., 2002).

Overall, the above findings likely have a significant impact on children who already face rather adverse situations and add to their feelings of insecurity. For example, one study indicated that children often feel powerless and unimportant due to being ignored by the police who only spoke to the involved adults about the DV incident (Swanston, Bowyer, & Vetere, 2014). Thus, it seems clear that the lack of interaction police have with children who have experienced DV can be rather detrimental to not only the children and their wellbeing, but also the overall system-level response to DV.

*Police and the Assessment of Risk for Children*

There is growing evidence toward the potential role that police can have in the initial assessment of risk and intervention for children living with DV (Baker, Jaffe, Berkowitz & Berkman, 2002). Conversely, there is also evidence that police may have limited training and

competency in addressing the impact of DV exposure on children (Richardson-Foster et al., 2012). There is also an indication that police officers themselves believe they lack the appropriate resources to engage effectively with children during DV incidents, and some even perceive this engagement as going beyond their role (Richardson-Foster et al., 2012). While it is still early to draw conclusions as to why some police officers feel unprepared or unwilling to engage with children. Though it may be connected to an expectation in many DV cases that protection of children is the mother's responsibility and further inquiry into the children's risk is overshadowed by the concerns for the mother's safety (Brandon et al., 2012; Jaffe et al., 2014). Unfortunately, this lack of clarity toward police approaches is due mainly to there being a limited amount of research which explicitly examines how police address DV incidents when children are present.

What literature does indicate is that opportunities for risk assessment as well as risk management are not being utilized regularly by police; which is contrary to the recommendations of many DV death review committees across North America (Jaffe et al. 2012; Hamilton, Jaffe, & Campbell, 2013). Hamby et al. (2015) found that despite several child-focused "best law enforcement practices" that included assessing whether child exposed to DV needed service, findings from a nationally representative sample of American police suggest the inconsistent implementation of these practices. Consequently, while there is a clear recognition of the need to address child safety and evaluate the risk of future violence in DV investigations, it also appears that the police are not doing this consistently.

#### *The Importance of System Collaborations*

DV reports involving children often initiate a multi-systems response from a variety of social agents, including law enforcement, child protection services, the courts, and violence



against women sectors. Overall, the majority of professionals working in these different sectors recognize the importance of communication and collaboration when it comes to identifying and responding to risk (Cooley & Frazer, 2006; Coulter & Mercado-Crespo, 2015; Cross, Matthews, Tonmyr, Scott & Ouimet, 2012; Shlonsky & Friend, 2007). Given the evidence that the presence of children often doubles the number of agencies involved with a family, there is even more of a necessity for inter-professional collaboration in assessing and addressing the needs of families when children are living in homes with DV (Hamilton et al., 2013). Furthermore, the importance of inter-professional collaboration is emphasized throughout the literature and continues to be emphasized by DV death review committees. In fact, these committees have consistently highlighted the tragic implications of services operating in silos (Department of Justice Canada, 2013; Fleck-Henderson, 2000; Hamilton et al., 2013; Jaffe & Juodis, 2006; Lessard et al., 2010; Shlonsky & Friend, 2007; Spath, 2003; Stanley, Miller, Foster & Thomson, 2011; Turner et al., 2017; Wathen & MacMillan, 2013).

While there has been substantial progress in collaborative approaches when responding to DV, research also continues to identify barriers that hinder collaborative efforts (Department of Justice Canada, 2013; Stanley & Humphreys, 2014). Often these barriers have been attributed to concerns regarding information sharing and confidentiality (Kress et al., 2012; Stanley & Humphreys, 2014). Though these concerns are not unfounded since a failure to keep information secure can compromise the safety of victims and children who have left a violent household (Stanley & Humphreys, 2014). However, the question of what information gets shared is also relevant in effectively assessing and responding to the risk of escalating violence (Diemer, Humphreys, Laming, & Smith, 2013; Stanley & Humphreys, 2014; Stanley et al., 2010). For instance, Stanley et al. (2010) found police services are inconsistent in passing the perpetrator's

criminal record on to child protection services, which can have a tremendous impact on the risk that families are facing as well as the decisions about safety planning and risk management. Such a finding was supported by an Australian analysis of risk assessments and the continuous feedback loops between police, child protection, and perpetrator programs, which showed little continuity in information sharing (Diemer, Humphreys, Laming, & Smith, 2013). The lack consistency was even observed when risk levels changed, with researchers finding that information was not being shared when perpetrators had failed to attend programs, new incidents took place, or there were new child protection concerns (Diemer et al., 2013).

#### *Collaboration of Police and Child Protective Services*

The literature points to the tremendous value of having a well-developed system for the police and child protective services (CPS) to communicate information and coordinate responses to families experiencing DV (Stanley et al., 2011). Again, evidence points to the arrival of police officers at DV incidents as the first moment when family violence is often exposed to the public gaze (Stanley et al., 2011). It is, therefore, also the first opportunity for public services to identify needs and activate the process of delivering interventions that can support and protect families experiencing DV.

While it is essential to acknowledge the limitations of the role police officers have in DV situations where children are present; it is equally important to recognize how police services can effectively coordinate and collaborate with child protective services who have more ability to engage families in vital services. Such a point is of particular importance given the overlap found between child maltreatment, DV, and child deaths in apparent domestic homicides. Research has found that approximately 20% of child homicide cases involved a combination of child abuse and DV in the home (Websdale, 2003). Findings like this are supported in other studies that have

found perpetrators of completed and attempted domestic homicides were three times more likely to have been previously reported for child abuse (Campbell et al., 2003). Therefore, police officers likely need to be cognizant of the dynamics that are present in DV incidents involving children and be able to effectively relay information to child protective services in a meaningful manner.

### *Theoretical framework*

#### *Exposure Reduction and Retaliation Effect*

There is a longstanding perspective that the primary means to reduce DV homicide is to decrease the amount of time intimate partners remain in a violent relationship or have to struggle with barriers in seeking help to end the violence (Dawson, Bunge, & Balde, 2009; Dugan, Nagin, & Rosenfeld, 1999, 2003). In other words, there is a belief that when opportunities for DV to occur are restricted, and where DV resources are ample, there should be an overall decline in violence (Dawson et al., 2010; Dugan et al., 2003). In the context of domestic homicide, having resources, policies, programs, and broader social changes that effectively assist victims to leave a violent relationship or prevent these relationships from continuing (i.e., exposure-reducing mechanisms), should reduce the rate of these homicides (Dugan et al., 2003). While intuitively the exposure reduction hypothesis should translate into a reasonably straightforward prevention strategy, evidence has indicated that in actuality reducing violence and leaving violent relationships is more complicated than the theory suggests (Dugan et al., 2003).

Dugan and her colleagues (1999, 2003) posited that exposure reducing mechanisms could increase the likelihood of domestic homicide. More specifically, these researchers contended that a high level of exposure reduction might generate strain within a relationship, whereby retaliatory violence occurs as a means to gain control back (Dugan et al., 2003; Reckdenwald &

Parker, 2008). Here, the loss of control may be connected to a variety of factors that are both observable and abstract. For instance, the perceived loss of control may arise out of a pending separation or divorce, which has been found to increase the risk of domestic homicide (Block & Christakos, 1995; Jaffe et al., 2012). Additionally, a loss of control and power may develop from an increase in status that a victim can gain from engaging in exposure-reducing mechanisms. As a result of gains in status, perpetrators may perceive a shift in power within a relationship, and thereby, their control. A perpetrator may result in escalating violence against a partner as a means to gain back this control (Dugan et al., 2003; Reckdenwald & Parker, 2012). The latter seems supported in research; for instance, Dugan et al. (1999) found that victims' improved economic status was associated with increased homicide for victims of DV. Thus, it appears that an essential aspect toward the response to DV is the potential elevation of violence that arises from the actual intervention.

This is not to say exposure-reducing mechanisms are negative in-and-of-themselves; it does, however, suggest that slight or unmet exposure reduction in severely violent relationships can be worse than the status-quo (Dugan et al., 2003). As a consequence, researchers have suggested that enhanced attention to the assessment of risk, victim safety, as well as risk management is critical in responding to families living with DV (Dawson, 2010; Dugan et al., 2003). These responses should consist of coordinated efforts that assess, address, and manage the risk of violence which should afford a better position to mitigate the potential for an escalation of violence during interventions of DV - including the potential for domestic homicide. Ultimately, a response not based on a measure and understanding of the ongoing potential risks a family face will likely not effectively address those risks.

The potential for retaliatory violence becomes even more significant when children are present, given that their presence adds a considerable layer of complexity that directly impacts the exposure-reduction and potential for retaliation. Interventions have to recognize and respond to the needs of the victim. Child custody and access disputes compound these problems. While there is no current literature examining this directly, there is however research that has demonstrated that DV perpetrators may use their children to stay in the lives of victims, keep track of them, harass and intimidate as well as control them (Beeble, Bybee, & Sullivan, 2007). This finding has important implications, particularly concerning custody and access concerns, since theoretically when courts remove custody from an offending parent it can increase the sense of losing control/power, which may then result in an increased potential for retaliatory violence to occur. Further complicating the matter is the disconnection between the family and criminal courts (Jaffe, Lemon & Poisson, 2003; Jaffe et al., 2008). It is, therefore, possible that in these complex situations where children are present in DV cases, the response provided may not account for the endangerment of victims and their families by creating opportunities for retaliation.

The police may have an important role here; not only are they potentially escalating violence given their role as law enforcement and the current mandatory arrest policies, which fit within the exposure reduction hypothesis (i.e., separation of perpetrator and victim), but they also can mitigate the potential harm that could occur within families experiencing DV. As the evidence demonstrates, police are often first on a scene which affords them meaningful opportunities to identify and respond to the risk the family is facing. Police are also likely the first to be removing perpetrators from home and consequently open the door to the legal and social response to DV. It may also be at this time when perpetrators strongly perceive a sense of

loss of control and power, which, as evidenced in past research, can make for a rather dangerous time. Consequently, the police need to be cognizant of how these dynamics may impact the future risk of violence; but more importantly, they need to identify these dynamics in the first place.

Part of identifying these risks would require the police to utilize a reliable risk assessment which can provide valuable information to be used to guide a system level response to DV. Likewise, the information gained by these first responders early on can set the groundwork for the critical collaborative work needed to effectively address the violence that is occurring for victims, children, as well as by perpetrators. Failure to do all of the above may be precisely what Dugan et al. (2003) suggests is more detrimental than not doing anything; that is, providing slight or unmet exposure reduction measures in severely violent relationships - which can lead to an escalation of violence, including a domestic homicide, if the right opportunities are not taken.

#### *The Social Ecological Model and the Coordinated Community Response Model*

The Social Ecological Model (SEM) is a framework for understanding how individual and environmental factors can influence behaviours. Developed from Bronfenbrenner's model of the ecology of human development (Bronfenbrenner, 1977, 1979), which proposed that individuals' function and interact with many interrelating systems. Bronfenbrenner's model has had a significant influence on the study of the context in which individuals function as well as the factors that can influence behaviour. More recently, the Centre for Disease Control and Prevention (CDC) applied this model to understand and prevent DV (i.e., SEM; CDC, 2015). More specifically, the SEM framework has been applied to identify and cluster intervention strategies based on the ecological level in which they influence (CDC, 2015; WHO, 2016).

Maintaining Bronfenbrenner's systemic approach, the SEM model posits that the interplay between individual, interpersonal, community, organizational, and policy factors are critical in both the understanding as well as the occurrence of DV. Moreover, by examining these factors, one is also able to more effectively address this violence, as it provides a targeted and holistic response. The emphasis of a holistic approach cannot be overstated, since critical to this theory is the assumption that factors within each system impact one another (CDC, 2015). Accordingly, the prevention of DV requires service providers to concurrently act across multiple systems, which serves to increase the sustainability of prevention and intervention efforts (CDC, 2015). For instance, to appropriately address DV, one has to simultaneously address factors at several levels, all of which can compound the risk of violence from occurring. Utilizing a SEM framework, prevention strategies are designed to impact factors at varying levels, and thereby congruently work within, and across, systems to effect sustainable change. Accordingly, the SEM provides the theoretical groundwork for the necessity of collaboration to address system-level considerations as it would be near impossible to address all factors as one stakeholder (i.e., police, lawyer, child protective service).

In recognition of the theoretical and pragmatic need for collaboration borne from the SEM, the Coordinated Community Response (CCR) framework offers an additional model to help fill this gap. Developed by the Domestic Abuse Intervention Project in Duluth, CCR framework posits that an effective strategy to ameliorate DV requires a coordinated response involving multi-sectoral stakeholders (i.e., health, police services, judicial and legal services, shelters and protection services, schools, cultural groups; Shepard & Pence, 1999). CCR framework contends that families who experience DV will only receive comprehensive support in a timely and appropriate manner through an approach that utilizes collaboration and

coordination between service providers (Shepard, & Pence, 1999). Therefore, at the heart of the CCR framework is the creation of a network of support from coordinated service providers to address the needs of families who experience DV (Shepard, & Pence, 1999).

The CCR framework posits that an essential first step toward coordinating responses is developing a shared understanding of the nature and complexities of DV; whereby service providers work together with the common goal of meeting the needs of families and preventing the risk of violence in the future. Thus, this framework promotes the need for inter-agency negotiations to foster collaboration to address DV, with the ultimate goal to encourage memoranda of understanding, protocols, and other agreements between service providers (Shepard, & Pence, 1999). Overall, a CCR provides a holistic approach to DV intervention that emphasizes comprehensive, collaborative, and integrated service delivery designed to protect DV victims and their families from further harm (Adler, 2002). The CCR framework also purports that not only do these multi-sector negotiations provide a more practical approach to intervention; they also aid in creating systemic changes that can impact the attitudes, norms, and practices at the level of the service delivery institutions themselves (Shepard, & Pence, 1999).

While the safety of victims and families is at the core of this model, the intervention is also centered on institutions as a whole, reflecting a systems-based approach (Shepard, & Pence, 1999). Therefore, the CCR framework works towards ensuring the development of minimum standards across services from collaborative training, protocols, and procedures among all key service providers (police service, social services, legal services, child protective services). The main objectives of networking and cooperation among the various agencies are: (1) increased system efficiency; (2) differentiation of services; (3) assurance that victims receive appropriate services; (4) increased victim safety; and (5) increased accountability of batterers (Adler, 2002).



Consequently, the CCR promotes a comprehensive approach to reducing DV that recognizes the need to address contributing factors of violence across system levels both at micro and macro levels.

### *Intersection of Theoretical Models*

The above two theoretical models provide a holistic overview of how the role of a police response can both positively and negatively impact the outcome of DV victims and their families. The Exposure Reduction and Retaliation Effect provides the theoretical basis that simply removing/separating a DV perpetrator, while a vital intervention, can also put families at risk of harm. Further complications develop when children are involved, given the multifaceted interplay of the legal and representational connections that exist among perpetrators, victims, and children. Additionally, given the role that police have (i.e., law enforcement), under the current mandatory arrest policy, police response to DV may inherently place families at increased risk when considering the Exposure Reduction and Retaliation effect. This point is amplified when there is a lack of a collaborative and coordinated response being provided to families experiencing DV.

For interventions to effectively address violence, while ensuring the safety of victims and children, responses need to take place at many levels. While potentially overwhelming, the SEM provides a clear picture of the various factors that contribute to violence, and thereby are key intervention points. However, to address the multitude of factors effectively, there is an essential need for collaboration and coordination of service providers. However, before this can take place, there is a vital requirement to determine the risk of violence, what service is needed, how this service is delivered, and who is best to provide it. These questions are not only critical in the CCR model but also lay the foundation of a coordinated response to DV that utilizes multi-

sectoral service providers. It is also here where police are uniquely positioned to respond to DV victims and children immediately and not only ensure their safety but also assess their future risk of harm. In determining the level of risk, police officers can act as pivotal gatekeepers to pathways for those families at a high risk of DV to accesses appropriate services.

Fitting with the CCR model, it is critical that police officers recognize their role, correctly utilizing their tools to assess the level of risk to victims and children, as well as appropriately coordinating/collaborating with other service providers to ensure the continued safety of that family. The CCR also provides a valuable perspective, in that it recognizes the limitations that a single service provider has in addressing DV. Thus, police officers can only work so far as their role will allow; and it would be an unrealistic expectation for police officers to take on the responsibilities that other social service providers are designated to do - and do well.

Nevertheless, given the need to address DV on multiple levels, as determined by SEM, police services play the critical role of law enforcement, but they also have a role in the broader system of response to DV. As a consequence, police officers have to be willing and able to effectively collaborate and coordinate with other service providers – not doing so makes them ineffective in their response to DV. Unfortunately, little research has examined the complex issues surrounding police response to DV, particularly when children are present and at risk themselves. Part of the needed change is likely police adopting a more coordinated and collaborative response; one where police, along with other service providers, work together to address the factors that contribute to DV. In doing so, police are not only adapting to the needs of their communities but are also taking part in a more holistic response to DV – and one that is theoretically more effective.

*Rationale for Current Study*

Research continues to identify the need to further examine current police practices concerning their overall response to adult and child domestic violence victims. These types of investigation aid in identifying areas where the police could improve their approach to DV incidents. The need for improvements in approaches to address DV cannot be overstated, as research has shown inconsistency in how the police are addressing these cases. Accordingly, research examining what the police are, and are not, doing in the course of these incidents will lend support in initiating change in practices that will not only better address DV, but also reduce the chance of violence escalating to homicide. Given that police officers play a crucial role in the identification of families living with DV by acting as first responders, it is vital to examine police practices within the context of the known risks associated with the escalation of violence, as well as the overall impact DV has on children.

Families living with DV experience a multitude of negative consequences. Police officers are uniquely positioned to protect families living with DV since they are on the front line of this problem. This position affords police officers a critical opportunity to positively influence the lives of both DV victims as well as their children through early intervention, identifying their needs, and providing necessary referrals for services. Despite the importance of police response to children at DV incidents, there is minimal research on the subject, with less on the risk of lethality. Likewise, there is a scarcity of research that has examined police officer's own experience when it comes to DV, and even less that looks at how they perceive children at risk of DV homicide. Therefore, further research examining police response, their perspectives, and the barriers to their approaches will be paramount in developing a better understanding of a vital service that ensures the safety of families experiencing DV.

Reducing the frequency and impact of DV on children requires a focus on the potential role of police officers to help families who are living with DV. More specifically, there is a particular need to examine how police services are utilizing risk assessment to identify both victims and their children's risk of future violence, including lethal violence. While there is no guarantee that any tool can accurately predict a domestic homicide, there is a clear indication that common risk factors are present in the majority of these deaths. Therefore, an assessment of risk can assist in identifying families that may be at an elevated threat toward the escalation of violence, and thereby, in need of a more immediate and appropriate response.

Domestic violence death review committees continue to demonstrate missed opportunities to assess and intervene before a homicide. Such a point is amplified when children have been killed in the context of DV since these homicides have multiple risk factors present. Often minimal effort was taken toward completing comprehensive assessment and safety planning, even though these families often have several contacts with service providers (Hamilton, Jaffe & Campbell, 2013). It becomes crucial to understand the barriers that frontline professionals, like police, face in response to DV occurrences. There is also a further need to understand how service providers are assessing the risk posed to victims and children and coordinating the pathways for these families to access service while ensuring their safety and reducing the future risk of harm.

Altogether, the four articles in this manuscript are designed to provide insight into the recognition of the risk of families experiencing DV and the need for services tailored to their needs. Study One (Chapter Two), examined Ontario domestic homicide cases for unique risk factors, the completion of risk assessments, and the impact of the presence of children had on case details with and without police contact. Study two explored more broadly the strategies

Canadian police engage in their response to DV, including the types of structured tools utilized in their risk assessment strategies. The third study involved interviews with police officers to capture their perspectives on their role in DV investigation, with a specific focus on assessing risk for families. The fourth study expanded the analysis of police officers' perspectives to their views on the barriers and promising practices for providing services to children at the scene of DV occurrences.

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## **Chapter Two: Dissertation Studies**

### **Study One: The Police Role in Domestic Homicide Prevention: Lessons from a Domestic Violence Death Review Committee**

#### **Abstract**

The current study examined the role of police in domestic homicide cases reviewed by a multi-disciplinary death review committee in Ontario, Canada. Examining the 219 domestic homicide case summaries, this study explored the difference between homicides with, and without, prior police contact. Results indicated that police contacted cases had 63% more risk factors present compared to cases without prior police contact, with 80% of police-involved cases having 10 or more risk factors. Police cases had unique risk factors present including a failure to comply with authority, access to victims after risk assessments, prior threats to kill victims (including with a weapon), history of DV, extreme minimization of DV, addiction concerns, and an escalation of violence. Cases involving child homicide have unique child-specific risk factors such as custody disputes, threats to children, and abuse during pregnancy. Overall there was a lack of formal risk assessments conducted. Implications are discussed in terms of police intervention being a critical opportunity for risk assessment, safety planning, and risk management. While there is no certainty in predicting that lives would have been saved, the level of risk presented calls for enhanced efforts at assessment and intervention for adult victims and their children.

*Introduction*

Domestic violence (DV) continues to be a major public health concern and significant social issue across the world. A report published by the World Health Organization (WHO; 2013) indicated that DV impacts approximately 30% of women worldwide, making DV the most prevalent type of violence experienced by women. In line with other literature, the WHO report also acknowledged that reported statistics on DV are likely underestimated given the stigmatization DV victims and their families face (WHO, 2013). DV is recognized internationally as a human rights issue that permeates through all socio-demographic groups, and significantly effects families in a plethora of ways (Katula, 2012; Garcia-Moreno & Watts, 2011; Sinha, 2013; WHO, 2013). Though there has been continued progress toward understanding, as well as addressing DV, both in theoretical and clinical spheres, DV remains a major social problem impacting families today. In Canada alone, DV represents approximately one-quarter of all reported violent crimes (Beaupré, 2015). DV constitutes a wide range of controlling behaviours, from more subtle forms and isolated incidences to severe patterns of violence (Jaffe, Johnston, Crooks & Bala, 2008). In the most severe situations, DV can escalate and end in the killing of an intimate partner.

Of all public services, police play one of the most critical roles in not only ensuring the safety of victims and children but also holding perpetrators accountable for their actions. In many of these cases, police act as an entry point to the justice system and community services to assist victims, perpetrators, and their children. The current study focused on the potential police role in assessing the risk of escalating violence and homicide.

*Homicide in the Context of Domestic Violence*

Police are more likely to be involved in domestic violence cases that are more frequent, severe, and may be on the road to lethal violence (Sinha, 2013). While the occurrence of domestic homicide is rare, these tragic deaths continue to demonstrate the significant danger DV can pose for families. Domestic homicides account for a significant portion of deaths related to family violence. DV related homicides represent 17% of all solved homicides in Canada (Statistics Canada, 2008). There is also a clear indication of the gendered nature of these murders, with the rate of domestic homicide approximately four and a half times higher for female victims than for male victims (Beaupré, 2015). Canadian police statistics found that between 2003 and 2013, there were 960 reported domestic homicides, which is slightly over 75% of all family homicides between these years in Canada (Beaupré, 2015).

Children can also be killed in the context of domestic violence, though there is a dearth of research focusing on this phenomenon. Part of the difficulty of studying child deaths in domestic homicides is that they are rare events. There have also been challenges in developing a consistent and precise definition of what constitutes a child homicide in the context of DV (Fairbairn, Jaffe, Dawson, 2017). Complications have emerged from inconsistencies in previous research viewing children deaths as part of child abuse and maltreatment, while others have viewed these deaths as uniquely occurring in the context of DV (Jaffe et al., 2017). These challenges are made worse by a lack of information that is often present in child homicides, making it difficult to determine the context of death, including the presence of DV.

Research has seldom focused on children in DV homicides, and their deaths are not always included in DV death review committee work (Jaffe et al., 2017). The few studies available have shown that many of the significant risk factors for DV adult homicide apply

equally to recognizing the risk to children (Hamilton et al., 2013; Olszowy et al., 2013). What may differentiate child homicide cases from adult homicides is the number of professionals and agencies involved. Indeed, Hamilton et al. (2013) found that cases with child death had significantly more agencies involved (9.3) compared to those where children were present (6.3) and those with no children in the home (4.1). This finding is particularly tragic, given that these deaths still occurred despite increased professional involvement and the possibility of missed interventions. Consequently, further research is needed examining the potential missed opportunities in the prevention of these homicides.

#### *Police Response to Domestic Violence*

Police services play an essential role in response to DV. Often, police officers are the first responders when there is a domestic dispute and may be the first professional that has contact with the family. The police, therefore, are in an essential position to help victims and their children in the immediate incident, but also over time as they may be the starting point in referring victims and perpetrators to support and treatment services (Trujillo & Ross, 2008). Similarly, there is a general recognition that police officers are the gatekeepers of the criminal justice system (Tasca, Rodriguez, Spohn, & Koss, 2012; Hamby, Weber, Grych, & Banyard, 2016). Thus, police are often the entry point for further access to interventions and services, as they may be the first point of contact with a network of social institutions that can provide greater safety as well as support for families experiencing DV (Berkman, & Esserman, 2004).

Police officers' obligations to respond to families' places them in a unique position to come into contact with families in situations that other service providers may not see (Berkman, & Esserman, 2004). Researchers, as well as practitioners, have suggested police can act as a critical guide to appropriate services and resources for those in need; this includes the ability to

intervene on behalf of children present at the scene (Richardson-Foster, Stanley, Miller, & Thomson, 2012). While research has indicated that the police become aware of a substantial proportion of DV occurrences, it is clear that not all victims report their experiences of violence to the police (Hamby, Finkelhor, & Turner, 2015). Estimates from a large-scale Canadian study found that 36% of DV survivors reported the violence to the police (Saxton et al., 2018). Indeed, there is an overall recognition that the decision to report DV to police can be complicated and influenced by factors like gender, ethnicity, and sexual orientation, perception of police helpfulness (Felson, Messner, Hoskin, & Deane, 2002; Hirschel & Hutchinson, 2003; Saxton et al., 2018; Statistics Canada, 2016).

