Electronic Thesis and Dissertation Repository

4-16-2020 11:00 AM

Challenges for police in safety planning and risk management for adults victims and children living with domestic violence: Barriers and promising practices

Carolyn Anne Fraser, *The University of Western Ontario*

Supervisor: Peter Jaffe, *The University of Western Ontario*
A thesis submitted in partial fulfillment of the requirements for the Doctor of Philosophy degree in Education
© Carolyn Anne Fraser 2020

Follow this and additional works at: https://ir.lib.uwo.ca/etd

Part of the Educational Leadership Commons

Recommended Citation
Fraser, Carolyn Anne, "Challenges for police in safety planning and risk management for adults victims and children living with domestic violence: Barriers and promising practices" (2020). *Electronic Thesis and Dissertation Repository*. 6952.
https://ir.lib.uwo.ca/etd/6952

Abstract

This dissertation focused on how police services from across Ontario are employing safety planning processes and procedures with adult victims and children living with domestic violence, and on the effectiveness of adopting risk management strategies to reduce the risk of potential future violence by the offender. Police response in Ontario has been guided by procedures and processes that have been manualized since the year 2000 to manage and investigate offences of this nature. Challenges and barriers to providing effective safety planning and risk management strategies were examined along with best practices that police services are incorporating to ensure overall victim safety. To gain insight into existing practices for police services, interviews were conducted with 12 senior police officers who specialize in domestic violence investigations. The participants were from various jurisdictions from across Ontario. The interviews were part of a national research project examining the response of key informants from different professions and sectors dealing with domestic violence risk assessment, risk management, and safety planning.

Overall, the findings highlight the critical role police play in ensuring the overall safety and wellbeing of victims of domestic violence and their children. The findings suggest that there is an inconsistent approach to safety planning across the police services who participated. Furthermore, there is a reluctance for police to directly engage children exposed to domestic violence, especially in terms of offering safety planning. In addition, risk management strategies targeted at the perpetrator of domestic violence was lacking amongst most of the police services as many were victim-centered and not offender-centered in their approach to managing risk to victims.

Summary for a Lay Audience

Domestic violence is a global, gendered social issue, primarily affecting females, although it is recognized that other gender identities can experience abuse and domestic violence. Furthermore, domestic violence can affect all demographics; no one is immune. Domestic violence occurs in the context of romantic and intimate partner relationships, and often behind closed doors, making it a very isolating and traumatic experience for victims. Domestic violence can have a devastating impact on individuals, families, and communities, especially when it turns lethal and lives are lost.

In Ontario, police services are mandated and trained to investigate and assist victims of domestic violence. These investigations can be complex due to the nature and dynamics of domestic violence. Unfortunately, tragedies do occur. When that happens, the Domestic Violence Death Review Committee (DVDRC), which consists of a team of professionals representing various agencies in the field of domestic violence, reviews domestic homicide cases to identify risk factors, history of system involvement, and missed opportunities for intervention. The purpose of reviewing domestic homicide cases is to make recommendations to appropriate agencies on how current practices can be improved upon and future tragedies avoided. Moreover, there has been an increased interest in identifying unique risk factors among vulnerable populations such as Indigenous peoples, immigrants and refugees, people in rural, remote and northern communities, and children who are exposed to domestic violence.

This study examined how police are conducting safety planning with adult domestic violence victims and their children, and how they are employing risk management strategies to

monitor the offender. Moreover, the study explored the challenges police experience while

working with domestic violence victims and victims identified from vulnerable populations, and

also examined promising practices.

Overall, this study highlights the need for increased police training in safety planning with

victims and their children, for employing risk management strategies for the offender, for

enhanced cross-sector collaboration, and for a standardized approach to conducting police

investigations into domestic violence occurrences.

Acknowledgements

 I would like to express my sincerest appreciation to all the people who supported me through the completion of my thesis. First, to my advisor, Dr. Peter Jaffe, for providing guidance and mentorship throughout this process. It is truly an honour and a pleasure to have had the opportunity to work with an immensely revered individual. I admire Dr. Jaffe's passion and dedication to advancing research and education in the field of domestic violence and feel blessed to have had the good fortune to learn from his experience and insight.

 I would like to acknowledge the support of the research team at the Center for Research and Education on Violence against Women and Children as you made this journey a much more pleasurable process. I would like to thank Dr. Mike Saxton and Dr. Laura Olszowy who also worked on the Canadian Domestic Homicide Prevention Initiative for collaborating with me and providing much valuable insight and many suggestions.

 I would like to thank my mother, Sheila Burrows, who encouraged and pushed me to follow my dreams and goals and not to give up on such an amazing opportunity. I am glad I had her in my corner cheering me on.

 Lastly, and most importantly, to my partner, Mike, and my boys, Kyle and Blake: I cannot express enough how thankful I am to have had the support from my family. There were countless hours that I sacrificed away from my family to complete my educational goals. There are no words to express the gratitude I feel for all your support. I hope I set a good example for my boys to pursue their dreams and to dream big because if you don't dream it, it will never come true. Thank you!

Table of Contents

List of Figures

Chapter One: Introduction

Overview

Domestic violence is still a very prominent social issue in society despite all the research and educational campaigns that have been developed to create social awareness. Domestic violence is a gender-based global phenomenon that impacts females severely and frequently. There still remains a constant need to find innovative ways to combat this social issue through continuous research, policy making, and education. By uncovering promising and emerging practices, the hope is to decrease incidents of domestic violence and improve strategies to keep victims safe. Here I provide an overview of domestic violence and domestic homicide and the impact it has on victims, children, families, the community, and society. Further, I discuss the evolution of police response to domestic violence and how this response has changed in reaction to several factors including a cultural shift in attitudes towards domestic violence. The occurrence of domestic homicides has led to inquests, recommendations being made at a legislative level, and the creation of a review committee, the Ontario Domestic Violence Death Review Committee (DVDRC). The DVDRC is intended to improve police response to assisting domestic violence victims and their children by identifying warning signs and risk factors associated with lethal violence.

Violence against women has been recognized internationally as a gender-based crime by the World Health Organization (WHO) and the United Nations (UN), and its definition varies widely from specific forms of violence against women to broader definitions adopted by the United Nations (Statistics Canada, 2013). The UN defines violence against women in the UN Declaration on the Elimination of Violence against Women (1993) as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or

suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life*" (UN, 1993; Statistics Canada, 2013).

Domestic violence has been recognized as a form of violence against women. However, the term itself has been associated with other similar terms such as family violence, relationship violence, intimate partner violence, and child abuse (Domestic Violence Resource Centre Victoria, 2019). A widely established understanding of the dynamics of domestic violence is that it explains a pattern of abusive behaviour through which a person seeks to control another person (DVRCV, 2019).

Globally, nationally, and locally, most domestic violence victims are females. It has been recognized by the World Health Organization (WHO) and the United Nations on Drugs and Crime (UNODC) that domestic violence is a form of violence against women, thus a gender-based crime where women and girls are the targets of a multitude of abuses inflicted by their intimate partners and/or family members. The WHO and UNODC have referred to domestic violence as a human rights violation in order to raise world-wide attention to this major social issue that is perpetuated by gender inequality, and to draw global awareness to the negative consequences domestic violence has on a victim's health, mental well-being, and financial stability. Furthermore, it has been recognized that the social ills of domestic violence move past the humanitarian realm into the financial sphere and have created a massive burden on society's social institutions that have to deal with all the complexities of domestic violence. In Canada alone, it is estimated that the total cost of intimate partner violence against women is $4.8 billion over a one-year period (Statistics Canada, 2009).

Unfortunately, Canada is not immune to the devastating impacts of domestic violence. According to the Statistics Canada (2016), women are victims of intimate partner violence more

often and more severely than men. When men's experiences of intimate partner violence was compared to women's, it was found women were twice as likely to report being sexually assaulted, beaten, choked, or threatened with a gun or a knife; were more likely to report higher rates of injury caused by abuse (40% versus 24% for male victims); were more likely to experience long term effects from post-traumatic stress disorder; and were more likely to experience emotional and psychological abuse by being insulted and called names by men (Statistics Canada, 2016). Furthermore, 79% of the police reports indicated that intimate partner violence was against women, and women were victims of intimate partner violence at a rate four times greater than men (Statistics Canada, 2016).

The current study reviews the role of police in safety planning and risk management with adults and children who are exposed to domestic violence to ascertain what is happening in practice and in the field. The challenges police face to providing effective safety planning and risk management with victims is discussed. Further, this study examines police response and the challenges they experience while working with vulnerable populations such as Indigenous peoples, immigrants and refugees, and people in rural, remote and northern communities. Children who are exposed to domestic violence and children killed in the context of domestic violence, particularly those from vulnerable populations, create unique challenges for police in the execution of their role. Finally, promising police practices and emerging trends are identified as police adapt to issues of domestic violence unique to their jurisdiction.

This study is part of a larger national study, the *Canadian Domestic Homicide Prevention Initiative for Vulnerable Populations* (CDHPIVP; www.cdhpi.ca). The CDHPIVP initiative was made possible in part by a grant issued by the Social Science and Humanities Research Council (SSHRC). The global goal of this project is to generate information in the area of domestic

homicide prevention among four identified vulnerable populations—Indigenous peoples, immigrants and refugees, people in rural, remote, and northern communities, and children exposed to domestic violence—by uncovering the unique needs and risk factors of these populations. In order to achieve the overarching goal of the project, the current study focuses on barriers and challenges to effective victim safety, specifically in the areas of risk assessment, safety planning, and risk management. In addition, the promising practices of enhanced cross-sector collaboration in the prevention of domestic homicide is studied.

As a post-graduate student researching domestic violence and domestic homicide, I want to highlight my professional experience as it provides some context for this study. I am a former police officer who worked in a mid-size urban city in southwestern Ontario. I have 18 years of combined law enforcement experience (policing and government) and currently work in a training capacity developing curriculum and instructing on senior specialized police courses, specifically domestic violence and human trafficking investigations. I became a police officer because I wanted a rewarding career with an opportunity to make a difference in people's lives and have an impact on my community. I have always had a strong sense of social justice and have been passionate about gender equality issues. While working as a police officer, I spent a third of my career working in a specialized domestic violence unit (DVU). My role in the DVU was to monitor high risk domestic violence offenders, and to oversee domestic violence occurrences to make sure they met internal organizational policies and procedures and aligned with provincial adequacy standards. I liaised and collaborated with community and justice partners on high risk cases. Other duties included training police members on domestic violence investigations and providing outreach and education to community members on dating and domestic violence. Also, I worked in a domestic violence bail safety unit. I was responsible for

liaising with domestic violence crown attorneys and the Victims Witness Assistance Program personnel to provide input on victim safety at the accused's bail hearing or show cause court appearance.

Chapter Two: Literature Review

The literature review discusses the implications domestic violence has on the individual and society on a variety of levels, including the ultimate cost of human life when domestic violence turns lethal. The purpose of this literature review is to situate this thesis in the context of domestic violence and domestic homicide from a global and national perspective.

2.1 Domestic Violence

Domestic violence is a major social, health, and criminal issue around the world (WHO, 2014; UNODC, 2018). Canada shares the same concerns about domestic violence. The most devastating consequence of domestic violence is the emotional, physical, psychological, and spiritual trauma that it inflicts on the victim. According to the Status of Women Canada (2017), violence can have long lasting consequences on a person's overall health and well-being. These negative effects can manifest in many ways; deterioration in one's physical and mental health conditions can present in the forms of depression and post-traumatic stress disorder which can lead to a loss in productivity by missing school and work, further isolating the person from their social networks. Moreover, the toxic effects of domestic violence permeate the lives of the victim's families and friends, and the community of which they are a part.

It is estimated that the financial and humanitarian costs associated with domestic violence continues to be an encumbrance on larger social institutions (i.e., government, law enforcement, justice system, heath care system, social welfare system, and businesses) by creating a negative economic impact on available resources. According to Overlien (2010), over the past 40 years, globally, domestic violence has increasingly been highlighted as an urgent political, social, and public health problem.

Further, domestic violence continues to be a gender-based violence crime against women. The United Nations on Drugs and Crime (UNODC) reported in 2018 that approximately 87,000 women were killed around the world last year, and approximately 50,000 (58%) of the killings were perpetrated by intimate partners or family members. This staggering finding suggests that there were approximately six women killed every hour by people they know. Further, the World Health Organization (WHO) suggests most of this type of violence is perpetrated towards women by their intimate partner. Worldwide, almost one-third (30%) of all women who have been in a relationship have experienced physical and/or sexual violence by their intimate partner, and in some regions the percentage is as high as 38%. Moreover, globally, as much as 38% of all murders of women are committed by intimate partners (WHO, 2014).

In Canada, a recent statistic on domestic homicides from 2010-2015 indicates there were 418 cases of domestic homicide involving 476 victims, 90% of those victims were adults and 10% were victims under 17 years of age (Peters, Ursel, Hoffart, Nepinak, Dumont-Smith, 2018). Further, the gender of the victims comprised 79% adult females and 21% adult males (Peters *et al.,* 2018). In addition, most of the accused in domestic homicides were male (86%) (Peter *et al.,* 2018). The purpose of highlighting these statistics is not to discount that fact that males cannot succumb to domestic homicide, but to illustrate that women are overwhelmingly the victims in domestic homicides cases, and males are more often the perpetrators of this extreme violence. Thus, the focus of the current study is to identify ways to keep women and their children safer through appropriate safety planning and risk management strategies.

Although there has been much research in the field of domestic violence through public awareness campaigns, community initiatives, and education in the schools and the workplace to address the harms of domestic violence, it continues to have a negative impact at the individual,

community, and societal levels. According to Statistics Canada (2013) less than one-third of female domestic violence victims report the incident to police. Some of the reasons why females do not report the domestic violence is because they were fearful of their partner and they do not want anyone to find out about their situation as they consider it a personal matter (Statistics Canada, 2009, 2013). However, female domestic violence victims were more likely to contact police and report the incident if the violence was severe. For example, 53% of women reported they were sexually assaulted by their partner, and 60% of the cases were women reporting they had been beaten, strangled, or had a weapon used against them (Statistics Canada, 2009, 2013).

Police officers are frequently dispatched to calls for service during or after a domestic violence incident. The police are often the first agency a victim of domestic violence will call for help when there is a volatile situation occurring within the home. Victims are looking for police to intervene at a time of crisis to assist with defusing the situation and to keep them and their child(ren) safe from harm. When responding to these calls for service, police officers are in a unique position to immediately identify and address safety concerns for victims and their child(ren) (Perez & Ross, 2008).

Defining domestic violence and domestic homicide is an important consideration when conducting studies in this area because it provides a framework and point of reference for such cases. The World Health Organization (WHO) uses the term intimate partner violence to refer to domestic violence. According to the WHO (2017), "Intimate partner violence refers to behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours."

The Department of Justice of Canada (2019) uses the term family violence to describe any form of abuse or neglect that a child or adult experiences from a family member, or from

someone with whom they have an intimate relationship. The relationship is characterized as an abuse of power by one person to hurt and control someone who trusts and depends on them. The Department of Justice Canada advises the term for family violence can have slightly different meanings depending on the context in which it is used as violence can happen between anyone in a family or in a close intimate relationship, including opposite and same-sex couples. Thus, domestic violence can be referred to as family violence or intimate partner violence, including dating violence. Further, it is recognized by the Department of Justice of Canada that family violence affects Canadians in all types of families and relationships regardless of socioeconomic status, education, occupation, race, religion, and sexual orientation.

Although the WHO and the Department of Justice Canada have operational terms to define domestic violence, the working definition of domestic violence that is utilized for the purpose of the current study, is taken from the Policing Standards Manual (2000), specifically, policy number LE-024, which is a document that refers to Domestic Violence Occurrences. This is applicable because this is the definition used by Ontario police services to assist with classifying cases as domestic violence investigations. The Policing Standards Manual (2000) defines domestic violence as:

> Any use of physical or sexual force, actual or threatened, in an intimate
> relationship, including emotional/psychological abuse or harassing behaviour.
> Although both women and men can be victims of domestic violence, the
> overwhelming majority of this violence involves men abusing women. Intimate
> relationships include those between the opposite-sex and same-sex partners.
> These relationships vary in duration and legal formality, and include current
> and former dating, common-law and married couples. Criminal Code offences

include, but are not limited to homicide, assault, sexual assault, threatening

death or bodily harm, forcible confinement, harassment/stalking, abduction,

breaches of court orders and property-related offences.

These crimes are often committed in a context where there is a pattern of

assaultive and/or controlling behaviour. This violence may include physical

assault, and emotional, psychological and sexual abuse. It can include threats to

harm children, other family members, pets and property. The violence is used

to intimidate, humiliate or frighten victims, or to make them powerless.

Domestic violence may include a single act of abuse. (p. 1).

2.2 Domestic Homicide

One of the challenges with the phenomenon of domestic homicide is the

operational definition of what constitutes domestic homicide. There is no clear

consensus about what criteria to include when domestic homicides are reviewed by

domestic violence death review committees (DVDRCs) as "any definition of

domestic violence will have limitations in terms of its ability to capture the full

picture of lives lost to domestic violence" (Fairbairn, Jaffe, & Dawson, 2017, p. 203).

However, all DVDRCs appear to define domestic homicides as deaths involving

spousal relationships, and most DVDRCs will include divorced and separated

couples, common-law marriages, and dating relationships (boyfriend/girlfriend)

(Fairbairn *et al.,* 2017). Most DVDRCs review cases that include secondary

victims—children, parents, siblings, friends, new intimate partners, and bystanders

(i.e., friends/family members) or strangers who attempt to intervene (Fairbairn *et al.,*

2017).

Fairbairn *et al.* (2017) raise an important distinction between victims who are killed by an intimate partner using assaultive force and victim fatalities that result from the long-term negative health impacts that domestic violence has on a victim's physical and mental well-being—impacts such as suicide or chronic illness. Although domestic violence-related deaths are defined broadly under the DVDRC working definition of domestic homicide, DVDRCs and researchers acknowledge that more deaths could be attributed to domestic violence-related causes (Fairbairn *et al.,* 2017). This is an important distinction in terms of prevention and intervention strategies, particularly in terms of the timing of the intervention. Fairbairn *et al.* (2017) state:

> Our objectives in developing interventions and preventions strategies should also be to intervene as early as possible in abusive situations, and to understand the holistic picture of abuse (physical, psychological, financial, and spiritual). Saving lives requires more than preventing a singular lethal incident of domestic violence when the repercussions of domestic violence are that victims, primarily women and children, are driven into precarious environments (e.g., living on the streets), chronic illness or injury, and/or states of self-harm (e.g., addiction, suicide). (p. 212).

In rare cases, domestic violence results in homicide (Olszowy *et al.,* 2013; Websdale, 1999). For the purposes of the current study, I have adapted a definition of domestic homicide from a government funded (Social Sciences and Humanities Research Council of Canada) research project, the Canadian Domestic Homicide Prevention Initiative for Vulnerable Populations (CDHPIVP), which describes domestic homicide as

> the killing of a current or former intimate partner, their child(ren), and/or other third parties – an intimate partner can include people who are in a current or former married,

common-law, or dating relationship – other third parties can include new partners, other

family members, neighbours, friends, co-workers, helping professionals, bystanders, and

others killed as a result of the incident. (Peters *et al.,* 2018)

2. 3 Evolution of Police Services Response to Domestic Violence

The evolution of policing over the past four decades has made great strides with

improving legislation and policies to strengthen and standardize the response to domestic

violence occurrences. Prior to the 1980's, Ontario police services had a weak and ineffective

approach to domestic violence cases. It was not until there was a societal shift in the early 1980's

when domestic violence was no longer to be treated as a private matter. The Ministry of the

Attorney General issued a mandatory charging policy to police services directing officers to use

no discretion in cases of domestic violence. If the facts to substantiate a criminal charge of a

domestic violence related offence existed, police shall lay the charge. Unfortunately, it took

several tragic events—several domestic homicides—to create substantial changes in Ontario's

response to domestic violence. Here I examine the timeline of police response to domestic

violence over the past forty years.

2.3.1 Lack of Response to Domestic Violence by Police

The way police handle and conduct domestic violence occurrences has changed

drastically since the 1980s. Prior to the 1980s, although assaults were considered a criminal

offence, assaults against intimate partners were deemed a private family matter that did not

require a criminal response by police. In fact, police response was usually dismissive and victim

blaming (Burris & Jaffe, 1984), especially if police responded to the same household for a

second, similar issue involving the same couple. At that time, very little training on domestic

violence was provided to police, therefore there was limited comprehension of the power and

control dynamics at play in a domestic violence situation. Police would question the victim in front of the abuser, making it an insurmountable task to make a candid report to police, and thus the cycle of violence continued.

Anecdotal information from senior police officers with whom I personally worked advised that domestic violence calls were treated more like noise complaints and a matter of keeping the peace. Police officers would provide a stern warning if the noise continued, advising that someone would be arrested and taken to jail if the noise persisted. In fact, during the early 1980s, most police services were strongly discouraged in laying of charges in cases of family violence altogether (Burris & Jaffe, 1983).

Some of the reasons for the reluctance to lay charges as described by Burris and Jaffe (1983) was because wife abuse (assault) was considered a low priority offence; there was no incentive to pursue a vigorous investigation as it was not deemed serious or important. Police received very little training even though these types of calls for service took up a large portion of police resources, and as a result of little training police did not appreciate the importance of responding to victims' needs and interrupting the cycle of violence. Burris and Jaffe (1983) further explained that acts of aggression towards wives was condoned in society as it was normalized and acceptable behaviour for males to take their "stress" out on their wives. This normalized behaviour suppressed taking issues of domestic violence seriously, thus keeping it a private matter between the married couple, and not a matter of public safety that required police to intervene.

One of the first police services in Canada to implement a policy around domestic violence occurrences that was not a result of legislative changes was the London Police Service, formally, The London City Police Force, in London, Ontario. In May of 1981, The London City Police

Force instituted a directive for officers to lay charges in wife assault cases if reasonable and probable grounds existed and ordered the practice of instructing victims to attend court to lay their own private information to cease. (A private information is a court process in which a private citizen can take their own action by attending a court house to lay a criminal charge against an individual in front of a Justice without a police investigation or involvement.) Further to this policy, officers were to distinguish between married and separated couples; if the couple were still together, the matter would be sent to Family Court, and if the couple were no longer living together, the matter would be dealt with via the Criminal Court system. The study found that domestic violence cases had a better response when tried in Criminal Court as opposed to Family Court (Burris & Jaffe, 1983). In addition, officers were required to help victims by providing information about the process and assistance available for them (Burris & Jaffe, 1983).

2.3.2 *Societal Shift*

In 1983, a landmark legislative change propelled wife abuse out from the shadows as a private family matter into the forefront where it would no longer be tolerated by society; this was an exodus from the historical treatment of wife abuse as a "private matter." The Attorney General of Ontario directed police to lay charges in domestic violence offences. This change was implemented as a result of recommendations from a Federal/Provincial/Territorial Task Force on justice for victims of crime advising that there should be written guidelines directing that wife assault be treated as a criminal offence (Ministry of the Status of Women, 2018).

2.3.3 *Homicide in the Context of Domestic Violence*

Unfortunately, the societal shift in bringing family violence out of the shadows and recognizing it as a major social and gendered issue took several tragedies to necessitate further

legislative changes at the Criminal and Family law level, and an increase in public awareness and messaging that domestic violence is never okay.

The most extreme case of domestic violence is a homicide or homicide-suicide, which refers to incidents in which the perpetrator kills their intimate partner and then themselves. Unfortunately, other casualties like children or family members are often caught in the cross-fire or are also intended targets of the abuser.

Although domestic homicides occur in Canada at a relatively low rate, the devastating impact they have is fierce. Domestic homicide continues to be a gender-based crime as 80% of the murdered victims of domestic violence in Canada who were in an intimate relationship (current or former legally married or common-law spouses, current and former dating partner and other intimate relationships) were women (Beaupre, 2015). Further, according to Statistics Canada (2014), females aged 15 and older were four times more likely to be killed by their male intimate partners who were also 15 years and older compared to females killing male partners.

Over the past 20 years, the number of domestic homicides that were committed by a legally married spouse (current or former) has been decreasing while the percentage of domestic homicides committed by a common-law partner (i.e., current or former dating partner, partner in an extra marital affair, etc.) has been increasing (Statistics Canada, 2014). A plausible explanation for this trend is the decrease in the percentage of couples who are legally married in Canada, while the number of couples in common-law relationships has been increasing (Statistics Canada, 2014). Although the legality around the union/partnership has changed, the violence itself has not depreciated significantly.

Domestic homicides can occur in a fit of rage; however, it is suggested that more often these acts of violence are premeditated (Dawson, 2017). Further, this type

of crime is the most predictable and preventable homicide as usually there are

multiple risk indicators present prior to the homicide or homicide/suicide (Dawson,

2017; Jaffe, Campbell, Olszowy, & Hamilton, 2014; Ontario DVDRC, 2015).

Domestic violence is a crime that is different from other crimes in two unique ways:

the victim is known to the perpetrator in advance, and the likelihood of repeat

violence is common (Chief Coroner, Province of Ontario, 2002).

2.3.4 Domestic Violence Inquest Recommendations: May-Iles and Hadley Inquests

When domestic violence results in domestic homicides, formal inquests into the deaths may

be held to ascertain what went wrong and how the system can do a better job at protecting future

victims and preventing further tragedies. Two pivotal domestic violence incidents, the May-Iles

tragedy that occurred on March 8, 1996, and the deaths of Gillian and Ralph Hadley that

occurred on June 30, 2000, generated fundamental changes in how police along with other

justice partners handle domestic violence cases.

In 1994, Randy Iles began an intimate relationship with his third wife's cousin Arlene

May. Iles' previous relationships and the relationship he had with May were reported to be

abusive. Iles was no stranger to the police as he had numerous criminal convictions, including a

weapons related offence. On November 14, 1995, May had reported to police that she was

assaulted by Iles. On February 29, 1996, Iles appeared for his last court appearance and was

released on court-imposed conditions to leave the jurisdiction. However, at that time the courts

were unaware that there was an outstanding warrant from another jurisdiction for his arrest as the

warrant was delayed being entered onto CPIC (Canadian Police Information Centre). On March

6, 1996, another warrant was issued for Iles' arrest as he breached his non-communication

condition when he contacted May. On March 7, 1996, Iles was informed by his counsel of the

warrant for his arrest. On March 8, 1996, Iles attended May's house in Collingwood, Ontario,

and waited for her to return home. May returned home with her child. There were two other

children in the home at that time. Iles forced his way into May's home. The children were

barricaded for hours in a closet. The children were able to free themselves and Iles ordered the

children to leave the home and to go to the corner store and call police. The last time the children

saw their mother was crying on her bed. Once the children left, Iles killed May then turned his

gun on himself (Chief Coroner, 1999).

As a result of the May-Iles Jury Inquest, 213 recommendations were made. The jury

requested in their opening statement that "there be a Zero Tolerance of Domestic Violence and a

recognition of the unique aspects of Domestic Violence as a crime, and a goal of a 'Seamless'

program across Ontario for victims of this crime" (Chief Coroner, 1999).

The homicide-suicide of Gillian and Ralph Hadley was another domestic tragedy that

prompted further attention to how police respond to domestic violence cases. Gillian Hadley,

who had two children from a previous relationship, was murdered by her estranged husband,

Ralph Hadley, in June of 2000. He had broken into their matrimonial home in Pickering,

Ontario. Gillian fled the house screaming, holding her 11-month-old baby; she was able to hand

the child over to a neighbour prior to a brief struggle on the front lawn with Ralph. Gillian was

dragged into the home and shot in the head; a short time later, Ralph committed suicide. He had

been charged with assaulting Gillian earlier in the year, but he was released while he awaited

trial. Although ordered to stay away from Gillian, he showed up at her home more than once

during the five-month period (The Globe and Mail, 2000). As a result of the Hadley Jury Inquest,

58 recommendations over a broad range of issues were delivered (Chief Coroner, 2002).

In 1999, a Joint Committee on Violence was formed to advise the government of Ontario

on how to best implement the 213 recommendations stemming from the May-Iles Inquest

(Baldwin, 1999). The concept of seamlessness was central to the 213 recommendations. Some

of the strategies identified were: implement standardized risk assessment and safety planning

tools across the system; establish domestic violence coordinating committees in every court

jurisdiction; introduce mechanisms for provincial coordination of domestic violence responses;

provide more effective education and training on domestic violence for every sector of the

response system; recognize public education is an essential part of Ontario's approach to address

domestic violence; and, implement accountability mechanisms across all sectors (Baldwin,

1999). Further, the Joint Committee on Violence identified specific strategies on how to respond

to children who are exposed to domestic violence. They recommended training police officers to

respond to the specific needs of children at the scene of a domestic occurrence, developing

protocols and policy for dealing with children, and, specifically, indicating when notification of

the Children's Aid Society is required or when another community/social service agency should

be involved (Baldwin, 1999, p. ix).

2.3.5 Domestic Violence Death Review Committees (DVDRCs)

The first Canadian DVDRC was established in Ontario in 2003 as a result of

recommendations made by juries in the inquests into the deaths of Arlene May and Randy Iles,

and Gillian and Ralph Hadley. Several other Canadian provinces—Alberta, British Columbia,

Manitoba, New Brunswick, Quebec, and Saskatchewan—have since formed their own DVDRCs.

These committees have been created in other locations around the world as well, and can be

found in the USA, Australia, New Zealand, and the U.K. (Dawson, 2017).

The purpose of the Ontario DVDRC is to assist the Office of the Chief Coroner in the

investigation and review of deaths of persons that occur as a result of domestic violence, and to

make recommendations to help prevent such deaths in similar circumstances (Ministry of the

Solicitor General, 2017). The DVDRC has reviewed 289 cases involving 410 deaths from 2003

to 2016. The findings from that review indicated that 65% of the cases were homicides and 35%

were homicide-suicides. Significant indicators of potential domestic homicide included a history

of domestic violence, which was found in approximately 73% of the cases; 67% of the cases

reviewed indicated there was an actual or pending separation of the couples (Ministry of the

Solicitor General, 2017).

The other important function of the DVDRC is to make recommendations to a cross-

section of agencies that work in the field of domestic violence (i.e., policing, victim services and

shelters, healthcare system, criminal justice sector, public education and targeted communities,

child welfare system, and to inform public policy). The DVDRC played an integral role in the

evolution of policing by making several recommendations to police pertaining to their response

to domestic violence incidents. As a result, the policing community has taken significant steps to

educate officers on the dynamics of domestic violence, develop policies to effectively manage

high risk domestic violence cases, including implementing a collaborative approach to

monitoring high-risk cases by forming high-risk and/or multi-disciplinary teams. Although

significant positive changes have been made by police in responding more effectively to

incidents of domestic violence, there is still a need for expansion of these types of approaches in

some jurisdictions (DVDRC, 2015).

The DVDRC were able to identify the most frequent risk indicators of lethality in domestic

homicide cases: a perpetrator who is depressed (50%); obsessive behaviour by the perpetrator

(47%); prior threats or attempts to commit suicide (46%); a victim who has an intuitive sense of

fear of the perpetrator (43%); perpetrator display of sexual jealousy (42%); prior threats to kill

the victim (39%); excessive alcohol and/or drug use (39%); perpetrator who is unemployed (39%); history of violence outside the family (35%); and an escalation of violence (34%). In addition, 71% of the cases reviewed by the DVDRC between 2003 and 2016 have indicated the presence of seven or more risk indicators at the time of the homicide (DVDRC, 2017). These findings are like those of many other studies of common risk factors associated with domestic homicide; these studies from across the world have resulted in risk assessment tools to support front-line professionals working with victims and perpetrators (Campbell, Webster & Glass, 2009; Hilton, Harris, Rice, Lang, Cormier & Lines, 2004; Kropp, 2008). Understanding risk indicators associated to lethality in domestic homicide cases assists with conducting risk assessments, risk management, and safety planning for victims and perpetrators of domestic violence.

The DVDRC has released an annual report of the domestic homicide cases they have reviewed since 2003. This review includes statistical information on victims, perpetrators, method of death, and other demographics. In addition, for each case reviewed, recommendations are made to the various sectors involved in the case. In the DVDRC 2017 Annual Report, several recommendations were made specifically to police with respect to training:

Case 2017-1 - Recommendation #2: The circumstances of this case should be used in police training on domestic violence in order to demonstrate the possible significance and implications of destruction of property, particularly during legal proceedings and/or separations, and how such actions may result in consideration of criminal charges against the perpetrator and a full risk assessment and/or safety planning for the victim.

Case 2017-14 - Recommendation #2. Police services across Ontario should be reminded

that domestic violence risk assessment is only the first step of a longer process that

should include safety planning and risk management.

Case 2017-22 - Recommendation #5: Police officers should receive training on the

elements of the offence of criminal harassment given that it is documented as a precursor

to domestic homicide.

The DVDRC continues to have an impact on the policing profession by identifying and

addressing shortcomings in investigations in order to improve police response to domestic

violence incidents and to avoid future tragedies.

2.3.6 Present Role of Police

In Ontario, police services fall under the Ministry of the portfolio of the Solicitor General.

It is the *Police Services Act, 1990,* and its *regulations* that provide the standards to which police

services are accountable. There are five core functions that are expected of Ontario's police

services these are; prevent crime, enforce the laws, help victims, keep public order, and respond

to emergencies. Section 42 (1) of the *Police Services Act* details the duties of a police officer,

and one of the specific duties is to assist victims of crime. There are many regulations that are

attached to the *Police Services Act.* One of the regulations that was introduced in 1999 by the

Ministry of the Solicitor General under the *Police Services Act* was *Ontario Regulation 3/99, the*

Adequacy and Effectiveness of Police Services, commonly referred to as O. Reg 3/99 or

Adequacy Standards.

O. Reg 3/99 was intended to provide all police services and Police Service Boards with the

structure needed to ensure the effective delivery of policing services in Ontario. O. Reg 3/99,

section 12(1)(d) states that every chief of police shall develop and maintain procedures on and

processes for undertaking and managing general criminal investigations and investigations.

Domestic investigations is listed as one of those investigations that requires a defined procedure

along with a process for managing it. Further, section 29 of O. Reg 3/99 requires police services

boards in Ontario to have a policy on investigations into domestic violence occurrences.

The Policing Standards Manual (2000), specifically document LE-024, Domestic Violence

Occurrences, provides police services a framework on how to interpret and adopt the adequacy

standards set out in O. Reg 3/99. The rationale behind this is to implement a standardized

approach for police officers investigating domestic violence occurrences across Ontario.

Police are routinely dispatched to domestic violence occurrences; it is typically among one

of the most common calls for service, which places a huge demand on policing resources

(Sechrist & Weil, 2018). Police officers in Ontario (municipal and provincial police) receive

instruction on domestic violence at the Ontario Police College during their basic recruit training

prior to hitting the streets. Currently, police recruits receive five 90-minute sessions on domestic

violence. Their training includes but is not limited to the dynamics of domestic violence, power

and control issues at play, red flags and indicators to be aware of, and officer safety protocol.

Training also involves assessing immediate safety considerations for all parties, as domestic

violence calls for service can be very volatile and ascertaining whether or not criminal offences

were committed—that is, conducting an investigative process to determine if reasonable and

probable grounds exist that an offence was committed, and providing support for victims in need

of assistance.

Senior police officers who are transferred to a domestic violence unit are required to take

specialized training. Previously, the Ontario Police College offered a train-the-trainer Domestic

Violence Course. The purpose of this course was for officers to take the knowledge they learned

and return to their respective services and conduct domestic violence training in-house. This course is no longer offered by the Ontario Police College and has been replaced by a Domestic Violence Investigation Course which is an eight-day course that provides more in-depth training on domestic violence and how to effectively investigate these types of cases. Further, the Ontario Police College has participated in hosting an annual two-day Domestic Violence Coordinators Conference for Domestic Violence Coordinators, Domestic Violence Investigators/Specialists, and other community (social, health, and education), justice (probation and parole, Victim Witness Assistance Program, and Crowns) and government agencies. The conference covers current trends and issues in the field of domestic violence. This conference is designed to invite experts in the field to share their research and knowledge, and provides an opportunity to share challenges, best practices, and resources with professionals working in the area of domestic violence.

2.3.7 Enhanced Police Response

A Model of Police Response to Domestic Violence is outlined in the guidelines of the Policing Standards Manual (2000), document LE-024. This document outlines a framework for how police are to conduct domestic violence occurrences. One of the recommendations from the Hadley inquest was for the Ministry of Solicitor General to conduct audits of police services compliance with the Model of Police Response to Domestic Violence. In 2007, the Model Police Response to Domestic Violence was evaluated to ensure domestic violence policy and procedures were implemented appropriately and the required improvements were made (Ministry of the Status of Women, 2018). The LE-024, Domestic Violence Occurrence document, is still the standard that is used across Ontario.

One of the suggestions listed in the LE-024 document, item #2, states every police service should ensure that it has access to trained domestic violence investigators. Item #5 outlines the ways in which police service's obligations can be met under item #2. These are as follows: (1) ensuring that an adequate number of patrol officers are designated as domestic violence investigators; (2) establishing a specialized unit of domestic violence investigators that will be responsible for undertaking, managing, or reviewing the investigation of domestic violence occurrences; (3) designating a domestic violence occurrence as a threshold occurrence under the police service's criminal investigation management plan, thereby requiring that the investigation be undertaken or managed by a criminal investigator; or (4) designating patrol supervisors as domestic violence investigators who will be responsible for undertaking, managing, or reviewing all domestic violence occurrence investigations (Ministry of the Solicitor General, 2000).

Since this time, there have been many progressive initiatives that have occurred to break the silence around domestic violence being a private matter. Other noteworthy initiatives that Ontario has implemented to support a zero tolerance on domestic violence since the May/Iles and Hadley Inquests are the launch of Ontario's Domestic Violence Action Plan in 2004, and the commencement of the Bail Safety Project in 2006, which includes trained teams of Crown prosecutors, victim witness assistance program staff, and police to conduct in-depth interviews with victims of domestic violence at the bail stage. The rationale for this is to provide recommendations for bail conditions if the accused is a candidate for release, or to oppose the accused's release by providing additional victim safety concerns to the court.

 The Model of Police Response to Domestic Violence (the guidelines issued to deal with domestic violence) was assessed by the Government on the work of 51 municipal police services in 2007. According to the results of the evaluation, the guidelines produced positive results,

especially when it came to the strengthening of the working relationships with the police, crown attorneys, officials of Victim and Witness Assistance Program and Victim Crisis Assistance and Referral Services, and local shelters (UN Women, 2016). The Ontario Provincial Police conducted their own evaluation in 2007 (UN Women, 2016).

The way police services across Ontario handle domestic violence occurrences will be similar due to the legislative and mandated policy requirements but will vary due to how police services fill its requirements under item #2 of the LE-024 and the adoption of one or more of the options listed in item #5. Some of the variations in how cases are treated can be attributed to the size of the service, geographic location of the service (urban vs. rural, remote, northern), and availability and access to services and resources, again due to geographical location. Therefore, it is difficult to achieve a truly standardized approach since all these variables create different possibilities for action. However, according to LE-024, all police services should have a very consistent approach when it comes to investigating domestic violence cases with respect to interviewing procedures, evidence procedures, mandatory charging policy, criminal harassment, firearms, risk indicator tools, children at risk, high risk cases and repeat offenders, occurrences involving members, bail procedures, victims' assistance, safety planning, monitoring compliance with police services' procedures, and successful completion of Ministry accredited training qualifications or the equivalent for domestic violence investigators.

2.4 Children and Domestic Violence

This section examines the impact domestic violence has on children who are often present during the incident, the implications it has on childhood development, and how children use coping mechanisms and strategies in response to the violence that is occurring in their

environment. Further, this section highlights police officers' interaction with children at the scene of a domestic violence occurrence and their role in safety planning with children.

2.4.1 Children are Often Present

Children are often present during domestic violence occurrences whether the incident happens at home, on a vacation, or in the family car. Numerous studies indicate that children are present at least 50% of the time when a domestic violence incident takes place (MacMillan, Wathen & Varcoe, 2013; Gewirtz & Edleson, 2007; Fantuzzo & Fusco, 2007; Burton, 2000). Additionally, it has been estimated that at least 3.3 million children witness physical and verbal domestic abuse each year, which includes a range of escalating behaviours from insults to hitting to fatal assaults with guns and knives (Osofsky, 2003; Carlson, 1984, Jaffe, Wolfe, & Wilson, 1990). It has been increasingly recognized that domestic violence exposure poses a serious health risk for children (MacMillan *et al.,* 2013), and it has been considered a form of maltreatment. According to Trocme, Fallon, MacLaurin and Sinha (2010) exposure to domestic violence and neglect was the most frequent (34%) types of abuse against children (see Appendix D). Since there are many children who are often exposed to domestic violence, it is important to understand the emotional impact it has on them, the safety risks that are involved, what strategies children instinctively use to navigate their personal safety, and the impact of police interaction with children.

2.4.2 Impact of Domestic Violence on Childhood Development

Children's exposure to domestic violence is increasingly recognized as a type of child maltreatment that has a level of impairment like other types of abuse and neglect (MacMillan *et al.,* 2013). Children's exposure to domestic violence includes seeing, hearing, or being aware of

the violent incident or threatening behaviour between adults who are currently or were in a relationship (MacMillan *et al.,* 2013). It has been well established that children who are exposed to domestic violence are at an increased risk to suffer emotional and physical harm (Thiara & Humphreys, 2017), and can represent a significant risk for healthy development in childhood (Gewirtz & Edleson, 2007). Consequently, such exposure can lead to negative adverse outcomes such as high levels of aggression, depression, anger, and anxiety (Overlien & Hyden, 2009; Wolf *et al.,* 2003). Given the developmental needs of young children, they may be especially vulnerable to the harmful effects of domestic violence because they have not developed the capacity to understand and cope with trauma in the same way as older children (Osofsky 2003, Osofsky, 1999). Furthermore, younger (preschooler) children are "highly egocentric, they are more likely than older children to attribute events in their environment, such as marital conflict, as being caused by or having to do directly with their own actions" (Miller, Howell, Hunter, & Graham-Berman, 2012, p. 69).

The long-term effects of exposure to domestic violence will present in different ways depending on the child's stage of development; for example, the effects on an infant can be exhibited by failure to thrive, listlessness, disruption in eating and sleeping routines, developmental delays, problems with attachment and trust, and experience of PTSD symptoms. During the latency (5-12 years old) stage, children can display general aggressiveness, bullying behaviour, depression, anxiety, withdrawal, PTSD symptoms, oppositional behaviour, destruction of property, poor school achievement, disrespect for females, and sex role stereotyped beliefs. In the adolescent (12-18 years old) stage, some of the long-term effects are dating violence, bullying, poor self-esteem, suicide ideation, PTSD symptoms, truancy, somatic

concerns, disrespect for females, sex role stereotyped beliefs, alcohol and drug abuse, running away from home, and sudden decline in school achievement and attendance (Jaffe, 2017).

It is difficult and stressful for children to integrate the experience of violence between the people they trust, and simultaneously live in a stressful non-nurturing environment (Osofsky, 2003). What is most unfortunate is that children who are exposed to domestic violence often suffer in silence (Overlien & Hyden, 2009) as they are often considered silent witnesses.

2.4.3 Police Interaction with Children

The arrival of police officers at a domestic violence incident is often the first moment when family violence is exposed to the public gaze, and this instant represents an opportunity for police to interact with children, identify their needs, and instigate the process of delivering interventions to support and protect victims and children (Stanley, Miller, Richardson-Foster, Thomson, 2011). However, there is very little empirical research on how police interact with children at a domestic violence occurrence (Stanley, Miller, Richardson-Foster &Thomson, 2010; Swerin, Growette-Bostaph, King & Gillespie, 2018). One of police's primary concerns when responding to a domestic violence occurrence is the potential threat that can pose a risk to all parties involved. Police would want to know if the perpetrator is at the residence, were there weapons involved, and is there access to weapons; are there intoxicated persons, mental health issues to be aware of, any person wanted on an outstanding warrant or who is on probation and is there is a history of domestic violence. They are also wanting to know if there are any other potential witnesses or victims, especially children in the home. Police are trained to check the welfare of children to ensure they are physically safe, but not necessarily emotionally safe.

From my experience in policing, the way police handle children at the scene depends on the age of the children and the extent to which they were involved in the situation. However,

most often children are treated as silent witnesses or bystanders, and victims only if they were physically injured or threatened. Typically, police do not want to use children as witnesses as putting them through the court process can be exceptionally difficult and testifying in court proceedings may cause further trauma through the recounting of violent memories (Jaffe *et al.,* 2012; Eth & Pynoos, 1994). Further, interviewing a child witness must be done by an officer who is specifically trained on how to interview children. Overall, the level of interaction and engagement police have with children greatly depends on their own personal comfort level and individual experience with children.

Stanley *et al.* (2010) conducted a study in the U.K. on children and families experiencing domestic violence, and police and children's social service response. The researchers interviewed police officers and children to ascertain how each regarded their interactions with one another. The police officers interviewed gave several reasons for their lack of interaction with children. Four of the officers advised it was not their role to talk to children; half of the officers were hesitant to talk to children because they were either afraid to upset and traumatize the child or did not want to evoke a conflict of loyalties; or, they said, they lacked the knowledge and confidence to speak to children. In addition, when police were asked to rate the quality of service they provided for children who had experienced domestic violence, most participants indicated police did not perform well in this area (Stanley *et al.,* 2010).

Swerin *et al.* (2018) conducted a similar study. Their research sought to identify how often children were present at the scene of domestic violence occurrences and the child's level of exposure; how often, if at all, police officers speak directly to children who were present, and what factors impacted their decision whether or not to speak to children; and, the impact of child presence on police response. The results from Swerin *et al.* (2018) indicate that children were

present 51% of the time, and the age of the children was under 6 years of age. There was a real

reluctance for police officers to interact with children as less than one-third of the police officers

advised that they talked directly to children who were present, partly because of a lack of verbal

proficiency due to the age of the child. Finally, the impact of children's presence on police

response indicated a very high victim-directed intervention and victim-directed follow-up. This

was attributed to police officers' understanding the additional harm to children when they are

exposed to domestic violence. However, surprisingly, the study found there was a decrease in

arrests made by police officers at the scene when children were present. The explanation the

researchers suggested for this finding was that police officers may use more discretion and

choose not to arrest the offender in front of the child as it would be considered more traumatic.

However, a study conducted by Finkelhor and Turner (2015) indicates that a child's trauma

symptoms are lessened when the offender is immediately taken out of the home. This is an

interesting finding as although some officers feel they are protecting the child from further harm,

the may unintentionally be contributing to the trauma.

Furthermore, Stanley *et al. (*2010) revealed that children and young people wanted police

officers to talk to them, to explain what was happening and what the implications might be for

them. Also, many of the young people advised they did not feel that police listen or talk to them

and did not view them as credible, thus they had no voice in the situation.

2.4.4 Police Officer's Role in Safety Planning with Children

Prior to police leaving a domestic violence call, it is mandated by Policing Standards

Manual, LE-024 that police provide safety planning or leave information on assistance available

so that victims can seek out resources in their community that can assist with safety planning.

There is no expectation for police to safety plan directly with children as per provincial adequacy

standards, however; it is assumed that if the mother has received some form of information on safety planning and resources, whether directly or indirectly, they (mothers) are the ones ultimately responsible for the safety of their children. Furthermore, there is an assumption that police officers' responsibility to keep children safe stops when a notification is made to the local child protection services. In some cases, if the incident is deemed to be high risk or unique by a Domestic Violence Coordinator/Specialist who is responsible for reviewing domestic violence occurrences, part of their role should be to initiate further, more extensive safety planning with the victim, but not necessarily provide direct safety planning for children involved.

MacMillan *et al.* (2013) highlight important differences when it comes to safety planning for children directly or safety planning with an adult victim with the expectation that the victim will safety plan with their children. MacMillan *et al.* (2013) advise that there must be a differentiation between child safety planning that occurs as part of a program for children who have been exposed to domestic violence and safety planning that is provided by a parent without professional involvement. There may be confusing messages around secrecy and when to tell children about abuse, such as in cases of sexual abuse. Further, if children receive the message on how to "cope" with domestic violence, it is implied that it is something that can be tolerated and normalized (MacMillan *et al.,* 2013), thus perpetuating generational cycles of violence.

2.4.5 Children Navigating their own Safety

Children are often considered silent and passive witnesses to domestic violence with no self-agency to affect any control over their environment, but research highlights that children act using negative or positive strategies to mitigate abuse in the home (Overlien, 2017; Stanley *et al*., 2010). According to Overlien (2017), children intuitively know when domestic violence is going to occur and instinctually take steps to manage their own safety. Children will use a wide range

of strategies before, during, and after a violent episode. The strategies employed vary based on age and situation and context (Overlien, 2017). Furthermore, Overlien and Hyden (2009) found that children are self-reflective, and able to reflect on the violent episode and state what they would have done differently. Stanley *et al.* (2010) advise domestic violence forces children and young people to adopt adult roles and responsibilities in order to survive as they feel an obligation to monitor the safety of distressed parents and to take on the responsibility for their sibling's safety as well. This demonstrates the fact that children are not just passive witnesses; "violence is something children experience from a position as subjects, and not as objects, as the concept of' 'being exposed to' may suggest" (Overlien & Hyden, 2009, p. 480). These studies show that children will act to keep themselves safe using negative or positive strategies regardless of service providers' intervention. These studies further show that children have the capacity to learn safety planning strategies that are developmentally age appropriate. Police are in a unique position to offer some form of safety planning for children as they are typically the first service provider to be aware of domestic violence going on in the home (Stanley *et al.,* 2011). Safeguarding children and young people is everyone's responsibility and all professionals working with this population must receive training and learn how to recognize, assess, and respond to the signs of child abuse and neglect (Appelton & Sidebotham, 2018).

2.5 Children Killed in the Context of Domestic Violence

This section examines the prevalence of children killed in the context of domestic violence, the domestic violence situations in which children are often killed, and some of the unique warning signs that are associated with child domestic homicides.

2.5.1 Overall Homicide of Children in the Context of Domestic Violence

Unfortunately, children are killed in the context of domestic violence. "Child homicides are a significant concern around the world and call for an enhanced prevention effort. In 2012, 36,000 children under the age of 15 were victims of homicide, representing 8% of all global homicide victims" (UNODC, 2014; Jaffe, Campbell, Reif, Fairbain & David, 2017, p. 317). Further, "child death inquiries have consistently shown that the greatest number of deaths occur for children aged under three and over 15 years" (Commission for Children and Young People, 2016, p. 25).

"In Ontario, the DVDRC includes the deaths of children in the definition of domestic homicide if the child has been targeted as part of the history of domestic violence" (Jaffe *et al.,* 2017, p. 319). Moreover, some DVDRCs may include children if they witnessed the homicide or lost a parent as a result of homicide (Jaffe *et al.,* 2017). After a review of 17 DVDRCs in the U.S. and in Canada, it was found that 7% of the homicide victims were children, 22% of children witnessed the homicide, and 30% of the children were present at the scene (Jaffe *et al.,* 2017 Jaffe *et al.,* 2012).

It is recognized that children can be killed through other forms of child abuse, like shaken-baby syndrome, accidentally through maltreatment or neglect, or by a parent who is suffering from a mental health issue like postpartum depression or psychosis (Olszowy, Jaffe, Campbell, Hazel & Hamilton, 2013). However, the current study has focused on children who are killed by fathers (paternal filicide) in the context of a previous history of domestic violence; statistical research indicates that in North America fathers are more than 50% of the time the perpetrators of this act (Dawson, 2015; Jaffe *et al.,* 2017).

Although child homicide as an outcome is statistically very rare, research has shown that children who are exposed to domestic violence in their family often experience child abuse

simultaneously (Jaffe *et al.,* 2017). Holden (2003), after conducting an extensive review of 30 empirical research studies, estimated that somewhere between 30% and 60% of the children of abused women were also physically abused.

The Commission for Children and Young People (2016) in Australia conducted an inquiry into 20 child deaths that were linked to family violence. In this report, of the 20 children who died, in all the cases there was a history of violence towards the children's mother and the children had witnessed their mother injured; in four of the cases, children witnessed both parents being violent to each other. Therefore, it is important to draw the connection between the danger for potential lethality for children when a mother is experiencing domestic violence because often the case is centered around the mother's safety and not the children's as it does not fit into the traditional signs of child abuse (Jaffe & Juodis, 2006).

2.5.2 Children Killed in the Act of Intervening; Murder-Suicide or Revenge

According to Jaffe and Juodis (2006) child homicides can differ in terms of situational characteristics. Jaffe and Juodis (2006) identified three situations in which children were killed within the context of domestic violence: indirectly as a result of attempting to protect a parent during a violent episode; directly as part of an overall murder-suicide plan by a parent who decides to kill the entire family; or directly as revenge against the partner who decided to end the relationship or committed some other perceived betrayal. A study by Liem and Koenraadt (2008b) found that in 25% of paternal filicides, the father killed his child in response to a threatened separation or divorce (Olszowy *et al.,* 2013). Several researchers have also identified that a child may be at risk for lethality when the perpetrator's primary aggression is directed towards a spouse, as children are often killed in a deliberate attempt to make their former partner suffer (Olszowy *et al.,* 2013; Lawrence, 2004).

Holden (2003) conducted a study to determine a taxonomy of children's exposure to domestic violence. Ten categories of exposure were identified and three of the ten indicate a child's involvement in a domestic violence episode. One was intervening on the victim's behalf, doing some sort of courageous act to stop the violence. The next type of child involvement was a verbal or physical assault against the child, either accidental or intentional. A study by McCloskey (2001) found that 65% of perpetrators had threatened to harm the children or take them away, in contrast to 19% in a nonviolent comparison group of fathers. The third child involvement was a child participating in the abuse after being coerced or encouraged by the perpetrator.

2.5.3 Unique Warning Signs

Unfortunately, there is little research to demonstrate a definitive link between adult domestic homicides and children killed in the context of domestic homicides (Jaffe *et al.,* 2012), and there has been a lack of research and understanding in identifying risks for child homicide in the context of domestic violence (Jaffe *et al.,* 2017). However, there is evidence that risk factors are present. Jaffe *et al.* (2005) conducted a review of domestic child homicides; 84% of the cases indicated seven or more risk factors. An obstacle to determining risk indicators for domestic child homicides is the lack of risk assessment tools for predicting those situations where children are at a higher risk for lethality (Olszowy *et al.,* 2013). Certainly understanding this connection would better assist in intervention and preventative strategies to mitigate risk towards children.

There has been some research that has highlighted unique warning signs for domestic child homicides. The DVDRC of Ontario had reviewed 77 domestic homicide cases that involved child homicides between 2003 and 2008 and it was found that in 27% of the cases there was a history of violence or threats against children (Jaffe *et al.,* 2012). Jaffe *et al.* (2017) expand on

the interpretation of threats against children to include an actual or threatened child abduction and threats to kill the child as identified precursors to child domestic homicide (Jaffe *et al.,* 2017).

Further, Websdale (1999), cited in Olszowy *et al.* (2013), also identified three significant factors that were deemed antecedents to and indicative of domestic child homicides: family history of child abuse, history of domestic violence, and prior contact with various agencies. This information is important for officers to be aware of because there is a lack of standardized risk assessment tools designed to assess lethality for children in the context of domestic violence (Ontario Ministry of Children and Youth Services, 2016). Officers understanding the unique warning signs for lethality for child homicides in light of a formal risk assessment tool may lead to better risk assessments, thus improved safety planning and risk management strategies specific for children. However, officers should "not ignore or minimize the risk for lethality against children even if there is no documented or allegation of direct child abuse or neglect, but there is information that there is domestic violence going on in the home, as this can lead to a child's risk for lethality being overlooked" (Olszowy *et al.,* 2013, p. 190; Jaffe & Juodis, 2006).

Children are considered one of the most vulnerable populations in society and succumb to domestic related homicides. Research in this area presented in this section indicates that there is a link between domestic violence and child abuse (if the mother is at risk it is a good indication that the child is at risk, too) and that there are unique warning signs and situations in which children are killed in the context of domestic violence, whether they are involved or are intentionally targeted as part of an overall murder or murder-suicide plan. However, research indicates a disconnect between police reluctance to engage children directly and children wanting the interaction. Police can have an influential and meaningful role in interacting with

children, thus are in a position possibly to make a difference if the right intervention strategies are employed.

2.6 Risk Assessment, Risk Management, and Safety Planning

Three fundamental components to reducing the likelihood of reoccurring and/or lethal domestic violence include the use of appropriate risk assessment tools to evaluate risk to the victim(s), risk management strategies to effectively monitor the perpetrator of violence, and safety planning to ensure the victim has strategies in place to optimize their safety. Domestic violence cases that have been assessed as high-risk require additional steps; collaboration with other justice and community partners is considered a promising approach for the effective management of high-risk domestic violence offenders. In this section, I examine the role of risk assessment, risk management, and safety planning with children.

2.6.1 Risk Assessment

Risk assessment is important for the overall management of domestic violence investigations and helps to inform safety planning for victims (Kropp, 2008). Police have been conducting risk assessments for domestic violence cases for decades; it was one of the 213 recommendations that was made as a result of the May/Iles (1998) inquest. In addition, the DVDRC since its inception has made several recommendations in relation to risk assessment to a variety of sectors including policing. In 2006, (recommendation 2006-10) the DVDRC 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 (DVDRC, 2015). Police officers' perception of risk of recidivism and imminence of that violence are some of the most influential factors impacting their decision making on how to respond to a domestic violence incident (Campbell, Gill, & Ballucci, 2017; Trujillo & Ross, 2008).