#### *Factors Impacting Police Contact*

One factor that seems to consistently predict police contact is the severity of violence (Bonomi et al., 2006; Felson et al., 2006; Sinha, 2013). For instance, a Statistics Canada report found only 14% of victims' who experienced less severe forms of violence contacted the police, whereas half of the victims who experienced severe violence did (Sinha, 2013). For many of these victims, the decision to contact the police is linked to experiences of more frequent violent incidents, fear for their lives, and sustained physical injuries (Sinha, 2013). The severity of violence is a critical factor in whether a DV occurrence gets reported to the police and a legal response to this violence is initiated (Sinha, 2013).

The presence of children is another influential factor in whether a victim of DV contacts police. However, research has been inconsistent in the direction of the association; with some indicating that children increase the likelihood of police contact (Akers & Kaukinen, 2009) and others suggesting it decreases police contact (Novisky & Peralta, 2015; Wolfe et al., 2003). Researchers have also pointed to the desire to protect their child as a mediating factor for



reaching out to police; but also, paradoxically, some have shown the fear of child protection services involvement can dissuade victims from calling the police (Rivett & Kelly, 2006; Novisky & Peralta, 2015). Overall, the decision to call the police is likely a complex balance between ensuring the safety of children and the victim as well as weighing of other extraneous factors (i.e., financial resources, external supports, power, and control; Rhodes et al., 2010). Included here is also the severity of violence, with those experiencing more extreme forms of violence more likely to contact the police for protection of themselves and their children (Meyer, 2010; Novisky & Peralta, 2015). What remains clear is both the need to recognize the risk posed to families living with DV, as well as the need to evaluate frontline response, including the police response.

#### *Police, Children and Risk Assessment*

There are several risk assessment tools developed to take into account known risk factors to help predict and mitigate the potential for future violence (Campbell et al., 2009; Hilton et al., 2004; Kropp, 2008). A substantial body of research has evaluated the validity of using risk assessment instruments to predict future violence (Campbell et al. 2009; Mills et al. 2011; Singh & Fazel, 2010), including in domestic homicides (Campbell et al. 2009). Overall, research has demonstrated the vital role risk assessment can have in aiding the police response to DV (Campbell, Gill & Ballucci, 2017; Trujillo & Ross, 2008).

Previous research has shown that police officers' perception of risk of future violence and the imminence of that violence are some of the most influential factors impacting their response decisions in DV situations (Campbell, Gill & Ballucci, 2017; Storey et al., 2014; Trujillo & Ross, 2008). Research has also demonstrated the relationship between using a structured risk assessment and more reliable and accurate judgments about DV risk (Campbell, Gill & Ballucci,

2017). Others have found that a lack of assessment can directly lead to reduced risk management and intervention planning (Bonta & Andrews 2010; Hanson, 2009). These results have led many to believe that a validated risk assessment provides police officers with a tool that helps them recognize risks as well as identify appropriate response levels.

Unfortunately, there is far less research that has focused on how risk assessment can aid in recognizing risk posed to children living in homes with DV – an area that overall requires attention. While previous research has identified several common risk factors that increase the likelihood of lethal violence in an intimate relationship (i.e., a history of domestic violence and actual or pending separation), there is far less evidence examining risk factors that correctly place a child at risk for lethality (Jaffe, Campbell, Hamilton & Juodis, 2012; Humphreys & Bradbury Jones, 2015; Ontario DVDRC, 2017). It is, therefore, not surprising that currently, no standardized risk assessment tool exists that is sensitive to the risk of child lethality in the context of DV. Still, it remains essential to acknowledge that research is scarce in this area, and therefore likely too early to conclude unique risk factors that may be present in DV homicide cases involving children.

#### *Domestic Violence Death Review Committees*

Research on risk factors related to domestic homicide and the role of the police has been augmented by the development of domestic violence death review committees (DVDRCs) over the last few decades. These committees are made up of multi-disciplinary DV experts who review deaths involving intimate partners. The overarching purpose of these committees is to gather data on deaths occurring in the context of DV, identify risk factors, potential interventions and missed service opportunities (Bugeja, Dawson, McIntyre, & Walsh, 2015; Dawson et al., 2017). There has been an emergence of DVDRCs around the world and are currently present in

several jurisdictions, including in Australia, the United Kingdom, the United States, as well as Canada. While there are differences between committees (i.e., structure, governance, processes, inclusion criteria, review measures, and outputs), they are similar in their focus on reviewing deaths that have occurred in the context of DV (Bugeja et al., 2015).

Since 2003 Ontario, Canada has completed confidential reviews of all DV related deaths through the Ontario DVDRC (Dawson et al., 2017). The purpose of the Ontario DVDRC is to assist the Office of the Chief Coroner to investigate and review deaths occurring as a result of DV. The Ontario DVDRC has identified 41 risk factors associated with recidivism and lethality from the social science literature (Ontario DVDRC, 2017). Moreover, the Ontario DVDRC has found that 71% of all the cases reviewed had seven or more known risk factors present before the homicide occurring (Ontario DVDRC, 2017). Of these identified factors, the most common were: a history of DV with the couple; an actual or pending separation; the perpetrator was depressed; the perpetrator displayed obsessive behaviour (e.g., stalking); and an escalation of violence (Dawson et al., 2017; Ontario DVDRC, 2017). Similar risk factors were reflected in other death committee reviews. For instance, the Florida Statewide Domestic Violence Fatality Review Team (2015) found that over 60% of reviewed cases had 11 or more known risk factors. Of these factors, extreme jealousy, obsessiveness, prior death threats, perceived betrayal, and access to weapons were the most common. Thus, utilizing knowledge gained from homicide reviews, there is an overall recognition that most homicides in the context of DV exhibit similar patterns of perpetrator behaviours as well as common antecedents before the occurrence of death (Ontario DVDRC, 2017; Jaffe et al., 2014).

Guided by their comprehensive reviews, committees provide recommendations that focused on the identification of systemic difficulties that relate to the occurrence of these deaths,

the barriers to interventions, and missteps present in domestic homicides. For instance, recommendations have continuously been directed toward police services, which include the need for ongoing training for police officers, increased collaboration between services (i.e., police and child welfare), as well as many recommendations toward risk assessment strategies. These types of recommendations often focus on the missed opportunities that were present and offer suggestions on how to better address the complexities of DV. Likewise, these recommendations offer insights to service responders in efforts to more effectively address DV in the hope of potentially mitigate future violence.

### *Theoretical Basis*

This study focused on the critical role that police play in responding to adult victims and children living with DV. A critical theory that guided the current study was the Exposure Reduction and Retaliation Effect theory (Dungan, Nagin & Rosenfeld, 2003), which posits that exposure reducing mechanisms (i.e., the arrest of the perpetrator, separation) may, in fact, increase the likelihood of domestic homicide. These researchers contended that a high level of exposure reduction might generate strain within a relationship, whereby retaliatory violence occurs as a means to gain control back (Dugan et al., 2003; Reckdenwald & Parker, 2010). Not to say exposure-reducing mechanisms are negative in-and-of-themselves; it does, however, suggest that slight or unmet exposure reduction in severely violent relationships can be worse than the status-quo (Dugan et al., 2003). This point becomes significantly more complicated with the addition of children. Now, not only is it necessary to recognize and respond to the needs of the victim, but also identify the children's needs and how these may impact the overall level of risk, with particular attention to the interplay of custody and access to children that may be present. As a consequence, researchers have suggested that enhanced attention to the assessment

of risk, victim safety, as well as risk management is critical in responding to families living with DV (Dawson, 2010; Dugan et al., 2003). Ultimately, a response not based on a measure and understanding of the ongoing risks a family face will likely not effectively address those exact risks – the cost of which could be a homicide.

In reducing risk, there has been a call for police officers to consistently utilize risk assessment and be trained to identify risk factors for homicide in DV cases (Koppa & Messing, 2018; Ward-Lasher, Messing, & Hart, 2017). At the very least, risk assessment and the identification of risk/need can aid in placing high-risk families in contact with justice and social service providers. Identifying high-risk victims at the scene of a DV has been found to enhance help-seeking and reduce subsequent violence; both of which could contribute to preventing the likelihood of a domestic homicide from occurring (Messing, Campbell, et al., 2015). Given the need to strengthen the role of police in preventing domestic homicides, the purpose of this research was to examine prior police contact in domestic homicide cases in Canada. The four research questions guiding this study are: (1) what proportion of domestic homicide cases have prior police contact for DV? (2) what are the unique risk factors associated with cases with prior police contact compared to those without prior police contact? (3) Is there evidence of the completion of formal risk assessments in domestic homicide cases with prior police contact? Also, (4) does the presence of children impact associations with police contact, risk factors, and risk assessments?

## Method

### *Participants*

This study performed an analysis of 219 domestic homicide case summaries from the Ontario DVDRC. The Ontario DVDRC is a multi-disciplinary 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 evaluates cases through historical information examining interviews with family and friends, police reports, and agency files related to the perpetrator, victim, and other family members. From this review, the committee makes recommendations to prevent future domestic homicides from occurring in similar circumstances.

Select cases in the current study were chosen based on specific criteria, including a heterosexual relationship between the victim and perpetrator, the perpetrator and victim being up to the age of 65 years, and the perpetrator being male. Homicide cases involving same-sex partners and female perpetrators were left out due to case low frequency, which would not have led to a meaningful comparison. Previous literature has also found noted differences between female perpetrators of DV homicides (see Caman, Howner, Kristiansson, & Sturup, 2016), and therefore, should be independently studied. Additionally, cases where it was unknown if there were prior police contact for DV, were also removed. With the exclusionary conditions, the current study analyzed 176 domestic homicide cases in Ontario that took place between 2003 and 2016.

### *Measures*

The Ontario Death Review Committee uses a structured coding form that gathers background information about the family or couple, the history of the relationship, services accessed, homicide details, as well as narratives from reports from coroners, courts, mental health professionals and witnesses that were involved. These reviews only occur once all investigations and legal proceedings are completed. The information available in each case relies heavily on the police investigation as well as prior agency involvement with the family. The Ontario DVDRC examines the presence of 41 risk factors in each case. The risk factors were chosen based on existing literature on variables associated with repeat violence, or lethal

violence. Consensus is required by the DVDRC member to include any risk factor for each case. (See full Ontario DVDRC report for more information about risk factors:

[https://www.mcscs.jus.gov.](https://www.mcscs.jus.gov.on.ca/english/DeathInvestigations/office_coroner/PublicationsandReports/coroners_pubs.html)

[on.ca/english/DeathInvestigations/office\\_coroner/PublicationsandReports /coroners\\_pubs.html](https://www.mcscs.jus.gov.on.ca/english/DeathInvestigations/office_coroner/PublicationsandReports/coroners_pubs.html)).

Cases are coded using a form developed by the Ontario DVDRC to code information on each of the DVDRC's 41 risk factors. Through examining all compiled information and reports for each case, these factors are identified as present, absent, or unknown. Then each case is given a second coding form, which is a 15-page summary based on all case information, including perpetrator-specific information (see appendix B). This form gathers socio-demographic information and service provider involvement. Service provider involvement was noted from the agencies/institutions section of the coding form. Completion of a risk assessment is also noted within this section of the data form.

A team of researchers further consolidated data derived from both the coding and summary forms into a database that marked the absence or presence of a specific factor or whether that factor was unknown in each case to allow for further research. Out of a total of 267 cases reviewed to date by the DVDRC (2016), researchers had access to 219 of them. Cases outside of the inclusion criteria, and where all variables were marked as unknown, were removed; yielding the final sample of cases used in the current study.

### *Procedure*

The focus of the analyses was on police involvement, risk factors, and the completion of risk assessments. Cases were divided by police contact (i.e., family had prior police contact for DV versus no prior police contact). Group comparisons were undertaken to determine if differences existed between police contact with case characteristics (e.g., type of case,

relationship, past criminal history, employment). Group comparisons were also made to evaluate evidence of a formal risk assessment completed (i.e., a formal risk assessment was completed yes, no, or unknown). Cases were also examined to determine if the most common risk factors (as defined by the Ontario DVDRC) were present, or other unique risk factors were more likely present in police contacted cases (i.e., prior threats with a weapon). The average number of risk factors was also compared within the police contact groups.

Additional analyses were completed to examine if differences existed between groups with children present and whether cases had prior police contact, risk assessments completed, and any unique risk factors. In this study, the presence of a child in the family system was used to classify any child (i.e., biological or step-child) under 18 years of age.

#### *Statistical Analyses*

Chi-square tests of independence were used to compare the two police contact groups on categorical dependent variables. Comparisons were made on types of risk factors present in cases. Cases were excluded if a variable being analyzed was unknown. Bonferroni corrections were used for all comparisons that were found to be significant. Independent sample t-tests were completed examining the number of combined risk factors present between police contact groups.

### Results

#### *Demographic Information & General Case Characteristics*

Overall, 48.3% (n=85) of the examined homicide cases had prior police contact for DV. Chi-square analyses were conducted with the two groups (prior police contact and no prior police contact) on variables specifically related to the case in general (i.e., type of case) and the relationship between victim and perpetrator (i.e., type of relationship, length of the relationship;



see Table 1). Results indicated no significant difference between groups concerning the type of homicide case ( $\chi^2 (2) = 4.72, ns$ ), the type of relationship ( $\chi^2 (2) = 0.48, ns$ ), and the length of relationship ( $\chi^2 (3) = 4.47, ns$ ). Furthermore, chi-square analyses conducted on victim and perpetrator specific variables revealed no significant difference amongst groups with or without prior police contact and employment for either victims or perpetrators. Criminal history was the only variable found to be significantly different between both victim ( $\chi^2 (1) = 3.99, p < .05$ ) and perpetrator ( $\chi^2 (1) = 43.72, p < .001$ ) groups and prior police contact. Both victims and perpetrators are more likely to have contact with police for DV if they also had a prior criminal history.

Table 1. Demographic information &amp; general case characteristics

Category	Prior Police Contact (n=85) n (%)	No Prior Police Contact (n=91) n (%)	$\chi^2$
<i>Type of Homicide</i>			
Homicide	51 (51.5)	48 (48.5)	ns
Homicide/Suicide	24 (28.7)	38 (61.3)	
Attempted Homicide &/or Suicide	10 (66.7)	5 (33.3)	
<i>Type of Relationship</i>			
Legal Spouse	49 (50.5)	48 (59.5)	ns
Common-law	20 (44.4)	25 (55.6)	
Boyfriend/Girlfriend	16 (47.1)	18 (52.9)	
<i>Length of Relationship</i>			
Less than 1 year	8 (46.7)	7 (46.7)	ns
1-10 years	43 (48.9)	45 (51.1)	
10-20 years	22 (59.5)	15 (40.5)	
21 or more years	11 (34.4)	21 (65.6)	
<i>Employment status</i>			
Employed (victim)	49 (57.6)	58 (63.7)	ns
Employed (perpetrator)	37 (43.5)	51 (56)	
<i>Criminal History</i>			
Criminal History (victim)	16 (66.7)	8 (33.3)	3.99*
Criminal History (perpetrator)	69 (69.7)	30 (30.3)	43.7**

\*p &lt; .05; \*\*p &lt; .001

*Risk Factors and Formal Risk Assessments*

Cases with prior police contact for DV were also examined to determine the number of risk factors present. Independent sample t-test comparing the number of risk factors present between police contact and no police contact groups revealed a significant difference. Results also indicated more risk factors were found in cases with prior police contact ( $M= 14.2$ ,  $SD= 5.05$ ) compared to case with no police contact ( $M= 8.7$ ,  $SD= 4.47$ ),  $t(174) = -7.70$ ,  $p < .001$ . Cases with prior police contact ( $n=68$ , 80%) were also found to be significantly more likely to have 10 or more risk factors present compared to those without prior police contact ( $n=42$ , 46.2%),  $\chi^2(4) = 25.9$ ,  $p < .001$  (see Table 2).

*Table 2. Number of Risk Factors Categorized by Police Contact*

Risk Factors	No contact n (%)	Police Contact n (%)
0 Factors	1 (1.1)	0 (0.0)
1 - 3 Factors in Case	12 (13.2)	0 (0.0)
4 - 6 Factors in Case	15 (16.5)	8 (9.4)
7 - 9 Factors in Case	21 (23.1)	9 (10.6)
10+ Factors in Case	42 (46.2)	68 (80.0)

Further analyses were completed to examine differences existing between police contact groups and the presence of common risk factors identified by the Ontario DVDRC. Chi-square analyses with Bonferroni corrections revealed several risk factors that differentiated cases where police had prior contact with the family compared to cases without prior police contact for DV (see Table 3). These unique risk factors were also found to be different from the 12 most common risk factors cited by the Ontario DVDRC. Thus, domestic homicide cases with prior police contact for DV appear to have a unique number of potential risk factors.

*Table 3. Ontario DVDRC risk factors for groups with and without Prior Police Contact*

Category	No Contact (n= 85)	Police Contact (n=91)	$\chi^2$
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	n (%)	n (%)	
Failure to comply with authority	12 (20.7)	46 (79.3)	39.61**
Access to victim after risk assessment	0 (0)	25 (100)	36.54**
Prior threats to kill victim	26 (33.8)	51 (66.2)	24.34**
History of DV in current relationship	54 (40)	81 (60)	22.24**
Extreme minimization	8 (20.5)	31 (79.5)	22.09**
Prior threats with a weapon against victim	13 (28.3)	33 (71.7)	18.96**
Excessive alcohol and/or drug use (perpetrator)	23 (33.8)	25 (66.2)	16.02**
Escalation of violence	31 (37.3)	52 (62.7)	14.55**
History of violence outside family	27 (37)	46 (63)	14.04**
Prior hostage-taking/confinement	5 (20)	20 (80)	13.71**
Violently and constantly jealous (perpetrator)	28 (37.8)	46 (62.2)	13.39**
Choked victim	8 (27.6)	21 (72.4)	11.40*
Victim intuitive sense of fear	38 (42.2)	52 (77.8)	10.64*
Perpetrator unemployed	27 (37.5)	45(62.5)	10.42*
Forced sexual acts/assaults	4 (21.1)	15 (78.9)	9.58*
Prior attempts to isolate victim	28 (40)	42 (60)	9.55*
History of violence/threats to children	14 (31.8)	30 (68.2)	9.55*
Prior assault with a weapon against victim	6 (26.1)	17 (73.9)	8.88*
Prior destruction of victim's property	8 (29.6)	19 (70.4)	8.33*
Misogynistic attitudes	24 (45.3)	29 (54.7)	7.57*
Obsessive behaviours (perpetrator)	47 (45.6)	56 (54.4)	6.52*
Actual or pending separation	62 (47)	70 (53)	5.72
Controlled most/all of victim daily activities	29 (43.9)	37 (56.1)	4.63
History of suicidal behaviour in family	2 (25)	6 (75)	4.45
Other mental health/psychiatric problems	22 (44.2)	29 (55.8)	4.32
Perpetrator abused/witnessed violence	14 (38.9)	22 (61.1)	4.08
Prior assault on victim during pregnancy	2 (22.2)	7 (77.8)	4.03
Perpetrator depressed (non-professional opinion)	42 (50)	42 (50)	2.4
Child custody or access disputes	6 (35.3)	11 (64.7)	2.12
Prior violence against pets	2 (28.6)	5 (71.4)	2.03
Youth of couple	9 (69.2)	4 (30.8)	1.67
Age disparity	12 (41.4)	17 (58.6)	1.48
Prior suicide threats/attempts (perpetrator)	43 (47.8)	47 (52.2)	1.15
Access to/possession of firearms	24 (48.0)	26 (52)	0.96
Perpetrator depressed (professional diagnosis)	21 (51.2)	20 (48.8)	0.22
Victim's new partner	34 (50.7)	33 (49.3)	0.17
Presence of step-children	11 (47.8)	12 (52.2)	0.16

\*  $p < .05$ ; \*\*  $p < .001$

Results also revealed an overall scarcity of formal risk assessments being completed. In the overall sample, only 11.6% of the cases had a formal risk assessment being documented.

Over half (56.8%) of cases having no documented risk assessment; however, it should be noted that in 31.6% of the cases, it was unknown whether a formal risk assessment had been completed. Chi-square analyses with Bonferroni corrections were used to examine differences between the completion of risk assessments and prior police contact. Results revealed significant differences between the police contact groups and the completion of risk assessment,  $\chi^2 (2) = 45.28, p < .001$ , with prior police contact associated with having a formal risk assessment completed. When examining only cases with prior police contact, 23.8% (n=20) were found to have a formal risk assessment. 35.7% (n=30) were found to have no formal risk assessment, which would be counter to provincial police standards; in 40.5% (n=34) cases, the completion of a risk assessment was unknown. However, within cases where risk assessments were completed, 95.2% (n=20) did have prior police contact. Overall, there was a limited number of risk assessments being completed.

#### *Children, Police Contact and Risk*

Subsequent analyses were done examining cases where children were present in the family system. Results indicated no significant differences between groups with or without children present in terms of overall police contact,  $\chi^2 (1) = 2.97, ns$ . Nor were there any differences in formal risk assessments being completed when children were present,  $\chi^2 (2) = 3.84, ns$ . Once again, there was a minimal number of risk assessments being completed, with only 10.3% (n=11) of overall cases with children present having a confirmed formal risk assessment in the case reviews (37% were unknown). When examining only cases with prior police involvement for DV, there was no significant difference between groups with, or without, children and a formal risk assessment completed,  $\chi^2 (2) = 1.84, ns$ .

The presence of children was examined as a separate factor. Analyses were completed examining the Ontario DVDRC risk factors across cases with prior police contact and where children were present. Unsurprisingly, chi-square analyses revealed only significant differences in risk factors directly tied to children, and included: custody and access disputes,  $\chi^2(1) = 8.13$ ,  $p < .05$ , prior assault on victims while pregnant,  $\chi^2(1) = 6.93$ ,  $p < .05$ , and a history of violence against children,  $\chi^2(1) = 15.60$ ,  $p < .001$ . No other risk factors were found to be significant.

### Discussion

The current study examined police contact in the context of domestic homicide cases. More specifically, this study utilized domestic homicide cases reviewed by a multi-disciplinary committee to explore unique factors that are present in cases where there is, and is not, prior contact by the police for DV. Previous research has found that many of the most high-risk cases of DV come into contact with the police (Sinha, 2013). Using cases that involve the most severe DV (i.e., all ended in domestic homicides), this study looked at background variables and risk factors present in cases that had prior police contact compared to cases without police contact. Also, this study examined the presence of risk factors between these groups and if there were differences in the number and types of risk factors present across cases. Part of this study also examined the completion of risk assessments, particularly when there is police involvement. Cases were also examined to determine if differences existed for cases involving children.

Results indicated that police contacted cases had a significantly higher number of risk factors compared to cases without prior police contact with DV. Likewise, police contacted cases had unique risk factors including a failure to comply with authority, access to victims after risk assessments, prior threats to kill victims (including with a weapon), history of DV, extreme minimization of DV, addiction concerns, and an escalation of violence – to list a few.

Unfortunately, results continue to demonstrate an overall lack of formal risk assessments being completed. This lack of completion was found in over a third of police contacted cases. There were no differences in the completion of risk assessment in cases with, and without, the presence of children across the police contact groups. In terms of the type of risk factors present, the only significant differences between cases with police contact and children presence or absence were factors related to children (i.e., custody and access disputes, history of violence against children, assault during pregnancy). The presence of children was not found to be associated with the frequency of prior police contact.

Under half of the domestic homicide cases examined in this study had prior police contact with the police for DV. While there is research on police contact with domestic violence cases, there is limited research exploring police contact in domestic homicides. Similar to this study, Thornton's (2017) study examining British police contact in domestic homicide cases found that 45% had recorded prior police contact. As well, a Canadian study by Eke and her colleagues (2011) indicated that under a third examined domestic homicides police were aware of DV. However, in research by Koppa and Messing (2018) nearly all of the domestic homicide cases (91%) reported DV to police at some point within the three years before the death occurring; though only 44.9% of the cases had prior DV arrests. These authors found that femicide victims were visited by the police an average of 5.6 times in the three years before the homicide (Koppa & Messing, 2018). Regardless of the specific number of police contact, what remains clear is a significant portion of DV homicides are coming into contact with the police prior to the homicide. Without blaming the police, there is a legitimate question about what the response of the police was and how better to intervene to ensure the safety of victims. Given that these cases have all ended in deaths, evidence suggests that there were missed opportunities,

which may be due to a lack of recognizing risk posed to these families as well as the proceeding safety planning and risk management strategies required.

The current study found that cases with prior police contact had significantly more risk factors present compared to those without police contact. This finding suggests that police are coming into contact with some of the most high-risk cases of DV. Likewise, there were several unique risk factors associated with prior police contact including a history of DV, prior threats to kill, prior threats/assaults with a weapon, failure to comply with authority, prior choking of the victim, escalation of violence, and a victim's intuitive sense of fear. These risk factors are likely directly related to victims' decisions to contact the police for intervention as the presence of these factors indicates the severity of violence. Indeed, previous research has found that victims of DV are more likely to seek police intervention when they tend to fear for their lives as well as experience more severe and frequent violence (Bonomi et al., 2006; Felson et al., 2002; Sinha, 2013; Thompson & Kingree, 2006).

Furthermore, research has also found that in a majority of domestic homicides the most significant risk factor is a history of DV (Campbell, Glass, Sharps, Laughon, & Bloom, 2007; Stöckl et al., 2013). Evidence is clear that DV is generally not an isolated incident, and repeated calls to the police indicate more severe violence (Campbell et al., 2007); the current research continues to reinforce this point. Similarly, the presence of these risk factors suggests that domestic homicides appear to be predictable, and therefore, preventable with hindsight. Critical is having the tools to identify cases that are of higher risk.