In 2003, the Ministry of Community Safety & Correctional Services (MCSCS) (now the Ministry of the Solicitor General) and the Ontario Provincial Police jointly created a risk assessment tool called the Domestic Violence Supplemental Report (DVSR) form to be used by patrol officers throughout Ontario when investigating a domestic violence occurrence. The DVSR assessment form consists of a list of 19 risk factors, including a history of violence, access to firearms, sexual abuse, and bizarre and/or unexplained behaviour. Police officers were encouraged to complete the form with the victim if they were cooperative, and to fill in information via other sources if the victim refused to cooperate. The DVSR form was to be completed in cases where criminal charges were being pursued and was to be submitted as part of the Crown/Court Brief to be used by the Crown Prosecutor at different stages of the criminal court process including the bail hearing stage. The DVSR was developed to assist police officers in assessing and identifying risk of potential harm to a female victim and any child(ren), and to ultimately assist with intervention and safety planning.

In my experience, when the DVSR was first implemented and made a standard requirement to be completed for a court brief (police prepare court briefs for the Crown to be used in the court process), there was much resistance and frustration exhibited by many police officers. One of the reasons for this was that it added additional time to an already lengthy investigation, as it added more steps to be completed by the investigating officer.

There are many spousal violence risk assessment tools used across Canada that have the capability to assess for lethality or recidivism for violence and are used by a cross section of professional agencies that work with domestic violence victims. Some of the common risk assessment tools are the Danger Assessment Scale (DA) (Campbell, 2001, Campbell, Webster, & Glass, 2009, Kropp, 2008), which is commonly used by women's shelters and nurses to measure

lethality for violence. The Ontario Domestic Assault Risk Assessment (ODARA) is used by the
Ontario Provincial Police and other Ontario police services. This tool was developed to measure
recidivism and designed for law enforcement. It is an easy tool to use as it has 13 yes/no
questions and many of the questions are centered around previous criminal activity, which is
useful for police as they have access to this information through their police records and data
management systems. If the perpetrator scores 7 and above, they are deemed to be at high risk to
reoffend (Hilton, Harris, Rice, Lang, Comier, & Lines, 2004; Kropp, 2008).

Currently, Ontario police services use the Domestic Violence Risk Management (DVRM)
form/report which replaced the DVSR. The DVRM is a combination of the original DVSR with
the inclusion of the ODARA. The DVRM is to be completed if charges are being laid and/or a
domestic violence occurrence is being submitted. The Spousal Assault Risk Assessment Guide
(SARA) is a structured professional judgement tool that is also used by police services. This tool
assesses future risk and lethality and helps in determining risk scenarios, risk formulation, and
management plans (Kropp, Hart, Webster, & Eaves, 1994; Kropp 2008). Different agencies
choose which tool is applicable for their needs as each tool is recognized for their different
strengths and uses. However, what is problematic is that not everyone is trained or educated in
the use and interpretation of each tool. This can be problematic as there is no consistency in risk
assessment amongst different agencies, nor is there common language to convey risk.

2.6.2 Risk Management

The CDHPIVP defines risk management as strategies intended to reduce the risk presented
by a perpetrator of domestic violence, strategies such as close monitoring or supervision, and
psychosocial interventions to address the violence and/or related issues such as mental health and
addictions. Risk assessment aids in helping evaluators identity risk management strategies

(Kropp, 2008), and it provides opportunities to intervene by providing safety planning for victims and managing the overall risk of the perpetrator (Jaffe *et al.,* 2017). The key to good risk management involves monitoring; the goal of monitoring is to evaluate changes to risk over a period of time (Kropp, 2008). Effective monitoring strategies can include contacting the perpetrator, the victim, and other service providers involved with the case (Kropp, 2008).

Working as a police domestic violence specialist, part of my role was to monitor high risk domestic violence offenders. After a thorough risk assessment was completed, a risk management plan was implemented. Examples of the risk management strategies that I personally used to keep victims safe and to monitor the perpetrator are: having patrol officers conduct bail checks at the perpetrator's residence to ensure they were adhering to their court-imposed conditions if they had any; completing surveillance reports to have our mobile surveillance unit spin (follow) the perpetrator if there was a significant risk to the victim; and participating in a multiagency risk management team to collaborate on high risk domestic violence cases. Collaboration allowed for information sharing with other agencies to assess for dynamic risk factors, such as impending family and/or criminal court dates, release date from detention centre, employment loss, perpetrator not participating in counselling, or perpetrator showing increased substance use. Being equipped with additional information from other service providers allowed adjustment of the risk management and safety plan accordingly.

2.6.3 Safety Planning

The CDHPIVP defines safety planning as strategies that assist with protecting victims and those around them by tailoring safety plans unique to their situation. The safety plans are based on "principles of empowerment and autonomy and take into account the context of the victim's situation" (Campbell, 2001; Campbell, Hilton, Kropp, Dawson, & Jaffe, 2016, p. 11).

Domestic Violence Occurrence document LE-024, item #36, specifies that police should have procedures in place for safety planning when they respond to a domestic violence occurrence. The issues surrounding the victim's safety needs should be considered, including directly providing the victim with information on safety planning _or_ (my emphasis) providing information to the victim on the availability of safety planning information and assistance within the community.

The issue with providing police services the option to safety plan at the scene (directly with the victim) OR to leave information on available services (so the victim can pursue safety planning on their own) can create missed opportunities to protect victims and their children, if police services routinely practice the latter—which is less time consuming. However, because the LE-024 document provides the option, police services who choose not to engage in immediate and direct safety planning and leave information on the availability of resources are essentially absolved of their obligation to conduct direct and immediate safety planning as they are still fulfilling the requirements listed in item #36. Safety planning is paramount, regardless if the police officer and/or victim perceive their risk as low. The referral to services is really a deferral of vital information being provided in a time sensitive situation. Safety planning should be a priority, should be immediate, and should be completed on an ongoing basis as the situation warrants.

The argument for immediate and direct safety planning includes the following reasons. If there are no grounds to arrest the abuser for a criminal offence, officers may ask one person to leave for the night to cool off; usually it is the abuser but, under the law, police have no grounds to remove someone from their home if they refuse to leave, and sometimes the onus is on the complainant to leave. However, the abuser may acquiesce, then return after police leave, leaving

the complainant vulnerable. If there is sufficient grounds to lay a charge and the abuser gets

arrested and taken to cells for processing, the OIC (Officer In-Charge) may make the decision to

release the accused from cells after a few hours on an Undertaking (which is a legal document

that imposes conditions on the accused, and if the accused breaches one of the conditions, it is

another criminal offence). Most often the conditions listed on the Undertaking are not to contact

the victim and/or the children, and not to go to the residence, but in all reality it is only a piece of

paper that is stopping the accused from going back to the residence or contacting the victim.

Additionally, if the perpetrator flees the scene and the officer cannot locate the abuser for a

prolonged period, the victim needs to receive immediate safety planning, not wait a day or two to

talk to a community advocate or another police officer.

Police in Ontario have access to a government funded agency called Victim Services (VS)

to assist on domestic violence occurrences by providing short term assistance and support to

victims. As well, victim services are used to access the Victim Quick Response Program

(VQRP) to obtain financial assistance for victims of crime to assist with short term safety

considerations. Police officers often assume when they contact VS a volunteer who attends the

scene will provide safety planning and address the victim's needs, but this is not necessarily the

case. A VS volunteer will ask the victim if they would like further support (i.e., safety planning)

and if they are amenable a VS case manager will contact them to make an appointment at a later

time. If the victim refuses follow-up assistance from VS, then the process stops, or if the victim

originally accepts assistance than changes their mind as they have had an opportunity to reflect

on the situation, it is their prerogative to disengage. As well, VS will not dispatch a volunteer to

a scene if the accused is at large as it presents a safety risk for the volunteer. Therefore, there is

the potential for some victims not to receive timely safety planning information if there is no

follow up with victims. In high risk cases, police will take a more proactive role to make sure

safety planning is addressed; however, situations where risk is not assessed as high may leave

some victims very vulnerable and without safety planning.

Police are typically the first responders to domestic violence incidents and have an

opportunity to address safety planning while present on scene. Delaying safety planning by

deferring to an external agency and thinking that thereby this piece of the investigation is taken

care of means it may or may not be covered off and creates a potential gap in providing timely

safety planning with the victim; it may be a missed opportunity for intervention.

2.6.4 High Risk Domestic Violence Cases: Assessment, Management, Collaboration

On February 7, 2013, the Domestic Violence Occurrence guideline (LE-024) was

amended for administrative changes required in replacing the Domestic Violence Supplementary

Report (DVSR) with the Domestic Violence Risk Management Report (DVRMR). The DVRMR

is an investigative tool to assist with gathering important information in relation to the case when

there are charges laid and/or if an occurrence is submitted. As mentioned previously, the

DVRMR is a combination of the former DVSR and the ODARA, which is the Ministry's

approved risk assessment tool. The ODARA is a point system scale, consisting of 13 yes/no

questions (risk indicators set out by the Ministry). If the perpetrator receives a score higher than

7, they are deemed to be high risk for recidivism. There are several practical challenges with this:

if an offender receives a score less than 7 based solely on a point scale that is designed to

measure recidivism and an officer who is not fully trained in the dynamics of domestic violence

misses other indicators, lethality is a possibility. Conversely, if an offender has had previous

trouble with the law and has been charged with breaching a court order, this offender would

easily score higher on the ODARA making them a candidate for high risk consideration.

Speaking from my experience, a rapid growing list of offenders deemed to be high risk creates

challenges in managing this risk, especially is there are not adequate police resources to manage

the ever-growing list. There are fewer provincial guidelines and training when it comes to risk

management for high-risk offenders (LE-024).

      High risk offenders and repeat offenders are addressed in item #27 in the LE-024, but

with limited scope. The LE-024 advised police services to have procedures in place to utilize

investigative supports (i.e., physical and video surveillance, electronic interception,

victim/witness protection) to assist in cases deemed high risk or with repeat offenders. Further,

item #37 of the LE-024 advises that there should be a procedure in place for a domestic violence

investigator or another member of the police service to warn a victim of the potential risk the

offender poses to them or any children, and to offer to meet the victim to assist with developing

or reviewing the victim's safety plan and identifying other measures that may be taken to help

safeguard the victim and any children. There are collaborative systems in place to deal with high-

risk domestic violence cases. Some examples of these high-risk management teams are Multi-

Agency Risk Assessment (MARACs) and Domestic Violence Interagency Case Assessment

Teams (ICATs) which are multi-agency teams that consist of police, victim services, and child

welfare teams who share information to identify, monitor, and manage high-risk domestic

violence cases (Ending Violence Association of BC, 2015; Robinson & Tregidga, 2007).

      The Ontario DVDRC also proposed a recommendation about the importance of

communication and collaboration between community and government systems when

identifying and managing risk. Some police services have formed community high risk teams to

discuss risk and to share information that was pertinent to keeping the victim and children safe,

but not all police services engage in this process. In my experience, establishing a good rapport

and relationship with local community agencies plays an integral part in risk management as each agency has access to useful information. As a team, we were able to provide a wrap-around service for the victim and her children; most victims appreciated the support.

2.6.5 Police and Child Protection Services/Children's Aid Society (CAS)

Document LE-024 advises police that they should have a procedure in place when children are deemed to be at risk and are under the age of 16. This procedure would be in accordance with the police service's procedures on child abuse and neglect and the police service's protocol with the local CAS. It is standard practice for police to notify the CAS if a child has been exposed to domestic violence. How police services notify the CAS is dependent on the established protocol between the two agencies.

2.6.6 Child Risk Assessment and Risk Management

There is emerging research that indicates that there is an overlap between child maltreatment and domestic violence (Jaffe & Juodis, 2006). However, "children killed in the context of an adult relationship (domestic violence) are often overlooked since they don't fit the profile of typical child abuse and neglect matters" (Jaffe & Juodis, 2006, p. 14). Often in cases where adult victims had been identified as being in danger of violence, the potential for harm against children went ignored (Jaffe, Campbell, Olszowy & Hamilton, 2014). Thus, children living in homes where domestic violence is occurring may be at risk for homicide, but the risk for lethality may not appear obvious due to the absence of direct child abuse inflicted on the child (Jaffe, Campbell, Hamilton, & Juodis, 2012).

There are several risk assessment tools used by police services to assist in identifying risk of recidivism and lethality for domestic violence with adult victims, but currently there are no specific risk assessment tools developed to assist with identifying children at risk for lethality

(Jaffe *et al.,* 2014). Moreover, child protection agencies also lack assessment tools that specifically assess the risk of child lethality in the context of domestic violence (Jaffe *et al.,* 2014). This is problematic in the sense that police largely rely on CAS to conduct risk assessment, risk management, and safety planning with families, and once they have made their notification to CAS there is little follow up (Stanley *et al*., 2011). On the other side, CAS is only as good as the notifications they receive from police, and according to Stanley et al. (2011) there are often times when there is discrepancy in reports between both agencies. This is cause for concern as important information needed to identify risk and to safety plan properly can be missed.

Jaffe *et al.* (2014) reviewed 40 domestic homicide cases from the Ontario DVDRC between 2002 and 2010 to see if the standardized risk assessment tools used for adult domestic violence victims would have any potential benefits or value for assessing parental filicide in the context of domestic violence. The results from this study indicated that the standardized tools did not differentiate cases involving child homicides from those involving adult homicides—except for the DA item, prior threats to harm children, and the B-SAFER item, intimate relationship problems, which indicated stronger predictability for risk of lethality for children. What can be gleaned from the results of this study is that "if a female intimate partner is at risk for lethality and children are present within the familial system, those children could also be at risk" (Jaffe *et al.,* 2014, p. 150).

Jaffe and Juodis (2006) draw our attention to the immediate need for the public and professionals to treat child homicides as an urgent social matter. Although there are no formal risk assessment tools available to specifically measure risk of lethality for children who are exposed to domestic violence (Jaffe *et al.,* 2014), there are indicators that have been identified as

precursors to child homicide: a history of child abuse, a history of adult domestic violence within the family, and prior agency involvement with the family (Websdale, 1999).

Jaffe *et al.* (2014) revealed that, overall, having children living in homes where domestic violence was occurring almost doubled the number of agencies involved. Even more striking was that although there was an increase in contact with these families by professionals who had an opportunity to intervene, there was no evidence of enhanced risk assessment, safety planning, and risk management strategies for children. These findings highlight "many missed opportunities for intervention and prevention strategies by professionals and indicate the importance of risk assessment and safety planning as mandatory strategies for all professionals and agencies involved in responding to domestic violence" (Jaffe *et al.,* 2014, p. 148).

Jaffe and Juodis (2006) identified consistent themes through the review of recommendations made by DVDRCs as they pertain to children and domestic homicide. One of the emerging themes pertains to training and policy development, specifically, enhanced training for front-line professionals on risk assessment in domestic violence in order to recognize risk indicators and provide appropriate safety planning, and training and enhanced policy development on risk management strategies during custody/access disputes involving children.

2.6.7 *Safety Planning with Children*

According to Miller, Howell, Hunter, and Graham-Berman (2012), much of the research on the effects of domestic violence on children focusses on the detrimental impact it has on childhood development; however, there is less known about evidence-based intervention strategies designed to help them. Further, there is even less known about enhanced safety-planning strategies for children at risk. This is problematic given evidence that children are likely to be present when domestic violence is occurring in the home, yet there is a lack of information

regarding safety planning with children (Miller *et al.,* 2012). Miller *et al.* (2012) cite that it is crucial to identify strategies for improving safety behaviour of children in the context of domestic violence in the home.

The Miller *et al.* (2012) study focused on whether children between the ages of 4 and 6 could describe a safety plan prior to receiving intervention services; they evaluated the impact of a child safety plan intervention program called Preschool Kids' Club. The researchers looked at the children's baseline ideas of safety plans prior to intervention to see if they could describe what a safety plan was and to ascertain if the children reacted to family violence with adaptive or maladaptive strategies. The sample consisted of 110 participants (55 boys) from southeast Michigan who, within the past two years, had been exposed to an average of 173 acts of violence or direct threats towards their mothers. The researchers used a safety-planning coding schema to record responses from the preschoolers. The study revealed that. at baseline, 27 (25%) of the preschoolers were able to identify an adaptive safety plan for family violence (i.e., going to the neighbour's house for help) and 26 (24%) of the preschoolers identified maladaptive strategies, for example, helplessness (i.e., feeling they could do nothing about the situation), dysregulation (i.e., screaming into the air) and direct involvement (i.e., trying to break up the fight). What is concerning is out of the 26 preschoolers that exhibited maladaptive strategies, 18 of the children identified maladaptive strategies by indicating they would react by directly intervening when violence was occurring. This is very problematic as children who attempt to intervene during a domestic violence incident have been identified as facing increasing lethal risk (Jaffe & Juodis, 2006). On a positive side, Miller *et al.* (2012) indicated many of the participants who attended the intervention program were able to learn and remember information they received on safety planning, although some will require additional support to facilitate further learning.

When cases of domestic violence arise and community agencies get involved, sometimes tensions around safety planning can occur due to competing mandates (Bader *et al.,* 2019), and competing philosophical beliefs about a women's autonomy and right to choose what is best for her and her child(ren) (i.e., VAW sector) with agencies (i.e., CAS) whose perspective is such that if a mother is not viewed as making the "right choices" to keep her child(ren) safe, then outside intervention is required with the possibility of the child being removed from her care. This is a barrier to effective safety planning as it results in child protection workers focusing on the safety of children at the expense of their mother's safety, and domestic violence practitioners focusing on women's safety while overlooking their children (Waugh & Bonner, 2002). A way to limit this tension is to "increase coordination and collaboration between agencies working with women and children exposed to violence because a child's safety is directly impacted by their mother's safety" (Bader, Doherty, Dumont-Smith, Guruge, Nepinak, Porteous, Campbell, Straatman and Dawson, 2019; Shlonsky & Friend, 2007; Wendt *et al.,* 2015).

Although it is important to recognize a victim's autonomy and to be conscious of parental rights, in some cases it might be necessary for police to intervene. Osofosky (2003) suggests the complexities of providing protection and additional support for young children is often challenging for parents, as they cannot provide the protection and safety they need. In addition, domestic violence can have an indirect impact on maternal stress and depression that may affect the quality of the home environment and the mother's emotional availability to their children. Further, there can be a lack of parental attunement that accompanies domestic violence (Osofsky, 2003). Moreover, it has also been recognized that when parents are exposed to violence or are themselves victims of violence, they are likely to have difficulty being emotionally available, sensitive, and responsive to their children. In these cases, it is important for the traditional

societal protectors of children to help ensure a safe environment for the children (Osofsky, 2003).

According to Miller *et al.* (2012), there are many safety planning resources that encourage women to inform their children of their safety plan and to practice it, but it is unclear how this knowledge is transferred to the child(ren). Additionally, although some mothers may take an active role in sharing their safety plan with their child(ren), there are reasons why mothers may choose not to share this information (i.e., feel it is developmentally inappropriate based on the child's age or feel that in a time of crisis they will be able to protect their child(ren)) (Miller *et al.,* 2012).

Further, there is growing attention on the negative impacts domestic violence has on the mother-child relationship. As domestic violence can undermine this relationship due to the manipulative actions of the abuser who purposefully puts down the mother in front of the child and as a result the child adopts the abuser's perspective of their mother (Thiara & Humphreys, 2017). Subsequently, the prolonged abuse can leave a woman "systematically physically and emotionally disabled becoming poorly placed to respond consistently to their children's needs" (Thiara & Humphreys, 2017, p. 138). Although respecting a domestic violence victim's autonomy to protect her child(ren), and not to victim-shame in anyway, there must be guidelines when services should step in to assist in a compassionate way to keep the victim and her children safe.

Police are in a unique position to assist with engaging in safety planning with victims and their child(ren) as they are one of the most utilized services that responds to domestic violence incidents (Campbell *et al.,* 2016) in community. Speaking from my own experience in policing, it is rare for patrol officers to safety plan with victims; it is more likely they will provide a

brochure or a checklist to enable the victim to follow up on her own to access services. This can lead to an inconsistent approach to safety planning as sometimes victims disengage from the process and do not seek services, thus remaining at further risk of harm.

It is extremely rare for a police officer to directly safety plan with children at the scene of a domestic violence incident even though, according to Stanley *et al.* (2010), children want police to discuss and explain what is happening as knowing the various outcomes helps them feel safe . Children felt that their opinion was rarely considered by police and this left them frustrated. Police normally conduct a cursory "safety check" of the children in the home to ensure they have not been physically harmed, and there may be a brief interaction with the children depending on their age, but to discuss safety planning is very rare. If an officer engages in safety planning, it is a result of their own personal comfort level and previous training received. The other piece is, police rely on CAS to address risk to safety with children at-risk. However, sometimes CAS cannot respond to these referrals right away which can leave a window of time where a child's safety is left unaddressed.

Domestic Violence Coordinators/Specialists/Investigators are responsible for reviewing cases of domestic violence; they will typically assess risk and ensure the officer followed policy and procedures for the complaint/investigation. If the case has been identified as high risk, usually there is some form of community collaboration with other services to address potential risk and to formulate a safety plan for the mother and her child(ren), and a risk management plan for the offender. However, there are inconsistencies among police services on how they manage risk to victims. Another important consideration to safety planning as indicated by Bader *et al.* (2019) is that safety planning with children can be a challenge due to the varying intellectual and

physical development and abilities of children, thus safety planning should be age-appropriate and coincide with the child's development.

2.7 Vulnerable Populations

This study examines general challenges police experience while working with victims of domestic violence and unique challenges specific to victims from vulnerable populations. The CDHPIVP project in which this study is positioned identified four vulnerable populations who appear to be at greater risk of domestic homicide due to historical oppression and/or lack of access to resources because of isolation through factors such as geography, language, culture, age and poverty as: Indigenous peoples, immigrants and refugees, people in rural, remote and northern communities, and children exposed to domestic violence. It is important to mention that these populations are not treated as separate and distinct as there are multilayered dimensions of social identities and/or locations – including gender, race, ethnicity, class, age, ability, geographic location, Indigeneity, sexual orientation, and immigration status—that intersect to shape experience (Bograd, 1999; Brassard, Montminy, Bergeron, & Sosa-Sanchez, 2015; Crenshaw, 1989, 1991; Davis, 2008; Erex, Adelman, & Gregory, 2009; Mehrota, 2010; Sandberg, 2013; Sokoloff, 2008a, 2008b).

Police serve and protect their community. The jurisdiction in which they work determines the diversity of the population and the resources and services available to assist with providing adequate safety planning and risk management for victims and perpetrators of domestic violence. Across the province, access and availability of services differ; some areas, especially geographically isolated communities, have the least amount of resources. This creates challenges for police in servicing those communities; understanding those challenges may assist with finding ways to overcome them.

2.7.1 Indigenous Peoples

     The CDHPIVP has chosen to use the inclusive term 'Indigenous' to capture all Indigenous peoples and identities, including status, non-status, Indian, Aboriginal, Native, First Nations, Metis, and Inuit who live on or off reserve and in settlement lands per Land Claims Settlement Agreements in the Yukon and the Northwest Territories.

     Demographics of the Indigenous peoples indicate this population is the youngest and fastest growing population in Canada and makes up approximately five percent of the Canadian population (Peters *et al.,* 2018), yet are "overrepresented in statistics on domestic violence and domestic homicide perpetration and victimization" (Peters *et al.,* 2018; Miladinovic & Mulligan, 2015). According to Peters *et al.* (2018), between 2010 and 2015, 44 Indigenous domestic homicide victims were identified, representing 9% of domestic homicide cases, which is twice the rate of domestic homicides as in the non-Indigenous population. Indigenous women (10%) are more than three times as likely to report being a victim of spousal violence as women who identify as non-Indigenous (3%) (Boyce, 2016). The majority of adult Indigenous domestic homicide victims were females (70%) and about two-thirds of Indigenous child and youth victims (age 17 years and younger) were female (67%) (Peters *et al.,* 2018).

     Another important factor to highlight is the intersectionality of Indigenous identities and residence in a rural, remote, or northern location in the country. It is estimated that two-thirds of Indigenous domestic homicide victims reside in geographical isolated areas. Moreover, 2% of Indigenous children were victims of a result of domestic homicide (Peters *et al.,* 2018).

     There are multiple social, economic and historical factors that have contributed to the increase in violence against Indigenous women: legacy of colonization, Indian Act, residential schools, intergenerational trauma, the 60's scoop, poverty, lack of education, resources,

programs and services, and damaging stereotypes. The destruction of Indigenous social structures and family support systems has rendered some communities dysfunctional, thus leading to increased rates of violence, sexual abuse, substance abuse, and suicide (Bennett & Shangreaux, 2005). This coupled with culturally inappropriate welfare practices and lack of adequate support systems further expose women and girls to violence, which is compounded by poverty. Poverty in Indigenous families is extremely high with 47% of status First Nations children living in poverty (53% for those li*ving on reserve and 41% for those living off reserve) (*Beedie, MacDonald, & Wilson, 2019).

2.7.2 D*iscriminatory Policies and Legislations*

Several policies and legislations continue to marginalize Indigenous peoples, especially women. For instance, in the absence of clear policies around matrimonial property rights, Indigenous girls are forced to leave their homes when marriages break up. The shortage of alternative housing services on reserves and in rural communities' forces women to move to cities where they live in poverty. Similarly, Section 67 and Bill C-31 of the Canadian Human Rights Act discriminate against Indigenous women and their descendants, and negatively impact their rights and chances of a respectable life (Native Women's Association of Canada, 2007). Section 67 of the Canadian Human Rights Act provides that nothing in the Act affects any provision of the Indian Act, thus prohibiting Indigenous people from lodging a complaint against the federal or the Native government. Such a provision perpetuates the oppression that status Indian women face in their communities and leaves them without any of the protections that are available to other Canadian women (Native Women's Association of Canada, 2015).

2.7.3 Distrust of Authorities

The historical process of colonization, the legacy of the residential school system, as well as systemic discrimination experienced by Indigenous peoples in their interaction with law enforcement, the criminal justice system, the child welfare system, and other public services, all fuel a lasting distrust of authorities that prevents Indigenous people from seeking help when they are trapped in situations of violence (Bopp *et al.,* 2003). Police have been criticized for discriminating against Indigenous women because of their perceived high-risk lifestyle and negative stereotypes that have been perpetuated by long lasting colonial attitudes, racism, and sexism. The Missing and Murdered Indigenous Women and Girls Interim Report (2017) highlighted some of the unconscionable actions of some police officers in their treatment of Indigenous women and girls, actions such as driving Indigenous people to the outskirts of cities and expecting them to walk back, using excessive force during arrests (i.e., pepper spray, attack by police dogs, taser), harassment and humiliation, conducting inappropriate strip searches ("cross-gender"), refusing to promptly investigate missing persons reports, blaming Indigenous women when they reported instances of abuse, shaming them for alcohol and substance use, and lack of transparency and information sharing in following up on cases with families. Strained relationships between police and Indigenous peoples has created barriers and challenges that have been difficult to overcome. Thus, it is important to understand the perceived challenges police experience while working with Indigenous people and to highlight some of the promising practices that are emerging.

2.7.4 *Immigrant and Refugee Populations*

Immigrant and refugee women experience a major cultural and social adjustment when they arrive in a new country. The specific challenges they face include social and cultural differences related to experiences of violence as well as language barriers, frequent changes to

immigration laws, pre-migration violence and trauma, and fear and/or mistrust of government services and police (Holtmann & Rickards, 2018). Although immigrant and refugee women share similar experiences when adjusting to a new country, the reasons why they migrated will differ. Immigrant women may have chosen to relocate to Canada for work, a better life, to reunite with family, or to escape an abusive relationship. However, they usually have some control over their move with respect to where they want to relocate and the timing of their migration. In contrast, refugee women are fleeing some negative circumstance in their home country that has precipitated the migration, and thus have a lot less control over their situation. Moreover, their needs for services and resources will be different in relation to their status in Canada. Also, help-seeking behaviours and access to services will differ depending on their status, as undocumented individuals will fear detection and deportation if they are illegally in Canada (Peters *et al.,* 2018). Furthermore, immigrant and refugee women may not understand their legal rights due to language barriers and lack of knowledge of Canadian laws; this makes it difficult to navigate social services, especially for refugee women who may have no comprehension of the English language (Menjivar & Salcido, 2002).

Research indicates that immigrant and refugee women face many risk factors, including: (a) experiences and stressors of migration and acculturation (for example, see Ben-Porat, 2010; Brownridge & Hall, 2002; Hyman, Forte, Mont, Romans, & Cohen, 2006; Liao, 2006) (b) culturally-embedded and gendered roles and expectations, which are often challenged within the western context (for example, see Ben-Porat, 2010; Kim & Sung, 2016; Muhammad, 2010); (c) patriarchal and religious ideologies rooted in male dominance and family unity (for example, see Lee, 2007; Muhammad, 2010; West, 2015); (d) lack of English language proficiency (for example, see Fong, 2000; Kim & Sung, 2016; Novick et al., 2009) (e) poverty, un/under

employment, and low socioeconomic status post-migration, as well as financial dependence (for example, see Ben-Porat, 2010; Kim & Sung, 2016; Muhammad, 2010; Novick et al., 2009; West, 2015); (f) precarious or no legal status, as well as power dynamics and legal barriers related to sponsorship (for example, see Hancock & Siu, 2009; Kim & Sung, 2016; Novick et al., 2009; Vives-Cases et al., 2014); (g) social, cultural, and economic isolation (for example, see Fong, 2000; Hyman et al., 2011; Keller & Brennan, 2007; Muhammad, 2010; Novick et al., 2009; Trijbetz, 2011); (h) lack of knowledge of Canadian systems/laws/culture (for example, see Fong, 2000; Novick et al., 2009; Pendleton, 2003; Rothman et al., 2007); (i) culturally-embedded beliefs that are supportive of and conducive to intimate partner violence (Klevens, 2007); and (j) shifts in family dynamics post-migration (Welland & Ribner, 2010). Vulnerabilities and risks such as these are further intensified by culture clash, lack of cultural competency among service providers, racism at the systems level (for example, see Edelstein, 2013), and fear of stigma or exclusion at the community level (for example, see Trijbetz, 2011). The extent and number of these risk factors highlights the importance of training for police concerning domestic violence and diverse populations. The inability to recognize unique risk factors can potentially impact risk assessment, risk management, and safety planning strategies. Therefore, it is important to understand safety, prevention, and intervention within individual and cultural contexts so there is a culturally appropriate response and supports can be put in place.

2.7.5 Rural, Remote and Northern Communities

Rural, remote and northern (RRN) communities are defined by CDHPIVP as communities or geographical locations which have a small and widely dispersed population (rural less than 10,000), are not accessible by road all year round (remote) or are designated by the provincial government as being in the northern part of the province.

RRN populations accounted for almost one quarter of domestic homicides in Canada from 2010-2015; the two most common methods of killing were by firearm (36%) and by stabbing (28%) (Peters *et al.,* 2018). When a further analysis was conducted on RRN domestic homicide victims, it was found that one quarter of this population identified as Indigenous (24%), 11% were children, and 2% were immigrant/refugee (Peters *et al.,* 2018). Moreover, of the individuals accused of domestic homicide, 28% identified as Indigenous, 4% were immigrant/refugee, and one case involved a child who committed domestic homicide (Peters *et al.,* 2018).

Women living in rural, remote, and northern areas have unique challenges: limited availability of social services and access to transportation, confidentiality of domestic violence services, dual relationships between women and/or abuser and service providers, presence of fire arms (long guns) in rural homes, and women's dependence on the farm for their livelihood (Peters *et al.,* 2018). These challenges can make safety planning and risk management a challenge for police and create barriers for victims in reporting and leaving domestic violence incidents.

2.7.6 Children from Vulnerable Populations Exposed to Domestic Violence

Children are considered a vulnerable population as they are dependent on adults in their lives to provide the necessities for them and to nurture them. The intersection of children from vulnerable populations locates them in a unique social position as they have limited capacity for self-agency, limited ability to advocate for themselves, and face additional barriers that can compound the experience of violence in the home.

Chapter 3: Theoretical Frameworks, Purpose, Rationale, and Research Questions

3.1 Theoretical Frameworks

Theories provide complex and comprehensive conceptual understandings of things that cannot be easily understood—how societies work, how organizations operate, why people

interact in certain ways—and they provide context to a study in a meaningful way (Reeves, 2008). Theories provide researchers different "lenses" through which to look at complicated problems and social issues, focusing their attention on different aspects of the data, and providing a framework within which to conduct their analysis (Reeves, 2008). Three theoretical frameworks inform the epistemological basis of the present study: the exposure reduction and retaliation or backlash hypothesis (Dugan *et al.,* 1999, 2003), the social ecological model (Heise, 1998), and the coordinated community response model (Shepard & Pence, 1999). Together these theories assist in grounding the research so it can be conceptualized.

3.1.1 Exposure Reduction and Retaliation Effect

The exposure reduction theory is described by criminologists as involving conditions that contribute to decreasing the amount of time that a woman is in contact with her abusive partner, conditions that will assist in reducing the risk of violence towards her (Chin, 2011; Dugan, Nagin & Rosenfeld, 1999, 2003). This perspective on domestic homicide assumes that any mechanism that reduces barriers to exiting from a violent relationship will lower the probability that one partner kills the other (Dugan *et al.,* 2003). This concept seemingly is a rational and intuitive reaction to preventing violence; the results, however, show that it is more complicated than the theory suggests (Dugan *et al.,* 2003). Further, there is a significant difference for men and women with respect to this concept. A woman tends to be at an increased risk for violence if she leaves a relationship, but men interpret this as losing control over their relationship and the situation, and thus retaliate to regain control or enact revenge. Conversely, men are at a decreased risk for violence perpetrated against them if a woman has fewer economic barriers to exiting the relationship. It was found that women who had obtained a higher education and were

able to access well-paying jobs were ultimately less financially dependent on their partner. This served as a protective factor for their male partner (Dugan *et al.,* 2003).

In order for the victim to decrease the amount of time exposed to their abusive partner and to create distance from their abusive partner, there has to be a period of separation. According to Dawson, Bunge, and Balde (2009), however, "the most common motive behind the killing of a female by her male partner is the male's rage or despair over the actual or impending estrangement" (p. 278). Indeed, an actual or impending separation is considered one of the highest risk factors for domestic homicide (DVDRC, 2017; Campbell, Webster & Glass, 2009). The source of rage and despair that is exhibited by the male partner is rooted in the perceived sense of loss of control over their partner and relationship (Jaffe *et al.,* 2012). Also, "retaliation can be motivated by knowledge of supportive or protective resources for women, particularly in men who believe such services deprive them of their rightful authority or control in intimate relationships" (Dugan *et al.,* 2003, p. 174).

Although policies, programs, and services have been put in place with the intention of keeping victims safer by effectively reducing contact between intimate partners, it can have a counter effect in provoking the abuser by adding stress or more conflict in the relationship, thus increasing the potential level of danger for the victim (Dugan *et al.,* 2003). Therefore, policy makers must be mindful of local policy provisions that are implemented to assist victims as statutory provisions may have the unintended consequence of promoting retaliatory violence (Dugan *et al.,* 2003). Further to this, it must be recognized that it can be very difficult for victims to leave an abusive relationship when there are children involved, and that navigating the family court system to gain access or even joint custody can be a challenge. In some cases, the courts may not recognize the violence and allow unsupervised access which continues to put the victim

in danger (Jaffe, Johnston, Crooks & Bala, 2008). Unfortunately, in family court the onus is on the victim to show on a balance of probabilities that her partner poses a danger, and if the courts do not agree then there is the potential for the victim to be subjected to opportunities for retaliation (Jaffe *et al.,* 2008).

Interestingly, the exposure reduction effect is a concept that is innately used by police when dealing with a domestic violence victim and her children. In my experience, police officers have good intentions when they encourage victims to leave their situation or seek some kind of remedy to separate them from their partner, even if it is to go to a local Women's Shelter or obtain a restraining order or an exclusive possession order for the matrimonial home. (An exclusive possession order gives the victim sole entitlement to the home until the matter is dealt with via family court where matters of the division of property are decided by the courts). This is an instinctual response and viewed as the safest option for the victim. There is little thought to the backlash effect that can put the victim in increased danger.

If a victim chooses to go back to a relationship after being advised of the potential risks that their abuser poses, and police subsequently must respond to repeated calls for service for the same couple, it becomes a source of frustration for many police officers. This can ultimately lead to a victim-blaming mentality and a negative experience for the victim, which can create barriers to seeking help from the police in the future. This is especially apparent when there is a lack of comprehension by police officers of the effectiveness of the power and control tactics the abuser uses against their partner to prevent them from psychologically and physically leaving their situation.

It is paramount that police understand the exposure reduction and retaliation effect as their efforts to try to keep the victim safe by encouraging them to leave the situation may put the

victim in jeopardy. It is important to have a safety plan in place to support the victim's decision

if they go, but also if the stay. This highlights the significance of having a risk assessment

completed with the victim and of implementing appropriate risk management strategies to

monitor the perpetrator and thereby mitigate the risk for the victim and her children.

Police services who have specialized domestic violence units or dedicated domestic

violence investigators most likely have received training in risk assessment, risk management,

and safety planning. As well, they should have a better understanding of the organizational

policies and procedures and be able to be responsive to the needs of the victim by implementing

the appropriate strategies to manage the risk to the victim during the period of separation. They

can devote time to the case file and can put measures in place to create a safety net for the

victim. As well, they can monitor the perpetrator for dynamic risk factors that can trigger

violence against the victim and her children.

3.1.2 Social Ecological Framework

Over the last few decades many theoretical frameworks have been used to explain the

root cause of abuse in relationships (Heise, 1998). However, these theories have been too

narrowly rooted in certain disciplines such as psychology, sociology, criminology, and the

political agenda driven by feminist scholars and activists (Heise, 1994). Moreover, there has

been a reliance on narrow explanatory theories that are gender-based or essentially sociocultural,

theories that have been criticized for being too limiting when investigating aggression in

relationships (Heise, 1998; Miller, 1994). Heise (1998) states, "Only recently have theorists

begun to concede that a complete understanding of gender abuse may require acknowledging

factors operating on multiple levels" (p. 263). The social ecological framework considers factors

that operate and interconnect on multiple levels and across a variety of systems to illuminate the

multifaceted dynamics and complexities of domestic violence. A foundational principle of the social ecological framework is that it can help us understand the causes and outcomes of domestic violence by identifying the various factors interacting at multiple levels (Oetzel & Duran, 2004).

The ecological theory seeks to comprehend human experience and behaviour within a "person-in-environment" framework (Alaggia, Regehr & Jenney, 2012; Bronfenbrenner, 1979):

> Individuals [are seen] as influenced by intersecting levels of the ecological systems: the individual history (or ontogenic) that includes factors internal to the individual such as personal characteristics and formative history; the microsystem that considers interactions between the individual and the person's context such a as family, peers, and cultural affiliations; the exo-system that is the environment in which the person resides, their neighbourhood and community including their limitations and resources; and the macro (or meso) system that include those factors that are economic, social, and political in nature. (Alaggia, Regehr & Jenney, 2012, p. 303)

This theory assists in our understanding of why people behave the way they do in different settings—family, work, or school—as individual characteristics and environmental factors interact to elicit certain behaviours (Bronfenbrenner, 1977, 1997).

Dutton (1988) (cited in Dutton, 1994) uses the nested ecological theory to examine interactive effects of the broader culture (macrosystem), the subculture (exosystem), the family (microsystem), and individually learned characteristics (ontogeny) to explain why one cannot reduce domestic violence to a single factor, thus acknowledging that there are multiple factors at play (Dutton, 1994). Consequently, one cannot make broad generalizations about the nature of

violence in relationships and ignore the individual differences in abusers (Miller, 1994, Dutton, 1994), as there is no single type of abuser or victim of domestic violence (Miller, 1994).

According to Heise (1998), the ecological systems theory is useful in its application to domestic violence because its approach conceptualizes violence as a multifaceted phenomenon that is grounded in the relationship between personal, situational, and sociocultural factors. The ecological framework has been applied to abuse in a variety of ways; however, the commonality is that there are embedded levels of interconnection (Heise, 1998).

Because the social ecological model highlights the importance of implementing multiple strategies at various levels to achieve optimal results, its application leads to preventative strategies to combat domestic violence. For example, there may be some small success if there is a mandatory arrest policy in effect, as it sends the message to an abuser that their actions will not be socially tolerated; however, if this strategy is combined with other strategies like counselling and supervision, there is a better response rate and less recidivism (Gondolf, 2001). Oetzel and Duran (2004) suggest that the prevention field for domestic violence is "rich with targets for change that include not only individual criminal justice and psychotherapeutic activities but also advocacy, organizational change efforts, policy development, economic supports, environmental change and multi-method programs" (p. 52).

As an example, The Centers for Disease Control and Prevention (CDC) (2015) uses the social ecological theory to ground the social-ecological model as a framework for prevention. The CDC uses the framework to better understand violence and the effect of potential prevention strategies as it recognizes there is an interplay between individual, relationship, community and societal factors. By taking an all-encompassing approach and understanding the range of factors that put people at risk for violence, it has the preventative effect of protecting people from

experiencing or perpetuating violence. Further, in order to prevent violence, it is necessary to act across multiple levels of the social-ecological model at the same time (CDC, 2015*).*

3.1.3 Coordinated Community Response

The social ecological model (SEM) draws our attention to the multiple access points that can be fruitful targets for intervention; however, without meaningful collaboration and coordination of intervention strategies or services, the system is not overly effective (Alder, 2002). The coordinated community response (CCR) provides a systematic approach to domestic violence intervention strategies as it has the potential to bring together a variety of services from various agencies to target multiple levels of the SEM: social service agencies (i.e., victim advocacy groups, women's shelters, spousal abuse programs, child welfare), the criminal justice systems (i.e., law enforcement, courts, probation and parole), government (i.e., laws, mandatory arrest policies, social policies), and the health-care system (i.e., mental health and addictions, emergency care, crisis intervention) (Alder, 2002). The collective and combined range of services works to complement and augment other strategies, creating a cumulative effect to improve safety for victims and prevent abuse from continuing (Alder, 2002).

According to Shepard and Pence (1999), CCR programs should include mandatory arrest policies, follow-up support, and advocacy for the victims; aggressive and prompt prosecution; active monitoring of offender compliance with probation conditions; court mandated participation in batterer rehabilitation programs; and, monitoring system-wide response to domestic violence (Shepard & Pence, 1999). Civil remedies have also been strengthened by making it easier for victims to obtain orders of protection (Shepard & Pence, 1999). In addition, for the CCR model to be successful, it should recognize and address other social problems (i.e.,

poverty, housing, childcare, and child support enforcement) that can perpetuate domestic violence (Shepard & Pence, 1999).

The development of coordinated community responses to domestic violence came from the acknowledgement that there was a lack of shared vision and public accountability, even though initial reform efforts were focused on individual components of the justice system (Shepard & Pence, 1999; Hart, 1995). Shepard and Pence (1999) suggests a CCR model should involve police, prosecutors, probation officers, women advocacy agencies, counsellors and judges when developing and implementing policy and procedures as this will improve inter-agency coordination, and in return produce a more uniform response to domestic violence (Shepard & Pence, 1999).

CCR programs are beneficial as they work to create a network of support for victims and their families that is both available and accessible (UN Women, 2018). They also use the full extent of the community's legal system to protect victims, hold perpetrators accountable, and reinforce the community's intolerance of violence against women (UN Women, 2018). The Duluth model of the Domestic Abuse Intervention Project (DAIP) is a good example of the CCR in practice. It was the first to adopt a coordinated approach to address domestic violence in the Minneapolis area, and it has shown that this type of coordinated intervention can produce promising effects (Adler, 2002).

There have been studies that have examined individual components of the CCR; however, there has been a call for research to explore the combined effects of community interventions initiatives to see if there is merit in this process (Tolman & Weisz, 1995; Gondolf, 2001).

Murphy, Musser and Maton (1998) conducted a study on coordinated community intervention for domestic abusers, examining intervention systems' involvement and criminal

recidivism. Their study indicated that there were more substantial cumulative reductions in recidivism when there was a combined strategy that focused on successful prosecution and probation to monitor the offender, and when there was a court order requiring the offender to seek counseling. Another study highlighted the importance of peripheral domestic violence services and programs as these additional supports were able to bridge the gap between *c*ommunity services and the criminal justice system, thus strengthening the overall intervention process (Adler, 2002). Some communities have established liaisons among various domestic violence agencies to cooperate and facilitate this process (Adler, 2002).

A strength of the CCR program is that it can consider individual differences. Because only a proportion of offenders will respond to any one specific intervention component, individuals who receive more intervention are more likely to be affected by at least one of the intervention components (Murphy *et al.,* 1998). Further, Murphy *et al.* (1998) advise that the greater the degree of intervention system involvement, the more likely an abuser will receive the message that abuse will not be tolerated, and that it is socially unacceptable and unwarranted.

Thus, coordination of various interventions may be as important as the specific procedure used within each system component, because the intervention system can break down at many points (Murphy *et al.,* 1998), and if implemented policies are not efficiently enforced and inter-agency coordination is not executed as intended, survivors of domestic violence can fall through the cracks of the system (Adler, 2002).

The UN Women (2018) state that inter-agency coordination is a critical component of a CCR because a single case of domestic violence may involve multiple professionals, perhaps from the family court system, the criminal justice system, or social service agencies (UN Women, 2018). Coordination of responses and accountability of those professionals can have a

significant impact on the overall effectiveness of the intervention processes that are in place to protect victims, prosecute offenders, and prevent further violence (UN Women, 2018).

It has been recognized that police play a vital role in the intervention process as they are in a unique position as first responders to link victims to services who specialize in domestic violence and are able to provide information on the criminal justice system and other legal remedies at their disposal (Adler, 2002). My personal experience working as a police officer assigned to a specialized domestic violence unit consisted of conducting a thorough risk assessment and implementing a risk management plan tailored to the victim's needs. Part of the overall risk management plan was to initiate and participate in coordinated committee work with justice partners and community partners. It was easy for justice partners to meet and discuss high risk domestic violence cases as we could freely share information about our files; when we worked with community partners outside the justice system, there were always barriers to communication as we had to avoid breaching confidentiality of clients. However, barriers to information sharing was reduced when high risk domestic violence cases were identified and as part of an overall risk management strategy a coordinated response was required. The *Police Service Act* allows police to share information when there is a significant risk of harm and disclosing the information would mitigate risk. Further, a case law decision, *Smith v Jones,* made by the Supreme Court of Canada, outlines three factors to be considered when determining whether a breach of confidentiality in sharing information is appropriate. These factors are very applicable to the context of high-risk domestic violence cases. Having more professionals around the table who were aware of the risk factors involved and the safety concerns for the victim was advantageous. We were able to do a better job at tracking and monitoring dynamic risk factors of the offender, thus making it possible to modify the risk management plan accordingly. I believe

it is becoming increasingly apparent that it is no longer functional for agencies to work in independent silos.

3.2 Purpose and Rationale for the Current Study

Police are often the first responders to domestic violence incidents and thus play a vital role in identifying families who require some form of intervention. Intervention efforts can aid in the protection of victims by reducing the escalation of violence, and by providing appropriate safety planning and risk management strategies. Further, police intervention can link victims and their children to valuable resources and services in the community.

In routinely responding to domestic violence incidents in the community, police have the opportunity to intervene in situations that are potentially high risk for lethality. However, the DVDRC continues to identify missed opportunities to assess and intervene before domestic violence turns lethal. It is important to examine why opportunities are being missed and what factors contribute to this to avoid future tragedies. Risk assessment, risk management, and safety planning are important steps to ensure the overall safety of the victim and their children. Police are obligated by operational policy to fulfill these steps as part of an enhanced domestic violence investigation, but research suggests there is a continued need to further examine how police are responding to domestic violence victims. Identifying current police practices on how officers' approach domestic violence cases will assist in informing operational policies, procedures, and training initiatives. Improved police intervention and prevention efforts will aid in the overall safety and well-being of victims.

Research suggests safety planning is a fundamental component to assisting domestic violence victims. Although research has been conducted on safety planning with domestic violence victims, there is limited research on specific safety planning strategies and there is

minimum evidence on the overall effectiveness of safety planning practices (Murray, Horton, Higgins-Johnson, Notestine, Garr, Marsh-Pow, Flasch & Doom, 2015). As well, there is limited research on how child safety planning is being implemented in the field (Horton *et al.,* 2014), and what the implications are for those child safety planning strategies that are being recommended as part of an overall response to domestic violence (MacMillan *et al.,* 2013). Further, little is known about the intervention police who respond to domestic violence cases provide for children (Swerin *et al.,* 2018). The coexistence of domestic violence and child abuse has important implications for officers who must be able to recognize the warning signs that put children at risk for domestic homicide (Waugh & Bonner, 2002).

The vulnerable populations included in this study—Indigenous peoples, immigrants and refugees, people in rural, remote and northern communities, and children exposed to domestic violence—were chosen because of a lack of research on the identification of unique risk factors that contribute to their vulnerability for domestic homicide. Understanding unique risk factors may provide insight into the barriers these populations experience to reporting domestic violence and seeking the support they require. If victims from these vulnerable populations have barriers to reporting abuse, it would be important for officers to understand how those barriers impact their role when they respond to investigate. Therefore, the present study examines the challenges police experience to offering and providing services like safety planning and risk management for victims who have an increased vulnerability to domestic homicide. Identifying the challenges police face and addressing them through training may improve their response to victims from vulnerable populations.

Research suggests multi-agency collaboration is an important strategy for managing high risk domestic violence cases. The present study examines promising practices officers are

currently engaging in to enhance victim safety. The present study also aimed to identify whether strategies like collaboration were being utilized by domestic violence specialists, and to ascertain if there are other ways officers are being innovative in coming up with preventative strategies. Learning about how officers in the field are employing initiatives for working with victims and their community has the potential to inform best practices across the province.

The present study examines interviews conducted with police officers from across Ontario who have specialized training and knowledge in domestic violence investigations. These police officers may conduct domestic violence investigations personally. They may also oversee investigations by other patrol officers to ensure investigations adhere to provincial mandated adequacy standards and the police service's own internal organizational policies and procedures on domestic violence (if such exist). These police officers may also hold the position or title of domestic violence coordinator with responsibilities that can be a combination of the above along with responsibility to engage in collaborative committee work within the community. The rationale for targeting domestic violence coordinators/specialists specifically is that they are the employees within the police service that should have the most intimate knowledge of policies, procedures, and training in relation to domestic violence investigations.

The present study focuses on the justice sector, specifically policing in the province of Ontario. Ontario has the most police services of any province in Canada, is the most populated province, has an abundance of services available for victims of domestic violence, and has very progressive policies and procedures in place. For example, London, Ontario, had the first police service in Canada to establish a formal policy to have police lay charges when they had reasonable and probable grounds that a domestic assault took place. Further, the London community had the first coordinating committee that brought police and community agencies

together to address policy and service development for victims, perpetrators, and children (Jaffe, Wolfe, Telford, & Austin, 1986).

The purpose of the present study is to investigate how Ontario police services are keeping victims and their children safe from domestic violence, and to consider provincial adequacy standards which mandate that police take certain actions while responding and investigating a domestic violence occurrence. Specifically, this study examines how police services are conducting safety planning with victims of domestic violence, and to what extent the safety needs of children who are exposed to domestic violence are being met through safety planning and risk management strategies. Further, this study examines the challenges police experience when safety planning with victims of domestic violence, victims from vulnerable populations, and children who are exposed to that violence. Promising practices utilized by police in the field to optimize victim and their children's safety are examined. This study has the potential to inform current police operational practice, policy, and training, and to result in a more effective response to working with victims of domestic violence.

3.3 Research Questions

Interviews were used to ascertain the strategies used by Domestic Violence Coordinators (also called Domestic Violence Specialists or Investigators) in their safety planning with adult victims and their children who have experienced domestic violence. A goal is to identify associated challenges and promising practices to delivering effective safety planning. A further goal, when cases of domestic violence have been identified as particularly high risk, to determine what, if any, collaborative models are used to assist with mitigating risk. Specific research questions are:

Research Question One: How do police conduct safety planning and risk management for adult victims of domestic violence and their children who are exposed to that violence? Is planning with children distinct from planning with the adult victim? Is there an assumption that if the mother is safe, the children are safe? Are there distinct issues?

Research Question Two: What are some of the challenges for police when it comes to safety planning and risk management with victims of domestic violence, victims from vulnerable populations, and children who are exposed to domestic violence?

Research Question Three: What are some of the best practices for police when it comes to safety planning and risk management with victims of domestic violence and their children who have been exposed to domestic violence? What methods of collaboration are being used?

Ethics approval for this study was provided by The Western University Non-Medical Research Ethics Board (NMREB) on May 15, 2018. The associated Project ID is 111577 (See Appendix B).

Chapter 4: Methods

4.1 Overview

As stated earlier, this study is part of a larger national project, the Canadian Domestic Homicide Prevention Initiative for Vulnerable People (CDHPIVP). This is a multi-phase project that consists of three phases: (1) a thorough literature view of the topic; (2) an online survey and interviews with professionals from various sectors in the community who work in varying capacities in the field of domestic violence; (3) interviews with both survivors of severe domestic violence and individuals who had firsthand knowledge about the victim's relationship with the perpetrator of domestic homicide. The current study is situated in the second phase of this project and concentrates on interviewing participants from the policing sector to gain a deeper insight into current practices in risk assessment, safety planning, and risk management. Interviews with domestic violence specialist/investigators and domestic violence coordinators across Ontario were used for the current study. Ethics approval was granted by Western University's Non-Medical Research Ethics Board (Project ID: 111577). (see Appendix A).

4.2 Unit of Analysis

The current study uses a purposeful sampling approach to target intended participants. The specific audience consisted of Domestic Violence Coordinators, Specialists, and DV Investigators from police services in the province of Ontario. The rationale for choosing this specific sample was that they comprise the subject matter experts for the respective police services; they are the professionals who should have expert knowledge of the dynamics of domestic violence, risk assessment, safety planning, and risk management strategies. Furthermore, this sample should have an in-depth working knowledge of legislation and policies/directives relevant to domestic violence investigations—the Policing Standards Manual,

Domestic Violence Occurrences, LE-024, and their services' respective internal policies and procedures for investigating and managing domestic violence cases. They should also be aware of available community resources and be part of a collaborative working group with other agencies in their jurisdiction. The province of Ontario was chosen because it is very progressive in its policies, legislation, and resources, and is the most populated province in Canada.

The Ontario Domestic Violence Coordinators' Network has compiled a list of domestic violence coordinators/specialists/investigators from across the province, including municipal, provincial, and First Nations policing services. This list was obtained with permission of the Ontario Police College and was utilized to contact participants. All participants were asked to sign an informed consent form to participate in the study (Appendix B) prior to participating in the interview.

4.3 Measures & Procedure

An interview guide was utilized to obtain information from the participants. The interview guide was developed using a collaborative approach. Thirteen co-investigators representing various disciplines from across Canada and over 60 individuals from different sectors were asked for their input during the development of questions to be included in the guide. The guide consisted of approximately 28 questions; most were open ended questions allowing participants to expand on their experiences and elaborate on their ideas, allowing for rich data to be obtained. The focus of the questions was risk assessment, safety planning, risk management, the challenges and barriers of working with vulnerable populations, and some of the promising practices that are currently being utilized.

I conducted interviews over the phone in 2018. The interviews lasted approximately 45 to 70 minutes. Participants were asked for their permission to audio-record their responses and were

advised they could at any time disengage from the process and revoke consent. I explained to participants that their personal information would be protected by elimination of all identifying attributes. Further, I explained the interview guide, although all participants had received a copy of the interview guide to acquaint themselves with the process. All the participants were amenable, and no one dropped out of the interview process. At this time all identifying information for the participants was removed to maintain anonymity.

Interviews were stored in a secure location at Western University's Centre for Research and Education on Violence against Women and Children on a secure computer that was password protected and encrypted. The interviews were transcribed by graduate research assistants and the transcripts edited for accuracy.

4.4 Data Analysis

The research questions for this thesis formed the overarching themes and direction for this study: how officers approach safety planning and risk management with adult victims of domestic violence and their children; challenges police experience while working with victims of domestic violence, including victims from vulnerable populations (as identified in this study); and, promising practices officers are employing as intervention and preventative strategies to keep victims of domestic violence safe. Thematic analysis was utilized to extract themes from the texts by analyzing words and sentence structure within the transcripts. The most frequent or reoccurring phrases and sentence structures were chosen as themes; sub-themes emerged from each theme that was identified (Saldana, 2016).

All the transcribed interviews were analyzed using a deductive and inductive approach at a semantic level (Braun & Clarke, 2006) which allowed me to draw on an existing theoretical base while being flexible in the interpretation of the data (Joffe, 2012). Thematic analysis emerged

through a multi-phase process which included reading and rereading of interview transcripts and field notes, and a review of the literature. A provisional codebook was designed to capture preliminary codes. The preliminary codes were generated through the information obtained from individual interviews with participants, my journal notes, and my own personal experience and knowledge as a Domestic Violence Police Specialist. After the preliminary codebook was developed, the first round of coding commenced using a combination of descriptive coding, sub-coding, and simultaneous coding in order to organize and categorize the data (Saldana, 2013). An exploratory analysis of the data was conducted, but only the meaningful data was extracted for its application to the research questions.