The current study revealed that there is an apparent lack of formal risk assessment completion in DV homicides. Worse, in over half of the cases with prior police contact, there were no documented risk assessments. The lack of risk assessment in these cases has significant

implications. Such a finding suggests that for many of these DV homicides police officers may be divergent from Ontario police standards, which mandates a risk assessment being completed for domestic violence occurrences. Though it is important to note that some variability exists between provincial and city police services as to completing an assessment only on cases where charges are laid. Despite these differences, there are repeated DVDRC recommendations on formally assessing risk for every case. For instance, the Ontario DVDRC published this recommendation in 2006 and in subsequent years:

*“It is recommended that Police Services require responding officers to complete a lethality screen on each and every domestic occurrence, whether or not criminal charges are laid. This lethality screen should be modeled after similar tools in existence such as Domestic Violence Lethality Assessment Protocol for the Maryland Coordinated Community, or Dr. Jacquelyn Campbell’s Danger Assessment tool”.*

The lack of assessment being completed in the current study may have been a critical misstep in these cases to provide an appropriate response and intervention that could have aided in the prevention of homicide. It is, therefore, paramount moving forward that there is an examination on how police services across Ontario are engaging in their risk assessment protocols and processes. The need to understand the factors and dynamics of an adequate assessment of risk cannot be overstated. Primarily this is due to a growing body of research demonstrating that DV risk assessment can aid in identifying cases at high risk of lethal or repeated violence to better inform police intervention (Campbell et al., 2009; Hilton, Harris, & Rice, 2001). Likewise, the identification of cases at high risk of homicide can lead to a more enhanced and collaborative response, one that addresses the needs of victims while also holding perpetrators accountable (Messing & Campbell, 2016). Indeed, more recently, there has been a push for risk-informed collaborative interventions that utilize police risk assessment of DV to guide the social and justice response. Examples of such programs have emerged around the world including the Lethality Assessment Program (LAP) in the United States, the Multi-Agency



Risk Assessment Conferences (MARACs) in the United Kingdom, and the Interagency Case Assessment Teams (ICATs) in Canada. Despite these examples, given the current findings, there appears to be a further need to examine the implementation of police standards and the use of risk assessment in Ontario policing.

Importantly, there is now a recognition that risk assessments are not an end, but rather a starting point that guides the response (i.e., risk management and safety planning strategies). In other words, risk assessments are not meant to be interventions but instead to be utilized to connect families in high-risk situations to needed services and interventions. Police officers assessing risk need to determine a plan for addressing high-risk cases. For the police, this will heavily rely on a combination of justice and community service providers. This type of coordinated response can lead to interventions that are more cohesive for victims and perpetrators, which can lead to better outcomes in DV cases (Bronstein, 2003). Indeed, risk-informed collaborative interventions that assess and manage risk, as well as provide safety planning offer a more holistic intervention (Messing & Campbell, 2016).

Risk assessment, safety planning, and risk management become even more multifaceted when children are present. The existence of children increases the complexity and magnifies the issues because now the needs of children should be considered, so too the risks. The current study revealed unique child related risk factors toward domestic homicide cases where children are present (child custody disputes, abuse during pregnancy, child abuse) and a minimal number of risk assessments being completed for families experiencing DV with children. These findings are consistent with previous research (Hamilton, Jaffe, Campbell, 2012). Overall, what seems to remain clear is that the risk of homicide exists when children are within the family, and these children themselves are at risk of being killed. Therefore, similar to recommendations arising

from other studies, one should consider children to be at risk if their mother is at risk (Hamilton, Jaffe, & Campbell, 2013; Olszowy et al., 2013)

### *Limitations and Implications*

The current findings should be considered with acknowledgment of the limitations. This research utilized a secondary data set in order to gather information on domestic homicides. It is possible that case reports may have missing information given what was provided and available. While most of the unknown data were removed in analysis, some of the unknowns (i.e., risk assessment completion) were kept in. Therefore, these unknown data may have provided more clarity in some cases used in the analysis. However, the Ontario DVDRC is given access to all information available in the cases, albeit the quantity and quality of that information can vary. This information is particularly salient when examining police contact and their response in high-risk DV cases. The lack of detailed information extends to knowing the circumstances, type, and quality of risk assessments being completed and the details around why cases with prior DV contact did not have a risk assessment completed. Furthermore, temporal effects were not examined, and thereby, this study could not make any specific judgments about changeover time (i.e., increased risk assessment being completed in 2010 to 2015 timeframe compared to 2003 to 2008).

This study is limited to all cases ending in homicide, so there is no comparison group of cases where the police intervention may have averted these deaths through their risk assessment. The cases without police intervention ended in homicide as well, so it is impossible to identify if there was a different pathway to the homicide and other needed intervening systems. There is a limitation in studying police alone since even if they did an ideal assessment and intervention, the victim was dependent on many others such as prosecutors and judges within the criminal

proceedings and counsellors working with the victim and the perpetrator to deal with the safety and management strategies required. The study was also limited in not addressing the diversity of victims and communities since there may be greater challenges within vulnerable populations such as rural areas, immigrant victims, and Indigenous families. For example, numerous recommendations have been made in recent years by the Ontario DVDRC to help improve responses to DV in Indigenous communities.

Notwithstanding the limitations, the study generated some interesting findings that offer considerations for future research. This study sought to expand on previous research examining the role of police in the prevention of domestic homicides. While police were involved in almost half of the domestic homicide cases, there remains a lack of risk assessment. This lack of assessment is alarming, given that the current study also found that police are encountering some of the highest risk DV cases based on the increased presence of risk factors. The DVDRC has repeatedly addressed this need as being the role of police with more robust completion of risk assessments being a key recommendation (i.e., completion of some form of risk assessment in all DV occurrences regardless of charges being laid). Although the DVDRC recommendations are advisory, one would hope that government and police services would make this a training and practice priority. The findings also have implications for supervision and audits of police intervention to ensure officers are completing their mandates, principally the assessment of risk.

Risk assessment alone does not prevent adverse outcomes; instead, it is the response and intervention that follows an assessment that creates an opportunity to reduce risk, future violence and homicide (Messing & Campbell, 2016). The little empirical research available has shown the potential that risk-informed collaboration can have in reducing domestic homicide in high-risk cases (Koppa, 2018). However, there remains a lack of research examining how police action in

the context of both the assessment of DV risk and their response (including collaboration with other service providers). The need to examine collaborative response is perhaps most critical in high-risk DV involving children. Here, some complex needs and risks should be accounted for across service providers, including the police. There is an overall need for research on the intersection of policing, risk assessment, and responding to families experiencing DV.

Applying the Exposure Reduction and Retaliation Effect theory (Dungan, Nagin & Rosenfeld, 2003), it becomes more evident the essential role police and collaboration have in preventing a homicide from occurring within a family. As the police response cannot only potentially escalate the risk of homicide (i.e., separation and increase retaliation), but also mitigate the potential harm that could occur within families experiencing DV. However, part of reducing this harm likely lies in having a reliable risk assessment that provides valuable information to guide a system level response to DV. The information gained by a first responder, like the police, can set the groundwork for the necessary collaborative efforts needed to effectively address the violence that is occurring for victims, children, as well as by perpetrators. On the other hand, providing slight or unmet exposure reduction measures (i.e., merely arresting a perpetrator without the assessment of risk) could be, like Dugan et al. (2003) suggests, more detrimental than not doing anything at all. Ultimately, if the right opportunities are not taken, one runs the risk of violence escalating toward a domestic homicide.

Still, there is a need for research examining more nuanced details about police practice and response to DV. It would be advisable to interview police officers to gain a better understanding of their own experience with responding to DV and assessing risk. Previous research has indicated that police officers have placed priorities toward identifying homicide prevention strategies and reducing repeat calls for service in DV occurrences (Messing et al.

2011). However, there is limited research directly examining police practice and issues around the feasibility of additional requirements in risk assessment and management in DV calls for service. Therefore, gaining a better understanding of barriers police officers face both in the response and assessment of risk will aid in improving police practice. Helping officers to understand better how risk assessment achieves broader aims, as well as clear communication that DV intervention includes risk assessment as a priority, may assist with officer and overall police service buy-in (Messing & Campbell, 2016).

In summary, a review of domestic homicides in Ontario suggests that police intervention may be a critical opportunity for risk assessment, safety planning, and risk management. Homicide cases have significantly more risk factors present when police have been called. However, there are limited signs of any risk assessment or planning in these cases. This problem flies in the face of repeated recommendations by previous death reviews and police standards for intervention. It is recognized that the police role has a limited mandate, but it may be a critical entry point for access to justice and community services. There is no certainty in predicting that lives would have been saved, but the level of risk presented calls for enhancing efforts at assessment and intervention for adult victims and their children.

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Study Two: Police Officers Views of Risk Assessments Processes and Tools: A National Survey of Canadian Police Officers

Abstract

The present study examined the police role in addressing domestic violence (DV) and the type of strategies they apply across Canada based on a national survey of officers. The study focused on an examination of the types of structured tools Canadian police officers report utilizing in their risk assessment strategies. Utilizing data from an online survey, the current study examined a subsample of police officers (n= 77) to explore their role in responding to DV. Overall findings provide a picture of the frequency of police engagement in risk assessment as well as the type of populations they serve. The results suggest that Canadian police officers are reporting frequent engagement in risk assessments across jurisdictions and the type of populations they serve (i.e., rural, remote, urban Indigenous, immigrant, children). Results also indicate variability across provinces towards the types of risk assessment tools police officers are using. This inconsistency is also found within provincial services, notwithstanding Ontario, which demonstrated the most consistent use of an instrument (i.e., Ontario Domestic Assault Risk Assessment). Implications for future research include exploring specific provincial police risk assessment processes, the barriers, and challenges in engaging in risk assessments, and factors contributing to these challenges identified by police officers. Implications for training and consistency within and across police services are addressed.

### *Introduction*

Police services play an important role in response to domestic violence (DV). Police officers are often the first responders when there is a domestic dispute and may be the first professional that has contact with the family. Police, therefore, are in an essential position to help victims immediately, but also over time as they may be the starting point in referring victims, perpetrators and children to support and treatment services (Trujillo & Ross, 2008). There is also a recognition that police officers are the gatekeepers of the criminal justice system (Hamby, Weber, Grych, & Banyard, 2016; Tasca, Rodriguez, Spohn, & Koss, 2012; Saxton et al., 2018). Some even acknowledge police officers' ability to intervene, arrest, and engage in best practices during DV incidents as providing the groundwork for holding perpetrators accountable for their actions (Hamby et al., 2016). Indeed, the police are often the entry point for further access to interventions and services, as they may be the first point of contact with a network of social institutions that can provide increased safety as well as support for families experiencing DV (Berkman, & Esserman, 2004).

Police officers' obligations to respond to families anywhere, and at any time, places them in a unique position to come into contact with families in situations that other service providers may not see (Berkman, & Esserman, 2004). Thus, researchers, as well as practitioners, have suggested that police are in a central position to assess the risk of violence for families, and thereby, be a critical guide to appropriate services and resources for those in need; this includes the ability to intervene on behalf of children present at the scene (Richardson-Foster, Stanley, Miller, & Thomson, 2012). This study explored the police response to DV and the frequency in which they engage in vital strategies to reduce and prevent future DV.

### *Factors Influencing the Police Response*

Many factors influence a police officer's response to DV. Research into police decision-making has found that both victim and offender-specific variables such as age, socio-economic status, sex and ethnicity can potentially influence police responses to DV (Avakame & Fyfe, 2001; Bachman & Coker, 1995; Ferraro, 1989; Hamilton & Worthen, 2011; Lee, Zhang, & Hoover, 2013; Saxton et al., 2018; Robinson & Chandek, 2000; Trujillo & Ross, 2008). Research also points to situational factors that shape police decision-making processes. Here, factors related to evidence like the type and severity of violence, as well as situational characteristics like the presence of children, a weapon, or drugs and alcohol can all impact police decision making (Bachman & Coker, 1995; Buzawa & Austin, 1993; Dawson & Hotton, 2014; Mignon & Holmes, 1995; Robinson & Chandek, 2000; Saxton et al., 2018; Trujillo & Ross, 2008). Police decisions are also directly impacted by the policies and practices established within a police service as well by local or federal authorities (Eitle, 2005).

### *Policing Domestic Violence in Canada*

In Canada, police policy towards DV has evolved over the last three decades. In 1986, the Attorneys General and Solicitors General across all jurisdictions issued directives to police services to ensure that DV cases were treated as criminal matters (Department of Justice, 2003). Although this directive was implemented with some variability throughout police services, police force policies were generally put into place requiring officers to lay charges where reasonable and probable grounds of an assault had taken place (Department of Justice, 2003). Today, charging and prosecution policies on DV remain in effect in all provinces and territories of Canada. While there is no national charging or prosecutorial policy on DV, all jurisdictions continue to support a similar police and justice system response (Department of Justice, 2003); that is, the primary objective is to criminalize DV (Department of Justice, 2003). In this way,



police policies toward DV in Canada are directed toward both general and specific deterrence; the general deterrence is through the strong and clear message to society that DV is wrong; and the specific deterrence is through the pursuit to prevent perpetrators from committing further acts of violence (Department of Justice, 2003). In the majority of Canadian provinces, police standards have been developed to ensure a minimum standard of practice across services. While there is some variability across provincial mandates, these standards provide directives toward the response to DV (i.e., risk assessment, training, coordination).

#### *Police and Risk Assessment*

Police action, as well as their decision-making processes toward DV interventions, has been a central focus in the literature with researchers highlighting the impact police judgments have about future violence specifically on reducing this violence from occurring (Buzawa & Buzawa, 1996; Felson, Ackerman, & Gallagher, 2005; Hovell, Seid, & Liles, 2006; Maxwell, Garner, & Fagan, 2001, 2002; Schmidt & Sherman, 1996; Trujillo & Ross, 2008). Researchers have demonstrated that police officers' perceptions of risk of future violence, and the imminence of that violence, are highly influential factors impacting decisions in DV situations (Campbell, Gill & Ballucci, 2018; Storey et al., 2014; Trujillo & Ross, 2008). For example, Trujillo and Ross (2008) found that perceptions of DV risk predicted whether Australian police officers engaged in some forms of actions in response to DV occurrences, including referrals to service, or taking no action at all. Research has also shown that when no structured assessment is used in assessing the risk of violence, the resulting judgments are often inaccurate (Campbell, Gill & Ballucci, 2017). Likewise, a lack of assessment can directly lead to reduced risk management and intervention planning (Bonta & Andrews 2010; Hanson, 2009). A validated risk assessment provides police officers with another tool that aids in not only recognizing risks posed to a family

but also identifying the appropriate level of response, all of which are crucial aspects of keeping families safe.

In North America, various tools have been developed to identify victims at higher risk of further violence. These tools have fallen into three main categories of approaches: unstructured clinical assessment, actuarial methods, and structured professional judgment (Kropp, 2008). In an unstructured clinical assessment, professionals more informally assess risk using few guidelines and relying on their clinical judgment, experience, and expertise (Campbell et al., 2016; Kropp, 2008; Nicholls et al., 2013). While this approach may be beneficial given its flexible nature, the level of subjectivity it affords may also lead to missing vital sources of information, including risk factors (Campbell et al., 2016; Kropp, 2004, 2008). Due to these types of challenges, there has been a general shift away from the unstructured approach to a more structured approach to risk assessment (Dutton & Kropp, 2000; Kropp, 2008; Hilton & Harris, 2005).

The structured professional judgment approach offers a middle ground between unstructured clinical decision-making and actuarial approaches. In approaches using structured professional judgment, the risk is assessed using theoretical, clinical, and empirical knowledge (Douglas & Kropp, 2002; Kropp, 2004). This approach also affords a level of flexibility to give professional discretion in determining risk (Campbell et al., 2016; Douglas & Kropp, 2002; Kropp, 2008). However, similar to the unstructured approach, this flexibility may also make structured professional judgment tools more subjective, leading to gaps in information, which can be impacted by a professional's qualifications and experiences (Helmus & Bourgon, 2011; Kropp & Hart, 2000). Actuarial approaches to risk assessment utilize validated tools developed from risk factors derived from empirical research. These tools use statistical modeling and

interpretation to estimate the probability of future violence (Campbell et al., 2016; Nicholls et al., 2013). Overall, actuarial instruments have received considerable attention from researchers. Some perceive these tools as more reliable as well as predict violent recidivism with higher accuracy compared to unstructured risk assessments and structured professional judgment instruments (Hilton & Harris, 2005; Grove & Meehl, 1996; Nicholls, Desmarais, Douglas, & Kropp, 2002).

There are a number of risk assessment tools, the best-known risk assessments include the Danger Assessment (Campbell et al., 2009), Spousal Assault Risk Assessment (SARA; Kropp et al., 1995), the Domestic Violence Screening Inventory (Williams & Houghton, 2004), and the Ontario Domestic Assault Risk Assessment (ODARA; Hilton et al., 2004). Over the last few decades, an increasing number of police services have begun utilizing a mixture of actuarial and structured professional judgment tools to assess risk in DV occurrences (Sebire & Barling, 2016). The majority of police services in North American employ some form of risk assessment approach to aid in their DV investigations (Ariza, Robinson, & Myhill, 2016; Dutton and Kropp, 2000; Kropp, 2004; Messing & Thaller, 2013; Sebire & Barling, 2016).

#### *Validity of Risk Assessment*

There is a substantial body of literature demonstrating risk assessment instruments' validity in predicting future violence, including DV (Campbell, Gill & Ballucci, 2017; Dutton & Kropp, 2000; Goodman, Dutton, & Bennett, 2000; Hilton et al., 2010; Hilton, Harris, Rice, Houghton, & Eke, 2008.; Hilton & Harris, 2005; Hilton, Harris, & Rice, 2010; Heckert & Gondolf, 2004; Kropp 2008; Williams & Grant, 2006; Williams & Houghton, 2004). For instance, a meta-analysis completed by Messing and Thaller (2013) found DV risk assessment tools have effect sizes with small to medium predictive validity. Of all the tools included in their

study, the ODARA produced the strongest weighted predictive validity estimate. The strength of the ODARA has also been identified as its ability to utilize information typically available to police officers, something that can be difficult to do with other instruments requiring broader information and competencies (Hilton et al., 2010). However, it is essential to note that research evaluating various DV risk assessment instruments is still in its infancy, and there remain significant limitations in methodologies that have diluted the practical implications of many of these tools (Bennet-Cattaneo, & Chapman, 2011; Nicholls et al., 2013). Nevertheless, assessments like the ODARA, have been lauded as a critical tool essential in assisting police officers' function more effectively in their role – a role that is tremendously complex and difficult to perform.

#### *Police, Risk Management and Safety Planning*

There is an acknowledgment by researchers and practitioners that risk assessments are not an end in themselves, but an ongoing process that informs appropriate strategies. Risk assessments are viewed as being the crucial initial step in the process of helping to identify appropriate supervision strategies, develop more effective safety plans for victims, and guide risk management as well as rehabilitative options for perpetrators (Campbell et al., 2016; Humphreys et al. 2005; Hoyle, 2008). Overall, the increased use of risk assessment is viewed positively by police services as it can provide a basis for more targeted and efficient responses to DV (Radford & Gill 2006; Hoyle, 2008; Grant & Rowe, 2011). Together, an effective response to DV involves risk assessment, risk management, and safety planning. It is through engaging in these processes that one is in a better position to ensure the safety of victims and children, as well as address the perpetrators behaviours and needs (Campbell et al., 2016).

*Current Study*

Due to their unique role in the system, it is critical that police officers recognize the risk posed to victims and their children to better ensure their safety. Part of this recognition comes through police officers' use of risk assessment instruments. While interest in risk assessment tools continues to grow around the world, including Canada, there remains little research on how police officers are implementing these tools (Kropp 2004; Humphreys et al. 2005; Hoyle, 2008; Trujillo, & Ross, 2008). Likewise, little is known about how police officers assess risk in family violence situations and how situational factors contribute to these assessments of risk (Trujillo & Ross, 2008). Much of the research has focused on the predictive accuracy of risk assessment tools, and there is a scarcity of research examining if police are engaging in risk assessment, the type of tools they use, and the impacts on the police assessment of risk, management of risk and safety planning with diverse families.

As a consequence of the scarcity of research in this area, the current study's main objectives fell into four areas: 1) explore the frequency with which Canadian police officers are engaging in risk assessment in the context of DV; 2) explore the type instruments police officers are utilizing to assess risk in Canada; 3) explore the frequency police officers are engaging in risk management and safety planning practices in their role; and 4) explore the relationship between the use of structured tools, the province police worked, and the community served (i.e., urban versus rural).

## Method

*Overview*

The survey utilized for this study was part of an ongoing research initiative: the Canadian Domestic Homicide Prevention Initiative for Vulnerable Populations (CDHPiVP). The overall purpose of this initiative was to identify protocols and strategies that will reduce the risk of lethal

DV and share this knowledge with the broader community. The CDHPVIP endeavoured to gain a deeper understanding of potentially unique risk factors, barriers to effective risk assessment, risk management, and safety planning, as well as strategies currently being used by a cross-section of professionals; the primary outcome of this initiative was to enhance collaboration through cross-sectional research.

Table 4. Project definitions for Risk Assessment, Risk Management, and Safety Planning

Risk Assessment	We define risk assessment as evaluating the level of risk of harm a victim may be facing including the likelihood of repeated violence or lethal (dangerous) violence, based on a professional's judgment and/or a structured interview and/or a tool (instrument) that may include a checklist of risk factors.
Risk Management	We define risk management as strategies to reduce the risk presented by a perpetrator of domestic violence such as close monitoring or supervision, counselling to address the violence and/or related issues such as mental health and addictions.
Safety Planning	We define safety planning as finding strategies to protect the victim by actions such as a change in residence, an alarm for a higher priority police response, a different work arrangement and/or readily accessible items needed to leave home in an emergency including contact information about local domestic violence resources

### *Participants*

In total, 1445 participants completed the survey, most in English (n = 1395, 96.5%). Of these participants, 77 (5.3%) indicated that they worked in the 'police' sector; it was this subsample of respondents utilized for the current study. Of the police sample, half were from Ontario and identified working within an urban setting only (see Table 5).

Table 5. Sample Characteristics for Police Respondents

<i>Province Groups</i>	% (n)
Ontario	50.6 (39)
Western (Manitoba to British Columbia)	35.1 (27)
Maritimes	9.1 (7)
Quebec	2.6 (2)
Territories	2.6 (2)

<i>Type of Community Served</i>	
Urban Only	54.5 (42)
Rural, Remote, or Northern	45.5 (35)

### *Measures*

Questions on the survey aimed to explore more broadly the type of practices participants engage in within different sectors across Canada. These questions were created and reviewed by experts in the field and were exploratory in nature. Additionally, definitions were created and provided on the survey for each corresponding question (see Table 4). These definitions were developed by experts in the field and from across Canada. The survey was distributed and promoted through CDHPVPs partners and collaborators. These partners come from a wide range of academic, frontline, justice, VAW, cultural, Indigenous sectors and settings from across Canada. The survey was available in both official languages of Canada (i.e., English and French) and prepared for completion on Qualtrics survey platform (qualtrics.com).

The survey consisted of 10 multi-choice questions focused on frontline professional's experiences with responding to DV as well as the types of vulnerable populations with which they work. An additional three questions allowed space for respondents to provide more detailed text-based answers. The survey began by asking participants to respond to demographic questions including the province and sector they work in (i.e., police), and populations they frequently work with (children, immigrant/refugee/newcomers, Indigenous). Participants were asked about the frequency in which they engage in risk assessment, risk management, and safety planning in the context of DV. Participants were asked about their use of structured tools (yes or no response) and were provided space for an open-text response to identify the types of tools they utilize. Additional space was offered to participants to provide further comments about their experiences. The survey was designed to be utilized as a part of a recruitment process to access key informants for further, more detailed, interviews. As such, at the end of the survey,

participants could provide their contact information to be included in the second phase of this project.

All of the electronic data was stored at Western University at the Centre for Research & Education on Violence against Women and Children on password protected computers. Given the exploratory nature of this type of research, the survey was developed to obtain a snapshot of frontline professionals' risk assessment, risk management, and safety planning strategies toward addressing DV. As such, there is currently no reliability or validity data on the survey employed for this study. Before the launch, the survey was given to numerous DV experts as well as professionals working across sectors to test for clarity. All information collected was anonymous and used for research purposes only

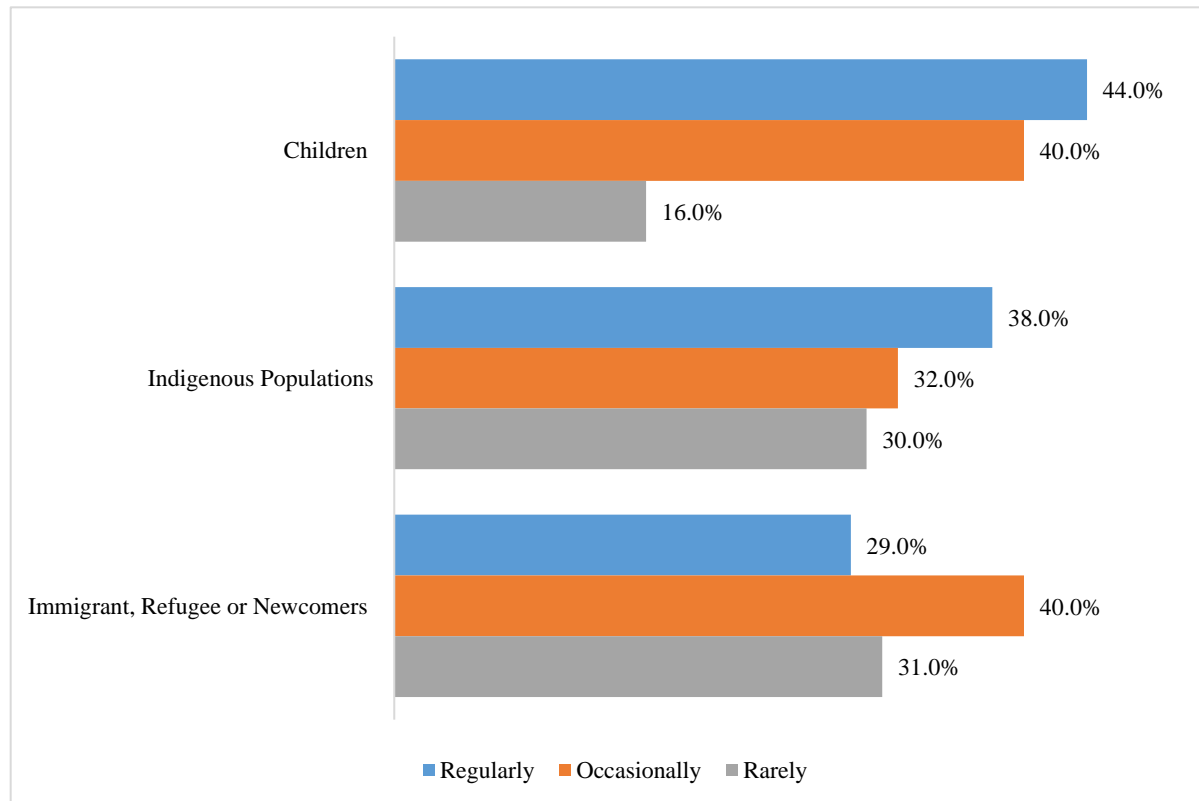
#### *Data Analysis*

Three graduate research assistants analysed open-text responses for themes of all text-responses and the groupings of types of structured tools. Initial codebooks were developed and discussed among Graduate students until a consensus was met on the themes for the final coding. Any discrepancies with the structured tools entered by participants were discussed, though most were clearly labelled and easily classified. The structured tools were transferred into SPSS to be coded and analyzed. Respondents who self-identified as working in the police sector were separated from the entire sample and utilized for the current study analyses. Descriptive statistics were completed on the frequencies of the strategies police are engaging in in their response to DV, the type of vulnerable populations they work with, as well the use of structured risk assessment tools. An ordinal regression analysis were completed to determine if utilizing a structured risk assessment tool increased the frequency of risk assessment engagement. Chi-



square tests of independence were used to compare province and community served (i.e., rural or urban) and the use of a structured risk assessment tool. All data were analysed using SPSS 24.