After the first cycle of coding was completed, an initial (or open) coding method (Saldana, 2013) was used to reduce data and uncover nuances in the data; then pattern coding was used to theme the open coded data (Saldana, 2013). A qualitative computer software program, Dedoose V5.3.22, was used to create themes and sub-themes for analysis. Multiple researchers working on the CDHPIVP initiative have used Dedoose to verify codes simultaneously and to increase the reliability of the research. This approach was utilized due to the predetermined questions and framework that is provided from the interview guide.

To determine suitability and ensure credibility of the codes selected, three senior graduate students individually and separately coded three transcripts using the provisional codebook. After the trial transcripts were coded, the senior graduate students discussed the suitability of codes, related definitions, other emerging themes, as well as any discrepancies between coders. There was very good consensus on the codes among the graduate students.

4.5 Sample Characteristics

There were 60 people on the Ontario Domestic Violence Coordinators Network list; each was individually contacted via an email explaining the national project and inviting them to participate. Of the 60 people contacted, 12 agreed to participate in the current study. These police officers came from various locations and police services across Ontario. Of the 12 who participated, 58% identified as female (n=7) and 42% identified as male (n=5). The average years of experience was 21.8 years. The participants varied in rank; from highest rank to lowest rank, 33% were Detective Sergeants (n=4), 50% were Detectives (n=6), and 17% were Detective Constables (n=2). Of the 12 participants, 75% worked for municipal police services (n=9) while the remaining 25% worked with First Nations police services (n=3).

Chapter 5: Results

5.1 Research Question One

Several themes and subthemes emerged for each of the three research questions. Research Question One: Police approach to safety planning and risk management with adult victims of domestic violence and children exposed to that violence.

Research question one examined the practical side of how police approach safety planning and risk management and explored what is done in practice and how it differs from theory (or legislative/ mandated policy requirements that are in place to create a standardized approach to investigating domestic violence occurrences). The three overarching themes that emerged had to do with the system level (i.e., within the community system), the organization level (i.e., within the police service), and the individual level (i.e., specific to police officers); see Figure 1.

5.1.1 System Level

At the system level, the main subtheme that emerged from the majority of the participants had to do with the process and protocols for making referrals to community services to augment safety planning with victims and their children. As participant #3 states, "It's more just the

referrals. We don't do a lot of safety planning because we don't have the resources. That's why we rely on VWAP and the shelter." However, it can be inferred from most of the participants that safety planning is not their focus; as participant #2 explains, "We'll work with victim services or VWAP and I guess we have the – at least I do, I lean on them a lot to follow up with the victim and do all the safety planning with the victim." Participant #3 states, "Pretty much that a referral is made. We don't do a whole lot of strategy because we rely on VWAP for that."

Safety planning for children was almost always left exclusively to outside agencies, for example to Child and Family Services; every service identified had an established protocol for contacting their local Children's Aid Society/Child and Family Services when a child was present during a domestic violence incident. As participant #4 states:

> Well, it's in the domestic policy that we have to cover off safety planning with the victims, make referrals to the partners, which includes Crisis Intervention and Children's Aid Society, and I know they've all got their own form of safety planning when it comes to what the victims need to do in relation to their kids. So, we let them kind of deal with their specifics, and we deal with ours.

Participant #6 explains how victim services is the agency they depend on for providing safety planning for children. "We don't really have a form that says safety plan . . .. Victim services may and like I said we refer them to victim services."

5.1.2 Organization Level

An emerging theme that arose among the participants was the inconsistency of training and internal directives/policies that services had in place with respect to safety planning and risk management. Almost half of the participants 45% (n = 5) advised that their police service lacked clear directives/policies around safety planning and the same was found for risk management.

As Participant #5 explains, "We don't have a set guideline for safety planning, but they would

tell them right at the scene like this is what you need to do." Again, 45% (n = 5) of the

participants said they never received training in safety planning or risk management. Participant

#7 advised that risk management is not an area where training was offered:

> No, I don't think so. No, we haven't received training but it's pretty case specific and not
>
> related to managing offenders. No, it's just like an investigative approach like what can we
>
> do that is case specific. Is there something out there I could do?

Three participants who stated they received training in risk management referred to being trained

on the Domestic Violence Risk Management Report (DVRMR), which has nothing to do with

actively managing the offender. Participant #8 explains:

> So, they have the standard domestic violence risk management tool training so the DVRM
>
> training. They received that online training and as far as I know that there's a question
>
> around refresher training. The only time that really comes up is when the front line, aside
>
> from our unit, engages in a domestic violence investigative course. And then they get a
>
> refresher at that time on the DVRM training so that would be the extent of the training that
>
> they receive.

The DVRMR is an information gathering form for officers to use in gathering information from

the victim at the time of interviewing the victim. The DVRMR assists in screening and assessing

the level of risk the victim may be in.

Another subtheme in relation to risk management was the discrepancy between services

on the execution of risk management. Of the participants interviewed, 45% (n = 5) advised that

their service actively monitors and engages the offender, while 27% (n = 3) of the participants

did not engage in risk management; for them, this was a function that was referred to outside

agencies to manage (i.e., Crown, Probation and Parole, VWAP, CAS). Participant #6 described a similar situation in relation to risk management not being seen as a police priority: "No. I would say, no. I would say that's a probation and parole issue." The remaining participants, 27% (n = 3), advised they engaged in risk management that was specific to victim safety and not offender-focused. Participant #5 explains, "It's left more, I would say, to our community partners. I mean we do some risk management with our victims at the time."

5.1.3 Individual Level

At the individual level, participants commented on their approach to safety planning with victims of domestic violence and their children who were exposed. A common theme that was generated from the participants' responses was that safety planning was predominantly focused on the adult victim, rarely on the child(ren), as Participant #9 described it: "Most of the planning is done with the parent, depending on the age, but usually they're a little too young to be doing planning with." Participant #5 speaks to the lack of focus on safety planning with children: "No, that's left to our community partners and to mom. Obviously, we let mom know that if you bring that person back into the home you understand you're going to be at risk of losing your children." In addition, when police worked with children, it was done inconsistently, or it was dependant on some other factor such as age of the child, level of risk, and victim's capacity to relay information to their child. Moreover, there was a heavy reliance on Child and Family Service to complete safety planning with families. Participant #8 highlighted their approach to safety planning with children:

It's case by case; if they don't have direct interaction with the child as a result of the investigation they may take the opportunity to go over a few things, but generally, it's providing the woman with not only verbal instructions around some of the things that

might help in the moment, but give her . . . we have domestic violence pamphlets that we give out as well and intimate relationship abuse assistance guide.

Police were especially reliant on Child and Family Services to fill this role:

I guess that would be the role of Child and Family Services; we kind of leave that up to them to ensure and maintain safety of the children, and Victim Witness Assistance Program with them keeping an eye on what's going on. Once we do our investigation it kind of leaves our hands sort of thing; we rely on the other services to kind of look at that. (Participant #1)

Participant #3 explained:

So, we just kind of make the referral to Child and Family Services; we keep them out of the criminal aspect of it, unless it's something very serious where we have to rely on them as a witness. So, we don't really consider them a whole lot.

Participant #10 describes contingencies for safety planning with a child:

It depends on the age, maturity, behaviour of the child, and the level of safety risk that I see. If I think it's an extreme risk then I would more include the child, but if I think the person has it together, the risk is minor, I mean they're going to be meeting with Children's Aid Society as well, I'd probably leave the child out.

Figure 1. Research Question 1: Police Approach to Safety Planning and Risk Management.
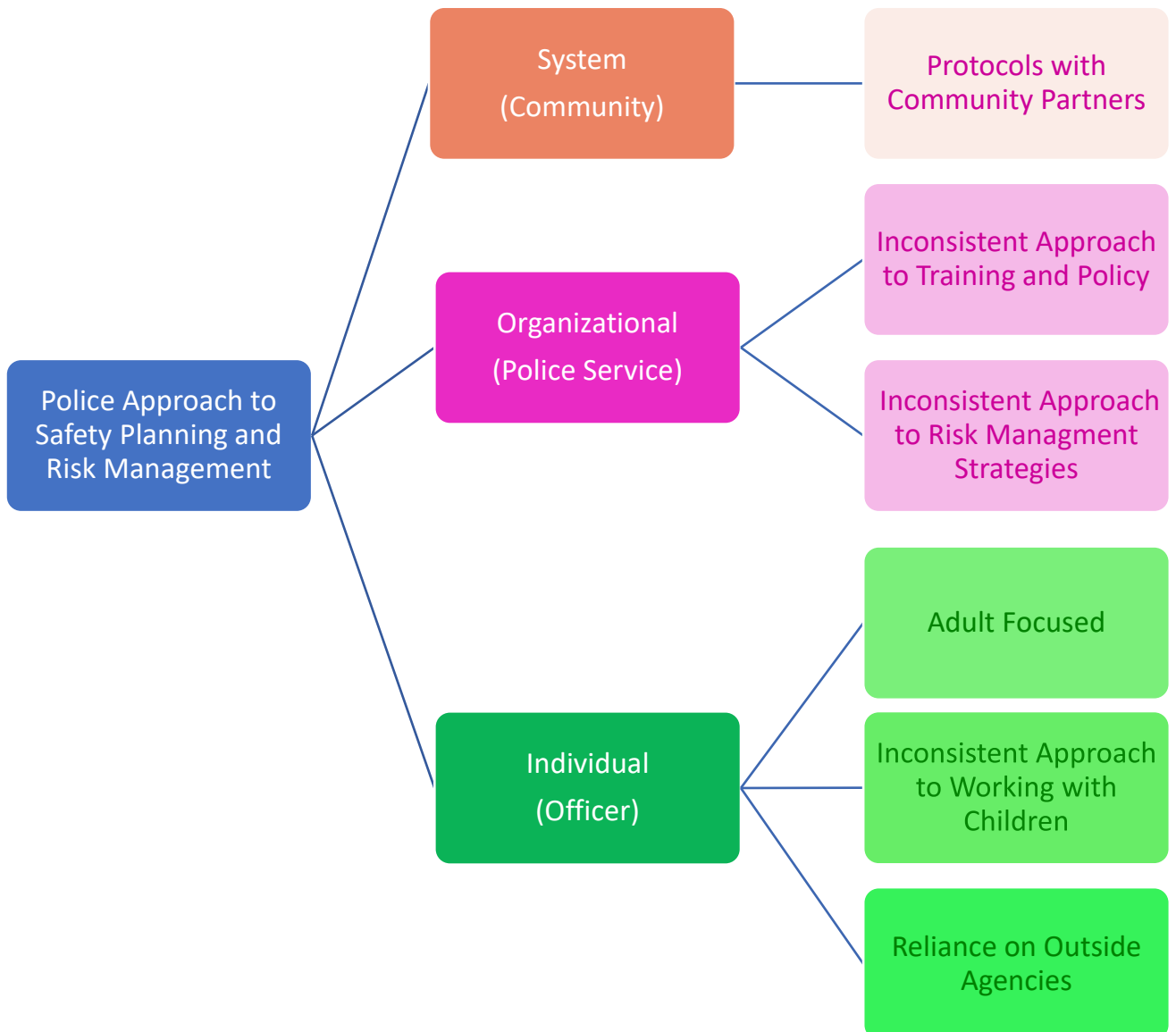
5.2 Research Question Two

Research Question 2(a): Challenges with Safety Planning and Risk Management

Research Question Two: Safety planning and risk management with (a) victims of domestic

violence and (b) victims from vulnerable populations, as well as children who are exposed to

domestic violence.

Three overarching themes related to research question two (a) are: (1) at the system level,

participants identified challenges within the broader community and justice system; (2) at the

organizational level, participants highlighted internal issues within the police service that created

barriers to effective safety planning and risk management; and (3) at the individual level,

subthemes identified included family complexity and police coordinator/specialist perception of

the challenges they perceive as barriers.

5.2.1 System Challenges

System challenges refer to larger societal factors such as economic structures (i.e.,

availability of resources) and social policies (i.e., legislation) that create a climate where violence

is either encouraged or inhibited and that assist in maintaining economic or social inequalities

between groups in society (CDC, 2019). The main subthemes that participants identified were

lack of community support and challenges with the justice system that affect victim safety.

Many participants described a discrepancy in access and availability of resources in

rural, remote, and northern communities. Participant #1 identified a "lack of support services

because we're rural population, there's just not access to support services." Participant #11

identified lack of funding as a barrier: "and the other thing is the lack of funding for the actual

police services that deal with victims in the north." This is certainly problematic for victims and

creates challenges for police to effectively safety plan and manage risk.

Social policies that inform legislation have an inevitable impact on the justice system. Many of the participants discussed the challenges the court system has in the work they do, Participant #7 said:

What's really challenging I think is having a two-tiered system of criminal and family court where criminal court will do one thing and family court will do another . . .. where there is forced visitation, or you know with a violent offender or the family court doesn't support criminal findings, or it just takes too long, and I think that puts kids at risk too.

Another participant highlighted as problematic the criminal court process at the bail hearing stage (the process where an accused has to justify why they should be released back into the community, with or without conditions that restrict their liberty, and not remanded into custody until their first court appearance where their matter would be heard in criminal court).

Prior to 2009, a standard police practice was to hold persons accused of domestic violence for bail court without considering the context of the dynamics of violence within the relationship. However, R. v. Rashid, 2009, changed the police decision-making process when a trial judge

. . . found a breach of section 9 of the Charter when the arresting officer failed to consider whether a release from the station was appropriate and acted, instead, pursuant to a blanket policy requiring detention in domestic violence cases irrespective of the accused's personal circumstances or the nature of the office. (Department of Justice, 2015)

This decision led to more accused individuals being released from the police station by an Officer in Charge. Further, a recent landmark decision, R. v. Antic, 2017, changed the bail hearing process across the board. Currently, more accused's than ever before are being released into the community rather than being remanded into custody. This has created an arduous task

for domestic violence coordinators/specialists/investigators who must monitor the potential risk

an offender poses to the victim and their children while they are out in the community. This is

highlighted by Participant #10's concern for safety for children who are exposed to violence:

"so, their (kids) are exposed to extreme violence by their parents even though the criminal

charges are laid. So, we can't monitor their decisions because almost everybody gets out on

bail."

Participant #2 also described frustration with the criminal court system. Police conduct

risk assessments with victims and, after examining the totality of the situation, request that the

courts oppose bail. But their advice is not taken: "Obviously in high risk scenarios we will not

consent to bail; we will oppose bail. But what happens is in court is a different story, too.

Regardless of our objections, the courts may still release a person on bail."

Participant #11 describes how well intended legislative policies and decisions do not

translate into practice for all police services within Ontario, leading to disparity in the quality of

services for the community and creating a huge safety concern for first responders:

> The RCMP had members who were shot in one of the northern communities. There was a
>
> big thing within the Ontario government where they were lobbying to have no less than
>
> two officers respond to any domestic call across Canada and within (name of community
>
> withheld) we're just not able to do that because at best we have one officer in the
>
> communities. So, does that have an impact? Absolutely it does! Because they're not able
>
> to give that specific care before they're dispatched to the next call.

5.2.2 Organizational Challenges

The second overarching theme, organizational challenges, uncovered subthemes that

related to internal issues within the policing organization that created limitations to effective

safety planning and risk management. These subthemes were identified as vague directives, lack

of internal resources, and lack of policy and training.

Participant #10 discusses their frustration when their fully operational DV Unit was being

disbanded due to internal resource/personnel issues:

They have problems managing CIB (Criminal Investigation Branch); they're trying to

steal us and all our people so we're going to become a DV unit on paper so it looks good

for the public, but we will become CIB's ugly step sister.

This participant also explained how all the work to form relationships with community agencies

to enhance victim safety will be lost.

Participant #8 describes the demands domestic violence cases have on their domestic

violence unit and the lack of internal resources/personnel places a burden on the investigators:

"So what we have is 12 constables trying to do the work of what should be about 24, right?"

Participant #2 also highlighted how the lack of resources/personnel limits their response and

adequate monitoring of offenders in the community:

Once they're released, unless there's a new complaint – just because of manpower we

might not be able to – I wouldn't say follow through on surveillance, but not be able to

dedicate personnel to the surveillance.

Another subtheme that emerged was the lack of policy/directive when it came to safety

planning and risk management which led to inconsistencies on how these functions are

performed. Participant #9 advised they did not have a policy specific to safety planning and

further stated, "We just sort of, I guess, go on our gut." Participant #10 spoke about the lack of

teeth their organization's policy has on safety planning stating, "We have sort of a basic policy,

but I don't think it covers actual intent, it covers the department's butt, but not necessarily best

practice." In fact, almost half of the sample, 45% (n=5) stated that their police service did not have a policy on safety planning in place and only a few police services actively engaged in offender management (monitoring the perpetrator). As far as services identifying if they had a risk management policy, 45% (n = 5) stated they did not. Participant #2 stated, "Not that I can think of, no."

The last subtheme to be identified was lack of training when it came to safety planning and risk management. Again, less than half of the sample--45% (n=5) --advised they did not receive any training on safety planning and if they did it was informal: "I would say, yes, nothing formal, just in discussing with this group" (Participant #6). There was a similar result with risk management training as 45% (n = 5) of the participants stated they did not receive training in risk management, highlighted by Participant #10: "I don't believe so and take that with a grain of salt. I'm think back; nothing specific hits me. There might have been a small component in one course." Participant #1 echoed the lack of training when it came to risk management: "Other than the DVRM, that's probably it. I myself have done the domestic violence investigator's course, but as far as our frontline officers, not a lot of training."

5.2.3 Individual Challenges

At the individual level, many of the participants described challenges in working directly with families that subsequently created barriers to effective safety planning and risk management; thus, family complexity was a major theme. Family complexities included the fear some families felt towards "the system", especially the child welfare system. Participant #9 highlighted, "Well, obviously the victims may not want to report things because they don't want CAS to apprehend their children." This fear hindered disclosure of violence occurring within the household. Moreover, it is speculated that fear of the system restricted police direct access to

children within the home in order to protect the family secret. Participant #3 expressed how fear interfered with working with children: "A mother may just tell her children to not say anything to police; you never saw this; so, it's the disclosure of what's gone on. People just have difficulty, fear of coming forward and talking to police." Participant #7 expressed frustration in relation to lack of access to children and how it impedes the investigative process:

> If we can't get access to that child in terms of getting their story, if we are prevented, that's really hard as well. It's the information that they provide that helps to support the case as well and then to get them the resources that they need to support them through the process.

Another family complexity that was expressed by some of the participants was the overall mistrust some families have for police. I can speculate from my own experience that families who have had previous negative experiences and frequent involvement with police tend to be less cooperative. However, more problematic is when families harbour a mistrust for police. This negative attitude can vilify police and children absorb this attitude as well. When children mistrust police, it creates barriers to effectively working with them. This sentiment is highlighted by Participant #10:

> They have a mistrust for the police; they are taught by their parents not to trust police because they often see dad taken away and they blame us for that; like they can watch dad beat the crap out of their mom and she's taken away in an ambulance and dad will be yelling at the police as we take him away. So, they don't see that beating the crap out of mom and putting her in an ambulance is bad; they see the police taking their dad away as bad. So, they become cop hardened at an early age.

Finally, another factor affecting families is shame, which was viewed as a barrier to disclosing issues of domestic violence to police and "outsiders". As Participant #11 described it:

So, you have a victim of domestic violence and their children have been exposed to it, again. It's a shaming thing. . . in many cases we know something serious has happened, but it's the lack of disclosure of the facts to proceed.

Participant #1 articulated how shame complicated the disclosure process:

There's also the difficulty of being able to share with us; they don't always express their fear. . .. It takes a lot of courage for a victim to come forward and tell us what they've been experiencing for fear of shame is a big one.

Fear seemed to manifest itself in the form of fear of the system, mistrust for police, and shame of being in an abusive relationship, all of which contributed to a lack of disclosure which greatly hindered police acting. Police recognized this as a challenge, especially when they knew something was happening. This seemed to frustrate police as it created an inability to work effectively with victims of domestic violence and their children.

Another family complexity that participants identified as a challenge to working with children who are exposed to domestic violence is the issue of child custody matters and unresolved family court issues. Participant #4 explained how access to children during a matrimonial separation can create safety concerns for children if this aspect is not being closely monitored by police or a third party, i.e., Children's Aid Society:

Custody is a huge one. Typically, both parents always have a right to see the kids, but if it's through some type of custody order, family court order, even just a condition that is put on the accused by way of court order. So, ensuring that a third party or a safe place to

meet is in place, to make sure Children's Aid is aware and they're making sure that the

children are safe, and everything is being provided to them that needs to be.

Participant #7 stated that they thought a child was most at risk when there were unresolved

family court issues:

Gosh. I think they're at risk when they're with the offender or they're being used by the

offender; like I think they're at risk for homicide if there are a lot of risk factors and then

there's unresolved family court orders or custody issues.

A second subtheme that was generated at the Individual level related specifically to

domestic violence coordinators/specialists and the challenges they personally faced while

working with victims of domestic violence and their children. Here participants discussed some

of their reluctance to working directly with children exposed to domestic violence, challenges

with the investigative process, how the impact of domestic violence on children complicated the

interaction between police and children, and the challenges around role expectations that created

job stress while dealing with domestic violence cases.

Participant #2 described the reluctance they felt for getting a child involved as a witness

against their parents: "a challenge is having a child be a witness against either one of their

parents, which is a situation I don't really like putting a child in." Some of the participants

highlighted investigative challenges when children are involved in the criminal process:

So, challenges from an investigative standpoint: I guess, just overcoming the difficulties

around proper interviews and dealing with protection issues and working closely with an

outside agency like CAS. Sometimes it's rewarding and challenging at the same time.

(Participant #8)

Participant #12 expressed a very similar challenge:

Some of the challenges that I think we have been working to overcome are using children as reliable witnesses and learning how to do child appropriate interviews . . . and how best to protect them from further harm.

Participant #8 spoke about how children added an emotional element to the investigation which can present difficulties:

I think that there's this challenging piece around children is everybody kind of gets emotionally invested as well when it involves children; so, when you're dealing with domestic violence and you're dealing with children as investigators there's sometimes more of an emotional connection, that kind of thing, you have to keep in check when you're working through a file.

An additional challenge identified by some of the participants was the age of the child:

If the child is too young to communicate with us we're not able to actually get them as a witness or interview them properly. . .. Obviously they are much more vulnerable being that young and it's in their home. You know, I think that's one of the worst parts of domestic violence; it is where they're supposed to be safe and it's happening in their own homes so that makes it difficult as well. I think embarrassment makes it difficult. (Participant #12)

Participant #2 shared the same view regarding interacting with young children: "I'm thinking of children under the age of 10, they may be reluctant to speak about what goes on in the house or they may not know how to verbalize it." Participant #8 explained how sometimes children do not comprehend the level of risk they are in when their parents are fighting which can create a challenge for investigators:

> No matter how horrific their home and living environment can be, a child still wants to be with their mother and their father despite a bad environment. . .. A child is not going to understand their risk. So, you're dealing with a lack of understanding.

A similar challenge Participant #4 described was "getting the kid to understand the reasoning behind what you're trying to tell them." And Participant #5 spoke about the need for children to want to have their family intact regardless of the violence going on in the home: "Children want their families together regardless of what happened; even though they've seen stuff, ultimately kids want their families back together."

Some participants described the negative impact domestic violence has on children who are exposed and how this is psychologically and emotionally damaging, leading to the possibility of intergenerational violence:

> A lot of times people get themselves into these heated arguments and physical altercations and forget that the kids are present, and the kids are seeing all of this unfold and it's impacting them because they're now forming their own opinions and their own fears and thoughts as to what's right and wrong and what's acceptable. . .. I think that is tough dealing with as far as the kids go because they many not be in any immediate physical danger as far as getting hit or assaulted, but there's always going to be psychological danger and damage done. (Participant #4)

Participant #10 also spoke about the negative impact of domestic violence as they witnessed first hand the normalizing affect it had on children who were exposed to severe violence in the home: "I've gone to houses at eight in the morning and beer bottles are flying and fighting and the kids walk by the five policemen to go play video games, so clearly the violence is normalized." And Participant #5 spoke about domestic violence as a learned behaviour:

I think for children it's learned behaviour. Is this something that they think is going to be

normal as the grow up? And this is a sometime thing, like not always. You know, I've

talked to people who have come from very abusive homes, but they've never abused

anybody, but it becomes learned behaviour. They learn that this is how we treat people;

they don't know anything else if that's all they're exposed to. So, we need to tell them

what healthy relationships are, but if they've never seen a healthy relationship in their

own family how can we expect them to know what one is growing up?

Domestic violence investigations can be stressful for numerous reasons but concerns

around victim safety and personal and organizational liability are at the top of the list, especially

when a tragedy occurs. However, role pressures due to lack of personnel and the time required to

complete investigations, as these investigations can be lengthy and complex, can lead to burnout.

Role constraints discussed by domestic violence coordinators/specialists/investigators included:

Officers in the unit are overwhelmed and have too many files on the go because they just

never stop. . .. Eventually we need to double the size of this unit. . .. We're super busy of

course. like everybody with domestic calls. So, we just do as much as we can.

(Participant #8)

Participant #11 explained that pressures in a northern community have led to challenges with

managing domestic violence cases and subsequently had a negative impact on personnel: "We

have a high burnout rate. . .. We deal with compassion fatigue. Officers dealing with the same

couples repeatedly—we deal with PTSD; officers are being traumatized." Participant #5

expressed challenges with the size of their police service and the lack of personnel to dedicate to

domestic violence occurrences: "As a small police service we find it difficult here because we

don't have a specific domestic violence unit. If we did, that would be great, but our numbers just

don't allow it."

Figure 2. Research Question 2(a): Challenges with Safety Planning and Risk Management
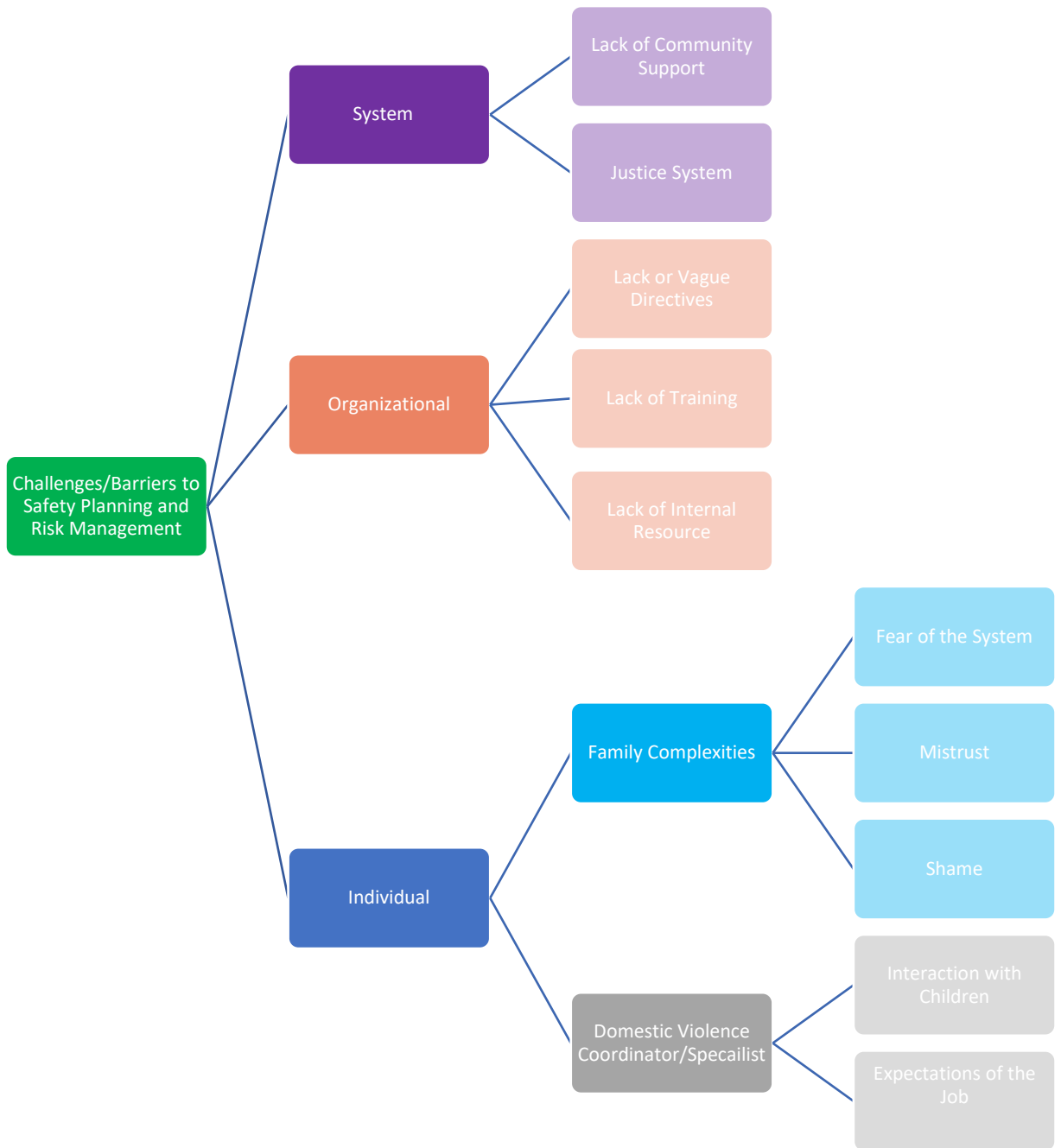
Research Question 2(b): Challenges of Working with Vulnerable Populations

Domestic violence coordinators/specialists/investigators identified additional challenges to working with domestic violence victims and their children from vulnerable populations (i.e., Indigenous peoples, immigrants and refugees, people from rural, remote and northern communities, and children from these diverse demographics) (see figure 3).

5.2.4 Indigenous Peoples

There were many challenges participants identified in relation to working with Indigenous peoples; lack of availability and access to services and resources, poverty, substance use, isolation/closed communities, and traditional beliefs/Elders' influence.

Participant #11 spoke about how the lack of resources in a northern Indigenous community created issues for victim safety as implementing basic safety planning was impeded by poverty and isolation:

> Unfortunately, most times the Victim Witness Services will only attend the community on the day of court; anything outside of that is done over the phone and, unfortunately, . . . we are still dealing with many hundreds of women that do not have access to a phone; they don't have cell phones, they don't have home phones. Yesterday, I was dealing with a family that still didn't even have power or running water in their house. So, that's the type of stuff we're dealing with.

This same participant further highlighted:

> So, we would assist with getting them in contact with a shelter and, unfortunately, again, the unique side of our police service is that none of the communities have shelters, with the exception of one. . .. Because being from a northern community and my heart goes out to these women because if they want to leave an abusive relationship it is not the

easiest thing to do and I think that's why they become victimized so often and I think

they are at a greater risk because they can't just up and leave a community.

In the most extreme cases where a victim has been severely beaten and is ready to leave, the lack

of resources and access to shelters creates logistical issues as arrangements need to be made to

fly the victim out of the community, as stated by Participant #11:

> We've had instances in the past where a female has wanted to go to a shelter in one of
>
> our drive-in communities and we coordinated the officer picking her up, driving her to
>
> the airport, and then we've had another officer meet her in the other community and drive
>
> her to the shelter. It sounds easy, but there's just so much stuff that kind of happens
>
> behind the scenes that nobody really kind of sees.

Some of the participants candidly described the challenges of working with these victims due to

a victim's reluctance to report to police whether it is out of extreme fear or other outside

influences, (i.e., traditional beliefs and lack of family support):

> We have women walking around in communities with black eyes; we know what
>
> happened, she is just so terrified she will not report. So, that is an issue in our
>
> communities because we know for certain he's aggressive, he's probably threatened her
>
> like sixteen times over and she – she can't report because of the hopelessness and
>
> helplessness in the community. You just stay a prisoner. (Participant #11)
>
> So, you're dealing with two other factors, one being traditional, which is the elders in the
>
> community saying if that's who you married, that's who you stay with. So, they have
>
> influence that they've got to listen to in one ear. The other thing is like when they decide,
>
> you know, like I have to leave, number one, it's not easy. There's a lack of support from

any other family member because they're going through the same thing. . .. so, you don't

have any supports." (Participant #11)

You know I think in the native culture, that perception is there where you have the

internal family problems, there's still "you're to carry those yourself." You don't really

express internal family workings amongst other people. So, there's that feeling that 'I

have to withhold what I'm experiencing' – that's kind of the way the native culture is.

(Participant #3)

The other component to fear of reporting to police is living in a closed, isolated community

where everyone knows one another and gossip spreads around the community like wildfire:

In these small communities even if people don't accurately know their business, they'll

make up whatever their business should be on social media, my goodness. Social media

in these small communities is killing us because someone makes a post on Facebook and

it's all over the community in seconds, so you can't have a private family matter.

(Participant #11)

Further, living in a closed, isolated community limits the potential resources for support

available to victims, and creates challenges for police to ensure adequate support as sometimes

members of the community are related to the accused. Participant #11 describes it:

Well, the thing with that, though, is a lot of these positions that they have at the nursing

station or the band office are positions that are held by local community members . . ..

However, when a victim of domestic violence is assaulted and reports, sometimes we are

limited because that could be the brother of her spouse. So, then you have to cross that

off because, you know, we can't – and they don't have the ability to excuse themselves

from any situation going on in their community – they are it. So, say if they hold the

> mental health worker profile then we're euchred as far as trying to access any services
>
> from them.

Another factor that complicates the reporting process for these victims is fear of the court process. Often victims will not attend court to testify for a couple of reasons: one, the court is held in a public space within the community which is open to the public to attend, and once court is done, the victim is left with whatever the outcome is. Participant #11 describes the challenges with keeping a victim on side to testify and the challenges to effectively managing the victim's safety in community after court:

> Most of the times they don't want to testify because like if we make that referral to
>
> Victim Services on their behalf, sure, they can talk to them on the phone, but the reality
>
> of it is we all leave; the courts leave, Judge leaves, and they're in the community left with
>
> whatever decision is made – be it he's released and he's got curfew, or he's got a no
>
> contact order. That doesn't mean anything because he can still go in and kick in her door.
>
> . .. I don't know if any victim would feel a hundred percent safe.

Lastly, some of the participants identified substance use as creating a challenge for working with the Indigenous population and as a main risk factor for domestic violence:

> I'd say probably one of the biggest risk factors is alcohol and drug, substance abuse.
>
> People aren't always in their right frame of mind. . .. I've been in policing long enough
>
> that I would say alcohol is our number one main risk creator of domestic violence.
>
> (Participant #10)

5.2.5 Immigrant and Refugee Populations

Two of the main barriers that created challenges for participants to work effectively with Immigrant and Refugee populations were identified as language and culture differences.

Working around the cultural beliefs that some of the immigrants and refugees have that

are contradictory to our legal processes here. So, having to work around individuals who

don't recognize that they're committing an offence because it's not illegal elsewhere,

where they are from. And then, the other challenge in dealing with them is engaging with

them because of language barriers, so there's an issue with getting your point across

because of language barriers. (Participant #8)

Language and cultural barriers can create issues with the investigative process in affecting the

ability to obtain an accurate statement from the victim, to educate victims about what constitutes

domestic assault in the context of Canadian law, and to overcome mistrust for police:

Trying to talk to them about domestic violence and the role of the police and what

constitutes an offence. One of the biggest issues is language so we have an interpreter

there which means an interview that should be an hour ends up being two to three hours

just trying to make sure that there's no misunderstandings between languages and

certainly that's one of the biggest barriers and again the cultural history and the

suspiciousness of police from their society, from where they come from, and the role of

the police and mistrust of the police. So, trying to gain that trust. (Participant #12)

5.2.6 Rural, Remote, and Northern Populations

There were several challenges that participants who work with rural, remote, and

northern populations identified: isolation, lack of availability and access to resources.

"Well, the rural and remote, basically the challenge is self-described right there in the

description of what they are because they fall into an area where geographically they're

pretty restricted. Often it's transportation challenges, even having them come in here or

they have limited resources out in the northern county where they come from or things

just aren't that accessible to them. They don't have, you know, transit system, they don't

have, you know, easy grab a cab scenario without them having to sell their first born to

get money to pay for the cab. Like there are a lot of challenges that way. I think, too, the

challenge we have with them is isolation. So, they're out there in the middle of nowhere. .

.. So, I guess the geographic restrictions, the isolation, and limited resources and

accessibility for them is our biggest challenge. (Participant # 8)

Another participant explained how lack of resources and opportunities, especially in northern

areas, and lack of employment, is very problematic and a factor in domestic violence cases:

Well, for sure lack of employment. I know that has a factor on domestics. Any little bit of

money . . . the husband wants to buy drugs or alcohol, mom knows she should buy food, so

there's a fight over finances. Lack of work for men and feelings like they can't provide for a

family, so that causes frustration. (Participant #11)

5.2.7 Children from Vulnerable Populations

Some of the participants spoke about the intersectionality of children exposed to domestic

violence and vulnerable populations, specifically, Indigenous children and immigrant and

refugee children. Participant # 10 described a unique challenge for children living in northern

reserves:

A lot of them move a lot. . .. meaning different schools, different housing. Housing is a

major issue here and they also move in an out of the community and just like before we

have northern reserves so a lot of kids are back and forth so we can provide them three

months of schooling here, but then they go back to their home reserve which is fly-in. So,

it's hard to do the follow-up and they don't always let you know they're going. Lack of

stability.

Participant #11 speaks about a painful experience demonstrating some of the real struggles Indigenous victims face when there is a lack of resources to provide intervention necessary to keep families safe, and the impact this has on their children who are exposed to chronic and frequent domestic violence:

> Yesterday, this young girl that took her life, 13 years old, speaking and interviewing her very emotional mom yesterday, mom admitted that her daughter was exposed to domestic violence as a young child and had seen her mom being choked, punched, assaulted many different ways before. Mom finally left the community and went to a different community and she admitted that this girl had witnessed probably about 80% of it and this traumatized her. So, what continued to, I guess make the situation worse was that mom was traumatized herself and wasn't able to identify just how traumatized her own child was and wasn't until recently that she was able to get to go, "Oh, I think you need counselling," and set her daughter up for counselling. So, I think the impact of women being assaulted, they're most times unable to see outside their pain, if that makes sense. And so, you're not able to make sound decisions I think that a mom with more support would be able to make.

Participant #4 describes the challenges they face while working with immigrant and refugee children in relation to cultural differences, stating:

> Again, it comes down to culture. Often children are brought up within their culture with certain beliefs and sometimes those beliefs don't always fit with what our laws outline and the way we deal with things, so it's sometimes a challenge to explain to them that this is why it's happening, despite maybe dad saying that he's allowed to do this or believing he's allowed to do certain things, or mom is saying that this isn't right. But then you're there

for a short period of time and you have intermittent contact with them, so they're always subjected to their family members and friends, you know, instilling things in them which may – and quite often does – contradict what we're trying to explain to them. And they're kids; they're easily influenced.

Figure 3: Research Question 2(b): Challenges with Vulnerable Populations
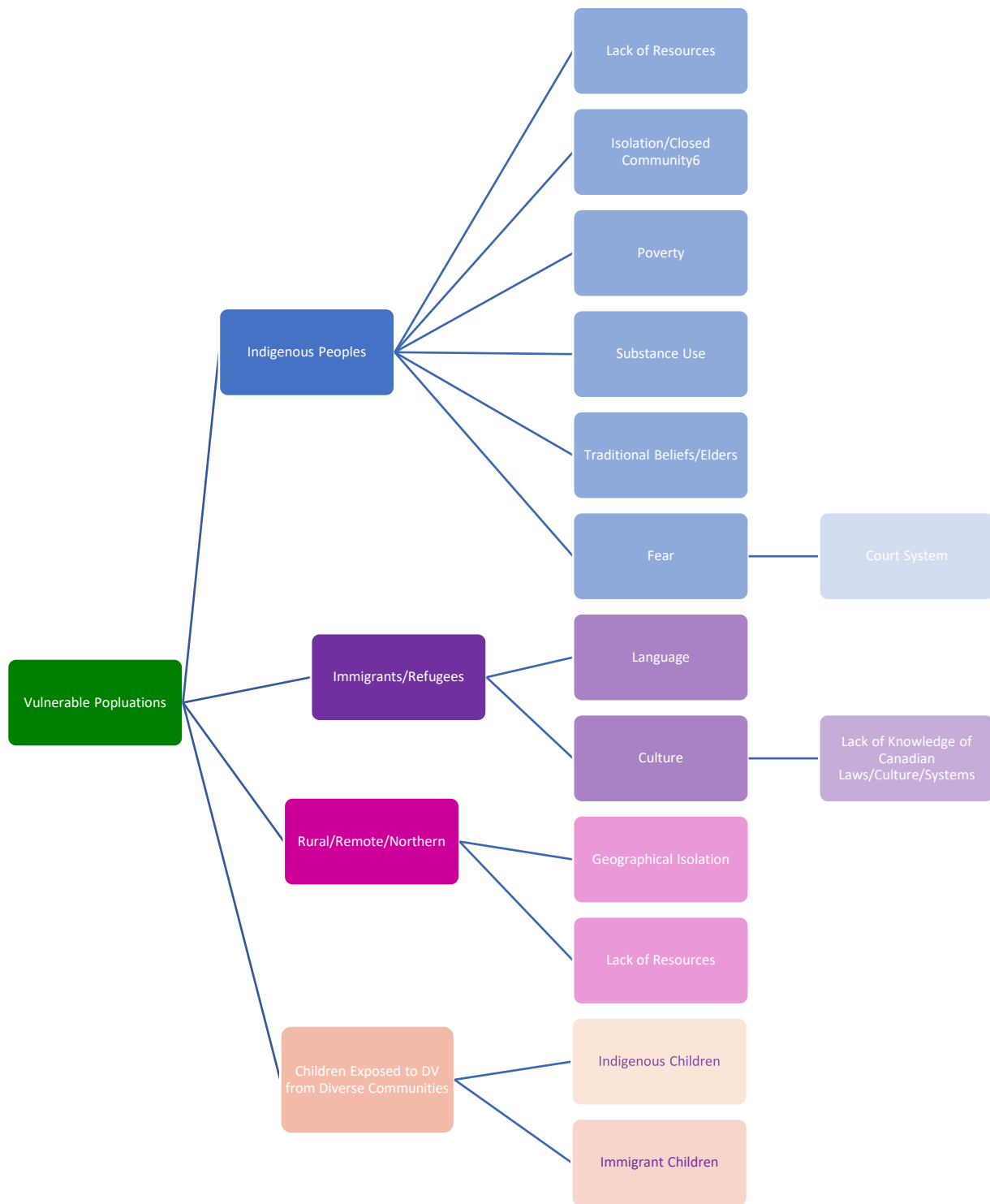
5.3 Research Question Three: Promising Practices

Research question three examined promising practices domestic violence coordinators/specialists/investigators utilized to enhance victim safety (see figure 4). One of the overarching themes was prevention strategies, which can further be broken down into three segments: community, relationship and individual levels. The other two overarching themes identified by participants were enhanced training and domestic violence oversight at the organizational level.

5.3.1 Prevention Strategies – Community Level

Prevention strategies at the community level have an impact on social and physical environments – by creating processes, protocols, and policies within workplace settings (CDC, 2019). One of the main themes that emerged from most of the participants was the need to have a collaborative process in place to effectively monitor and manage high risk offenders. Participant #7 spoke at length about how the collaborative process included the development of relationships with community and justice partners via sharing information and meeting on a regular basis to discuss high risk cases. This can be considered a promising practice when it comes to managing victim safety:

> So, we work closely with our DV Crown, our Victims Witness Assistants, the Children's Aid, and Probation and Parole. That's who are at our table and we have open lines of communication with them; we openly share all information. We have a great relationship with our community partners and then our offender managers do the management part and then we involve the investigating officers as well as Victim Services. So, two things kind of happen: like the offender managers manage the offender and Victim Services manage the victim, and then we're in contact with our community partners to make sure we're sharing the most current information, and then we meet once a month to review the

case formally. So, my offender managers will do compliance checks, will do

surveillance, will check in with the offender; we talk to the neighbors, we go to their

workplace, and then we're checking in with Victim Services to make sure there's no new

information from the victim that would lead to a breach, or any concerns that they would

have if family court comes up, you know, and then I meet with my offender managers

weekly and we review each case just to make sure that we are doing, you know, making

sure we have our priorities straight or if there's anything that we need to do that we're not

doing. We kind of just collaborate with each one.

All participants identified having clear protocols and policies in place within their police service

to notify their local Children's Aid Society when children were exposed to domestic violence

within the family unit. Participant #12 elaborated on how their police service collaborates with

other organizations to ensure children are part of a comprehensive safety planning process:

We have the Child and Youth Advocacy Centre here; we also have our youth protection

unit from the police in the same building as us, so we do a lot of work with them. We

have Family and Children Services here as well and work with them almost on a daily

basis.

5.3.2 Prevention Strategies – Relationship Level

Prevention strategies at this level may include family-focused prevention programs, and

mentoring and peer programs designed to reduce conflict, foster problem-solving skills, and

promote healthy relationships (CDC, 2019). Some of the promising practices aligned with this

prevention strategy that a few of the participants spoke about was the formation of situation

tables/community hubs and educational outreach and mentoring youth. Situation tables bring

community partners together to problem-solve for and with families who are in crisis but not yet

involved in the criminal system. Plans are put in place to assist the family to decease the escalation of violence and to promote victim safety. One participant describes this process:

> We also track . . . cases where we've had multiple visits to the home within the last three years and we refer it to a situation table like a community hub table just to make sure that risk is properly assessed and there's follow up. . .. If there's risk it will go to our situation/community table for, you know, discussion on best ways to manage risk, and a community mobilization officer will determine a course of action, if any follow up is required. (Participant #7)

Another promising practice that Participant #8 identified was the proactive educational initiative their domestic violence unit took to promote healthy relationships among young people:

> Well, I think the more outreach we can do proactively in the community, that's promising. Like if we can sort of change the mindset of, you know, the vulnerable members of that community . . .. So, even at the younger level, college level, we have opportunities in this unit to speak to university classes, so that would be promising.

Participant #5 spoke about the promising practices of having community liaison officers working in the school setting to act as a point of contact and mentor for youth:

> We have a community liaison officer who has a drop-in session at the school so kids can reach out to her and go talk if they have any concerns or questions. And some of those things have come up, you know, my dad assaulted my mom, so she can talk to the student there.

5.3.3 Prevention Strategies – Individual Level

Prevention strategies at the individual level encourage attitudes and behaviors that prevent violence. Some of the participants spoke about the strategies they use to have an impact

at the individual level: "We have an officer who is part of the mobile crisis team, but he's in plain clothes; he can actually talk with the person and get them into the proper counselling or treatment option. (Participant #9). A few of the participants discussed having dedicated offender management units that focused solely on the offender to mitigate risk to the victim and their children. This is a very promising practice because most of the participants spoke about employing safety strategies focused on the victim only. Keeping close tabs on the offender may assist in changing the behaviour of the offender in a positive way as they know police are monitoring their actions through compliance checks and regular check-ins:

> We will do home visits with the offender and introduce ourselves, make sure, you know, just have a conversation and assessment just to see where he's at emotionally, mentally, his anger, all of that, and then to make sure if there are any enforceable conditions . . .. we'll do those compliance checks like alcohol, curfew, surety, work, all of those.
>
> (Participant #7)

5.3.4 Enhanced Training

Another theme that developed as a promising practice from many participants was enhanced training. Domestic violence is considered a specialized investigation that requires additional knowledge, skills, and abilities to effectively investigate and manage beyond the basic constable training. As Participant #8 states, "Our officers in the unit are deferred to as the experts in the service; they've had more training than the average officer on the road has." Participant #12 explained the benefits of having access to trained officers in domestic violence especially when it comes to working with children who are exposed to domestic violence:

Having expertise in training, specifically where children are concerned, are one of the best ways to make the experience for them as good as possible and for us to get as much information as we can with the least amount of damage.

Participant #12 describes the qualification required of officers to be able to work in a specialized unit/area like domestic violence: "Before you can become a qualified domestic violence investigator with our branch you have to take both the ODARA and DVRM training and then they do the two-week domestic violence course at the Ontario Police College." Participant #11, designated as the subject matter expert, explains how their enhanced training is relied upon by the organization:

I have extensive training in domestic violence. I think that's why they've deemed me the Coordinator to oversee most of the cases. So, I have the domestic violence train the trainer course, I have domestic violence courses, extensive courses that goes deeper into it, and I attend domestic violence conferences every year on behalf of our service.

5.3.5 Violence Oversight

Another theme that arose from participants in relation to promising practices was having a dedicated domestic violence unit to provide oversight with investigations to ensure provincial adequacy standards are met, thus reducing organizational liability while enhancing victim safety. As Participant #4 states:

We have an understanding of the domestic violence policy and procedures and adequacy standards. So, we work as part of a management team in relation to domestic violence investigations. . .. We participate in various committees that are connected to any type of domestic violence high risk. Yeah, so pretty much our role is to just monitor domestic violence occurrences and review them to make sure they're done properly.

Figure 4. Research Question Three: Promising Practices.
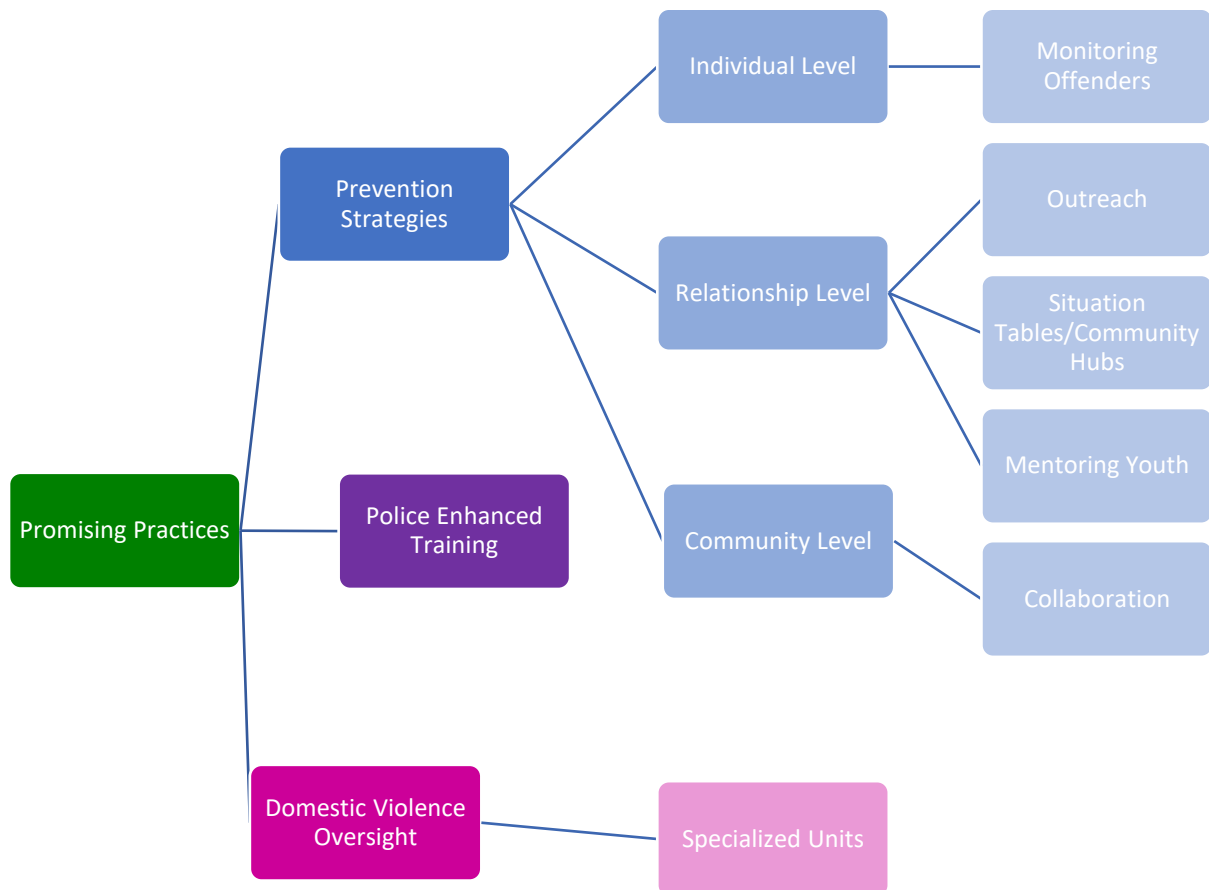
Chapter 6: Discussion

This qualitative study utilized the perspectives of 12 domestic violence investigators/specialists from Ontario police services. These officers are responsible for implementation and supervision of domestic violence investigations. Police are responsible for developing operational policy on internal procedures that align with provincial mandates on how to conduct domestic violence investigations including intervention strategies such as safety planning and risk management. It is assumed that procedures should ensure that victims and any child at the scene receive safety planning and are provided with appropriate support and assistance. The current study examines three overarching aspects of domestic violence safety planning and risk management with victims of such crimes in the police context. First, this study investigated how Ontario police officers approach safety planning and risk management with adult victims of domestic violence and children who are exposed to that violence to ascertain if there is an assumption that, if the victim is safe, the child is safe, or whether these are distinct issues. Secondly, this study examined some of the challenge's officers face with respect to safety planning and risk management for victims and their children. As well, this study looked at vulnerable populations (i.e., Indigenous peoples, immigrants and refugees, people in rural, remote and northern communities, and children from vulnerable populations who are exposed to domestic violence) to ascertain unique challenges police perceive as barriers to providing effective safety planning and risk management. Lastly, this study explored the promising practices police are using in the community to assist victims of domestic violence, including victims from vulnerable populations (as listed above), and to enhance safety.

6.1 Safety Planning and Risk Management

In general, three overarching themes emerged from interviews with senior officers who oversee domestic violence investigations in relation to their perspective on how safety planning and risk management are used as intervention strategies for adult victims and their children who are exposed to that violence. How safety planning and risk management was executed broadly depended on systemic factors (i.e., protocols with community partners), organizational factors (i.e., training and directives or lack thereof, and lack of risk management that focused on offender management), and individual factors (i.e., officer's taking an adult-centric approach, inconsistencies with working with children exposed to violence, and an over-reliance on outside services to conduct safety planning with victims and their children).

At the individual level, there was an overwhelming focus and priority on the adult victim's safety at the scene and rarely did police report that they engage children with direct safety planning information. Safety planning information and/or resources were provided to the adult victim with the expectation that she was responsible for providing safety planning for her children. Moreover, officers were very reluctant to involve children in the investigative process unless absolutely necessary. There was a heavy reliance on outside agencies to take on the role of providing safety planning with families. In high risk domestic violence cases, there was more coordination and collaboration with other agencies to manage victim safety. Another theme in relation to risk management was that almost half of the officers implemented risk management strategies that centered around the victim and not the offender. Children were considered in the risk management process when there were custody arrangements, supervised access, or unresolved family court matters.

6.2 Challenges Police Experience

Officers highlighted many challenges to effective safety planning and providing risk management; these were located on three broad levels: systemic, organizational, and individual levels. At the systemic level, the challenge was not having access to community supports and resources to aid in the assistance of victim safety. This was more applicable to services located in rural, remote, and northern areas. At the organization level, vague directives, lack of training, and lack of internal resources such as a dedicated domestic violence unit caused some challenges with safety planning and risk management due to lack of direction and support. At the individual level, two main themes emerged. Family complexities was identified as one. Family complexities mostly stemmed from victims' fear of reporting the abuse, and fear of getting the "system" involved, especially the child protection services. Feelings of shame and mistrust for police were expressed, which created barriers to working with victims. Participants commented on family custody issues as a challenge to ensuring adequate safety to victims and their children.

The issues with family complexities led to officers feeling frustrated while working with victims to keep them safe; knowing something has happened, but not being able to form reasonable and probable grounds to arrest the perpetrator because of lack of disclosure from the victim. Furthermore, some victims provided officers with limited access to their children in an attempt to shield them from the police, thereby reducing the opportunity for police and child interaction.

The second theme that some of the officers discussed was the emotional demand and sheer volume of calls their services receive for domestic violence incidents and not having enough resources (i.e., personnel, dedicated domestic violence units) to assist with the influx of cases. This problem was seen to lead to burn out and more serious, mental health issues experienced by officers.

6.3 Vulnerable Populations

This study highlights the challenges participants identify as unique to working with the vulnerable populations examined in this study.

6.3.1 Challenges Police Identified for Indigenous Peoples

Officers perceived numerous challenges as barriers to effective safety planning and risk management with Indigenous peoples. One challenge stemmed from the complainant's lack of cooperation in providing an initial disclosure of violence, and lack of community resources in the region to support victims. Issues that complicated disclosure were attributed to fear of future violence from the abuser, shame, mistrust of police and the court system, living in a closed/isolated community where everyone knows each other's business, influence from elders, traditional beliefs that violence within the family is a private matter and not to be talked about, poverty, lack of resources, and substance abuse. Officers working in northern communities servicing Indigenous peoples relied on innovative and creative means to ensure victim safety due to lack of community resources.