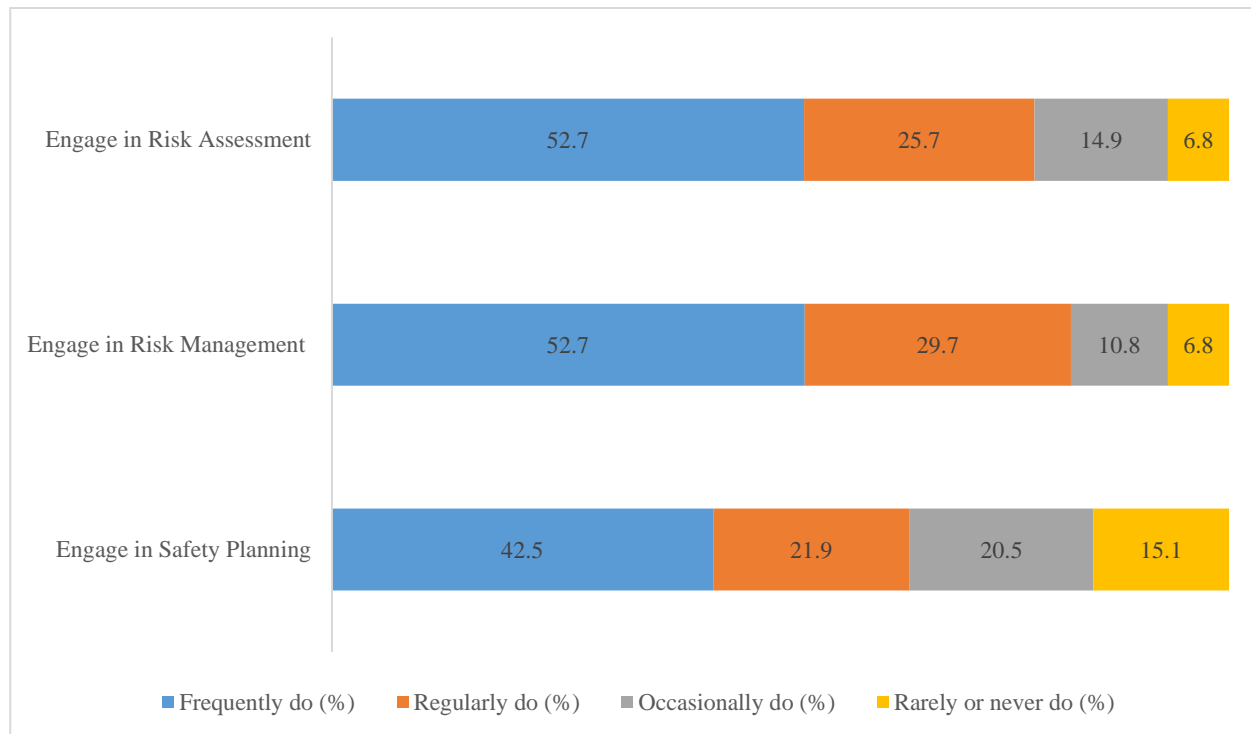
*Figure 1.* Frequency Participants work with different Vulnerable Populations



## Results

Overall, police officers in this sample were found to work frequently with different populations. For instance, 44% of participants indicated that they regularly work with children in their role as a police officer (See Figure 1). While there were some slight differences observed, most participants in this sample were found to work at similar rates with Indigenous, immigrant, refugee, and newcomers to Canada (See Figures 2 & 3). Moreover, there were no significant differences in terms of frequencies of populations police work with and the province they are located or the community they serve (i.e., urban or rural).

Figure 2. Frequency of Risk Assessment, Risk Management, and Safety Planning Strategies



### *Risk Assessment, Risk Management, & Safety Planning*

Police officers were asked about the type of strategies they engage in when responding to DV occurrences (see Table 6). Overall, the majority of police officers indicated that they are frequently engaging in risk assessment and management related strategies for DV. While fewer police officers indicated utilizing safety planning in their role, a sizable number indicated they engaged in safety planning during DV occurrences, as defined by this project.

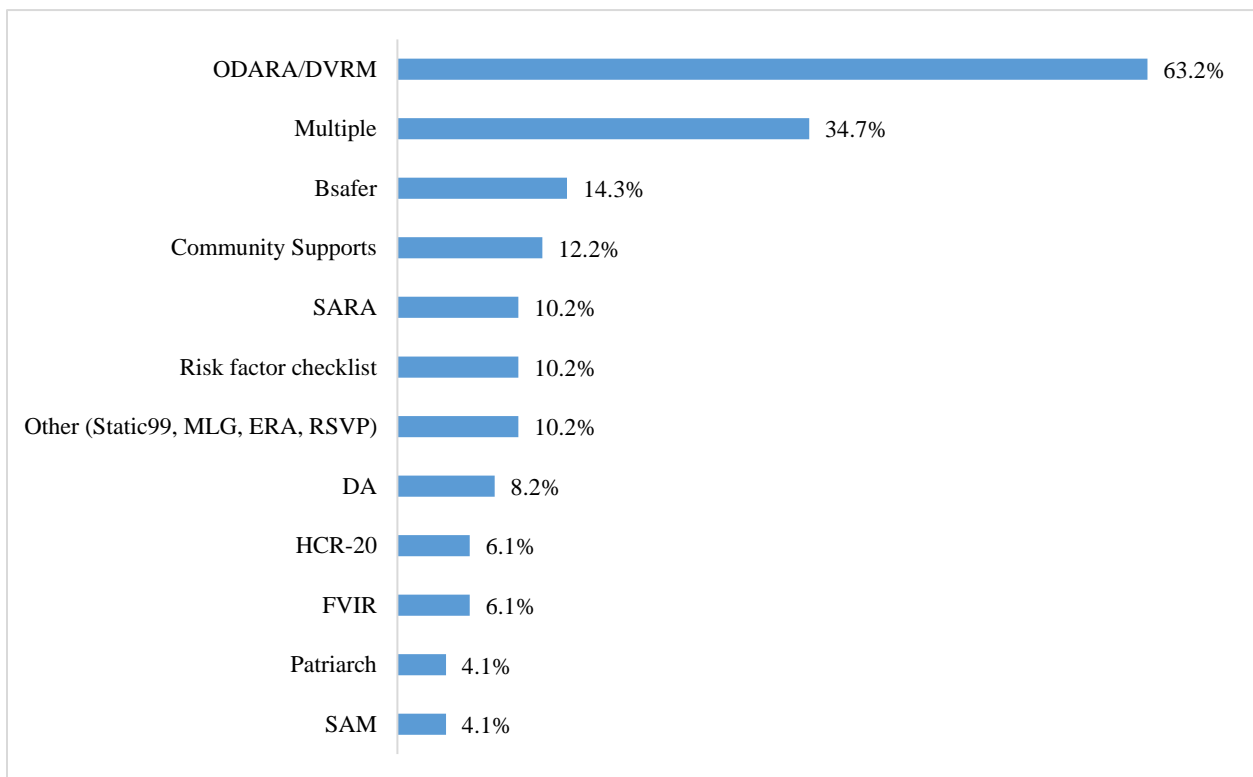
### *Structured Tools*

The majority (72.7%, n=56) of this sample indicated that they utilized a structured risk assessment tool in their roles as police officers. Overall, a large variety of tools were identified as being used by police from across Canada (See figure 4). The most frequently identified instrument was the Ontario Domestic Assault Risk Assessment; however, this may be due to the larger response rate by police officers working in Ontario. Several participants also indicated

using multiple instruments in their risk assessment approaches to DV calls for service.

Subsequent analysis was undertaken to examine if the use of a structured tool was associated with increased frequency in risk assessment engagement. An ordinal regression examining the relationship between using a structured tool and the frequency of engaging in risk assessment was approaching significant ( $p = .07$ ). Here, it was found that those indicating the use of a structured tool were more frequently completing risk assessments, though caution is warranted in drawing conclusions. No differences were observed between provinces or communities served and the use of a structured tool.

Figure 3. Types of Risk Assessment Tools used Identified by Police Officers<sup>1</sup>



<sup>1</sup> ODARA: Ontario Domestic Assault Risk Assessment; DRVM: Domestic Violence Risk Management, which contains the ODARA; B-SAFER: Brief Spousal Assault Form for the *Evaluation of Risk*; SARA: *Spousal Assault Risk Assessment Guide*; DA: Danger Assessment; HCR-20: The Historical Clinical Risk Management; FVIR: Family Violence Investigation Report; PATRIARCH: Risk for Honour Based Violence; SAM: Stalking *Assessment and Management*

### Discussion

The current study was part of a large-scale study examining frontline professionals' use of risk assessment, risk management, and safety planning strategies to aid in the prevention of domestic violence/homicides. Utilizing a sample of police officers from across Canada, this exploratory study focused on the police response to DV, the strategies Canadian police officers engaged in in the prevention of violence, and how community factors impact these strategies. Broadly, results indicated that police self-report that they are often engaging in risk assessment and risk management in their response to DV. While officers in this sample were also found to be engaging in safety planning strategies, it was at a lesser frequency compared to risk assessment and management. The majority of police officers (72.7%) indicated that they used a structured assessment tool to assess risk in DV occurrences. The use of a structured tool may increase engagement in risk assessment strategies for police. The most common tool identified was the Ontario Domestic Violence Assessment (ODARA; Hilton et al., 2010).

Findings from this study revealed substantial variability in the types of structured tools being used across provinces. Interestingly, several respondents identified structured tools that were outside the definition that would generally be accepted (i.e., community supports, risk factor checklist). This speaks to the potential confusion of not only the type of risk appraisal processes police are engaging in, but also how frontline professionals come to define overall their response to DV. However, the current study was unable to examine officer knowledge about DV and DV risk assessment due to the limitations of its design. Nevertheless, understanding police officers' perceptions of risk assessment are essential given that previous research has found that their view of risk assessment tools can shape how they deal with DV cases (Ballucci, Gill & Campbell, 2017). Accordingly, there remains a need for future research examining how police are utilizing risk

assessment more qualitatively to understand better the procedural aspects of responding to DV risk and how police define their role.

There are some limitations to the current study. Perhaps the most explicit limitations are around the sample utilized. While this study was part of a larger research project, the sample of police officers recruited was heavily based in Ontario. Therefore, the generalizability is challenging to draw across provinces in Canada. There are also concerns about bias in this study's sample of officers. The officers who participated were likely more interested, experienced, or knowledgeable about DV compared to 'average' officers.

Additionally, the specific motivation of the sample of police officers was not captured nor was their overall background, training, or experience with responding to DV occurrences. Though exploratory, this study also lacked information about the specific role a police officer played in DV occurrences and the nuanced details related to the assessment and management of risk for families experiencing DV. Further complicating the matter are differences in provincial policies and police standards. Overall, this lack of detail makes it challenging to conclude the current study's data, though it does provide direction for future research.

Despite the current study's limitations, it does begin to examine a crucial aspect to the public response to DV, which is the police response, which is something that continues to go under-examined. Overall, this study revealed that police officers are frequently utilizing structured tools to assess risk in DV occurrences as well as engage in risk management and safety planning strategies. However, it is not clear what precisely these strategies, processes, and protocols look like for police officers at the ground level. Additionally, despite providing definitions, it is speculated that there is a vast discrepancy in how police officers are qualifying their engagement of risk assessment, risk management, and safety planning strategies. This

concern continues to highlight the need to develop a deeper understanding of both the role of police as well as their actual actions in response to DV. This study found that police are frequently working with diverse populations. Although this study did not address this specific issue, it does become increasingly important to examine how police are considering the needs of diverse populations, including the risk posed to children (Jaffe et al., 2012).

Future considerations should include the examination of the appropriateness of formal risk assessment tools, particularly in the police response to DV. Indeed, the consistent use of valid risk assessments in policing has several important implications. Perhaps the most significant is that it encourages police to look methodically at cases of DV to determine the whole picture. There is a subsequent need for risk assessments be completed correctly and consistently to ensure police officers are gaining information that can allow them to make an informed decision about the risk present in DV incidents and inform prosecutors about important decisions about bail and release terms (e.g., no-contact orders). Furthermore, there is a need to evaluate how differences in specially trained police officers in DV (i.e., DV specialist) approached DV occurrences compared to those who are lacking specialized training (i.e., generalist). Critical, here, is determining if a more specialized unit positively impacts the reduction of DV occurrences as well as the quality of police assessment and intervention. Together, future research should examine the barriers to effective risk assessment in the context of police and DV regarding potential issues of training and resources. Future research should also examine how different models of policing (i.e., generalist versus specialist) impact the assessment and intervention in DV occurrences.

The value of information gained from risk assessments can have a tremendous impact on how DV is policed. Given the volume of DV incidents that police attend, small improvements in

how police respond will make a significant difference at an aggregate level (Kebbell, 2019). If the police could determine what families are at increased risk of escalating violence, what perpetrators are at a decreased risk of reoffending, and which may murder their partner if not stopped, then the police would be able to use their resources to the greatest effect (Ariza, Robinson, & Myhill, 2016). Given the evidence toward the validity of DV risk assessment in helping to differentiate DV cases that are associated with recidivism and homicides (Campbell, Webster & Glass, 2009), it is fair to ask the question about whether the presence of a risk assessment may aid in the prevention of homicides. However, future research is needed about how police officers are approaching the assessment of risk, the quality of their risk assessments, as well as the barriers toward effectively assessing risk and implementing their findings with the courts and community services. This research should also examine how audits are being completed across police services to ensure consistency toward the application of mandates better.

There is an overall acknowledgement that risk assessments are not an end in itself, but rather an ongoing process that informs appropriate strategies. Risk assessments are viewed as being the crucial initial step in the process of helping to identify appropriate supervision strategies, develop more effective safety plans for victims, and guide management as well as rehabilitative options for perpetrators. More recently, there has been a movement toward using risk assessment as a critical first step to inform collaboration with other services. Here, researchers have highlighted that a risk-informed collaborative intervention is an essential approach in the prevention of escalating DV through an increased coordinated systems response (Campbell, Webster, & Glass, 2009; Messing & Campbell, 2016; Ward-Lasher, Messing, & Hart, 2017). Indeed, system collaboration is critical to ensuring information sharing that is comprehensive and communicated to all stakeholders. Researchers have suggested developing a

common risk assessment tool to enhance communication of risk across systems (Stanley & Humphreys, 2014). Others have endorsed the utilization of high-risk case coordination protocols, whereby justice partners with other key stakeholders meet to discuss families identified as high risk (Department of Justice Canada, 2013). Examples of these teams emerged around the world including the Lethality Assessment Program (LAP) in the United States, the multi-agency risk assessment conferences (MARACs) in the United Kingdom, and the Interagency Case Assessment Teams (ICATs) in Canada. These programs show promise as collaborative approaches that more comprehensively address the needs for families experiencing DV, however further evaluation is warranted.

Given the evolution in policies and protocols for DV and police, it is not surprising that there has been an increased use of risk assessment by police officers. What was more surprising was the indication that police officers are also frequently engaging in other risk management and safety planning strategies. This is encouraging given the call for moving beyond focusing on simply administering risk assessments to utilizing the results to improve responses. The results in the current study show promise that risk assessment is not an end in itself for police officers in Canada. However, it is still early to draw conclusions, and there remains a great deal more that needs to be done to understand how police conduct risk assessment practices.



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Study Three: The Complexities of Domestic Violence Risk Assessment: Police Officers' Perspectives on the Challenges of Keeping Families safe from Domestic Violence

Abstract

Through interviews with (n=15) police officers, the present study examined police perspectives towards their role in domestic violence investigation, with a specific focus on assessing risk for families. Qualitative analyses indicated several challenges police officers face in responding to domestic violence including barriers at the systemic (i.e., lack of collaboration with justice/community partners), organizational (i.e., lack of resources), and officer (i.e., lack of awareness/training) levels. Moreover, participants highlighted the challenges in dealing with domestic violence calls presenting with complex factors for families (i.e., reluctance to work with police, addiction, and mental health, chronic violence). Overall, results continue to underscore a lack of understanding and training toward addressing domestic violence for families, including inconsistent approaches to assessing and managing risk posed to families. Conversely, qualitative results point to several promising practices that heavily involve collaboration between community and justice partners. Implications for future research and practice include further examination of the identified promising practices, a continued focus on developing training that addresses the risk posed to high-risk families, and further development of collaborative approaches toward the prevention and intervention of domestic violence.

*“When I was transferred into domestic violence, I had a very limited understanding of the complexities of domestic violence and, as a matter of fact, I had a very black and white view of domestic violence. So, I had this perception in my mind that it was fairly straight forward, that if there was a domestic violence incident, if somebody got assaulted, it was a very simple fix, right? We charged somebody, the relationship splits, and life goes on. So, my eyes have really sort of been opened to realize that it is extremely complex, that the people stay in relationships for reasoning that, elude, most of us, there are so many different factors that influence a person’s decision to stay in an abusive relationship, and when a person finally gets to the point of deciding whether they want to leave a relationship, it’s an extremely challenging, difficult decision for so many different reasons. So, I’ve come to appreciate complexities in domestic violence, in a different way, for sure”.*

### *Introduction*

Despite domestic violence (DV) not being a new phenomenon, it continues to remain a pervasive social problem. A revealing report published by the World Health Organization (WHO; 2013) found that DV affects approximately 30% of women worldwide, which places DV as the most prevalent type of violence experienced by women. In Canada, DV accounts for 27% of all reported violent crimes (Statistics Canada, 2016). In a recent survey of over two thousand Canadian DV survivors, 35.9% indicated that they had previously reported their experience to the police (Saxton et al., 2018). While these types of statistics are likely underestimates of the experience of violence, they do demonstrate that many victims of DV are encountering the police. For many of these families, police officers are often the first public agent to gain awareness of the violence and the first professional that has contact with the family. Police, therefore, play a vital role immediately to protect victims, but also over time as they may be the beginning point in referring victims and perpetrators for further services (Trujillo & Ross, 2008). As depicted by the quote at the beginning of this paper, DV is an area that might initially seem deceptively simple to police but is more challenging as they develop a more nuanced understanding of the dynamics involved. The current study explored police officers' perceptions of challenges, as well as promising practices, related to responding to DV occurrences. More specifically, the current study focused on the role police officers have in the effective assessment of risk in DV occurrences.

Police officers are the gatekeepers of the criminal justice system (Tasca, Rodriguez, Spohn, & Koss, 2012; Hamby, Weber, Grych, & Banyard, 2016; Saxton et al., 2018; Robinson & Chandek, 2000a; Russell & Light, 2006). For many families, the police may also be the entry point for further access to interventions and may be the first point of contact with a network of social institutions that can provide greater safety as well as support for families experiencing DV (Berkman, & Esserman, 2004). It is significant to recognize the vital role police play in the overall social response to DV. It is equally important to recognize that various factors affect the police response to DV.

Previous research has indicated factors like the level of specific training, knowledge and attitudes, organizational practices, federal and provincial policy as well as departmental and individual interpretation of standards can all play a role in how an officer responds to DV (Ballucci, Gill, & Campbell, 2017, Balenovich, Grossi, & Hughes, 2008; Saxton et al., 2018; Trujillo & Ross, 2008). These differences likely contribute to variability not only across police services around the world but also potentially within a country given the regional differences in legislation, policy, training, and actual police practice; this is further complicated given the existence of different levels of police services. In Canada, there are jurisdictional differences in police services based on geographical location and their related mandates. For instance, Ontario has Provincial (i.e., Ontario Provincial Police) and Federal Police (i.e., Royal Canadian Mounted Police), as well as several Indigenous and local (or Municipal) police services. While these police services function somewhat differently given the type of service they provide, they are duty-bound to follow provincial policies mandated for Ontario services and layout a minimum standard of practice.

*Police and Risk Assessment*

Research has demonstrated that police officers' perception of the immediacy of violence as well as the increased risk for future violence are critical factors in police decision making in DV situations (Campbell, Gill & Ballucci, 2017; Storey et al., 2014; Trujillo & Ross, 2008). Research has also shown that police perception of the risk for future violence predicted whether an officer engaged in some form of action to mitigate this risk (Trujillo & Ross 2008). A lack of an assessment has also been directly tied to more deficient risk management and intervention planning (Bonta & Andrews 2010; Hanson, 2009). A validated risk assessment, therefore, provides police officers with a tool that aids in not only recognizing risks posed to a family but also identifies the appropriate level of response, all of which are crucial aspects of keeping families safe.

Overall there is general acknowledgement that a risk assessment is not an end-in-itself. Instead, the outcomes of an assessment should provide a guide to safety planning and risk management strategies for DV victims, perpetrators, and families. Indeed, any risk assessment tool has significant limitations since it is challenging to predict rare events (Olszowy et al., 2013). Researchers have suggested that these tools may be more suitable in raising awareness about the level of risk to assist in screening cases for more intensive intervention (Olszowy et al., 2013). Assessing the level of risk can potentially be more helpful in informing decisions where there is an existing history/evidence of DV and aiding in providing appropriate referrals as well as the allocation of needs. Accordingly, using risk assessments to screen for high-risk cases has been increasingly used in front-line services (Humphreys, 2007).

Research has also demonstrated that the use of a risk assessment tool by police can affect the perceptions of victims who have experienced DV. For instance, Messing et al. (2015) found

that DV victims were more likely to make use of protective strategies and experience a reduction in DV when police officers had utilized a formal risk assessment. Key to this reduction was police identifying and prioritizing high-risk victims for a referral to a community resource for support and services (Messing et al., 2015). The identification of high-risk families is an important outcome of completing meaningful risk assessments, and one that has significant benefits. Indeed, research continues to highlight that the integration of police-generated risk appraisals with community services intended to reduce risk of violence holds promise for the overall reduction of DV (Campbell, Gill, & Ballucci, 2017).

#### *The Importance of System Collaborations*

Although there has been substantial progress in collaborative approaches when responding to DV, research also continues to identify barriers that hinder collaborative efforts (Department of Justice Canada, 2013; Stanley & Humphreys, 2014). Often these barriers have been attributed to concerns regarding information sharing and confidentiality (Kress et al., 2012; Stanley & Humphreys, 2014). These concerns are not unfounded since a failure to keep information secure can compromise the safety of victims and children who have left a violent household (Stanley & Humphreys, 2014). The question, however, of what information gets shared is also relevant in effectively assessing and responding to the risk of escalating violence (Stanley & Humphreys, 2014; Stanley et al., 2010). Research has found ongoing feedback loops between police and community service providers with little continuity in information sharing (Diemer, Humphreys, Laming, & Smith, 2013). On top of this, the lack of consistency was even observed when risk levels changed, with researchers finding that information was not being shared when perpetrators had failed to attend programmes, new incidents took place, or there were new child protection concerns (Diemer et al., 2013).

A lack of information sharing may arise for many reasons. Some have posited that it may be due in part to inter-professional differences in understanding and addressing DV, as well as a blurring of accountability inherent within a complex multiagency context (Peckover & Golding, 2017). Irrespective of these reasons, the failure to effectively communicate information related to risk, and coordinate services to the family, can be fatal (Jaffe et al., 2014); such a point is particularly valid for police responding to DV incidents. Overall the need for continued collaboration has consistently been identified as vital to ensuring a strong social message of intolerance toward DV as well as transcending the fragmentation of services and responding to a range of victim, perpetrator and family needs (Corcoran, Stephenson, Perryman, & Allen, 2001; Lewis et al., 2000; Shepard & Pence, 1999).

This current study is guided by both the Social Ecological Model (SEM) as well as the Coordinated Community Response framework (CCR). Broadly, for an intervention to effectively address the violence while ensuring the safety of victims and their children, there is a need to be responsive at several levels. The SEM provides a clear picture of the various factors that contribute to violence, and thereby identify key intervention points. However, to address the multitude of factors effectively, there is a need for collaboration and coordination of service providers. Before this collaboration can take place, there is a need to determine the risk of violence, what service is needed, how this service is delivered, and who is best to provide it. These questions are not only critical in the CCR model but also lay the foundation of a coordinated response to DV that utilizes multi-sectoral service providers. It is also here where police are uniquely positioned to immediately respond to families experiencing DV to ensure safety as well as assess future risk of harm. In determining the level of risk, police officers can

act as pivotal gatekeepers to pathways for those families at a high risk of an escalation of violence to access appropriate services.