6.3.2 Challenges Police Identified for Immigrants and Refugees

The participants in this study identified two main challenges they viewed as barriers to effectively working with immigrants and refugees. The first barrier identified was cultural differences that shape the values and beliefs of the role of women and girls in society and how these cultural differences clash with Canadian law and the fundamental rights of women and girls protected under the Ontario Human Rights Code. Secondly, language barriers were described as problematic as there was concern that information may not be interpreted properly which can interfere with the disclosure process and the additional time it takes to complete interviews with victims.

6.3.3 Challenges Police Identified with Rural, Remote, and Northern Communities

In rural, remote, and northern communities, the challenge police faced was the geographical isolation of the community, which limited the availability of resources and accessibility to services including access to public transportation. Furthermore, small and isolated communities make it difficult to access services as often smaller communities are more tight-knit making confidentiality a concern for victims. Also, abusers' access to long guns in the home increased safety concerns for the victim.

6.3.4 Challenges Police Identified with Children Exposed to Domestic Violence

Challenges specific to children exposed to domestic violence concerned trying to keep children safe when there were unresolved criminal and family court issues and supervised access of children. Also, many participants expressed that children naturally want their families intact and have loyalties for both parents. Some participants felt children's loyalties interfered with conveying risk to the child. Furthermore, the developmental age of the child limited interaction as the perception was children would not have the comprehension level to understand the nature of risk. Interviewing children and re-traumatizing them was a concern and a challenge for many of the officers.

6.3.5 Challenges Police Identified with Children from Diverse Populations Exposed to Domestic Violence

Participants identified challenges specific to working with children from diverse populations including Indigenous peoples living in remote and northern communities and immigrant and refugee families. The intersectionality of vulnerabilities, being a child and being from an identified vulnerable population, created an additional challenge. The challenge that was identified with working with Indigenous children living in northern areas was the ability to

monitor children effectively because they moved a lot, which meant different schools, different housing, and flying in and out of communities. A challenge that was identified by participants for immigrant and refugee children was trying to explain Canadian laws and the treatment of women and girls in Canadian society which may be on conflict with the cultural beliefs and teachings some of their parents impart to them.

6.4 Promising Practices

Promising practices that emerged included collaboration and sharing of information with community and justice partners. A few of the participants have expanded their focus on high risk domestic violence cases to including early intervention and prevention strategies and focusing on families in the community that have had police involvement have requested assistance, but in which no criminal charges were laid. So families are being identified and tracked earlier for potential risk for the escalation of violence and being referred to situation tables/community hubs where their situation is discussed, and strategies developed to assist and support the family. Other promising practices included outreach work in the community targeting youth and vulnerable groups to break down barriers and build a rapport with police. Some participants have established Offender Management Units to specifically monitor the perpetrator of abuse and address dynamic risk factors.

6.5 Relevance to Literature

6.5.1 Police Approach to Safety Planning with Adult Domestic Violence Victims and their Children

Adult-centric approach. There is limited research on how police conduct safety planning with victims of domestic violence (Murray *et al.,* 2015). There is even less research on how police employ safety planning strategies directly with children. This study revealed when police did

conduct safety planning with victims of domestic violence it remained adult-centric, even when children were present at the scene. Police did not speak to children about safety planning directly; rather the expectation was for the victim or an outside agency to provide this information to the family. Elliffe and Holt (2019) suggest police continually construct domestic violence as an adult issue as their attention was focused on the victim and perpetrator rather than the child. This can be a result of police prioritizing their function as an investigator and letting that take precedence over a welfare function; thus the needs of children can get overlooked (Elliffe & Holt, 2019). Participants in this study were cognizant that children's exposure to domestic violence was emotionally and psychologically harmful, and that understanding prompted them to notify the child welfare system.

Limited Interaction with Children There is limited research on how police respond to and engage children at the scene of a domestic violence occurrences (Overlien & Aas, 2016; Richardson-Foster *et al.,* 2012). The current study adds to that limited research in identifying the challenges officers experience while working with children exposed to domestic violence and the reasons for their limited interaction. Unless the child's involvement was absolutely necessary to further the investigation, officers limited their interaction with children to avoid further trauma. Participants recognized that children felt a sense of loyalty to each parent and asking a child to explain what happened put their feelings of loyalty in conflict. Moreover, certain attributes of the child, such as age, maturity, and behaviour, influenced police engagement with the child. These findings are similar to those of studies conducted by Richardson-Foster *et al.* (2012); Stanley *et al.* (2010); Overlien & Aas (2016). It seemed officers had good intentions for limiting their interactions with children, but they failed to realize that their actions/intentions were counter-productive. As previous research indicates, children want to talk about their experience with

domestic violence (Akerlund & Sandberg, 2017) and want police interaction as it makes them

feel safer and acknowledged (Overlien & Aas, 2016; Richardson-Foster *et al.,* 2012; Stanley *et*

al., 2010).

The present study revealed that some of the participants could not identify unique risk

indicators that elevated lethality for children exposed to domestic violence or even specific

challenges to working with children. This is problematic as participants in this study are

considered subject matter experts in the area of domestic violence investigations. These results

highlight the importance of police/child interaction, and of equipping police, through enhanced

training, with the necessary skills, knowledge, and abilities to interact with children at various

stages of childhood development. The present study illustrates inconsistencies in how and when

police interact with children. Previous research raises similar concerns about police response to

children who are exposed to domestic violence and the inconsistent level of interaction between

police and children (Elliffe & Holt, 2019).

Safety Planning Strategies In terms of safety planning strategies, it became apparent through this

study that there was an underlying understanding that adequate safety planning measures were

taken by police if the adult victim received some form of safety planning information and/or

additional supports and resources via brochures and/or referrals to outside agencies. Little

attention was paid to child safety planning. This finding is not unlike Waugh and Bonner's

(2002) finding that a typical approach to safety planning was limited in addressing the needs of

children's safety (Murray *et al.,* 2015). Moreover, the present study revealed that there was an

understanding that it is the mother's responsibility to provide safety planning for children; in

theory, if the mother received safety planning, so did the child. Unfortunately, there is limited

research that examines whether the transfer of safety planning knowledge from victim to child occurs (Miller *et al.,* 2012).

Being sensitive to the mother's autonomy to parent their children, one must be cautious not to underestimate the impact of domestic violence on the victim because that can interfere with the victim responding consistently to their children's needs; they may be preoccupied with their own problems (Osofsky, 2003; Holden, 2003; Thiara & Humphreys, 2017). Furthermore, some victims may choose not to discuss safety plans with younger children as they think it might not be developmentally appropriate or assume they will be able to take care of their children during a threatening situation (Miller *et al.,* 2012). Other victims may think their children were not exposed to violence or may underestimate the exposure because they were sleeping or playing at the time (Jaffe *et al.,* 1990; Holden, 2003; Fantuzzo & Fusco, 2007). Regardless of why victims do not engage their children in discussions around safety planning, it still leaves them vulnerable, especially if the victim becomes incapacitated or there is access to weapons at the scene.

Reliance on Outside Agencies The results from this study indicate police rely heavily on outside victim-focused agencies to provide safety planning strategies for families, especially the child welfare system. Although working with other agencies is vital, delays in providing optimal safety planning can cause missed opportunities; a potential "cooling off" period for the victim can occur if the victim decides to disengage from seeking assistance. Furthermore, a potential issue with delaying safety planning and relying solely on child protection services is that there can be a discrepancy in the child welfare worker's perception of risk and their subsequent action in domestic violence cases (Shlonsky & Friend, 2007). Specifically, Antle *et al.,* (2007) highlighted that, despite elevated perceived levels of risk when domestic violence was present in

neglect cases, child welfare worker's service plans did not address domestic violence in a majority of such cases. There can also be miscommunication about the level of risk between police and child protection workers, thus delaying an immediate response.

Other victim-focused agencies participants relied on to provide safety planning and follow up support to victims were Victim Witness Assistance Programs (VWAP) and Victim Services (VS). VWAP is in every jurisdiction that has a court house. Their primary function is to assist victims and witnesses of a violent crime throughout the court process. After charges have been laid, the police or Crown attorney refers victims and witnesses to the program for help. There can be a significant delay when VWAP gets involved with the case, thus VWAP is an excellent follow-up service for victims; however, safety planning is not their primary responsibility. VS is funded by the Ministry of the Attorney General. VS provides direct services to victims of crime across Ontario and funds community organizations that deliver support services to victims. This agency has highly trained volunteers, and staff that are available 24 hours a day, 7 days a week, to assist victims, and every person affected by crime or tragic circumstances. Police will make a referral to VS only if the victim/complainant is amenable to their services. If VS is initiated, they attend the scene only if it is safe to do so and when they arrive they take care of the victim's immediate needs; safety planning is offered as a follow-up visit with a case manager. If the victim does not want a follow up visit then there can be a missed opportunity for safety planning. Unfortunately, some officers are unaware of the VS role and assume this function is taken care of automatically.

The mandated policy for police to ensure safety planning stemmed from recommendations made as a result of the May/Iles inquest. Police vary in their execution of this responsibility. Safety planning with victims of domestic violence can vary from leaving

resource/print material on available agencies in the community, to verbally going over a safety plan with the victim, to checklist aids to assist patrol officers to ensure safety precautions are taken. All three approaches cover police services and the officer from liability, but the quality and method of safety planning can greatly differ depending on each officer that responds to the incident. Speaking from experience, a best practice approach should require officers to provide a safety plan prior to leaving the victim. Officers are required to conduct a risk assessment as part of their police report and this information can be used to inform a safety planning strategy until additional follow-up support is available. No victim should be left without an immediate safety plan for themselves and their children after a domestic violence incident, whether charges are laid or not.

Organizational Factors The present study revealed organizational factors that had an influence on safety planning and risk management. Almost half of the participants advised that their police service did not have a policy on safety planning and risk management, nor did they receive training on safety planning and risk management. This study was able to highlight some of the deficiencies at the organization level that could have an impact on the way domestic violence investigations are conducted and the possible ramifications on victim safety. Prior research on police response to domestic violence has been described as biased, inconsistent, and inadequate with a common theme of disparity between policy and practice (Ferraro, 1989; Ganapathy, 2002; Trujillo & Ross, 2008).

Systemic Factors This study revealed systemic factors that hampered safety planning and risk management intervention strategies by police. The issue of lack of community support in terms of availability and accessibility to services was a limiting factor. This was most prevalent in smaller rural, remote, and northern communities where resources were limited. In addition, when

services were available in community, victims were reluctant to access the service due to knowing a relative or friend that works for the agency, thus concerns for personal confidentiality inhibited access as well. This highlighted the disparity in services across the province which puts victims and police at risk (Murray *et al.,* 2015).

6.5.2 Police Approach to Risk Management with Adult Domestic Violence Victims and their Children

Results indicated that there were inconsistencies among participants in their approach to risk management. Furthermore, there appeared to be a disconnect between the study's definition of risk management (referring to strategies to reduce 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) and most of the participants' perception of risk management, although they agreed with the study's definition. Most of the participants engaged in risk management strategies that were victim-focused, with safety planning being the most common. Participants who engaged in monitoring the offender used strategies such as attending high risk conferences with justice partners, and monitoring court proceedings and release dates from a detention center or jail. A few of the participants indicated that their service had dedicated offender management units/officers that would monitor the perpetrator by conducting home visits to check whether court-imposed conditions were being adhered to. A few participants advised that they did not monitor offenders because they lacked the resources (personnel) or it was not their responsibility, as it was deferred to Probation and Parole or the Crown. Monitoring offenders to identify dynamic risk factors is always a part of ensuring good risk management (Kropp, 2008) and the overall safety of the victim. Risk assessments are only as good as the risk management plan that is put in place to manage the risk to victims.

6.5.3 Challenges Police Identify with Providing Safety Planning and Risk Management

The most significant factor at the systemic level affecting the ability of police to effectively guard victims of domestic violence was the lack of community supports and resources available in their jurisdiction. This was most evident for participants who worked in rural, remote, and northern communities. Murray *et al.* (2015) also refer to a lack of community resources as a major frustration among service providers. Police in urban centers have access to an adequate number of social agencies that can assist with safety planning; this is a huge benefit for police and for victims and their families, as long as victims are made aware of services in their community by police and police are aware of these resources. However, in rural, remote, and northern communities, the lack of resources and victim support agencies minimizes the development of a comprehensive, integrated, and multidisciplinary risk management plan (Kropp, 2008) as there is less cross-sector collaboration.

At the organizational level, many of the participants advised that their police service lacked formal training and operational policies on safety planning and risk management in general and with children who are exposed to domestic violence. Previous research has highlighted the need to train officers on how to communicate with children exposed to domestic violence and to have specific policies that address how police should respond to children at the scene (Richardson-Foster *et al.,* 2012; Elliffe & Holt, 2019). Although participants did not explicitly state that the lack of training or policy was a hindrance, as knowledge was gained through informal channels such as learning on the job or cross training with other agencies. it can be inferred that, on a larger scale, lack of training and policy is not best practice and can lead to inconsistencies across the province. Well established training plans and clear directives would

provide police officers, especially less experienced officers, better direction on how to handle serious cases like domestic violence investigations.

At the individual level, more challenges were expressed by participants, especially as it applied to working with families and families from vulnerable populations. Often police struggle with knowing that something bad has happened or a crime was committed but lack the cooperation from the victim to further their investigation. Police experience conflicting emotions in wanting to protect victims and hold perpetrators accountable for their actions and not being able to do so. The participants in this study were attuned to the reasons why families would not want to cooperate—fear, mistrust, shame—but it was still a source of frustration.

The other subtheme at the individual level that emerged was the mental and emotional toll domestic violence occurrences can have on officers. According to Roach, Cartwright, and Sharratt (2017), police have been portrayed as humans that lack emotional connection to others and their job. This is what makes officers able to investigate and solve violent crimes; however, police are not impervious to the stress, strains, and pressures of the job (Roach *et al.,* 2017). Many of the participants said that the expectations of their role caused them to be overworked, that the role was difficult, and there were not enough personnel to keep up with the demands for calls for service. Police services in rural and remote and northern communities struggle to have enough officers to respond adequately to domestic violence calls, a situation which has led to burnout, compassion fatigue, and post-traumatic stress disorder. As a result, officers are taking extended leaves of absences from their job. A participant from this study advised that 27% to 30% of their police officers working in northern communities are on leave due to work-related stress and post-traumatic stress disorder.

Another subtheme that emerged from participants was the reluctance to engage children in the initial stages of the investigation and to offer direct safety planning to children. Most of the participants advised that it was the role of the mother and other social services to step in at this point. Furthermore, some of the participants had a perception of the type of impact police make on children and were concerned of re-traumatizing the children, therefore did not spend a lot of time interacting with them. Many of the participants recognized that domestic violence had a negative impact on children, and it was often difficult to work with this population.

6.5.4 Challenges Police Identified while Working with Vulnerable Populations

This study focused on the four vulnerable populations that were identified by the larger national study, CDHPIVP, within which the present study is situated: Indigenous peoples; immigrants and refugees; people in rural, remote, and northern communities; and children exposed to domestic violence. It was found that these populations have distinct vulnerabilities for domestic homicide and some common risk factors for domestic violence and domestic homicide (Peters *et al.,* 2018). The participants in this study identified challenges they felt were barriers to executing their duties to assist victims of domestic violence within the identified vulnerable groups. Many of the challenge's participants expressed were not uncommon in relevant literature in the field.

Indigenous peoples Officers in this study identified several challenges they faced which complicated assisting Indigenous victims and their children. Participants advised that alcohol was a major contributor to fueling and escalating violence in domestic relationships. Alcohol use within the Indigenous population has contributed to domestic violence in several ways. According to Blagg, Williams, Cummings, Hovane, Torres and Woodley's (2018) study, alcohol use within the Indigenous community has been a means to self-medicate as a response to trauma,

boredom, and lack of meaningful activities. Specific to male-perpetrated behaviour, the use of

alcohol caused them to lash out at their partner over minor disagreements that may escalate to

violence. Furthermore, males would use physical punishment against their partner if they were

not looking after children due to drinking (Blagg *et al.,* 2018).

Participants explained that a lack of services in the community, including lack of police

personnel, created challenges to ensuring victim safety. Blagg *et al.* (2018) found that Indigenous

victims of domestic violence advised that overall it was difficult to get help from services, even

if they wanted to access them, because hours of operation were limited to 9 am to 5 pm.

Moreover, the safety planning advice and kits that are provided to Indigenous women are often

not suitable for their situation due, for example, to a lack of stable housing and structures

(cabinets/drawers) within the residence to hide emergency belongings if they have to flee their

abuser (Blagg *et al.,* 2018). Further, police response was criticized for being too slow when there

was a crisis. Bopp, Bopp, and Lane (2003) also found considerably delayed police response

times, which affected the community's trust and confidence in police.

Participants indicated that a lack of police personnel created burnout in officers due to the

trauma they experienced from repeatedly responding to domestic violence calls, and often having

to investigate the incident alone. According to Bopp *et al.* (2003), some RCMP detachments

simply do not have enough officers to adequately police the Indigenous communities. These staff

shortages make it very difficult, if not impossible, for some police detachments to carry out their

policing duties and to build effective relationships with the communities they serve.

Other factors that participants raised as challenges to effectively working with Indigenous

peoples included an overall mistrust and fear of police to a long history of racism and abusive

behaviour on part of some police officers (Bopp *et al.,* 2003). This has impacted Indigenous

peoples' reporting incidents of abuse to police. Moreover, participants advised that Indigenous peoples were fearful of involving police as they were concerned that their children would be removed from the home due to the violence. According to Bragg *et al.* (2018), male abusers would use this as a means of control over their partner, and Indigenous women would learn to "scream silently" because they did not want the neighbours to alert the police.

Another issue that was raised by participants was the court process. Participants explained that the court process is not victim friendly and did not provide protection for the victim if the offender was left in the community. The lack of community resources and the poverty experienced in some of the northern reserves make securing a residence or finding a safe place to go difficult. Furthermore, many victims felt their life was open to public/community scrutiny, made to be a spectacle as community members attend court to watch. Therefore, many victims fail to show for court to testify and the offender is not held accountable. As Bopp *et al.* (2003) highlights, policing is closely related to the effectiveness of the justice system. Bopp *et al.* (2003) uses an example to illustrate the lack of willingness of victims attending court to participate in the process:

> In one somewhat isolated Aboriginal community, there were seventeen separate cases in 2000 in which individuals had been charged with physical or sexual abuse within a thirty-day period, and nine such cases in the previous period. Only three of these twenty-six cases were even considered by the court because the complainants in twenty-three cases did not appear to testify. (p. 58)

This example highlights how a combination of community pressure and complete lack of confidence in the justice system creates a situation in which the legal response mechanisms that should be protecting the rights of victims are rendered largely ineffectual (Bopp *et al.,* 2003).

Poverty was cited as a factor that participants felt complicated working with Indigenous peoples to keep them safe in domestic violence situations. According to Evans, Barer, and Marmor (1994), high levels of poverty and unemployment are one of the most reliable predictors of poor health outcomes and have been seen to aggravate social problems, including financial stress within families, psychological stress, and excessive substance abuse. It is thought that when poverty and unemployment worsen, wellness levels go down, thus the incidence of domestic violence and abuse goes up (Evans *et al.,* 1994; Bopp *et al.,* 2003).

Immigrant and Refugee Populations Regardless of the type of immigrant communities police service, officers dealt with similar challenges: language barriers (English as a second language), reluctance to report the crime, fear of immigration enforcement, misunderstandings based on cultural differences (Lysakowski, Pearsall, & Pope, 2016). Participants in this study indicated that language barriers and cultural differences were the main challenges with assisting domestic violence victims from this demographic. These are common challenges that are cited in previous studies.

Some participants explained that language barriers were problematic in two ways. First, there was a concern that information was not clearly being interpreted and nuances would be missed, and, second, it added time to an already lengthy investigation, as it required the coordination of skilled interpreters to be available to assist. A lack of access to interpreters and translation services in some areas can be a significant barrier to communicating with immigrants and refugees. Lysakowski *et al.* (2016) found that officers had a hard time knowing what to do or how to help people at the scene if there were language barriers. Officers were also concerned that they may not be able to ascertain who was the perpetrator of the violence and not be able to make an arrest.

Cultural barriers were identified by participants as a challenge. The crux of the challenge participants highlighted centered around the differences in Canadian laws/culture/systems and gendered roles and expectations compared to the individual's home country. This was a challenge in the sense it was difficult for officers to educate new immigrants on how violence against women is not socially acceptable in Canada, and it will not be tolerated. Contributing factors to the difficulty of educating immigrants and refugees is that many immigrants come from countries where women cannot receive justice. They may lack domestic violence laws, or, if laws do exist, they may be unenforced (Pendleton, 2003), thus immigrant/refugee women may not report abuse to police because they assume they will not receive help, or possibly be deported. Furthermore, Kim and Sung (2000) used the lens of a new immigrant's perspective on how the clash in cultures impacts their adjustment to their adopted society. The adjustment caused occupational and economic stresses created by multiple difficulties including language barriers, inadequate prior education, discrimination, inability to adjust to the mainstream culture, and downward mobility. Patriarchal family structure coupled with socio-structural stressors increased the potential risk for domestic violence within new immigrant communities (Kim & Sung, 2000; Straus & Gelles, 1990; Farrington, 1980).

Rural, Remote, and Northern Communities The unique challenges associated with living in rural, remote, and northern communities has been recognized as increasing the risk for those experiencing domestic violence. These geographical locations are often described as not having adequate victim or legal services for victims of domestic violence and even if services are available, transportation is an issue (Oetzel & Duran, 2004; Murray *et al.,* 2016). Participants in this study highlighted challenges such as the physical and social isolation, limited finances, access to lethal weapons, lack of privacy and confidentiality, and lack of the availability and

accessibility of services as barriers to assisting victims, all of which have been identified in previous research (i.e., Bosch & Schumm, 2004; Davis & DiFurniss, 2001; Dudgeon & Evanson, 2014; Maume, Lanier, Hossfeld, & Wehmann, 214; Moffit *et al.,* 2013; Pruitt, 2008). Further, the court system has been described as a logistical nightmare and a process that is not victim friendly. Once the court process was done for the day, everyone leaves the community, leaving the victim feeling vulnerable.

Bopp *et al.* (2003) describe how geographically and socially isolated communities create a risk to victim's safety as abusers can use the isolation and lack of access to resources as a means to control the victim. In a worst-case scenario, a community with high levels of domestic violence and abuse, where there are few professional or community services to which victims can turn and which possesses a political and social environment that is controlled by a network of abusers and reinforced by codes of secrecy within extended families, escaping violence is very difficult (Bopp *et al.,* 2003). The situation is exacerbated for victims when they have no access to transportation, no phone, and no money, and are living in a community that is isolated by geographic and/or social distance from neighbouring communities (Bopp *et al.,* 2003).

Children from Diverse Vulnerable Populations Overall, information was limited with respect to challenges identified by officers working with children from diverse populations. One participant indicated working with children exposed to domestic violence living in a northern reserve as challenging due to lack of housing. This was problematic because it made it difficult to monitor and track the child's safety as they were constantly moving between schools and between communities to live with other family members. Further, because of some of the systemic issues present in northern communities, such as poverty, substance use, lack of resources and interventions, the severity and frequency of violence children were exposed to seemed to have a

normalizing effect on them, as these children did not seem phased when police attended their residence to intervene in a domestic violence situation.

Another participant indicated another challenge to working with children exposed to domestic violence from immigrant and refugee populations. One officer explained it was difficult to educate children on Canadian law with respect to domestic violence and the treatment of women in Western society when it competed with their parent's values and beliefs which are rooted in male dominance and family unity (Muhammad, 2010; Lee, 2007; West, 2015). The officer felt frustrated because intervention efforts seemed dismal.

6.5.5 Promising Practices

Central themes that emerged from this study in relation to promising practices were collaboration and sharing of information with community and justice partners and innovative intervention and prevention approaches at the community level.

Collaboration Multiagency collaboration includes work undertaken by different professionals with the same client and/or family, often requiring information sharing, coordination of service provisions, and joint visits/assessments (Peckover & Golding, 2017). Many of the officers in this study participated in multi-agency work for high risk domestic violence cases. It was recognized that information sharing, and collaborating was a benefit for the overall management of the case and to maximize victim safety.

Innovative approaches A few of the participants have expanded their focus on high risk domestic violence cases to include early intervention and prevention strategies, and by focusing on families in the community that requested police involvement but in which no criminal charges were laid. Families are being identified and tracked earlier for potential risk for the escalation of violence and are being referred to situation tables/community hubs where their situation is

discussed to develop strategies on how to assist and support the family. Other promising practices include outreach work in the community targeting youth and vulnerable groups to break down barriers and build a rapport with police. Some participants have established Offender Management Units to specifically monitor the perpetrator of abuse to address dynamic risk factors.

6.5.6 Implications

Domestic violence incidents are one of the most common calls for service police respond to daily (Serwin *et al.,* 2018) and can be one of the most dangerous calls due to the volatility of the situation. Investigations can vary greatly depending on the couple's circumstances and the nature of the problem. Sometimes domestic violence calls for service can seem routine for officers who respond to the same address for similar complaints that often seem trivial in nature. This can lead to complacency with respect to officer safety, proper risk assessment, and implementation of safety planning and risk management strategies. Every case is unique, requiring different remedies and problem-solving strategies. In general, police functions are heavily driven by operational policy and procedures that dictate how police respond to domestic violence calls. If policy is not followed, the organization is exposed to public liability and heavy scrutiny. The officer's role when responding to domestic violence incidents can be influenced by policy and training which have implications for police practice.

6.5.7 *Police Policies and Procedures on Safety Planning and Risk Management*

The Ontario directive policy, LE-024, includes sections on safety planning for victims and high risk/repeat offenders and on ensuring children at the scene are provided with appropriate support and assistance. The policy outlines protocols for addressing children at risk in accordance with the police service's child and abuse procedures and protocols, and with the local

Children's Aid Societies. Since the LE-024 is a reference tool, it lacks details on how police

services should formulate safety planning and risk management strategies, or the kind of support

that is required at the scene to assist victims and their children. The LE-024 directs police

services with passive/soft language, such as they should (not shall) have a certain procedure in

place to deal with domestic violence occurrences. Although this document came about to assist

with the standardization of how police services across Ontario investigate domestic violence

occurrences, the LE-024 is still a flexible document opened to interpretation. Unfortunately, too

much flexibility leads to an inconsistent approach and disparity in services across the province.

The present study revealed some inconsistencies among the 12 participants with respect to safety

planning, risk management, and aiding children which seemed to be influenced by the

availability of resources such as community and police personnel and police training. At the time

of this study, the Policing Service Manual has not been updated in 20 years, and therefore would

warrant a review.

6.5.8 Police Role and Responding to Domestic Violence Occurrences: What is Realistic?

Policing is a dynamic function with many facets to the role (Reiser & Geiger, 1984).

Policing is much more than "catch the bad guy" which is often the first impression of the role of

police. Police often spend more time assisting victims of crime as this is where the initial

investigation begins and, unfortunately, not all criminals get caught. Police are more than

investigators; they are often mediators, problem-solvers, and social workers. However, not all

officers enjoy the social work aspect of the job, although helping victims is a key function.

The implementation of Adequacy Standards in 1999 and the Policing Standards Manual in

2000 along with recommendations that have come out of domestic homicide inquests have

greatly changed the role of police and how they investigate domestic violence occurrences.

These investigations became much lengthier as they now require a higher level of detail to be included in the police report and more action to be taken (i.e., filling out additional forms like the domestic violence supplementary report now revised to the domestic violence management report which includes a recidivism risk assessment tool called the ODARA, ensuring safety planning is covered off, mandatory charging policy, etc.).

In 2000, I was assigned to uniform patrol and I remember the discontent and outrage of many officers over the extra work that was now required. Domestic violence occurrences could no longer be written off so easily. After a period of adjustment, the new standards, policy, and procedures were accepted. With the greater demands these investigations now place on police resources, is it realistic to expect officers to do more at the scene to assist victims and their children to keep them safe and protected? The simple answer is yes. In the domestic violence context, these calls are often referred to as homicide prevention because we know that many of these calls are predictable based on risk factors, and therefore may be preventable. These calls carry a great amount of liability and public scrutiny when tragedies happen. Of course, hindsight is always 20/20, but understanding risk factors and how that informs safety planning and risk management and being able to articulate this information in police reports, including bail hearing reports, is crucial for victim safety. Furthermore, police understanding their role and the nature of their interaction with victims and their children is paramount as it can leave a lasting positive impact. Victims who have a positive experience are more apt to contact police for assistance in the future. Moreover, as research suggests, children feel safer when police interact and take the time to explain what is happening (Stanley *et al.,* 2010). Having an empathetic and reassuring approach, offering crisis intervention at the scene, caring for children in a way that help them feel they are protected, giving children a voice as an opportunity to provide some control over

their situation, and identifying interim plans with other family members if parents are incapacitated or unable to care for the children are all things that can make a difference. Many of these considerations can be addressed through police training and policy.