It is critical that police officers recognize their role, correctly utilize their tools to assess the level of risk, as well as appropriately collaborate with other service providers to ensure the continued safety of families. The CCR also provides a valuable perspective, in that it recognizes the limitations that a single service provider has in addressing DV. Thus, police officers can only work so far as their role will allow; and it would be an unrealistic expectation for police officers to take on the responsibilities that other social service providers are designated to do - and do well. Nevertheless, given the need to address DV on multiple levels, as determined by SEM, police services play the vital role of law enforcement, but they also have a role in the broader system of response to DV. Unfortunately, little research has examined the complex issues surrounding police response to DV and their risk assessment practices. Part of the needed change is likely police adopting a more coordinated and collaborative response; one where police, along with other service providers, work together to address the factors that contribute to DV. In doing so, police are not only adapting to the needs of their communities but are also taking part in a more holistic response to DV – and one that is theoretically more effective.

### *The Current Study*

Currently, there is a scarcity of research examining police officer experiences and perceptions of the assessment of risk in DV occurrences. This study explored how police officers respond to DV occurrences. More specifically, this study examines the strategies that police officers use in terms of risk assessment and risk management of DV occurrences and the barriers that they face in completing these vital tasks. Likewise, this study explored police

officers' perceptions of the challenges they face in providing an effective response to DV, including difficulties related to collaboration, training, policy, and procedural implementation.

Two overarching questions were examined in the current study. The first focused on how police officers are engaging in risk assessment in DV occurrences; and the type of barriers that they perceived as interfering in their role. The second question focused on identifying recommendations for change in practices that police officers perceived as helpful in ensuring the safety of victims.

## Method

### *Overview*

This study was completed as part of the Canadian Domestic Homicide Prevention Initiative for Vulnerable Populations (CDHPI). The CDHPI is a national project focused on examining the unique risk factors, barriers to effective risk assessment, risk management, and safety planning, as well as strategies currently being used by frontline professionals. The goal of this project was to enhance collaboration through cross-sectional research. The current study was part of the second phase of the project, which focused on interviewing key informants to gain a deeper understanding of current practices in risk assessment and management as well as safety planning across fields. Interviews with police officers across Ontario were used for the current study. Ethics approval was provided by Western University's Research and Ethics Board (see Appendix A)

### *Participants*

Recruitment of participants was through phase one of the CDHPI project, which was a national survey of frontline professionals. All participants of phase one had the option to provide contact information for a more in-depth interview about their experience with responding to DV. Once informed consent was completed (see Appendix D), interviews were conducted by



graduate research assistants from around Canada, utilizing a semi-structured interview guide (see Appendix C).

### *Measure & Procedure*

The interview guide was developed by 13 co-investigators from across Canada across a variety of disciplines consulting with over 60 collaborators and partners in many sectors (for more information, see website: <http://cdhpi.ca/about-us/about-us>). The interview guide consisted of approximately 28 questions and allowed for further exploration of answers being provided by participants. Questions focused on risk assessment, risk management, safety planning, challenges working with vulnerable populations, as well as promising practices in DV response/intervention. Interviews were completed over the telephone and took approximately one hour to complete. All interviews were audio-recorded and transcribed, during which all identifying information was removed. Interview transcripts were securely stored on a password protected and encrypted computer at Western University's Centre for Research and Education on Violence against Women and Children.

### *Data Analysis*

All interviews were analyzed using thematic analysis with both a deductive and inductive approach at the semantic level (Braun & Clarke, 2006). This dual approach allowed the author to continue to draw from an established theoretical base while also being flexible in the analysis and interpretation of the current data (Joffe, 2012). Thematic analysis emerged through a multi-phase process. Initial analyses were completed through the reading and rereading of interview transcripts, field notes, and review of the literature. A provisional codebook was developed from these preliminary analyses, which was then presented and discussed within a lab consisting of a group of graduate students and a principal investigator for the CDHPI. This initial process

provided space the opportunity for the analytical exploration of evolving themes as well as the overall relevance and specificity of codes (Saldaña, 2011).

To determine the suitability of the provisional codebook three senior graduate students coded a trial sample of transcripts. Deliberations took place after each completed transcript focusing on the suitability of codes, related definitions, other emerging themes, as well as any discrepancies between coders. The resulting codebook was utilized to code all de-identified transcripts using qualitative software Dedoose (V.8.1.8). Consultations continued through the coding process with other qualitative researchers to ensure that the procedures, results, as well as interpretations of interview data was representative and appropriate. Codes were used to guide themes and subthemes in the results. Only high-frequency subthemes are presented in the results.

## Results

### *Sample Characteristics*

In total, 15 police officers participated in interviews for the current study. These officers came from a range of locations and police services across Ontario. Police officer rank also varied in the current study and included a range of junior (i.e., constable) up to higher-ranking officers (i.e., inspector). Of the total participants, 53% identified as male (n=8), and the average years of service with the police was 21.4 years. Over half (57.1%, n=9) indicated that they worked for regional police services, with the remaining 35.7% (n=6) working for the provincial police.

### *Research Question One: Barriers to Risk Assessment*

Several identified themes and subthemes emerged that were specific to each of the two research questions. In terms of research question one, which examined police perception of the barriers to effective risk assessment for DV, four overarching themes emerged related to

limitations and challenges at systemic (community and justice system), organizational (i.e., within the police service), individual (i.e., specific to officers and families; see Figure 6) levels.

*Individual Barriers.* Participants commented on barriers related to issues that occurred at a level related to individual differences and difficulties. Here participants discussed challenges related to officer qualities as well as complexities dealing with individuals (i.e., victims, perpetrators, families). A major theme to emerge was police officer inconsistency, whereby participants discussed variability in how individual officers approach assessing risk in DV incidents, for example, "... like any place of work some people do their job better than others, some people are more thorough than others." In speculating about why these differences exist between officers, one participant provided this candid response, "*Ambition. Some people are just lazy. There is a very simple answer to that question. Some people are lazy, some people are thorough and appreciate a job well done.*" Participants also highlighted a lack of training and awareness likely contributes to these types of officer variability:

*"... There was a lot of times where we actually had to re-educate people or bring people in because they just didn't get it. Variability would be - some people don't care. so even though we audit it, we still provided that educational piece like this is why, this is what you are looking for, this is why we are concerned, these are the things that you have to be mindful of"*

Additionally, participants identified challenges in working with the families who are experiencing violence. Many discussed the complex issues that these families are facing and how to appropriately assess and respond:

*"And, I think that's kind of the crux of the issue, when you deal with these types of situations. If a person has mental health issues and they are not taking their medication, who's going force them? Are you going to arrest them and put them back as a condition of mental health in jail? Which that's not – I don't think that's the stream they should be in."*

Figure 4. Barriers to Risk Assessment Themes and Subthemes



Other participants discussed challenges surrounding the multifaceted nature of domestic violence and victim's reluctance to work with police:

*"The ones that I find most troubling and they garner most of my attention are the ones where my victims are reluctant to get help, and we're stuck in a situation where we know a lot more is going on than is being reported and we can only do so much. I find that extremely frustrating."*

*Organizational Level Barriers.* Challenges related to the police service, and within the police organization, were also identified. Participants discussed barriers that emerged from how a specific police service interprets and implements provincial mandates and standards as well as related to the police role in response to DV. These issues were further compounded by some participants perceiving there to be limited resources available within their service for DV, which added to barriers to providing effective prevention and intervention strategies. For example, one participant questioned the sustainability of the role police have in assessing risk effectively:

*"I think the risk assessment in a policing environment more than a general environment, and I go back in the practicality matter, who's going pay for all these risk assessments...because they're very detailed and very long if they're done right. So, does that fall on the police mandate or is that more of a social issue that should be dealt with somewhere within the justice system, not necessarily with police"*

Other participants identified the role police officers have as law enforcement; for instance, this officer highlighted the limitation and space that police fill:

*"I think the thing to wrap our minds around is we are law enforcement. When I first started, I had this naïve anticipation of being a social worker and helping and I very quickly realized, no, you are law enforcement. So, that was a huge paradigm jump for me and that is kind of where we are coming from"*

Several participants highlighted confusion that developed from a gap between theory and practice. More specifically, some participants reported challenges around how a police service implements risk assessment protocols and procedures. For instance, one officer commented on the difference between having policies and procedures and the lack of a clear understanding of how these are implemented:

*"I mean we do have a policy and procedure that tells that we do these things for risk assessment and management for DV cases and for other things as well, but our policies and procedures really dictate what we do on a day to day basis largely. Not exclusively but largely they do. But they don't tell us necessarily - it won't say how thoroughly an assessment is to be completed or should be completed."*

*System Level Barriers.* Several participants identified challenges that arise from working within a complex system of community agencies and courts. They reported conflicts related to their position within a system as well as challenges that emerge due to the overall system being overburdened. Here, officers spoke to how community services are at capacity or unable to address the significant needs of families they are coming into contact with. Further complicating this for officers were experiences with the justice system being overloaded and inefficient leaving many officers recognizing the revolving door when intervening in DV situations and feeling ineffectual in their role. For instance, one participant commented on challenges related to a lack of appropriate or accessible resources to address accentuating issues:

*“The police are going over and over and over again, well we’re not solving the problem, right? Arresting whomever there to take them away and they get released and eventually go back and getting social agencies involved to go over and try to assist, because there’s other - there’s usually an underlying or main issue”*

These challenges were further complicated by confounding concerns that are present for these families. Participants highlighted the complexities of responding as well as addressing violence, addiction, and mental health concerns present for families. This complexity is exacerbated by a lack of available, accessible, and appropriate resources. An illustration of these challenges was provided by an officer working in a rural area:

*“...it is key to recognize that someone’s struggling or mental health or someone struggling in a domestic situation that the community gets involved and the system socially and get them the support they need. Now I have policed a lot in rural Ontario and there are certain locations where they’ll build support systems two hours away from where the community is, which makes no sense... So, and that’s even worse in some respects when we talk about domestic violence, and violence in general, because they’re isolated”*

Some participants also commented on the difficulties they had due to conflicts on how to deal with DV with other service providers. In part, these challenges related to differences in perspectives, mandates, roles, and abilities; all of which leads to contention between the various service providers which hinders appropriate actions:

*“... here community partners are saying, hey you know you are taking that power and control away from the women and she should have a say in whether to go forward with charges or not or whatever... it is a different side of things because when you look at power and control the victim or community groups are looking more at that and giving power back to the woman and the mother, whereas police are pretty much ready to say yes we are intervening because they need protection”*

Differences in system-level perspectives also impacted the type of tools and protocols used to assess risk in DV occurrences. For instance, one participant explained how they do not use a particular assessment tool due to a lack of system agreement and consistency:

*“I’m part of a domestic violence advisory committee which is basically a group made up of other police agencies, the crown attorney, victim services, victim witness, child and family services, a number of different agencies and we get together, and we discuss emerging trends... And the crown in our area says that unless every police agency under our jurisdiction is using ODARA<sup>2</sup> than none of them are going to use ODARA. So, we are not using ODARA right now”*

### *Research Question Two: Recommendations for Change*

In exploring promising practices identified by the participants, several themes emerged (see Figure 5). The most promising practice discussed by the majority of participants was the need for collaboration with other service providers. For most participants, collaboration was identified as a critical part of an effective response to DV. One participant also cogently identified the importance of collaboration in improving their service:

*“I think it’s the fact that we are developing more collaborations and working better with our community partners. And where we see gaps in services, we are looking to address those and how can we serve the needs of that population to address the risk factors and provide services and supports.”*

Many of the participants also recognized the limitations within their role as police officers. Subsequently, they identified the value added in collaborating with community services as a way to bridge resources and, thereby, offer a more holistic approach to addressing DV; one participant sums this vital working-relationship nicely:

*“I firmly believe that the work that we’re doing here, in partnership with community members is all important because the police can only do so much in domestic violence. And we have the good fortune of having victim services counsellors attached to our unit, right? And they do a lot of follow-up with our victims, but, really, when you look at the complex issues that many of these individuals face, and the identified risk factors that they might have in the relationship, it takes a whole army of individuals to work*

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<sup>2</sup> ODARA: Ontario Domestic Assault Risk Assessment (Hilton et al., 2004)

*through those situations, and it goes far beyond the resources the police can provide and it's certainly beyond our expertise"*

Similar to the above, participants in well-resourced DV units highlighted how working directly with community partners has been fundamental in creating space for more effective collaboration, for instance:

*"... I can't stress enough, we're all in the same building. So, if you know, a disclosure made through a follow up by one of the case workers, family and children services case workers, they can simply walk down the hall and talk to us or leave a message for the investigators here. So, there's that sharing that goes back and forth because we're here in the same building and on the same floor"*

There are also secondary benefits to working closely with community partners that extend past improved system response. For instance, one officer identified that developing a deeper understanding of the roles can be a vital step in moving past potential relational challenges:

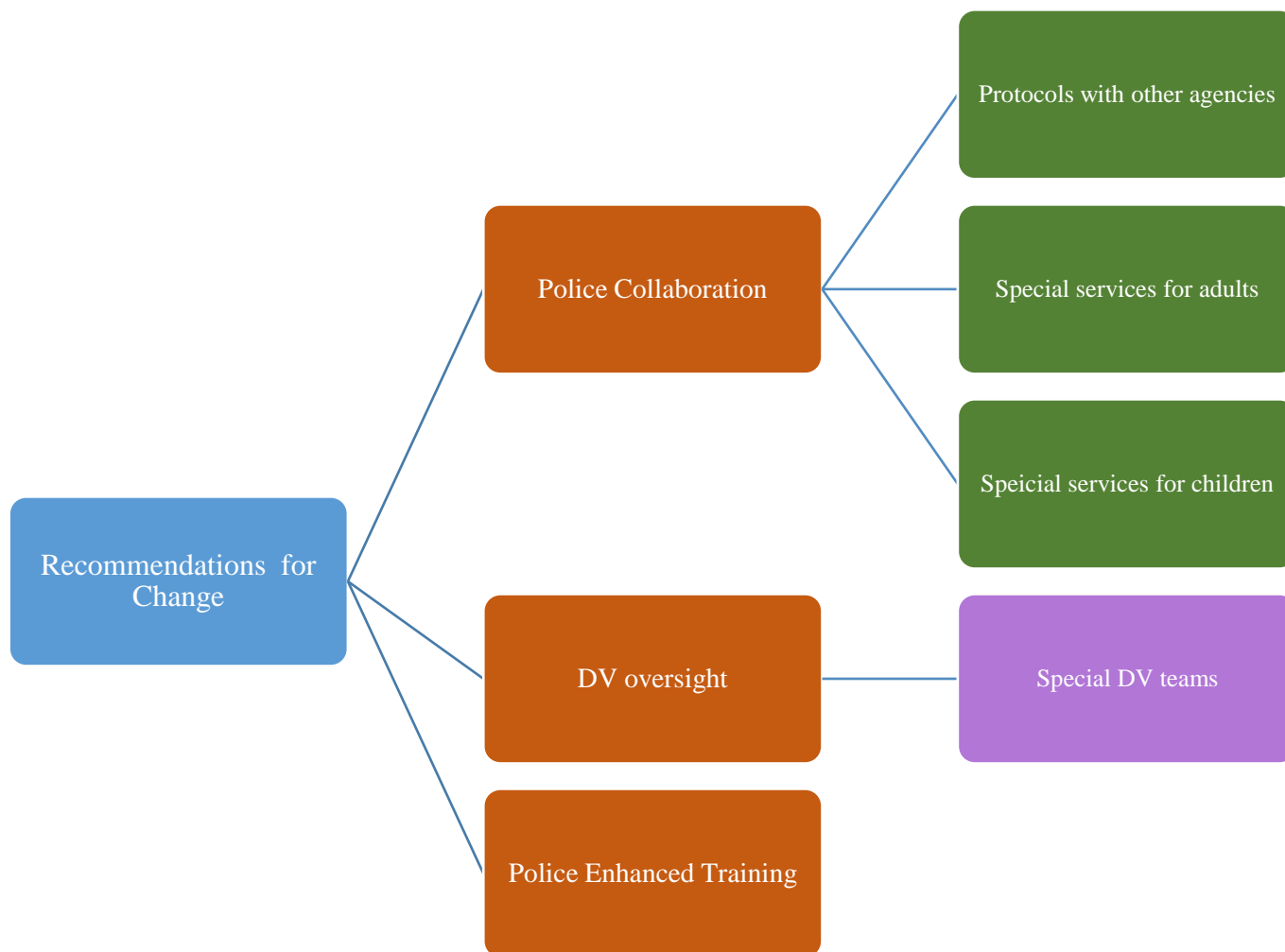
*"...I think that our expectations for [service provider] are different than their job and I think that their expectations for police are different than our job, and so I think a little bit of understanding goes a long way. I know for myself I personally go to great lengths to explain to them what our job is and most of them get it and some of them do the same for me... It really depends on the [service provider] you get to see how much buy-in you get.*

*Domestic Violence Oversight.* Another promising practice identified was the change in how services are reviewing their DV investigations. Some participants commented on the increase in oversight toward DV files to ensure risks have been identified. One officer highlighted the value this oversight had and the real-world consequences:

*"It is scrutinized more, at that level because you have real people with real risks and real potential of harm versus other investigations you might have for say involving stolen property or something. I mean there are report readers that always read reports to make sure things are done properly, but it's not to the same scrutiny as the domestic violence unit"*



Figure 5. Recommendations for Change Themes and Subthemes



*Enhanced Training.* Another theme that emerged was the importance of training on DV investigations. Many officers indicated that these types of training are common, though some reported that the amount of training and time required could be dependent on the service and the unit. However, one high-ranking participant with significant years of experience indicated how far DV training has come:

*“we have since come leaps and bounds, I mean because now we have a course that we run 3 times a year internally and we offer it to all the new investigators, whether they are going into a general detection office or a specialized domestic violence unit, we offer it to them, as well as our patrol sergeants. But we also have the leaps and bounds part is we have the benefit of technology now, so we have a lot of e-learning. So, for the front-line officers that are not going to get the opportunity to take the actual in class stuff, there is a certain course through our learning management system online”*

### Discussion

The current study explored the perspectives of Ontario police officers who are mandated to complete a formal risk assessment for DV occurrences. While most officers discussed the importance of risk assessments in their DV investigation, many also identified barriers in the police role in the assessment of risk. Likewise, many identified barriers related to system and organizational challenges; perhaps the most interesting emerged at the individual level. More specifically, officers themselves were highlighting challenges related to officer inconsistency. Results indicated some overarching themes. First, it became clear that barriers affect officers across systemic, organizational, and individual levels. On the other hand, another major theme that emerged was the invaluable outcomes of community relationships and collaboration. Here, police officers are clear on how collaboration was central to an effective response to DV.

While inconsistency has been found elsewhere in the overall response to DV as perceived by victims (Fleury, 2002; Stephens & Sinden 2000; Saxton et al., 2018), to the author's knowledge, this is the first study that has found Canadian police officer's themselves identifying inconsistency in DV assessment and response within their services. Inconsistency in the assessment of risk is worrisome for many reasons. For one, research has demonstrated that police officers encounter some of the highest risk DV cases. Research has demonstrated that cases involving police are more likely to involve the use of a weapon, experience physical injury, and/or victims feared for their lives (Bachman & Coker, 1995; Barrett et al., 2011; Davies, Block, & Campbell, 2007; Felson, Messner, Hoskin, & Deane, 2002; Lee, Park, & Lightfoot, 2010). Thus, DV victims coming into contact with the police are often in need of immediate protection as well as an assessment of future risk, both of which further stress the crucial role

police play in addressing DV. If the police, however, are inconsistently completing quality risk assessments, this leads to several worrisome implications.

Perhaps the most worrisome implication of inconsistency in police risk assessment is the notion that this could potentially lead to overlooking the risk of future violence. The cost of this risk going unnoticed has the potential to be lethal, given that DV can progress to a homicide. Indeed, previous research on domestic homicides has highlighted that the presence of common risk factors indicates the increased likelihood of lethal violence in an intimate partnership (Campbell et al., 2003; Dawson et al., 2017, Ontario DVDRC, 2017). The Ontario Domestic Violence Death Review Committee has found that 71% of all the cases reviewed had seven or more known risk factors present before homicides occurring (Ontario DVDRC, 2017; Dawson et al., 2017). It, therefore, becomes vital that police officers are effectively assessing the risk. If there is inconsistency in how this is completed, then theoretically there is an increasing probability of families falling through gaps – a potentially fatal mistake.

One promising practice that may significantly reduce inconsistency in police practice is use of oversight. Monitoring performance is likely a crucial aspect in ensuring the effective use of DV risk assessment in policing. While there is a scarcity of research on this issue, one of the few studies found that British police officers were inconsistent in their rating of risk even when using a risk assessment tool. Furthermore, a third of these officers amended their risk assessment once reminded of the National guidelines of risk assessment; highlighting not only how malleable outside influence can be but also how oversight can influence the completion of risk assessments done by police (Sebire & Barling, 2016). The importance of oversight was echoed in the current study, which found police officers emphasizing how oversight provided through

specialized DV units was a valuable resource that ensured more consistent application of their DV policies, protocols, and procedures.

Given the provincial mandates toward the police response to DV, the existence of police level inconsistency is something that theoretically should have been minimal due to police standards set in Ontario. However, the current results suggest that this is not the case, particularly when assessing risk. This inconsistency could be due to several reasons. In the current study, participants identified a lack of training, lack of awareness, and overall human error. Training was continuously highlighted by officers in the current study as not only a promising practice in developing police awareness and the ability to investigate DV occurrences effectively but also as a contributing factor in inconsistency between officers. This finding was also consistent with previous research examining police officer perspectives about risk assessment. More specifically, Campbell, Gill, and Ballucci (2018) found that when police officers are asked directly about risk assessment the majority of sampled Canadian police officers said they would administer and use a risk assessment tool if trained. These researchers also found that officers who were least supportive of risk assessments were more likely to be younger and inexperienced. Presumably, officers who lack experience are most likely in need of training. Without training and oversight, these officers likely are at higher risk of inconsistency.

Training and risk assessment go hand-and-hand. Previous research has demonstrated the importance of providing training to officers at all levels to better inform them of their roles and responsibilities (Campbell, Gill, & Ballucci, 2018). Providing specific training on DV risk assessment has the added benefit of increasing police officer awareness and understanding of DV and the complexities that families may present. Many of the risk factors included in risk assessments aid in the officer's recognition of behaviours that increase the risk of DV escalating

to homicide. Previous research has highlighted training and for officers to look beyond a discrete incident by incorporating awareness of risk throughout a relationship that may aid in developing a better understanding of DV as a constellation of violent behaviours (Messing, & Campbell, 2016). This point cannot be overstated given that some of the risk factors present in risk assessments, such as strangulation, are also risk factors for homicide as well as indicators of coercive control (Glass et al. 2008; Messing, & Campbell, 2016; Thomas, Joshi, Sorenson, 2014).

Given that we know that common risk factors are present in a majority of DV homicides, police need to be aware of the constellation of factors to ensure the safety of victims and engage in appropriate risk management strategies. Unfortunately, previous research has found that police officers may need ongoing training specific to DV (Eigenberg et al., 2012; Ward-Lasher, Messing & Hart, 2017). The lack for training was identified in the current study as a contributing factor in police level inconsistency in assessing risk in DV cases but also in terms of a promising practice.

It is important to note that risk assessments are not an end in themselves, nor do risk assessments alone prevent negative outcomes. Rather, risk assessments aid in identifying cases of highest risk and the appropriate responses. The interventions that follow an assessment provide the opportunity to reduce risk, future violence, and homicide (Messing & Campbell, 2016). Police are in a unique position as they have direct contact with victims and perpetrators, and thereby, are allowed to gather information about risk factors that others would be unable to obtain. The immediacy of the police response cannot be overstated as it places officers in an instrumental position given the research demonstrating the best time to gather information is likely immediately after a violent incident (Curnow, 1997). Police, therefore, are in a critical

position to both determine the risk posed to families and also take action; however, it is also equally important to recognize that the response to DV does not fall onto a single service provider or justice agent.

DV is a unique request for service that police officers routinely face. Intervention requires officers to assume a legal role in laying charges leading to crown decisions on prosecution and at the same time a social service role to aid in victim and child safety (Balenovich, Grossi, & Hughes, 2008). Recently there has been a movement toward using risk assessment as a critical first step to inform collaboration with other services, in other words, utilizing a risk-informed collaborative intervention as a way to prevent the escalation of DV through an increased coordinated systems response (Campbell, Webster, & Glass, 2009; Messing & Campbell, 2016; Ward-Lasher, Messing, & Hart, 2017). Likewise, risk-informed collaborative interventions use risk assessments to identify cases at high risk of homicide, offer targeted and appropriate social services to DV victims, and can provide more meaningful risk management strategies to address perpetrators (Messing & Campbell, 2016). The police, therefore, are an essential first step toward addressing violence, assessing the risk, and aiding in providing a path for victims to access support.

Here again, training becomes vital as a vehicle to promote services, including police, to move from isolated to integrated functioning. Not only does training provide a conceptual understanding of the networks of DV services that can help victims and their families but also a description of the specific steps necessary in making connections (Russell & Light, 2006). It is vital that police officers complete the training in order to understand, recognize and respond to the risk posed to families living with DV as well as the vital services that could save lives, and

the steps to accessing them. What remains clear is that working in silos is not an adequate response to DV and has likely contributed to the lives lost to domestic homicides.

#### *Limitations & Future research*

The present study has several limitations. The sample in the current study was police officers in Ontario, which decreased the generalizability of the results in other jurisdictions. However, using a sample of police from the same province limited the complexities introduced (i.e., differences in provincial mandates, standards, and jurisdictional practices) by examining police services from across Canada. Conversely, it is also important to acknowledge that participants in the current study were volunteers. Therefore, the police officers interviewed may not be the best representation of police officers across Ontario, and there may be some bias introduced by their willingness to be a part of this study. Nonetheless, the interviews provided a variety of knowledge and experience offered by the police officers and an apparent concern about gaps in service and training.

Further research should examine what contributes more directly to police level inconsistency. While the current study highlighted a lack of training and awareness as factors contributing to inconsistency, there are probably other aspects like the quality/form of training, police attitudes, and other potential factors that exist. Indeed, factors like gender, ethnicity and sexual orientation have all previously been found to impact police officer attitudes and responses to DV (Felson, Messner, Hoskin, & Deane, 2002; McPhedran, Gover, & Mazerolle, 2017; Saxton et al., 2018). It would be ideal to examine what factors contribute to the inconsistent police response from the police perspective within the context of DV. Given the volume of DV calls for service and the overall risk posed to many families, it becomes fundamental that police are consistently assessing and addressing risks. Likewise, it would be essential for future

research to examine how oversight is being implemented within police services and how this oversight is related to an effective coordinated response to DV. Further research is also needed to examine police officer relationships with researchers and the reluctance to share due to police loyalty, particularly in today's culture where police are highly scrutinized publicly.

### *Conclusion*

Police officers are critical frontline responders to DV. The police play a central role in supporting victims and families. Police action, both in terms of immediate response, assessment of risk and also as a gateway to other social and justice services, have the potential to impact the lives of DV victims for better, or for worse. When effective, they can have a vital role in mitigating the risk posed to victims and their children, and accountability for the perpetrator; when ineffective, they can do significant harm. This study found that police officers themselves are identifying inconsistencies in how officers are assessing risk – something that should not be found given the clear provincial mandates where the study was completed. Interviewees offered many suggestions on how to improve current police practices. This result highlights the need for continued training and development of police services in responding to DV and collaborating with other community service providers.



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Study Four: Barrier to Police Addressing Child Risk in Domestic Violence Occurrences: “What about the Kids?”

Abstract

There is increasing recognition that children are harmed by exposure to domestic violence and may become homicide victims themselves. A critical role of police in responding to domestic violence is assessing risk for future violence and preventing homicides. Training and procedural guidelines for assessment and intervention are often focused on adult victims, and children tend to be overlooked. This qualitative study examined Ontario police officers' views on the barriers to enhancing responses to children. Interviews with police officers (n =15) were used to explore police officers' experiences addressing the needs of families experiencing DV. A dual deductive/inductive approach to a thematic analysis at the semantic level was undertaken (Braun & Clarke, 2006) to explore themes. The major themes from the interviews centered on the lack of training, which would improve officer consistency and comfort in dealing with children and the distrust of many families to mandated agencies like police and child protection. The implications for improved practice are discussed.

*Introduction*

Police play a critical role in responding to domestic violence. Traditionally, adult victims and perpetrators have been a primary focus of police intervention. More recently, the focus has expanded to ask about the services that children need as victims to exposure to domestic violence (DV) and potential domestic homicides. This study examines police officers' views on the barriers and promising practices for children at the scene of DV occurrences. In addressing these complex issues, the author begins with emerging research on child exposure to DV and domestic homicide before turning to current research on the role of police in this area.

*Children and Domestic Violence*

Exposure to DV is one of the most frequent forms of child maltreatment in Canada with approximately 35% of substantiated maltreatment cases related to DV each year (Trocmé, Fallon, MacLaurin, & Sinha, 2010). Numerous studies have shown that children are present in at least half of reported DV incidents (Gewirtz & Edleson, 2007; Fantuzzo & Fusco, 2007; Burton, 2000). Like other forms of child maltreatment, infants and toddlers are disproportionately at risk for exposure to domestic violence. For instance, a Canadian study examining substantiated maltreatment investigations found that approximately 25% of children investigated for direct exposure to DV were between one and three years of age; a further 10% under the age of one year (Trocmé et al., 2010). The exposure to this violence has negative impacts on children, and indeed, there has been a recognition that children experience this violence with all their senses (Øverlien & Hydén 2009).

Over the last few decades, research has repeatedly found that living with DV can significantly impact children's development and wellbeing. Broadly, prior research has shown that children exposed to DV may experience difficulties with their emotional, psychological,



cognitive, social and behavioural development (Alisic, Krishna, Groot, & Frederick, 2015; Holt, et al., 2008; Jaffe, Wolfe & Campbell, 2011; Kitzmann, et al., 2003). For instance, children who grow up in violent households have been found to be at a higher risk for developing mental health difficulties (Bogat et al., 2006; Meltzer et al., 2009; Peltonen et al., 2010; Holt et al. 2008), physical health difficulties (Bair-Merritt, Blackstone, & Feudtner, 2006), learning challenges (Byrne & Taylor, 2007; Koenen et al., 2003), and interpersonal difficulties in their own social and intimate relationships (Black, Sussman, & Unger, 2010; Ehrensaft et al., 2003). Researchers have come to recognize that witnessing DV may be as impactful as being physically abused in terms of the potential adverse outcomes for children (Kitzmann et al., 2003; Moylan et al., 2010; Sousa et al., 2011).

The recognition that DV directly impacts children has many significant implications. For one, this perspective aids in enabling children to be seen as in need of services provided to support families affected by DV (Callaghan, Alexander, Sixsmith, & Fellin, 2016). Mullender et al. (2002) noted the importance of recognizing children as directly affected by DV and letting them be active participants in DV services. Providing space for children to be taken seriously and listened to allows for them to be actively involved in developing solutions and having a voice in decision-making; this includes police responding to children. Overall, the clinical and research literature acknowledges the need to move away from understanding children's experience of DV as being passive witnesses to a more complex understanding; one where there is a recognition that children are both victims and active participants in DV situations and child engagement can be vital in fostering wellbeing (Callaghan et al., 2016; Mullender et al., 2002; Øverlien, 2011).

*Children Killed in the Context of Domestic Violence*

While child homicides may occur in a variety of contexts, children killed by a parent or parent's intimate partner often takes place within a history of DV (Bourget, Grace, & Whitehurst, 2007; Jaffe et al., 2014; O'Hagan, 2014). Researchers have not been consistent in considering children as victims of domestic homicide. Some studies consider them collateral victims, while other studies define them as primary targets of the homicide (Fairbairn, Jaffe, & Dawson, 2017). Unless there is a thorough examination of the homicide, the context of a history of domestic violence may not be clear. There is also recognition of the overlap between adult and child victims of domestic homicide, particularly in terms of the risk factors associated with the increased likelihood of domestic homicide. Though one potential background difference that seems to emerge when a child is killed in the context of DV is the multiple points of service contact the family had before the occurrence of death (Hamilton et al., 2013; Websdale, 1999). Indeed, researchers have also pointed out that given a large number of agencies often involved with these families there likely were several opportunities to provide interventions that may help mitigate the violence (Jaffe et al., 2014).

*Police and Children Living with Domestic Violence*

There is a limited amount of empirical research that has examined how police officers interact with children during DV incidents, and even less so on police assessments with children. The little research available suggests that the police have somewhat limited interactions with children during DV incidents (Richardson-Foster et al., 2012). Research from the United Kingdom suggests that police officers may view children as observers on the sidelines rather than primary or secondary victims of DV that has occurred in their home (Richardson-Foster et

al., 2012). Unfortunately, there remains an absence of Canadian research that directly examines police interactions with children during DV investigations.

Previous research demonstrates that there are benefits to speaking with children living in a home where violence is occurring. For instance, police involvement with children has been shown to increase victim satisfaction with police and the likelihood of contacting the police in the future (Richardson-Foster et al., 2012). Additionally, police-child interactions seem to improve the information being gathered, thereby aiding in the assessment of risk as well as potentially strengthening the evidence available to the prosecution of DV perpetrators (Richardson-Foster et al., 2012). This point is of particular importance given the evidence from other studies that suggest children living in a home with DV are aware of coercive control taking place in the family, are affected by these controlling dynamics, and continually attempt to make sense of these experiences (Callaghan et al., 2016). Therefore, children are likely a vital source of information about the occurrence of violence and the potential future risk if the violence continues unaddressed.

#### *Collaboration of Police and Child Protective Services*

DV reports involving children often initiate a multi-systems response from a variety of social agents, including law enforcement, child protection services, the courts, and violence against women sectors. Overall, the majority of professionals working in these different sectors recognize the importance of communication and collaboration when it comes to identifying and responding to risk in DV cases (Cooley & Frazer, 2006; Coulter & Mercado-Crespo, 2015; Cross, Matthews, Tonmyr, Scott & Ouimet, 2012; Shlonsky & Friend, 2007). Given the evidence that the presence of children often doubles the number of agencies involved with a family, there

is an even greater need for inter-professional collaboration in assessing and addressing the needs of families when children are living in homes with DV (Hamilton et al., 2013).

Prior research points to the value of having a well-developed system for the police and child protective services (CPS) to communicate information and coordinate responses to families experiencing DV (Stanley et al., 2011). Evidence points to the arrival of police officers at DV incidents as the first moment when family violence is often exposed to public agencies (Stanley et al., 2011). It is, therefore, also the first opportunity for public services to identify a need and activate the process of delivering interventions that can support and protect families experiencing DV. While it is essential to acknowledge the limitations of the role police officers have in DV situations where children are present; it is equally important to recognize how police services can effectively coordinate and collaborate with child protective services who have more ability to engage families and children in vital services. Such a point is of particular importance given the overlap between child maltreatment, DV, and children killed in an apparent domestic homicide; with research finding approximately 20% of child homicide cases involving a combination of child abuse and DV in the home (Websdale, 1999). Therefore, police officers likely need to be cognizant of the dynamics that are present in DV incidents involving children and be able to effectively relay information to child protective services in a meaningful and useful manner.

Unfortunately, some research suggests that there is a level of inconsistency on the amount of standard information conveyed to child protective services in police notifications. For instance, Stanley et al.'s (2010) review of notification forms sent from the police to child protective services found discrepancies in 40% of police notifications when matched against social services workers records. Moreover, in their qualitative study Stanley et al., (2010) found that while social service workers described these discrepancies as creating additional work for

them, their most substantial criticism concerning the inconsistency in the information provided by the police was the overall lack of detail conveyed regarding children's experiences with DV incidents. These authors suggest that the lack of detailed information concerning children's involvement in DV incidents appeared to reflect police officers' limited levels of engagement with children at the scene of an incident (Stanley et al., 2010; Stanley et al., 2011). Stanley et al.'s (2010) study also highlight the potential for missed opportunities to protect children in DV incidents early on; as police may not be providing child protective services with vital information which would trigger a response that could potentially save a child's life. Likewise, while police may be aware of the factors that meet the threshold to report to CPS, research has found that police officers are least likely, compared to other professionals working with cases of DV and child maltreatment, to identify and report indicators of DV (Spath, 2003). Accordingly, the identification of risks faced by children is critical when reporting to child protection services (Baker, Jaffe, Berkowitz & Berkman, 2002).

#### *Police and the Assessment of Risk for Children*

There is growing evidence toward the potential role the police can have in the initial assessment of risk and intervention for children living with DV (Baker et al., 2002; Stanley et al., 2010; Richardson-Foster et al., 2012). Conversely, there is also evidence that police may have limited training and competency in addressing the impact of exposure to DV on children (Richardson-Foster et al., 2012). Also, there is an indication that police officers themselves believe they lack the appropriate resources to engage effectively with children during DV incidents, and some even perceive this engagement as going beyond their role (Richardson-Foster et al., 2012). While there is no clear indication as to why some police officers feel unprepared or unwilling to engage with children it may be connected to an expectation in many

DV cases that protection of the children is the mother's responsibility, and further inquiry into the children's risk of harm is often overshadowed by the concerns for the mother's safety (Brandon et al., 2012; Jaffe et al., 2014). Unfortunately, this lack of clarity toward police approaches is mostly due to there being a limited amount of research which explicitly examines how police address DV incidents when children are present.

What literature does indicate is that opportunities for risk assessment as well as risk management are not being utilized regularly by police; which is contrary to the recommendations of many DV death review committees across North America (Jaffe et al. 2012; Hamilton et al., 2013). Hamby et al. (2015) found that despite several child-focused "best law enforcement practices" that included assessing whether child exposed to DV needed service, findings from a nationally representative sample of United States police suggest that these practices are inconsistently implemented. Consequently, while there is a clear recognition of the need to address child safety and risk of future violence in DV investigations, it also appears that the police are not doing this consistently.

In Canada, completing a risk assessment using a structured tool is a requirement for most police services when attending a DV call (Baker et al., 2002). However, often, these tools focused on the risks to victims rather than the children. It is also not clear the extent to which police services across provinces, as well as municipalities, are regularly utilizing assessment tools to examine the risk of violence for children in DV incidents. Additionally, Canadian police officers are required to report any suspicion of child maltreatment or abuse to appropriate authorities (i.e., child protective services). As such, identifying risks children face is likely critical when recognizing and reporting to child protection services. The police, then, need to be aware of the factors that meet the threshold to report to child protection services, particularly in

DV cases. However, previous research has suggested that police officers are the least likely, compared to other professionals working with cases of DV and child maltreatment, to identify and report indicators of DV (Spath, 2003). Again, more research is required to examine why police are less likely to recognize and report DV indicators to child protective services, but it may be due to perceptions toward their role and responsibilities, whom they are responding to during a DV incident, as well as their overall knowledge of DV's impact on families. The current study examines this exact issue. More specifically, the present study ventured to explore how police officers themselves come to perceive risk posed to children in DV occurrences and how this relates to their response, ensuring the safety of families.

Guiding this study is the Exposure Reduction and Retaliation Effect theory (Dugan, Nagin & Rosenfeld, 2003), which posits that exposure reducing mechanisms (i.e., the arrest of perpetrators, separation) can also increase the likelihood of domestic homicide. More specifically, that a high level of exposure reduction may generate strain within a relationship, whereby retaliatory violence occurs as a means to gain control back (Dugan et al., 2003; Reckdenwald & Parker, 2008). What is critical in this theory is that slight or unmet exposure reduction (i.e., arrest without safety planning or risk management strategies) in severely violent relationships can be worse than the status-quo (Dugan et al., 2003). This point becomes significantly more complicated with the addition of children, because now not only is it necessary to recognize and respond to the needs of the victim, but it also identifies the children's needs and how these may impact the overall level of risk. The addition of children also means that a victim and perpetrator are deeply connected, and separation becomes inexplicitly more complex. As a consequence, researchers have suggested that enhanced attention to the assessment of risk, victim safety, as well as risk management is critical in responding to families

living with DV (Dawson, 2010; Dugan et al., 2003). Ultimately, a response that is not based on a measure and understanding of the ongoing risks a family face will likely not effectively address those specific risks.

## Method

### *Overview*

The present study was part of a larger project: the Canadian Domestic Homicide Prevention Initiative for Vulnerable Populations (CDHPI). The CDHPI was created to gain a deeper understanding of potentially unique risk factors, barriers to effective risk assessment, risk management, and safety planning, as well as strategies used by professionals. The overarching goal of this initiative was to enhance collaboration through cross-sectional research. Key informants were identified and recruited through an online survey, which was distributed across Canada and was promoted through CDHPI's partners and collaborators. These partners were from a wide range of academic, frontline, justice, Indigenous and cultural services, and VAW sectors and settings from across Canada. Respondents from phase one (i.e., national survey) were provided the option to complete a semi-structured interview (phase two) that focused on risk assessment, risk management, and safety planning strategies in the context of their work. Selected interviews were used for the current study.

### *Participants*

Participants were recruited through phase one of CDHPI project, which was a national survey of frontline professionals. All participants of phase one were provided the option to have further contact for an in-depth interview about their experience with responding to DV. Once informed consent was completed interviews were conducted by graduate research assistants utilizing a structured interview guide.



*Measure & Procedure*

The interview guide was developed by academics in the field of DV with consultation from frontline professionals working across several sectors. The interview guide consisted of approximately 28 questions and allowed for further exploration of answers being provided by participants. Questions focused on risk assessment, risk management, safety planning, challenges working with vulnerable populations (including children), as well as promising practices in DV response/intervention (see Appendix C). Interviews were completed over the telephone and took approximately one hour to complete. All interviews were audio-recorded and transcribed, during which all identifying information was removed. Interviews transcripts were securely stored on a password protected computer at Western University's Centre for Research and Education on Violence against Women and Children.

*Data analysis*

In the present study, each interview was audiotaped and transcribed verbatim. Preliminary analysis of the transcripts and field notes were completed (Grbich, 2012; Liamputtong, 2009). A dual deductive/inductive approach to a thematic analysis at the semantic level was undertaken (Braun & Clarke, 2006). A dual approach allowed the author to continue to draw from an established theoretical base while also being flexible in the analysis and interpretation of the current data (Joffe, 2012). The thematic analysis also "provides a rich and detailed, yet complex, account of the data" (Vaismoradi, Turunen, & Bondas, 2013, p. 400), particularly when focused on layers of context within interviews while trying to identify underlying themes (Saldaña, 2011). Thematic analysis transpired through a multi-phase process. Initial analyses were completed through the reading interview transcripts, field notes, and reviewing the literature. From these preliminary analyses, a provisional codebook emerged.

These initial codes were presented and discussed within a lab consisting of a group of graduate students and a Principal Investigator for the CDHPI. Initial processing, including discussions, enhanced analytical exploration of emerging themes as well as the overall relevance and specificity of codes (Saldaña, 2011).

The next phase was applying the provisional codebook to a sample of transcripts by three senior graduate students (including the author). These coding trials provided space to determine the suitability and reliability of the provisional codebook. After each coded transcript, a discussion between graduate students took place and focused on the suitability of codes, related definitions, other emerging themes, as well as any discrepancies between coders. The resulting codebook was utilized to code all transcripts. Additionally, consultations with other qualitative researchers continued during the final coding of transcripts to safeguard that the procedures, results, as well as interpretations of interview data were representative and appropriate. All de-identified transcripts were uploaded, coded, and analyzed using Dedoose (V.8.1.8), a qualitative software. The author then completed the initial cycle of coding utilizing a blend of descriptive and sub-coding to aid in the categorization of the data (Saldaña, 2013). Any sub-codes that appeared infrequently were removed from the results.

## Results

### *Sample Characteristics*

In total, 15 police officers participated in interviews for the current study. These officers were located across Ontario and held various positions within their service. Officer ranks included a range of junior (i.e., constable) up to higher-ranking officers (i.e., inspector). Of the total participants, 47% identified as female (n=7), and the average years of service with the police forces was 21.4 years. Over half (57.1%, n=9) indicated that they worked for regional police service, with the remaining 35.7% (n=6) working for the provincial police.

*Challenges Arising in Cases Involving Children*

Three major themes emerged when exploring barriers to the police response to children in DV occurrences (see Figure 6). The first relates to challenges surrounding differences in police officer experience and capacity addressing the needs of children. The second was related to challenges due to officer implementation of procedures and protocols specific to children. The third are issues related to complications that arise from family complexities (i.e., reluctance to work with police, mistrust of the police, the social, or justice system).

*Officer Differences.* Some participants indicated inconsistency in how officers address children in DV occurrences. In part, participants commented that this variability could relate to a lack of awareness and training toward the impact DV has on children and their wellbeing. Variability was identified related to officer discomfort around working with children in the context of completing a DV investigation. For instance, one participant indicated a general lack of awareness and education regarding the impact DV has on children:

*“Officers need to realize that kids are at risk first of all. I think that they are probably getting educated that there are a lot of harmful effects of witnessing DV... But I think the challenges are getting officers to understand that”*

One participant highlighted that inconsistencies in police response to children was due primarily on the lack of specific training:

*“I don't think it's an intentional thing on the officer's part. A large part of it is training. At this point, there's not a course dealing specifically with interviewing children, and I'm sure you know, it's a whole other set of skills interviewing children versus interviewing an adult. That right now is a gap. We've been working on that.”*

Exploring the barriers officers face addressing concerns for children in DV situations, one officer said succinctly, *“not feeling comfortable speaking to children and the lack of training.”* Another participant indicated that there is a need for more funding to train officers to be comfortable taking a trauma-informed approach to interviewing children:

*"I would say that I think we need more funding available for officers to do child interviewing. We have a little bit of training, but I think we need more guidance, more training to help us interview children and, you know, forensic interviewing of children, trauma-based, trauma-informed training where children are involved. I think we have a little bit, but I think we need a lot more to be able to help them"*

Discomfort working with children was echoed throughout the participant group, with many identifying this discomfort as directly related to an officer speaking with children, for instance, *"I think a lot of officers don't feel comfortable interviewing children, they don't know what to do. So if you don't know what to do or feel uncomfortable or nervous, you just don't do it."* Many related this discomfort to concerns over the investigation process and again relating this to a lack of training:

*"some officer may not have that to where they can speak to children or if it's a really young child not every officer is going to be able to speak to them appropriately. There's a way of asking questions and you can't ask leading questions obviously because sometimes children will tend to say yes or no, so without that training and knowledge of how to ask the questions, it might provide some false information".*

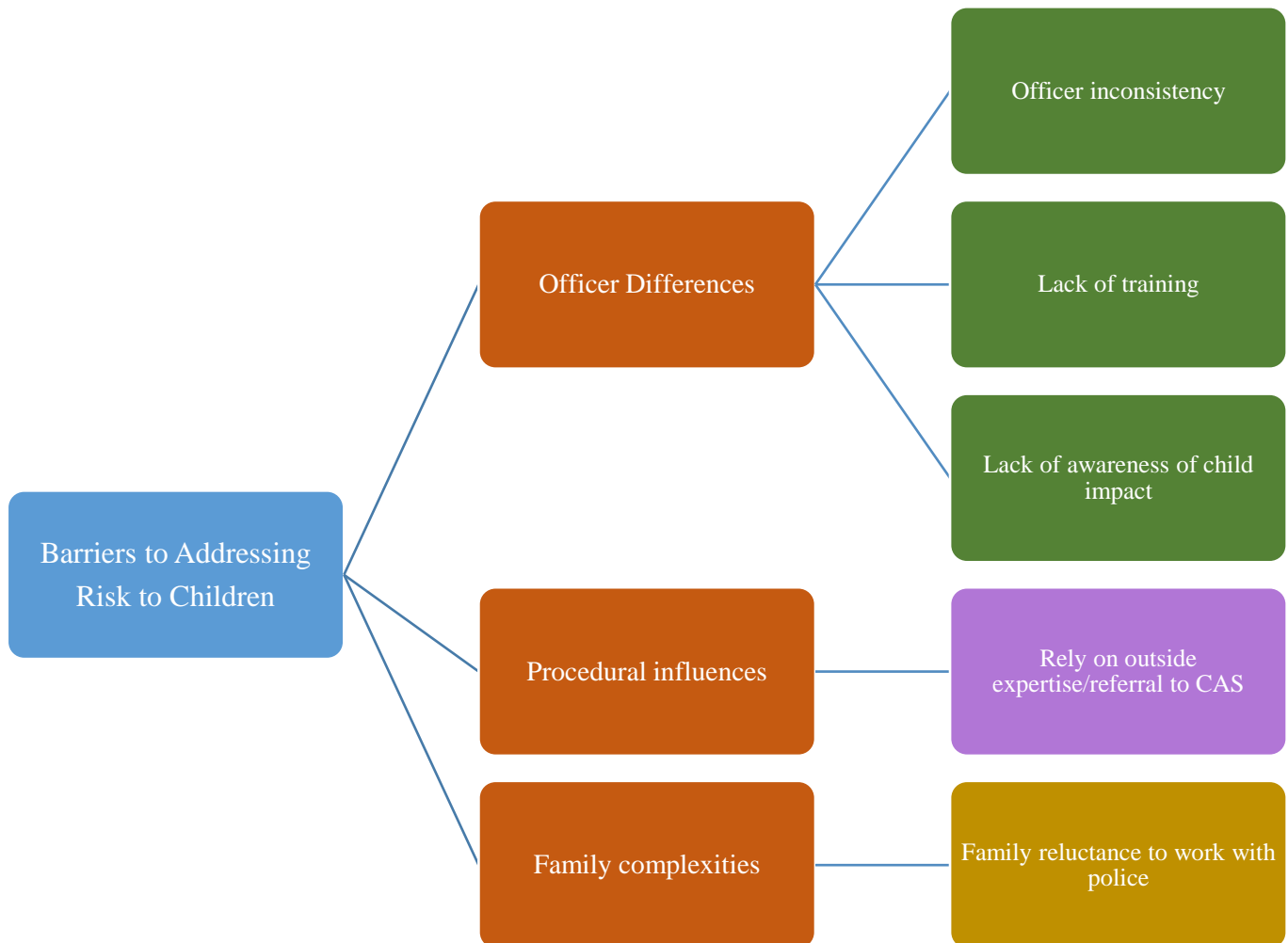
Overall many officers acknowledged the complexity that the presence of children adds to DV investigations. Many identified the challenging role they have when speaking with children as well as what children are asked to do during a DV investigation; one officer sums these complexities and the need for vital training/resources astutely:

*"Children are always difficult. Again, it takes a properly trained individual to take the time necessary to get the information necessary out of children because you know, you're asking them to say bad things about mom or dad and they don't want to do that. So, it takes time. The key there is time and having the resources in order to do that"*

*Procedural Influences.* Participants discussed their procedures when children are present, with the majority reporting that they rely heavily on referrals to child protective services. For instance, one participant described their standard operating procedure (SOP):

*"If the children are present or even if charges are laid – basically according to our SOP, with any domestic that occurs, even if the children aren't present, but they have children that are under 18 that live with them, CAS will be contacted."*

Figure 6. Child and Police Themes and Subthemes



Indeed, all police officers identified procedures with contacting child protective services.

Differences existed in terms of the threshold of reporting to CAS. Some officers are reporting to child protective services whenever they know a child is present in the home, others when the child was present during the DV occurrence. Differences also existed on the type of relationship law enforcement has with child protective services and the importance of communication. One participant indicated that it is a seemingly unidirectional process, whereby they make a referral to child protective services and that completes the process, "*Essentially, we make the referral and CAS opens it, or not, and they don't get back to us.*" However, another participant

highlighted the importance of a bi-directional relationship between police and child protective services, *"We work both ways. Sometimes the file goes over, but there always has to be collaboration back and forth; it's the only way it can work."*

*Family complexities.* Several participants commented on challenges related to family influence. More specifically, family reluctance to work with police that stemmed from various factors including mistrust of police, fear of child protective services being contacted, and an overall reluctance from the family toward police speaking with children. Here again, officers discussed the complex interplay of working with children, investigating a crime, and multifaceted dynamics present for all families. For instance, one participant commented on the delicate interplay of giving voice to a child's experience with balancing the rights and autonomy of a parent who is a victim of DV:

*"...with the kids exposed to domestic violence, I think one of the biggest challenges is just having the ability to have their voices heard because one of the things we still wrestle with is the ability to interview children when the parents don't want them interviewed. And so, a kid might see something, but a parent might choose not to allow consent for that child to be interviewed"*

Another officer identified how the perception of police and their role develops early on for children, which can be influenced by a family's prior experiences with the police:

*"Well there are challenges anytime you're dealing with children in any event especially as a police officer you know we wear these intimidating uniforms. Children of pretty much any age have an idea about police whether that's, obviously it's been handed down to them from somebody, but they have an idea that I think throws them a little bit off kilter and anytime that we interview and have the occasion to speak to children there are always challenges that we face. Now when you add to those challenges the fact that this child has received a fair amount of trauma, we're not even sure to the extent that they have received this trauma then there's obviously challenges with that as well."*

Together, these themes indicate the complexities of the police response to DV occurrences when children present. These complexities exist at many levels and have a direct impact on how police are understanding and responding to the risks posed to children.

## Discussion

The current study explored police officer response to DV, with a specific focus on how they recognize the risk posed to children. Through interviewing police officers from across Ontario, three major themes emerged. The first theme related to the overall variability in officer response to children in DV incidents. Here, participants identified inconsistency in how officers address children in DV occurrences, which was found to be influenced more broadly by officer discomfort with interacting with children and a lack of awareness of child impact. Interviews also revealed an overall perception of the need and importance of additional training to address children in DV occurrences, and the impact that this specific training can have on officer conduct. Interviews also indicated the heavy reliance that police officers have on outside resources and agencies (i.e., child protective services) and the influential role these relationships have in ensuring safety for families. Several officers in this study also discussed the complex nature of investigating crime within the context of a family and the distrust that many families have towards the police and child protection. Officers indicated that at times, the family reluctance with police directly affects their ability to address children and their needs. These interviews continue to show the complicated role police have in not only addressing DV but also how the presence of children directly impacts this. Likewise, interviews revealed an inconsistency in how police officers are addressing the needs of children, which was impacted by a lack of awareness of risk, comfort, and training.

There are several implications related to police officer inconsistency in responding and engaging children in DV occurrences. While there are Ontario police standards that discuss the need to ensure the immediate safety of children, there is less of a clear protocol for the assessment of risk for children. This lack of clarity can lead to dangerous situations, even fatal, given the evidence of children killed in the context of DV (Ontario DVDRRC, 2017; Olszowy et

al., 2013). As previous research has found, police appear to view children on the sidelines of DV occurrences and often overlook the needs of children (Richardson-Foster et al., 2012). This inconsistency invalidates the evidence that this violence directly impacts children exposed to DV, and thereby, are themselves, primary victims.

Moreover, not addressing the child experience of DV can potentially run the risk of police officer colluding with parental claims that children are unaffected and unaware of such violence (Richardson-Foster et al., 2012). Likewise, by inconsistently addressing children, police officers potentially invalidate a child's experience. They may also lose a valuable opportunity to convey safety from an authority figure as well as the chance to link the child to relevant support services (Richardson-Foster et al., 2012). By acknowledging children, police officers are providing immediate feedback to children that their needs are essential and considered.

Inconsistent police response to children also further adds to the reluctance children have toward their perception of police and their willingness to engage with them. The current study found that police themselves identified difficulties engaging with the families due to reluctance toward working with police. While many factors contribute to reluctance toward police, varied experiences with police intervention have a real impact on victim satisfaction and willingness to engage with them (Saxton et al., 2018; Felson et al., 2002). Previous research has illustrated that children and youth recognize individual differences in officer response to DV incidents; all of which contribute to cynical and distrustful attitudes about the police as well as increased anxieties (Jourile, Rancher, Vu, & McDonald, 2017; Richardson-Foster et al., 2012). This point should not be overlooked given that DV is a hidden problem, and therefore, police are often dependent on the willingness of those involved to seek support. Consequently, victims' and



children's attitudes and expectations concerning the police can directly influence help-seeking behaviour (Finkelhor et al. 2001).

On the other hand, research has also demonstrated that despite negative experiences with police, children themselves acknowledge the need for police intervention in DV (Richardson-Foster et al., 2012). Research has also emphasized the significant role police have in listening and validating children's experiences in DV occurrences (Richardson-Foster et al., 2012). In doing so, police officers play a role in fostering the physical and psychological health of these children and their families (Jouriles et al., 2017). However, what response consistency has shown in the literature is the need for police to be aware of the impact DV has on children and how to appropriately address family needs through training (Olafson, Goldman, & Gonzalez, 2016). Emerging research has highlighted the potential power of trauma-informed approaches to policing as a potentially critical step in developing more awareness and understanding of the impact of violence on children; and thereby aid in fostering more effective responses to children living with traumatic experiences (Olafson, Goldman, & Gonzalez, 2016).

#### *Discomfort, Awareness & Training*

The current study highlighted the overall discomfort police officers have toward engaging children in DV incidents. While police officers appeared to be comfortable within their role to ensure the immediate safety and welfare of children, they did express discomfort moving beyond this (i.e., including them in DV investigation). Unfortunately, discomfort likely contributes to children perceiving police involvement in DV incidents as aversive (Overlien & Aas, 2015; Richardson-Foster et al., 2012; Swanston et al., 2014). The current study also found that police officers perceive a lack of awareness toward the impact DV has on children. Lack of awareness and discomfort likely are influential in the level of inconsistency between officers

addressing children in DV occurrences in this study and the existing literature. The discomfort officers described in the present study likely relates to a lack of confidence in working with children. Previous qualitative research has attributed this lack of officer confidence to concerns of upsetting children and not having the resources at their disposal to respond appropriately (Richardson-Foster et al., 2012); in other words, opening Pandora's box and not being equipped to deal with the consequences themselves or have support to rely upon. Similar to the above discussion on officer inconsistency, lack of confidence, feeling discomfort, and lack awareness all return to the need for additional training that focuses the role of police in addressing children in the context of DV.

Like previous research, the current study continues to support the need for police training on DV and children exposed to DV. Despite officer's discussion of the lack of skills, comfort, and resources required to address children in DV, they also identify training as the vital mediator in their reluctance to engage with children in DV occurrences. Similar to Richardson-Foster et al. (2012) findings, senior officers in this study acknowledged that lack of training represented a gap in services and a definite contributor to officer discomfort with working with children. The majority of the police officers in the current study recognized that training increased competencies and would likely be an essential factor in reducing officer inconsistency. On top of this, research has also linked training and competency development as a significant factor in reducing barriers to collaboration with child protective services and other community services (Langenderfer-Magruder, Alven, Wilke, & Spinelli, 2019). Training, therefore, continues to be an important step in helping bridge not only the gaps in police service but also more broadly across community partners (i.e., CPS).

*Police Reliance on Child Protective Services*

Police in this study discussed the critical relationship with Child Protective Services. From these discussions, it was evident of how the relationship between CPS and police is vital in ensuring the safety of children. The current study's interviews also made it clear that police rely heavily on CPS referrals, with officers reporting to have little to no follow-up after this referral is completed. While it is mandated that police contact CPS where there are concerns for child safety, this appears to have led to situations where the heavy reliance becomes part of a `passing the buck` situation with little oversight or follow-up, a dangerous situation when resources are already overburdened.

Consequently, CPS agencies should not be the only recourse, and police officers should be equipped with the training and understanding of services that directly address the needs of the child present in DV incidents. Ideally, police, in partnership with CPS and other agencies, should be identifying families with the greatest needs and risks for services/interventions that are more intensive. For the police, this ideal largely hinges on the identification of families with the highest risk, and therefore, the necessity and importance of risk assessments becomes tremendously essential in their role.

*Police, Children & Risk Assessment*

While it remains vital to utilize community resources and have a coordinated community response to DV, what continues to be a challenge is determining which families are at an increased risk, and thereby, which families require immediate intervention/services. Further complicating this matter is the limited resources at the disposal of both police and CPS. Therefore, assessing the level of risk posed to families becomes a fundamentally important step in determining which family has the potential for future harm. Simply put, how can one know

which family is in need if we do not know the risks posed to the family. Within this context there are also benefits for police engaging with children in DV occurrences that move beyond fostering the physical and psychological health of children in families, it also improves the information officers gather about families' experiences with violence. Though it is equally important to recognize that risk assessment is not an end in and of itself, but a starting point and one where police play a vital role. Ontario police standards mandate a risk assessment be complete for DV offences. Therefore, police should be cognizant of why these assessments are being completed and utilized to identify and respond to families with the greatest need. Child engagement provides an additional avenue in providing a meaningful assessment. Likewise, this engagement is a factor in communicating valuable information between police and CPS (Stanley et al., 2010).

### *Limitations*

The present study has several limitations. The sample in the current study was police officers in Ontario, which decreased the generalizability of the results to other provinces and jurisdictions. However, it also provided a standard of practice to reduce complexities (i.e., provincial mandates, standards, jurisdictional differences) that would otherwise be introduced interviewing police from different jurisdiction across Canada. Conversely, it is also important to acknowledge that participants in the current study volunteered their time to participate. Therefore, the police interviewed may not reflect the average Ontario police officer, and some bias may be introduced by their willingness to be a part of this study. The variability in knowledge and experience offered by the police officers in this study may have reduced some biases. This variability demonstrated gaps in service and training in police services and thereby became an essential outcome in the current study. Despite these limitations, the current study

provides future areas for further exploration in research as well as has several implications for police practice.

It is important to understand the limitation that police officers have in their roles. Indeed, this study and others have found that limitations in resources and time, coupled with the volume of calls, can significantly influence an officer's ability to engage with children during DV incidents (Irwin, Waugh, & Wilkinson, 2002). Similarly, there is a considerable variation in police practices depending on the local services mandates, resources of a department, community culture, training, and law enforcement philosophy. However, given the existing evidence, it seems reasonable to expect police officers to have the knowledge and skills necessary to be sensitive to the issues involved in the complexities of DV (Överlien & Aas, 2016). Moreover, police officers responding to DV calls require a level of competency to be able to connect families to the appropriate services, whether there is an obligation or not. Having these expectations, and ensuring they are met, should aid in police officers presenting themselves as an authority and support for individuals of all ages, while also maintaining their role as law enforcement officers (Överlien & Aas, 2016).

## Conclusion

The present study examines an officer's experience in addressing children in DV incidents. Very few studies have examined the police role in addressing children exposed to DV, though what continues to be underscored is the significant role police have in fostering the physical and psychological wellbeing of children in DV occurrences. As the quote below demonstrates, police officers themselves recognize the significance they have for many families experiencing DV. However, previous research, as well as the current study, has found that police officers often lack the awareness, confidence, and training in engaging with children in DV

occurrences. Accordingly, there is a continued call for police services to continue developing training for their officers to ensure their competencies in addressing all those involved in DV, including children who are often sidelined. Police officers have a unique opportunity to respond not only to the violence but also to the lasting effects that DV has on the children present. As the quote below demonstrates, the work police officers do is tremendously significant. How the officers respond not only communicates information to children but also has the potential to begin the critical legal as well as social responses to address domestic violence – responses that can save lives.

*“For the years that I’ve been in policing I often will say that I feel more satisfied in the area that I’m working now, even though, you know, most people say, oh you work in domestic violence you poor person that’s an awful thing, and yes there’s a lot of sad stories every day but, because of this, the high degree of job satisfaction in the work that we’re doing and, because we’re working in partnership with so many people I mean, to me, that’s the real payoff of this I mean, there’s a lot of people who are really concerned about making a difference in the lives of families we’re dealing with and it’s nice to know that we’re not just in it by ourselves”.*

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### **Chapter 3: Final Considerations**

#### *Overall Findings*

The objective of this chapter is to consolidate the major findings from the four studies contained in this project, which focused on preventing domestic homicides as well as missed opportunities for police services to intervene. The four studies provide insights into the significant warning signs present before domestic and child homicides as well as perspectives from police officers. Overall, this project explored the critical role of police in responding to DV occurrences as well as their recognition of the potential risk of adult and child homicides. The unique and powerful role police play in the prevention, assessment, and intervention of DV was demonstrated across the four studies.

The first study explored domestic homicide cases reviewed by Ontario's Chief Coroner's Domestic Violence Death Review Committee in Ontario, Canada. Results revealed that homicide cases with police contact had significantly more risk factors compared to those without prior police contact. There were 1.6 more risk factors in cases with prior police contact compared to those without police contact. Overall, there was a scarcity of risk assessments being completed, even when there was prior police contact. Similar findings were made when children were present or killed. Study two utilized a national survey of police officers to examine the type of strategies officers engage in for DV occurrences as well as the types of structured tools being utilized in their risk assessment strategies. Results revealed that broadly, police officers report frequent engagement in risk assessment. However, variability was found in the types of risk assessment tools except for Ontario, which appeared to have a preference for the Ontario Domestic Abuse Risk Assessment.

The third study examined police officers' perspectives toward their role in DV investigation, with a specific focus on assessing risk for families. Analysis of interviews identified several challenges police officers face in responding to DV including barriers at the officer (i.e., lack of awareness/training), organizational (i.e., lack of resources, inapplicable tools), and the systemic levels (i.e., lack of collaboration with justice/community partners). Officers also highlighted challenges that emerged from the complex nature of DV, including factors related to families (i.e., reluctance to engage with police, addictions and mental health, chronic violence). Promising practices were also identified and included enhanced training and high-risk collaborative efforts in some communities. The fourth study expanded the analysis of police officers' perspectives to their views on the barriers and promising practices in providing services to children at the scene of DV occurrences. The fourth study raised major themes on the lack of training, which would improve officer consistency and comfort in dealing with children and the distrust of many families to mandated agencies like police and child protection.

From these four studies, it is revealed that police are often coming into contact with some of the highest risk and complex cases of DV. It, therefore, becomes imperative that police services use the best possible risk assessment and intervention. Overall, these studies call for redoubling efforts at police training and further research to evaluate the effectiveness of their best effort to address DV. Likewise, studies emphasize the importance of recognizing key risk factors that are present preceding the homicides and adequate service provision for families experiencing DV. Part of this service will rely on the critical role that police can play in potentially saving the lives of victims and children living with DV.



*Overarching Discussion*

Police services play a critical role in response to DV. Police officers are often the first responders when there is a domestic dispute and for many are the first professionals to become aware of the violence that a family is experiencing. Police, thereby, are afforded a vital position to help families not only in the immediate term but also over time, as they may be the starting point in referring victims, children and perpetrators to support and treatment services (Trujillo & Ross, 2008). Consistent with previous research, results in the current project revealed police officers are coming into contact with some of the most severe cases of DV (Bonomi et al., 2006; Felson et al., 2002; Sinha, 2013). The severity of violence came through in the review of domestic homicide cases in the current project. Police contacted cases had a significantly higher number of risk factors. What these studies equally demonstrated was that the assessment of risk becomes a central tool for police services.

*Importance of Risk Assessment*

The value of information gained from risk assessments can have a tremendous impact on how DV is policed. Given the volume of DV incidents that police attend, small improvements in how police respond will make a significant difference at an aggregate level (Kebbell, 2019). If the police could determine what families are at increased risk of escalating violence, what perpetrators are at a decreased risk of reoffending, and which may murder their partner if not stopped, then the police would be able to use their resources to the greatest effect (Ariza, Robinson, & Myhill, 2016). Given the evidence about the validity of DV risk assessment in helping to differentiate domestic violence cases that are associated with recidivism and homicides (Campbell, Webster & Glass, 2009), it is fair to ask the question about whether the presence of a risk assessment may have aided in the prevention of these homicides. Research has

also demonstrated that the use of a risk assessment tool by police impacts victims' own experience with DV. Researchers have found that DV victims are more likely to make use of protective strategies and experience a reduction in DV when police officers had utilized a DV homicide risk instrument (Messing et al., 2015). Primarily this reduction appeared to be due to police identifying and prioritizing high-risk victims for a referral to a community resource for support and services (Messing et al., 2015).

The current project revealed a lack of formal risk assessments being completed in DV homicides. Unfortunately, in over half of the cases with prior police contact, there were no documented risk assessments. The absence of risk assessment in these cases has significant implications. Officers may not have adhered to Ontario police standards, which mandates the completion of a risk appraisal tool for domestic violence occurrences. In the current project, police officers identified challenges related to officer inconsistency in how they are assessing risk; this finding would support the initial indication in homicide cases that lacked the completion of risk assessments. It appears that overall, there is a discrepancy within Ontario police services in terms of police practice in risk assessment. Furthermore, while most officers discussed the importance of risk assessments in their DV investigation, many also identified barriers that emerged at the organizational and system level that impacted the general police response to DV as well as their assessment of risk.

#### *Including children in risk assessment and response*

DV and domestic homicide impact children in varied ways; they can be victims themselves, lose one or both parents, and face traumatization and other negative repercussions as a result of this violence or loss of parent (Alisic et al., 2017; Jaffe, Campbell, Hamilton, & Juodis, 2012; Jaffe et al., 2017). Yet, children are often the forgotten victims in intervention

efforts, particularly in a police response to DV involving two parents. In the current project, results revealed that cases involving children had no impact on risk assessment completion. Nor was the presence of children found to be associated with the frequency of prior police contact. The only significant differences in these cases where children were present or killed, were those factors related to the existence of children (i.e., custody and access disputes, history of violence against children, assault during pregnancy). When exploring themes related to police officers' perspectives on addressing children in DV occurrences, several themes emerged. The first related back to officer inconsistency toward addressing children in DV occurrences. This inconsistency was found to be influenced by officer discomfort with interacting with children and a lack of awareness of child impact.

Overall, the assessment of the risk posed to children living with DV is an area that requires attention. While previous research has identified several common risk factors that increase the likelihood of lethal violence in an intimate relationship (i.e., a history of domestic violence and actual or pending separation), there is far less evidence examining risk factors that specifically place a child at risk for lethality (Jaffe et al., 2012; Humphreys & Bradbury Jones, 2015; Kropp, 2008; Ontario DVDRC, 2017). It is, therefore, not surprising that currently no standardized risk assessment tool exists that is sensitive to the risk of child lethality in the context of DV. While there are child-focused risk assessment tools available, research suggests that most of these tools focus mainly on the re-occurrence of child maltreatment and do not purposely address the severity or the nature of DV (Jaffe et al., 2014; Shlonsky & Friend, 2007). Furthermore, these tools have often been allocated to child protection and are not widely used outside of child protective services, nor do they accurately assess the risk for child lethality in DV situations (Jaffe et al., 2014). DV may not be considered a risk factor for child lethality in

the absence of other signs of child maltreatment (Jaffe et al., 2014). Given the current state of evidence, it continues to be recommended that one should consider children to be at potential risk if their mother is also at risk (Hamilton et al., 2013).

One of the more promising common risk assessment tools, albeit, for child services and not specifically for police, which includes both risks to women and children is the Barnardo's Risk Assessment Matrix (Bell & McGoran, 2003; Stanley & Humphrey 2014). This tool is designed to inform clinical practice and decision making in cases where DV is present. It is also attentive to a range of thresholds for different forms of risk management and intervention with children as its focus. Although the Barnardo's Risk Matrix differs from risk assessment instruments based on actuarial models, it still provides the framework to assist in identifying the needs of a child based on the risk DV poses a family. While the Barnardo's Risk Matrix, and tools similar to it, have shown promise, there has yet to be one that has been subjected to rigorous testing, nor one that is specific to assessing risk for child lethality per se. Ultimately, there is a continued call for more robust research to examine the nuances of DV, domestic homicide, and the presence of children in order to further develop reliable and valid risk assessment tools, and thereby more effective interventions.

#### *Inconsistency in Police Practice*

Consistent with previous research, the current project found that families coming into police awareness are more severe cases of DV (i.e., have significant risk factors present; Bachman & Coker, 1995; Barrett et al., 2011; Davies, Block, & Campbell, 2007; Felson, Messner, Hoskin, & Deane, 2002; Lee, Park, & Lightfoot, 2010). Police contacted families are likely in need for immediate protection and an assessment of their potential risk. However, results also illustrated an overall level of police inconsistency in risk appraisal tools being used.

The most concerning implication of this inconsistency is the notion that this could potentially lead to overlooking the risk of future violence – and potentially, homicide. Given that police are likely coming into contact with some of the most high-risk families, it is vital that police officers are adequately and consistently assessing and responding to the risk. Failure to do so may increase the families not receiving the level of community services they need.

Police level inconsistency was also found when addressing children in DV occurrences, including the assessment of child risk. While there are Ontario police standards that address the assurance of immediate safety of children, there are far fewer details covering protocols for assessing risk for children. Previous research has suggested that police view children on the sidelines of DV occurrences, which may contribute to their needs and potential risks, being overlooked (Richardson-Foster et al., 2012). Viewing children as being on the sidelines goes counter to the evidence that children exposed to DV are directly impacted by this violence and are themselves primary victims (Øverlien & Hydén 2009). Unfortunately, by overlooking children, or inconsistently addressing their needs, police officers increase the likelihood of invalidating their experience. Additionally, they may also lose a valuable opportunity to link children to needed support services (Richardson-Foster et al., 2012).

An inconsistent police response to children could further increase reluctance they have toward engaging and working with the police. The current project found that police themselves identified difficulties engaging with the families due to overall unwillingness toward working with police. While many factors contribute to reluctance towards police engagement, varied experiences with police responses have been found to impact victim satisfaction and willingness to engage with police (Felson et al., 2002; Saxton et al., 2018). Previous research demonstrated that children recognize individual differences in officer response to DV which can contribute to

cynical and distrustful attitudes about the police (Jourile, Rancher, Vu, & McDonald, 2017; Richardson-Foster et al., 2012). Reluctance towards police should not be overlooked given that DV is a hidden problem, and therefore, police are often dependent on the willingness of those involved to seek support. Consequently, victims' and children's attitudes and expectations concerning the police can directly influence help-seeking behaviour (Finkelhor et al. 2001).

Overall, police services should strive to have the most effective and consistent response to DV. The presence of police level inconsistency is something that theoretically should have been minimal due to established police standards in Ontario. Results in the current project, however, suggest that this is not the case, particularly when assessing risk and addressing children. This inconsistency could be due to several reasons. In the current study, participants identified a lack of awareness, overall human error, and a lack of training. In fact, training was continuously highlighted by officers in this project as both a contributing factor in the variation of officer behaviour as well as a promising practice in developing a more effective response to DV.

#### *Police Training and Oversight*

The importance of providing training to officers at all levels has been found critical toward increasing understanding of the police role and responsibilities (Campbell, Gill, & Ballucci, 2018). Indeed, providing training on risk assessment has also been found to have significant implications (Campbell, Gill, and Ballucci, 2018). One benefit is that training on risk assessments increases police officer awareness and understanding of DV complexities; as the factors that are included in assessments aid in the officer's recognition of behaviours that increase the risk of domestic homicide. Researchers have highlighted that training police officers to look beyond DV as a discrete event by incorporating awareness of risk throughout a relationship can

also increase attentiveness toward the dynamic nature of DV (Messing, & Campbell, 2016). Given the existence of common risk factors present in the majority of DV homicides, police need to be aware of the constellation of factors to ensure the safety of victims and engage in appropriate risk management strategies. Unfortunately, previous research has found police officers in need of ongoing training specific to DV (Eigenberg et al., 2012; Ward-Lasher, Messing & Hart, 2017). This need for training was also identified in the current study. With officer's endorsing that the lack of training as a contributing factor in not only police level inconsistency in assessing and responding to DV risk but also in addressing the needs of children in DV occurrences.

Police training is of particular importance with respect to increasing awareness and understanding of children's exposure to DV (Osofsky et al., 2004; Øverlien, & Aas, 2016). In the current project, police officers continued to identify training as an important mediator in their willingness and comfort to engage with children in DV occurrences. This finding is also consistent with earlier research that found senior officers acknowledged that lack of training represented a gap in services and a clear contributor to officer discomfort with working with children (Richasond-foster et al., 2012). Additionally, training and competency development has been singled out as one of the most significant factors in overcoming barriers to police collaboration with other service providers, including child protective services (Langenderfer-Magruder, Alven, Wilke, & Spinelli, 2019). Training, therefore, acts as a vehicle to promote services to move from isolated to integrated functioning and aids in developing conceptual understanding of DV service networks as well as the steps necessary in making connections (Russell & Light, 2006).

Training continues to be an essential step in helping bridge not only the gaps in police service but also more broadly across community partners. The importance of this bridging services is reinforced on a theoretical level by the Social Ecological model (SEM) as well as the Coordinated Community Response framework (CCR). Broadly, for an intervention to effectively address the violence while ensuring the safety of families, there is a need to be responsive at a number of levels. To address the multitude of factors effectively, there is a need for collaboration and coordination of service providers. It is critical that police officers recognize their role and appropriately collaborate with other service providers to ensure the continued safety of the family. The CCR also provides a valuable perspective, in that it recognizes the limitations that a single service provider has in addressing DV. It would be an unrealistic expectation for police officers to take on the responsibilities that other social service providers are assigned. Nevertheless, given the need to address DV on multiple levels, as determined by SEM, police services play the vital role of law enforcement, but they also have a role in the broader system of response to DV.

#### *The Importance of System Collaboration*

There is an overall acknowledgement that risk assessments are not an end in themselves, but rather an ongoing process that informs appropriate strategies. Risk assessments are viewed as being the crucial initial step in the process of helping to identify appropriate supervision strategies, develop more effective safety plans for victims, and guide management as well as rehabilitative options for perpetrators. To accomplish a more holistic intervention that includes these strategies, it is clear that this process is one that is collaborative at its root (Richards et al., 2008).



Research and practice continue to highlight that the response to DV should not fall onto one service provider; instead, each service holds a piece of the puzzle that needs to be placed together to gain a clear picture of the context of the family, the potential risks, and the appropriate intervention that is warranted. This supports the recent movement toward using risk assessment as a critical first step to inform collaboration with other services. Here, utilizing a risk-informed collaborative intervention, risk assessments have been lauded as a way to prevent the escalation of DV through an increased coordinated systems response (Campbell, Webster, & Glass, 2009; Messing & Campbell, 2016; Ward-Lasher, Messing, & Hart, 2017).

The importance of collaboration is perhaps best illustrated in the relationship between police and child protective services. The current project found that police rely heavily on CPS referrals to ensure the safety of children in DV situations. Ideally, police, in partnership with CPS and other agencies, should be identifying families with the greatest need for services/interventions that are more intensive. For the police, this largely hinges on the identification of families at highest risk, and therefore, the necessity of risk assessments becomes principal. However, the mandate for police to contact CPS whenever there are concerns for child safety appears to have led to situations where there is little oversight or follow-up - essentially becoming a 'pass the buck' scenario. This type of scenario is rather dangerous for high-risk families, where the risk of violence is dynamic and requires monitoring. The danger is illustrated in the Exposure Retaliation theory which posits that slight or unmet exposure reduction in severely violent relationships can be worse than the status-quo and potentially increase the risk of homicide (Dugan et al., 2003).

Consequently, there is a need to recognize the critical role cross-sectional services have to play together in addressing DV for families. While child protective service is a critical partner

in addressing child safety for the police, it should also not be the sole recourse for police officers, as they should be equipped themselves with the training and awareness of available services that directly address the needs of children present in DV incidents.

System collaboration is also critical to ensuring information sharing that is comprehensive. Previous research has shown improvements in collaboration when services utilize common frameworks, tools, and language (Humphreys, Healey & Mandel, 2018). Researchers have also suggested developing a common assessment tool to enhance communication of risk across systems (Stanley & Humphreys, 2014). For this to take place, there is a need for inter-agency protocols to aid in creating space for effective information sharing, collective understanding, and integrated interventions. One promising practice identified in the literature, and endorsed by participants in the current project, is the utilization of high-risk case coordination protocols, whereby judicial partners together with other key stakeholders meet to discuss families identified as high risk (Department of Justice Canada, 2013). Examples of these teams have emerged around the world including the Lethality Assessment Program (LAP) in the United States, the multi-agency risk assessment conferences (MARACs) in the United Kingdom, and the Interagency Case Assessment Teams (ICATs) in Canada. These programs show promise as collaborative approaches that more comprehensively address the needs of families experiencing DV.

#### *Limitations & Future research*

This dissertation's research findings should be considered alongside its limitations. It is important to acknowledge the limitations associated with the samples of the data collected within the four articles of this project. All four studies involved data from Ontario, which could impact the generalizability of the findings to other services in geographical locations and jurisdictions. It

is also important to acknowledge that participants in study two, three, and four were volunteers and therefore may not be the best representation of the Ontario police services with particular attention being paid to the potential bias introduced by their willingness partake in this project.

Study one also used secondary data in order to gather information on domestic homicides. Many cases were missing key information. The lack of detailed information extends to knowing the circumstances, type, and quality of risk assessments being completed, all of which could impact results. Furthermore, study one was limited in all the cases ending in homicide, so there is no comparison group of cases where the police intervention may have averted the homicide through their risk assessment. There is also a limitation in studying only the police response given that families are most often dependent on many aspects within the judicial and social systems.

Finally, all studies were limited in not addressing the diversity of victims and communities, and there are likely greater complexities within vulnerable populations such as rural areas, immigrant victims, and Indigenous families. Likewise, various intersectional identities and vulnerabilities of victims and children may present additional challenges, needs, and risks. These complexities were not captured in the current research and warranted their own attention.

#### *Future Research*

Future research should examine what contributes more directly to police level inconsistency. While the current study highlighted a lack of awareness and training could be contributing factors; aspects like the quality and form of training, police attitudes, and other potential factors likely exist. Given the volume of DV calls for service and the overall risk posed to many families, it becomes vital that police are consistently assessing and addressing risks. Importantly, future research should also examine how oversight is being implemented within

police services. In part, focus should be given to how oversight is related to an effective coordinated response to DV.

Future research should also examine the limitations that police officers have in their role. Limitations in resources and time, coupled with the volume of calls, can greatly influence an officer's ability to engage families experiencing DV incidents (Irwin, Waugh, & Wilkinson, 2002). Research should examine the considerable variation in police practices as it relates to mandates, resources of a department, culture, training, and law enforcement philosophy. However, given the existing evidence, it seems reasonable to expect police officers to have the knowledge and skills necessary to be sensitive to the issues involved in the complexities of DV (Överlien & Aas, 2016). Still, further research is needed to evaluate police competency in responding to families suffering from DV occurrences, as well as their level of competency in connecting families to the appropriate services.

Collaborative approaches to addressing DV that involve police services should also further be examined. Service provider perspectives on working with families experiencing DV should be included in this research. Evaluating a cross-section of professionals all working toward a common goal could afford insight into challenges with inter-agency collaboration as well as improve engagement of families in risk assessment, risk management, and safety planning strategies. Included here is research examining ways in which services, including the police, can better account for the unique risk and needs of children. It is equally important to explore further how these services are meeting the needs of vulnerable populations (e.g., Indigenous, Immigrant and refugee, rural, northern, and remote communities).

On a practical note, there continues to be a need for increased funding for services specializing in DV within the police and community. Likewise, further resources and research is

needed that address DV perpetrators behaviours and needs. Overall, there also continues to be a need for enhanced training protocols among service providers as well as cross-sectoral training, in order to cater to the unique needs of families living with DV. Ultimately, risk assessment, risk management, and safety planning should not fall onto one service provider, and therefore, there needs to be continued development and evaluation of collaborative models and programs.

### *Conclusion*

Overall the four studies highlight the critical role that police can play in potentially saving lives lost to domestic homicide. They are involved in high risk and complex cases that require the best possible risk assessment and intervention. The police can do a better job but cannot succeed on their own; they require enhanced community collaboration to address domestic violence before it potentially heads down a path to homicide. These studies call for redoubling efforts at police training and further research to evaluate the effectiveness of their best effort to address domestic violence.

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## Appendix A Ethics Approval Letters



**Date:** 15 May 2018

**To:** Dr. Peter Jaffe

**Project ID:** 111577

**Study Title:** The role of police and service agencies in risk assessment, safety planning and risk management in preventing domestic homicide

**Application Type:** NMREB Initial Application

**Review Type:** Delegated

**Full Board Reporting Date:** June 1 2018

**Date Approval Issued:** 15/May/2018

**REB Approval Expiry Date:** 15/May/2019

Dear Dr. Peter Jaffe

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the WREM application form for the above mentioned study, as of the date noted above. NMREB approval for this study remains valid until the expiry date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

This research study is to be conducted by the investigator noted above. All other required institutional approvals must also be obtained prior to the conduct of the study.

**Documents Approved:**

Document Name	Document Type	Document Date	Document Version
Data Summary Form	Other Data Collection Instruments	03/May/2018	

No deviations from, or changes to the protocol should be initiated without prior written approval from the NMREB, except when necessary to eliminate immediate hazard(s) to study participants or when the change(s) involves only administrative or logistical aspects of the trial.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario. Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Kelly Patterson, Research Ethics Officer on behalf of Dr. Randal Graham, NMREB Chair

*Note: This correspondence includes an electronic signature (validation and approval via an online system that is compliant with all regulations).*



# Western Research

**Date:** 29 April 2019

**To:** Dr. Peter Jaffe

**Project ID:** 111577

**Study Title:** The role of police and service agencies in risk assessment, safety planning and risk management in preventing domestic homicide

**Application Type:** Continuing Ethics Review (CER) Form

**Review Type:** Delegated

**Meeting Date:** 07/Jun/2019

**Date Approval Issued:** 29/Apr/2019

**REB Approval Expiry Date:** 15/May/2020

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Dear Dr. Peter Jaffe,

The Western University Non-Medical Research Ethics Board has reviewed this application. This study, including all currently approved documents, has been re-approved until the expiry date noted above.

REB members involved in the research project do not participate in the review, discussion or decision.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario. Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Daniel Wyzynski, Research Ethics Coordinator, on behalf of Prof. Randal Graham, NMREB Chair

*Note: This correspondence includes an electronic signature (validation and approval via an online system that is compliant with all regulations).*

Appendix B  
Risk Factor Descriptions

	<b>Perpetrator History</b>	<b>Definition</b>
<b>1</b>	Perpetrator was abused and/or witnessed DV as a child	As a child/adolescent, the perpetrator was victimized and/or exposed to any actual, attempted, or threatened forms of family violence/abuse/maltreatment.
<b>2</b>	Perpetrator exposed to/witnessed suicidal behavior in family of origin	As a(n) child/adolescent, the perpetrator was exposed to and/or witnessed any actual, attempted or threatened forms of suicidal behaviour in his family of origin. Or somebody close to the perpetrator (e.g., caregiver) attempted or committed suicide.

Family/Economic Status

	<b>Family/Economic Status</b>	<b>Definition</b>
<b>3</b>	Youth of couple	Victim and perpetrator were between the ages of 15 and 24.
<b>4</b>	Age disparity of couple	Women in an intimate relationship with a partner who is significantly older or younger. The disparity is usually nine or more years.
<b>5</b>	Victim and perpetrator living common-law	The victim and perpetrator were cohabiting.
<b>6</b>	Actual or pending separation	The partner wanted to end the relationship. Or the perpetrator was separated from the victim but wanted to renew the relationship. Or there was a sudden and/or recent separation. Or the victim had contacted a lawyer and was seeking a separation and/or divorce.
<b>7</b>	New partner in victim's life	There was a new intimate partner in the victim's life or the perpetrator perceived there to be a new intimate partner in the victim's life
<b>8</b>	Child custody or access disputes	Any dispute in regards to the custody, contact, primary care or control of children, including formal legal proceedings or any third parties having knowledge of such arguments.
<b>9</b>	Presence of step children in the home	Any child(ren) that is(are) not biologically related to the perpetrator.

## Family/Economic Status

	<b>Family/Economic Status</b>	<b>Definition</b>
10	Perpetrator unemployed	Employed means having full-time or near full-time employment (including self-employment). Unemployed means experiencing frequent job changes or significant periods of lacking a source of income. Please consider government income assisted programs (e.g., O.D.S.P.; Worker's Compensation; E.I.; etc.) as unemployment.

## Perpetrator Mental Health

	<b>Perpetrator Mental Health</b>	<b>Definition</b>
11	Excessive alcohol and/or drug use by perpetrator	Within the past year, and regardless of whether or not the perpetrator received treatment, substance abuse that appeared to be characteristic of the perpetrator's dependence on, and/or addiction to, the substance. An increase in the pattern of use and/or change of character or behaviour that is directly related to the alcohol and/or drug use can indicate excessive use by the perpetrator. For example, people described the perpetrator as constantly drunk or claim that they never saw him without a beer in his hand. This dependence on a particular substance may have impaired the perpetrator's health or social functioning (e.g., overdose, job loss, arrest, etc). Please include comments by family, friend, and acquaintances that are indicative of annoyance or concern with a drinking or drug problem and any attempts to convince the perpetrator to terminate his substance use.
12	Depression – in the opinion of family/friend/acquaintance	In the opinion of any family, friends, or acquaintances, and regardless of whether or not the perpetrator received treatment, the perpetrator displayed symptoms characteristic of depression.
13	Depression – professionally diagnosed	A diagnosis of depression by any mental health professional (e.g., family doctor; psychiatrist; psychologist; nurse practitioner) with symptoms recognized by the DSM-IV, regardless of whether or not the perpetrator received treatment.
14	Other mental health or psychiatric problems – perpetrator	For example: psychosis; schizophrenia; bi-polar disorder; mania; obsessive-compulsive disorder, etc.

## Perpetrator Mental Health

	<b>Perpetrator Mental Health</b>	<b>Definition</b>
<b>15</b>	Prior threats to commit suicide by perpetrator	Any recent (past 6 months) act or comment made by the perpetrator that was intended to convey the perpetrator's idea or intent of committing suicide, even if the act or comment was not taken seriously. These comments could have been made verbally, or delivered in letter format, or left on an answering machine. These comments can range from explicit (e.g., "If you ever leave me, then I'm going to kill myself" or "I can't live without you") to implicit ("The world would be better off without me"). Acts can include, for example, giving away prized possessions.
<b>16</b>	Prior suicide attempts by perpetrator	Any recent (past 6 months) suicidal behaviour (e.g., swallowing pills, holding a knife to one's throat, etc.), even if the behaviour was not taken seriously or did not require arrest, medical attention, or psychiatric committal. Behaviour can range in severity from superficially cutting the wrists to actually shooting or hanging oneself.

## Perpetrator Attitude/Harassment/Violence

	<b>Perpetrator Attitude/ Harassment/ Violence</b>	<b>Definition</b>
<b>17</b>	Obsessive behavior displayed by perpetrator	Any actions or behaviours by the perpetrator that indicate an intense preoccupation with the victim. For example, stalking behaviours, such as following the victim, spying on the victim, making repeated phone calls to the victim, or excessive gift giving, etc.
<b>18</b>	Failure to comply with authority	The perpetrator has violated any family, civil, or criminal court orders, conditional releases, community supervision orders, or "No Contact" orders, etc. This includes bail, probation, or restraining orders, and bonds, etc.
<b>19</b>	Sexual jealousy	The perpetrator continuously accuses the victim of infidelity, repeatedly interrogates the victim, searches for evidence, tests the victim's fidelity, and sometimes stalks the victim.

## Perpetrator Attitude/Harassment/Violence

	<b>Perpetrator Attitude/ Harassment/ Violence</b>	<b>Definition</b>
20	Misogynistic attitudes – perpetrator	Hating or having a strong prejudice against women. This attitude can be overtly expressed with hate statements, or can be more subtle with beliefs that women are only good for domestic work or that all women are “whores.”
21	Prior destruction or deprivation of victim’s property	Any incident in which the perpetrator intended to damage any form of property that was owned, or partially owned, by the victim or formerly owned by the perpetrator. This could include slashing the tires of the car that the victim uses. It could also include breaking windows or throwing items at a place of residence. Please include any incident, regardless of charges being laid or those resulting in convictions.
22	History of violence outside of the family by perpetrator	Any actual or attempted assault on any person who is not, or has not been, in an intimate relationship with the perpetrator. This could include friends, acquaintances, or strangers. This incident did not have to necessarily result in charges or convictions and can be verified by any record (e.g., police reports; medical records) or witness (e.g., family members; friends; neighbours; co-workers; counsellors; medical personnel, etc.).
23	History of domestic violence - <b>Previous</b> partners	Any actual, attempted, or threatened abuse/maltreatment (physical; emotional; psychological; financial; sexual, etc.) toward a person <b>who has been in</b> an intimate relationship with the perpetrator. This incident did not have to necessarily result in charges or convictions and can be verified by any record (e.g., police reports; medical records) or witness (e.g., family members; friends; neighbours; co-workers; counsellors; medical personnel, etc.). It could be as simple as a neighbour hearing the perpetrator screaming at the victim or include a co-worker noticing bruises consistent with physical abuse on the victim while at work.



## Perpetrator Attitude/Harassment/Violence

	<b>Perpetrator Attitude/ Harassment/ Violence</b>	<b>Definition</b>
24	History of domestic violence - <b>Current</b> partner/victim	Any actual, attempted, or threatened abuse/maltreatment (physical; emotional; psychological; financial; sexual, etc.) toward a person who <b>is in an</b> intimate relationship with the perpetrator. This incident did not have to necessarily result in charges or convictions and can be verified by any record (e.g., police reports; medical records) or witness (e.g., family members; friends; neighbours; co-workers; counsellors; medical personnel, etc.). It could be as simple as a neighbour hearing the perpetrator screaming at the victim or include a co-worker noticing bruises consistent with physical abuse on the victim while at work.
25	Prior threats to kill victim	Any comment made to the victim, or others, that was intended to instill fear for the safety of the victim's life. These comments could have been delivered verbally, in the form of a letter, or left on an answering machine. Threats can range in degree of explicitness from "I'm going to kill you" to "You're going to pay for what you did" or "If I can't have you, then nobody can" or "I'm going to get you."
26	Prior threats with a weapon	Any incident in which the perpetrator threatened to use a weapon (e.g., gun; knife; etc.) or other object intended to be used as a weapon (e.g., bat, branch, garden tool, vehicle, etc.) for the purpose of instilling fear in the victim. This threat could have been explicit (e.g., "I'm going to shoot you" or "I'm going to run you over with my car") or implicit (e.g., brandished a knife at the victim or commented "I bought a gun today"). Note: This item is separate from threats using body parts (e.g., raising a fist).
27	Prior assault with a weapon	Any actual or attempted assault on the victim in which a weapon (e.g., gun; knife; etc.), or other object intended to be used as a weapon (e.g., bat, branch, garden tool, vehicle, etc.), was used. Note: This item is separate from violence

## Perpetrator Attitude/Harassment/Violence

	<b>Perpetrator Attitude/ Harassment/ Violence</b>	<b>Definition</b>
		inflicted using body parts (e.g., fists, feet, elbows, head, etc.).
28	Prior attempts to isolate the victim	Any non-physical behaviour, whether successful or not, that was intended to keep the victim from associating with others. The perpetrator could have used various psychological tactics (e.g., guilt trips) to discourage the victim from associating with family, friends, or other acquaintances in the community (e.g., “if you leave, then don’t even think about coming back” or “I never like it when your parents come over” or “I’m leaving if you invite your friends here”).
29	Controlled most or all of victim’s daily activities	Any actual or attempted behaviour on the part of the perpetrator, whether successful or not, intended to exert full power over the victim. For example, when the victim was allowed in public, the perpetrator made her account for where she was at all times and who she was with. Another example could include not allowing the victim to have control over any finances (e.g., giving her an allowance, not letting get a job, etc.).
30	Prior hostage-taking and/or forcible confinement	Any actual or attempted behaviour, whether successful or not, in which the perpetrator physically attempted to limit the mobility of the victim. For example, any incidents of forcible confinement (e.g., locking the victim in a room) or not allowing the victim to use the telephone (e.g., unplugging the phone when the victim attempted to use it). Attempts to withhold access to transportation should also be included (e.g., taking or hiding car keys). The perpetrator may have used violence (e.g., grabbing; hitting; etc.) to gain compliance or may have been passive (e.g., stood in the way of an exit).

## Perpetrator Attitude/Harassment/Violence

	<b>Perpetrator Attitude/ Harassment/ Violence</b>	<b>Definition</b>
31	Prior forced sexual acts and/or assaults during sex	Any actual, attempted, or threatened behaviour, whether successful or not, used to engage the victim in sexual acts (of whatever kind) against the victim's will. Or any assault on the victim, of whatever kind (e.g., biting; scratching, punching, choking, etc.), during the course of any sexual act.
32	Choked/strangled victim in past	Any attempt (separate from the incident leading to death) to strangle the victim. The perpetrator could have used various things to accomplish this task (e.g., hands, arms, rope, etc.). Note: Do not include attempts to smother the victim (e.g., suffocation with a pillow).
33	Prior violence against family pets	Any action directed toward a pet of the victim, or a former pet of the perpetrator, with the intention of causing distress to the victim or instilling fear in the victim. This could range in severity from killing the victim's pet to abducting it or torturing it. Do not confuse this factor with correcting a pet for its undesirable behaviour.
34	Prior assault on victim while pregnant	Any actual or attempted form physical violence, ranging in severity from a push or slap to the face, to punching or kicking the victim in the stomach. The key difference with this item is that the victim was pregnant at the time of the assault and the perpetrator was aware of this fact.
35	Escalation of violence	The abuse/maltreatment (physical; psychological; emotional; sexual; etc.) inflicted upon the victim by the perpetrator was increasing in frequency and/or severity. For example, this can be evidenced by more regular trips for medical attention or include an increase in complaints of abuse to/by family, friends, or other acquaintances.

## Perpetrator Attitude/Harassment/Violence

	<b>Perpetrator Attitude/ Harassment/ Violence</b>	<b>Definition</b>
36	Perpetrator threatened and/or harmed children	Any actual, attempted, or threatened abuse/maltreatment (physical; emotional; psychological; financial; sexual; etc.) towards children in the family. This incident did not have to necessarily result in charges or convictions and can be verified by any record (e.g., police reports; medical records) or witness (e.g., family; friends; neighbours; co-workers; counselors; medical personnel, etc).
37	Extreme minimization and/or denial of spousal assault history:	At some point the perpetrator was confronted, either by the victim, a family member, friend, or other acquaintance, and the perpetrator displayed an unwillingness to end assaultive behaviour or enter/comply with any form of treatment (e.g., batterer intervention programs). Or the perpetrator denied many or all past assaults, denied personal responsibility for the assaults (i.e., blamed the victim), or denied the serious consequences of the assault (e.g., she wasn't really hurt).

## Access

	<b>Access</b>	<b>Definition</b>
38	Access to or possession of any firearms	The perpetrator stored firearms in his place of residence, place of employment, or in some other nearby location (e.g., friend's place of residence, or shooting gallery). Please include the perpetrator's purchase of any firearm within the past year, regardless of the reason for purchase.
39	After risk assessment, perpetrator had access to victim	After a formal (e.g., performed by a forensic mental health professional before the court) or informal (e.g., performed by a victim services worker in a shelter) risk assessment was completed, the perpetrator still had access to the victim.

## Victim Disposition

	<b>Victim's Disposition</b>	<b>Definition</b>
<b>40</b>	Victim's intuitive sense of fear of perpetrator	The victim is one that knows the perpetrator best and can accurately gauge his level of risk. If the woman discloses to anyone her fear of the perpetrator harming herself or her children, for example statements such as, "I fear for my life", "I think he will hurt me", "I need to protect my children", this is a definite indication of serious risk.

## Appendix C

## Interview Guide

# Canadian Domestic Homicide Prevention Initiative



## 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](http://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 (redacted) 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](http://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](http://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](http://www.cdhpi.ca)*

# Canadian Domestic Homicide Prevention Initiative



## 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 [REDACTED] or Dr. Jaffe at [REDACTED]

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 [REDACTED]

[REDACTED]  
Guelph, ON N1G 2W1

**OR**

Director, Research Ethics [REDACTED]

[REDACTED]  
Support Services Building

London, ON N6G 1G9

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 [REDACTED] AT  
[REDACTED] OR FAX TO [REDACTED]

**CURRICULUM VITAE****Michael Saxton****EDUCATION**

- 2016 – 2020                      **Ph.D., School & Applied Child Psychology**  
Western University  
Advisor: Dr. Peter Jaffe, C. Psych
- 2014 – 2016                      **M.A., Counselling Psychology**  
Western University  
Advisor: Dr. Peter Jaffe, C. Psych
- 2013 – 2014                      **Graduate Certificate in Addictions and Mental Health**  
Durham College
- 2007 – 2011                      **B.A., Honours Specialization in Psychology**  
Western University  
Advisor: Dr. Chris Roney

**PUBLICATIONS**

Saxton, M., Jaffe, P.G., Dawson, M., Olszowy, L., & Straatman, A.L. (in press). The Complexities of Domestic Violence Risk Assessment: Police Officers' Perspectives on the Challenges of Keeping Families safe from Domestic Violence. *Journal of Interpersonal Violence*.

Scott, K., Olszowy, L., Saxton, M., & Reif, K. (2020). Child Homicides in the context of domestic violence: when the plight of children is overlooked. In P. Jaffe, K. Scott & A. Straatman (Eds.), *Preventing Domestic Homicides*. Cambridge, MA: Academic Press.

MacQuarrie, B., Saxton, M., Olszowy, L., Jaffe P., & MacPherson, M. (2020). Domestic homicides with police and military: understanding the risks enhanced by trauma and workplace culture. In P. Jaffe, K. Scott & A. Straatman (Eds.), *Preventing Domestic Homicides*. Cambridge, MA: Academic Press.

MacQuarrie, B., MacPherson, M., & Saxton, M. (2020). Domestic violence and homicide in the workplace. In P. Jaffe, K. Scott & A. Straatman (Eds.), *Preventing Domestic Homicides*. Cambridge, MA: Academic Press.

MacQuarrie, B. J., Scott, K., Lim, D., Olszowy, L., Saxton, M., MacGregor, J. C. D., & Wathen, C. N. (2019). Understanding domestic violence as a workplace problem. In R.J. Burke & A.M. Richardsen (Eds.) *Increasing Occupational Health and Safety in Workplaces* (pp. 93 – 114). United Kingdom: Edward Elgar Publishing.



Saxton, M.D., Olszowy, L., MacGregor, J.C.D., MacQuarrie, & B. J., Wathen, C.N. (2018). Intimate Partner Violence victims' experiences with police and the justice system in Canada. *Journal of Interpersonal Violence*.

David, R., Olszowy, L., Reif, K., Saxton, M., Campbell, M., Dubé, M., Dawson, M., & Jaffe, P. (2017). Children and Domestic Homicide: Understanding the Risks. Domestic Homicide Brief. London, ON: Canadian Domestic Homicide Prevention Initiative. ISBN: 978-1- 988412-11-5.

Olszowy, L., Saxton, M.D., & MacQuarrie, B.J. (2017). National Survey Results on the Impact of Domestic Violence on Work, Workers and Workplaces in Taiwan: Joint CFL and ITUC-AP Report. London, ON: Centre for Research & Education on Violence Against Women and Children.

MacGregor, J.C., Wathen C.N., Olszowy, L.P., Saxton, M.D., & MacQuarrie, B.J. (2016). Gender differences in workplace disclosure and supports for domestic violence: Results of a pan-Canadian survey. *Violence and victims*, 31(6), 1135-1154.

Saxton, M.D., Olszowy, L., & MacQuarrie, B. J. with UNI Global Union. (2016). UNI Global Union preliminary survey results. London, ON: Centre for Research & Education on Violence Against Women and Children.

Olszowy, L., Saxton, M.D., & MacQuarrie, B.J. with Sexual Assault Survivors' Centre Sarnia-Lambton (2016). Evaluation report: Preventing or responding to sexual violence against women and girls through access to community services. London, ON: Centre for Research & Education on Violence Against Women and Children.

Saxton, M.D., (2015). Australian Labour Party Supports Union Call for Paid Leave for All Workers. Domestic Violence at Work Network Newsletter, Issue 3 (DV@WorkNet).