6.5.9 Police Training on Children Exposed to Domestic Violence

The present study has highlighted some of the safety planning strategies police services employ to maximize victim safety. The findings reflect that police services vary in their response in how they conduct safety planning, especially when it comes to children who are exposed to domestic violence, a finding which supports previous research (Elliffe & Holt, 2019; Overlien & Aas, 2016; Richardson-Foster *et al.,* 2012; Swerin *et al.,* 2018). Police do recognize to varying degrees the physical and emotional harm domestic violence can cause children; however, police are still very reluctant to work directly with children and defer to the parent and child welfare services to assist in this realm. Many of the participants felt it would do more harm than good to directly involve children, although this view is contradictory to previous research in this area.

Training is an important aspect of any professional development as it increases a worker's knowledge, skills, and abilities, making them a competent employee (Button & Payne, 2009). The present study, like previous research, has revealed that the frequency of police interaction with children is limited (Swerin *et al.*, 2018). The present study also explored some of the challenge's officers identified while working with children and factors that limited their interaction. However, there is evidence that there are benefits to child and police interaction (Swerin *et al.,* 2018, Richardson-Foster, Stanley, Miller & Thomson, 2012). Therefore, some of the challenge's officers express can be overcome through training on strategies and promising practices that would assist with their confidence and ability to engage with children. In addition, police would benefit by learning about the stages of childhood development and how each stage

is impacted by the exposure to domestic violence. Furthermore, training that includes the unique risk factors for lethality for children exposed to domestic violence would benefit officers when assessing risk and implementing safety planning and risk management.

Participants in this study identified interviewing children as a complex skill and were concerned with causing undue stress or re-traumatizing the child. Interviewing children requires specialized training; unfortunately officers usually only receive this training when they are assigned to a Child Abuse Section or Offences Against Children Uni. It would be beneficial for more officers, particularly domestic violence investigators, to receive this training—especially since studies suggest that over half of the children exposed to domestic violence are under the age of six (Swerin *et al.,* 2018). Lastly, officers are trained to identify the primary aggressor in the situation. The dominant aggressor is the person in the relationship who holds the power and control. According to Finkelhor, Turner, Shattuck and Hamby (2015), children's trauma symptoms were highest when the victim left the home after the incident and lowest when the abuser left the home after the incident. Therefore it is important to identify the dominant aggressor in the situation (Swerin *et al.,* 2018) to reduce a child's trauma. This is another aspect of training that would help officers to appreciate the significance of investigating the situation properly and thoroughly.

6.5.10 Multiagency Work and Collaboration

Multiagency work has been described as the work undertaken by different professionals with the same client and/or family, often requiring information sharing, and coordination of service and assessments (Peckover & Golding, 2017). Collaboration is a key element in managing victim's safety. Agencies working in silos, not sharing information or service coordination, may adversely impact the safety and support of women and children affected by

domestic violence (Peckover & Golding, 2017). Better collaboration provides a more complete picture of the situation and allows for more thorough safety planning and risk management by providing a wrap-around approach. The Policing Standards Manual directive on domestic violence occurrences, LE-024, provides guidelines on how partnerships between police and other local agencies (such as the local Crown, Probation and Parole services, Victim Witness Assistance Program, local Children's Aid Society, and other local service and community representatives responsible for issues related to domestic violence, including women's shelters) should work together to establish domestic violence coordinating committees (DVCC). The expectation is for DVCCs to develop terms of reference including local written protocols that address roles and responsibilities, information sharing, and referral for services; to develop local strategies to address and prevent domestic violence and repeat victimization; and to develop initiatives and programs for prevention and early intervention that include addressing the needs of child witnesses of violence. In cases of high risk and repeated victimization, community and justice case conferences are vital for strategizing on ways to maximize victim safety and on keeping informed about dynamic risk factors that pose a risk to the victim.

Multiagency work can be challenging as each agency varies in the approach, priorities, and interventions they bring to their work; these are informed by knowledge frameworks, available resources, protocols, and guidelines (Perkover & Golding, 2017). According to Humphreys, Healy, and Mandel (2018), collaboration is improved when stakeholders use common frameworks, tools, and language. Establishing protocols for working together collaboratively is important because professionals may also have different understandings of the roles and accountabilities of other agencies and professionals who may be working with the family (Peckover & Golding, 2017).

An example of a collaborative model is the co-located model such as the family justice center collaborative model (Gwinn, Strack, Adams & Lovelace, 2007). This model is designed to have several service providers that deal with domestic violence cases working together in one place. Waterloo Region in Ontario serves as an excellent example of a co-located model. The Family Violence Project of Waterloo Region consists of several agencies that work collaboratively to provide a wrap-around, seamless service to victims of domestic violence from one location (carizon.ca).

Domestic violence victims can seek out multiple agencies looking for different types of support based on their current situation. Therefore, different agencies may have different pieces of information, but through collaboration the pieces make a complete picture which can lead to more meaningful safety planning and risk management. The present study revealed there was an inconsistent approach to collaboration efforts. Collaboration not only allows for information sharing, it fosters relationships and networking. From my own experience, building relationships was vital as it fostered trust and a level of understanding. For example, if I expressed a high level of risk and concern for a victim and their children, and I needed something from one of my contacts to assist me, they trusted my judgement and we made things happen. Moreover, understanding each agency's role, responsibilities, and mandate helps navigate the system which can be especially pertinent when situations are time sensitive, and it certainly helps when you have a point of contact in each agency. Therefore, joint training initiatives should be a consideration as it provides an opportunity for networking and appreciation for each agency's role, and how agencies can work together to maximize victim safety by understanding each other's role and mandates.

According to Swerin *et al.* (2018), collaboration is a key function of effective and comprehensive response to children exposed to domestic violence. Thus, meaningful collaboration between police and their local Children Aid's Society (CAS) is important for the safety of children and the overall family. Within the *Child, Youth and Family Act* there is a mandatory duty to report to CAS when a child is in need of protection. Within the Ontario policy directive, police have to establish a protocol to notify CAS when "children are at risk." It is up to the individual police service as to how this notification is made (i.e., phone, fax, or in person). In the police context, the interpretation of "risk" has changed from a narrower view, a child who witnessed or was a victim of domestic violence, to a broader interpretation where notifications are warranted even if the child was not present during the incident. Child protection legislation now includes domestic violence as a form of child maltreatment. This has increased referral rates, which has placed a heavy demand on the child welfare system (Fallon *et al.,* 2015). Therefore, police should be providing detailed notifications that clearly address risk to safety to the family and take a proactive role in following up with CAS to ensure a file was not missed or overlooked. Although child protection standards have improved in terms of recognizing the level of risk to children exposed to domestic violence, it has been acknowledged that child protection workers still face barriers to adequately addressing the dynamic nature of risk that impacts safety planning and risk management for families where risk of lethality is a concern (Alaggia, Shlonsky, Gadalla, Jenne & Daciuk, 20015; Stanley *et al.,* 2011). Thus, it is essential for police to advocate for the safety of children by ensuring proper notifications are being made, as there is no point "passing the baton" if the baton gets dropped. Furthermore, following up with CAS and families to ensure victims have received the proper supports is essential; enhanced collaboration

between police and CAS by understanding each other's role in safety planning for families is important.

6.5.11 Limitations

This study had several limitations which raise cautions in the interpretation of the results. The most significant limitation was the sample size and how the sample was selected. The sample was not selected in a random fashion. Purposeful sampling selection was used to target police professionals who possess a very specific skill set, this being an intricate knowledge of the dynamics of domestic violence, and knowledge of the provincial legislations, policies, and procedures associated with investigating domestic violence cases. The intention of this study was to tap into the expertise of police investigators; therefore, the ability to make comparisons between the perspectives of the average police officer and specialist is limited. The sample size was small and limited to Ontario officers which limits the generalizability of findings. Although this is a limitation, it cut down on the complexities of comparing various provincial legislations, policies, and procedures.

The small sample size did not allow for a comparison between jurisdictions or an account of regional differences. Also, the policing services in this study were limited to municipal and First Nations police services and did not include representation from provincial police (Ontario Provincial Police) and federal police (Royal Canadian Mounted Police). Moreover, the participants who volunteered to be part of the study could introduce their own biases based on their confidence on the subject matter, especially since there is an expectation for these participants to be subject matter experts for their respective police service. The officers who volunteered were keen to participate, and it is surmised that these officers are dedicated and passionate about domestic violence and how it impacts families.

The present study did not examine specific details about the participants such as the number of years of experience and rank of the officers, nor were participants' gender explored to see if gender had an impact on how domestic violence investigations are approached.

Another limitation is researcher bias; I have intricate knowledge of the police profession and have worked as a domestic violence specialist for a mid-sized police service in southwestern Ontario. Participants were made aware of my policing experience. This disclosure could have made respondents either more intimidated to share responses or more open due to a shared commonality. This limitation can also be a positive as the nuanced information provided could be interpreted through my practical/professional policing lens.

The participants in this study represented varying sizes of policing services (overall number of police officers) which seemed to have an impact on the number of domestic violence specialist(s) a service had or whether the service had a dedicated domestic violence unit; this was not examined. As well, differences in how police services meet their operational policy obligations to effectively manage and monitor domestic violence cases was out of the scope of this study. It would, however, be a fruitful area for future research.

Lastly, this study did not examine the difference between different police services which may be serving a higher proportion of vulnerable groups (i.e., a predominantly Indigenous community or more rural and remote jurisdictions).

6.5.12 Future Research

Many of the limitations of this study can be addressed through future research. The present study provides a good overview of the challenges domestic violence coordinators/investigators/specialists contend with and some of the innovative solutions and

pragmatic approaches they use to address victim safety. Highlighting the challenges and promising practices allows for opportunities for positive change to occur.

There are 50 municipal police services in Ontario as well as the Ontario Provincial Police (OPP) and nine self-administered First Nations services. This study has revealed the discrepancy in the availability and accessibility of community resources with the largest disparity within northern, rural, and remote areas. Exploring the disparity in resources in certain geographical regions and how this might impact victim safety, the managing and monitoring of domestic violence cases, collaboration efforts among existing agencies, and the overall well-being of families may stimulate additional funding and resources to much needed areas. In addition, it would be interesting to see how lack of resources in certain communities, and lack of policing resources to handle the emotional demand of domestic violence occurrences, affects burnout rates, compassion fatigue, and job satisfaction for officers, and whether or not this has an impact of victim safety.

Another area that should be explored is how police services meet their obligations to ensure they have access to trained domestic violence investigators as per the recommended guidelines laid out in the LE-024 document. Currently, police services can meet this obligation by choosing one or a combination of four models: (1) ensuring there are an adequate number of patrol officers that are designated as domestic violence investigators; (2) establishing a specialized unit of domestic violence investigators that will be responsible for undertaking, managing, or reviewing the investigation of domestic violence occurrences; (3) designating domestic violence occurrences as threshold occurrences under the police service's criminal investigation management plan, thereby requiring that the investigation be undertaken or managed by a criminal investigator; or (4) designating patrol supervisors as domestic violence investigators

who are responsible for undertaking, managing, or reviewing all domestic violence occurrence investigations. The different models allow police services flexibility, but limit implementation of a truly provincial standardized approach to investigating and managing domestic violence occurrences across the province, thus leading to inconsistencies. The models should be compared for effectiveness and their link to reducing domestic homicides to ascertain if there is a model that is a gold standard.

This study did not focus on individual factors of the participants, such as years of service, size of the service they work for, or access to trained domestic violence investigators. Some of these individual factors may have a bearing on how officers' approach vulnerable populations and working with children who are exposed to domestic violence, and how they implement safety planning and risk management strategies. This would be an area for future research.

This study examined from a practical sense how safety planning and risk management is being implemented in the field; however, this study did not focus on the effectiveness of the safety planning and risk management strategies police engage in. Evaluating safety planning and risk management strategies may assist in the identification and development of more effective strategies and a more consistent approach across Ontario police services. Furthermore, this study revealed that most services engage in community collaboration, although some participants explained that they did not engage in collaborative work. Research has shown that collaboration in domestic violence cases is a key component for overall victim safety. How police services implement and establish multi-agency collaborative models and the effectiveness of this process would be worthy of future research. Furthermore, examining the barriers to implementing collaborative working groups within communities may provide guidance as to why some services do not use a collaborative model to manage domestic violence cases.

This study highlighted inconsistencies in execution of operational policy and procedures among the participants. It is interesting how all police services are provided a reference tool (the LE-024) to assist with internal operational policies, yet each service pays more or less attention to certain aspects of the guideline. For example, some services have dedicated offender management units and domestic violence units, and other services do not. Some services do more safety planning with victims while others do the bare minimum. Who in the police service is responsible for interpreting the guideline and who determines where to allocate resources? Are there champions within the police service that have an influence over where resources are allocated and which social issues in the community get priority over others with respect to resources? Future research that examines the ways in which police services interpret the reference tool and how it drives internal policy would be a fruitful study to address the inconsistencies revealed in the present study.

Chapter 7: Conclusions

The present study examines the perspectives of police domestic violence specialists on how safety planning and risk management is occurring in practice; the challenges that officers experience while executing these strategies with victims and their children who are exposed to that violence; the unique challenges presented while working with vulnerable populations; and, promising practices that police services are utilizing to advance prevention and intervention strategies in their communities. Very few studies have examined how legislative mandates translate into police internal policies and protocols for conducting safety planning and risk management for domestic violence victims and their children, and how these functions are being translated into practice. In addition, few studies examine how police address safety planning and risk management with children who are exposed to domestic violence.

Previous research and the current study have found that police remain very adult focused when investigating domestic violence incidents and while implementing safety planning and risk management strategies. When children are involved, safety planning is deferred to child protection services to follow up with the family; the responsibility for safety planning falls to the adult victim in the interim. However, over-reliance on other social services, the "pass the baton approach," can potentially lead to missed opportunities, especially when there is a delay in follow-up with social services. Not all police services have dedicated domestic violence units or sufficient personnel to keep up with the influx of cases and effectively manage and monitor those cases. Domestic violence cases can become even more complex when victims want to recant for various reasons or are too traumatized as a result of the abuse to function adequately to provide optimal safety for their children. For all these reasons police should be taking an active role in conducting immediate safety planning with the family. Police will do some very basic safety planning at the scene and/or leave resources and contact numbers for community agencies for the victim to follow up with on their own, but if the victim disengages this is a missed opportunity for intervention and prevention.

Police are in a unique position because many times they are the gateway to the justice system and other social support networks for victims. Often police are the first point of contact for victims and are able to intervene in cases of domestic violence (Swerin *et al.,* 2018). The way police respond to domestic violence occurrences can have a significant impact on the victim and children's safety and their overall well-being. Research on police response to children at domestic violence scenes has found that when officers spoke directly to the child and offered support, children expressed a more positive attitude about their experience with police (Swerin *et al.*, 2018; Richardson-Foster *et al.,* 2012). Furthermore, appropriate police involvement with

children at the scene has shown to increase the likelihood of the victim contacting police in the

future, thus providing further opportunities to connect victims and their children to community-

based services (Swerin *et al.,* 2018; Richardson-Foster *et al.,* 2012). What police do with the

information they gather at the scene and their level of concern for the victim's safety speaks

volumes and helps to develop trust and rapport which is essential to assisting victims, especially

victims who may have had previous negative experiences with law enforcement or the justice

system.

References

Adler, M. A. (2002). The utility of modeling in evaluation planning: The case of the coordination of domestic violence services in Maryland. *Evaluation and Program Planning, 25*(3), 203-213.

Akerlund, N., & Sandberg, L. (2017). Children and violence interactions: Exploring intimate partner violence and children's experiences of responses. *Child Abuse Review, 26,* 51-62.

Alaggia, R., Gadalla, T.M., Sholonsky, A., & Daciuk, J. (2015). Does differential response make a difference: Examining domestic violence cases in child protection services? *Child and Family Social Work, 20,* 83-95.

Alaggia, R., Regehr, C., & Jenney, A. (2012). Risky business: An ecological analysis of intimate partner violence disclosure. *Research on Social Work Practice, 22(3),* 301-312.

Antle, B., Barbee, A., Sullivan, D., Yankeelov, P., Johnson, L., & Cunningham, M. (2007). 'The Relationship between Domestic Violence and Child Neglect'. *Brief Treatment and Crisis Intervention, 7(4,)* 364-382.

Bader, D., Dohety, D., Dumont-Smith, C., Guruge, S., Nepinak, J., Porteous, T., Campbell, M., Straatman, A. L., & Dawson, M. (2019). *Creating safety plans with vulnerable populations to reduce the risk of repeated violence and domestic homicide. Domestic homicide (6).* London, ON: Canadian Domestic Homicide Prevention Initiative. ISBN: 978-1-988412-29-0.

Baldwin, L. (1999). Working towards a seamless community and justice response to domestic violence: a five-year plan for Ontario. *Ontario, Ministry of the Attorney General, Joint Committee on Domestic Violence p.* 1-179.

Beaupré, P. (2015). "Family violence in Canada: A statistical profile, 2013." *Juristat.* Statistics Canada Catalogue no. 85-002-X.

Beedie, N., MacDonald, D., & Wilson, D. (2019). *Towards Justice: Tackling Indigenous Child Poverty in Canada*. Upstream. Retrieved from: https://www.afn.ca/wp-content/uploads/2019/07/Upstream_report_final_English_June-24-2019.pdf

Ben-Porat, A. (2010). Connecting two worlds: Training social workers to deal with domestic violence against women in the Ethiopian community. *The British Journal of Social Work, 40(8),* 2485-2501. Doi: http://dx.doi.org/10.1093/bjsw/bcq027

Bennett, M., and C. Shangreaux. 2005. "Applying Maslow's hierarchy theory." *In The First Peoples Child and Family Review, 2(1),* 89–116.

Blagg, H., Williams, E., Cummings, E., Hovane, E., Torres, M., & Woodley, K. N. (2018).

Innovative models in addressing violence against Indigenous women: Final report. *Australia's National Research Organization for Women's Safety Limited (ANROWS).*

Bograd, M. (1999). Strengthening domestic violence theories: Intersections of race, class, sexual orientation, and gender. *Journal of Marital and Family Therapy, 25,* 275-289.

Bopp, J., Bopp, M., & Lane, P. & Four Worlds Centre for Development Learning. (2003). Aboriginal domestic violence in Canada. Ottawa, Ontario, Canada: Aboriginal Healing Foundation. Chicago.

Bosch, K., & Schumm, W. R. (2004). Accessibility to resources: Helping rural women in abusive partner relationships become free from abuse. *Journal of Sex & Marital Therapy, 30,* 357-370.

Boyce, J. (2016). Victimization of Aboriginal people in Canada, 2014. *Statistics Canada.*

Brassard, R., Montminy, L., Bergeron, A. S., & Sosa-Sanchez, I. A. (2015). Application of intersectional anaylsis to data on domestic violence against Aboriginal women living in remote communities in the province of Quebec. *Aboriginal Policy Studies, 4,* 3-23. Doi: http://dx.doi.org/10.5663/aps.v4il.20894

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3(2),* 77-101.

Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist, 32(7),* 513-531.

Bronfenbrenner, U. (1979). The ecology of human development. Harvard university press.

Brownridge, D. A., & Halli, S. S. (2002). Double jeapordy? Violence against immigrant women in Canada. *Violence & Victims, 17(4),* 455-471.

Burris, C., & Jaffe, P. (1983). Wife abuse as a crime: The impact of police laying charges. *Canadian J. Criminology, (25),* 309-318.

Burton, M. (2000). Prosecution decisions in cases of domestic violence involving children. *The Journal of Social Welfare & Family Law*, *22*(2), 175-191.

Campbell, J. C., Webster, D. W., & Glass, N. (2009). The danger assessment: validation of a lethality risk assessment instrument for intimate partner femicide. *Journal of interpersonal violence*, *24*(4), 653-674.

Campbell, J.C. (2001). Safety planning based on lethality assessment for partners of batterers in intervention programs. *Journal of Aggression, Maltreatment & Trauma, 5(2),* 129-143.

Campbell, M. A., Gill, C., & Ballucci, D. (2017). Informing Police Response to Intimate Partner Violence: Predictors of Perceived Usefulness of Risk Assessment Screening. *Journal of Police and Criminal Psychology,* 1-13.

Campbell, M., Hilton, N.Z., Kropp, P.R., Dawson, M., & Jaffe, P. (2016). *Domestic violence risk assessment: Informing safety planning & risk management. Domestic Homicide Brief (2).* London, ON: Canadian Domestic Homicide Prevention Initiative. ISBN 978-1-988412-01-6.

Campbell, J. C., Webster, D. W., & Glass, N. (2009). The danger assessment: validation of a lethality risk assessment instrument for intimate partner femicide. Journal of interpersonal violence, 24(4), 653-674.

Centers for Disease Control and Prevention (CDC). (2015). The Social-Ecological Model: A framework for prevention. Retrieved from: https://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html

Chief Coroner, Province of Ontario. (1999). Report on the inquest into the deaths of Arlene May and Randy Iles. Retrieved from: https://archive.org/details/mag_00007590/mode/2up

Chief Coroner, Province of Ontario. (2002). Inquest touching the deaths of Gillian Mary Hadley and Ralph Alexander Hadley, Jury Verdict and recommendations.

Chin, Y. (2012). Male backlash, bargaining, or exposure reduction?: Women's working status and physical spousal violence in India. *Journal of Population Economics, 25,* 175-200.

Commission for Children and Young People. (2016). *Neither seen nor heard – Inquiry into issues of family violence in child deaths.* Melbourne: Commission for Children and Young People. Retrieved from: https://www.ncfrp.org/wpcontent/uploads/Publications/CDRAustralia_neither-_seen-nor-heard.pdf

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctorine, feminist theory, and antiracist politics. *University of Chicago Legal Forum, 14,* 538-554.

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review, 43,* 1241-1299.

Davis, K. (2008). Intersectionality as buzzword: A sociology of science perspective on what makes a feminist theory successful. *Feminist Theory, 9,* 67-85.

Davis, K., & DiFurniss, B. T. (2001). Narrative accounts of tracking the rural domestic violence survivors' journey: A feminist approach. *Health Care for Women International, 22(4),* 333-347.

Dawson, M. (2015). Canadian trends in filicide by gender of the accused, 1961-2011. *Child Abuse & Neglect, 36(3),* 162-174.

Dawson, M. (2015). Canadian trends in filicide by gender of the accused, 1961–2011. *Child abuse & neglect*, *47*, 162-174.

Dawson, M. (Ed.). (2017). Domestic homicides and death reviews: An international perspective. Springer. Chicago.

Dawson, M., Bunge, V. P., & Balde, T. (2009). National trends in intimate partner homicides: Explaining declines in Canada, 1976 to 2001. *Violence Against Women*, *15*(3), 276-306.

Dawson, M., Jaffe, P., Campbell, M., Lucas, W., & Kerr, K. (2017). Canada. *Domestic Homicides and Death Reviews* (pp. 59-90).

Department of Justice Canada. (2013, November). Making the links in family violence cases: Collaboration among the family, child protection and criminal justice systems: Annexes to the Report of the Federal – Provincial – Territorial (FPT) Ad Hoc Working Group on Family Violence. (Volume II). [PDF document]. Retrieved from http://www.justice.gc.ca/eng/rp-pr/cj- jp/fv-vf/mlfvc-elcvf/vol2/mlfvc2-elcvf2.pdf

Department of Justice Canada. (2019). Family Violence. Retrieved from: https://www.justice.gc.ca/eng/cj-jp/fv-vf/index.html

Domestic Violence Resource Centre Victoria. (2019). Retrieved Jan 25, 2019. https://www.dvrcv.org.au/about-us/relationship-violence

Dixon, S., Krienert, J., & Walsh, J. (2014). Filicide: A gendered profile of offender, victim, and event characteristics in a national sample of reported incidents, 1995-2009. *Journal of Crime and Justice, 37(3),* 339-355.

Dugeon, A., & Evanson, T. A. (2014). Intimate partner violence in rural U.S. areas: What every nurse should know. *American Journal of Nursing, 114,* 26-35.

Dugan, L., Nagin, D. S., & Rosenfeld, R. (1999). Explaining the decline in intimate partner homicide: The effects of changing domesticity, women's status, and domestic violence resources. *Homicide Studies*, *3*(3), 187-214.

Dugan, L., Nagin, D. S., & Rosenfeld, R. (2003). Exposure reduction or retaliation? The effects of domestic violence resources on intimate-partner homicide. *Law & Society Review*, *37*(1), 169-198.

Dutton, D. G. (1994). Patriarchy and wife assualt: The ecological fallacy. *Violence and Victims, 9(2),* 167-182.

Dutton, D. G. (1988). *The domestic assault of women: Psychological and criminal justice perspective.* Boston: Allyn & Bacon.

Edelstien, A. A. (2013). Culture transition, acculturation and intimate partner homicide. *SpringerPlus, 2(1),* 388. doi: 10.1186/2193-1801-2-388

Elliffe, R., & Holt. S. (2019). Reconceptualizing the child victim in the police response to domestic violence. *Jounral of Family Violence, 34,* 589-600.

Eth, S., & Pynoos, R. S. (1994). Children who witness the homicide of a parent. *Psychiarty, 57(4),* 287-306.

Ending Violence Association of BC. (2015). Interagency Case Assessment Team best practices: Working together to reduce the risk of domestic violence. Retrieved from http://endingviolence.org/publications/icat-best-practices-guide/

Erez, E., Adelman, M., & Gregory, C. (2009). Intersections of immigration and domestic violence: Voices of battered immigrant women. *Feminist Criminology, 4,* 32-56. doi: 10.1177/1557085108325413.

Evans, R., Barer, M., & Marmor (eds.) (1994). Why some people are healthy and others are not. New York, NY: Aldine de Gruyker.

Fairbairn, J., Jaffe, P., & M. Dawson. (2017). *Challenges in defining domestic homicide: Considerations for research & practice*. In M. Dawson (Ed.) Domestic Homicides and Death Reviews: An International Perspective (pp. 201-228). London UK: Palgrave McMillan.

Fallon, B., Van Wert, M., Trocmé, N., MacLaurin, B., Sinha, V., Lefebvre, R., Allan, K., Black, T., Lee, B., Rha, W., Smith, C., & Goel, S. (2015). Ontario Incidence Study of Reported Child Abuse and Neglect-2013 (OIS-2013). Toronto, ON: Child Welfare Research Portal.

Family Violence Death Review Committee. (2014). *Fourth Annual Report: January 2013 to December 2013*. Wellington: Health Quality & Safety Commission.

Fantuzzo, J. W., & Fusco, R. A. (2007). Children's direct exposure to types of domestic violence crime: A population-based investigation. *Journal of Family Violence*, *22*(7), 543-552.

Farrington, K. (1980). *Stress and family violence.* In Straus, M., and Hotaling, G. (eds.), The Social Causes of Husband-Wife Violence, University of Minnesota Press, Minneapolis.

Ferraro, K. J. (1989). Policing woman battering. *Social Problems, 36(1),* 61-73.

Finkelhor, D., Turner, H. A., Shattuck, A., & Hamby, S. L. (2015). Prevalence of childhood exposure to violence, crime, and abuse: Results from the National Survey of Children's Exposure to Violence. *JAMA pediatrics*, *169*(8), 746-754.

Fong, J. S. (2000). *Silent no more: How women experienced wife abuse in the local Chinese community.* Unpublished doctoral dissertation.

Ganapathy, N. (2002). Rethinking the problem of policing marital violence: Singapore perspective. *Policing and Society, 12(3),* 172-190.

Gewirtz, A. H., & Edleson, J. L. (2007). Young children's exposure to intimate partner violence: Towards a developmental risk and resilience framework for research and intervention. *Journal of Family Violence*, *22*(3), 151-163.

The Globe and Mail, 2000 retrieved Dec 3, 2018 https://www.theglobeandmail.com/news/national/inquest-called-into-pickering-tragedy/article1040914/)

Goodman-Delahunty, J., & Corbo Crehan, A. (2016). Enhancing Police Responses to Domestic Violence Incidents: Reports From Client Advocates in New South Wales. *Violence Against Women*. 22(*8*), 1007-1026.

Gondolf, E. W. (2001). *Batterer intervention systems: Issues, outcomes, and recommendations*. Sage Publications.

Gwinn, C., Strack, G., Adams, S., & Lovelace, R. (2007). The family justice center collaborative model. *Louis U. Pub. L. Rev., 27,* 79.

Hamilton, L. H. A., Jaffe, P. G., & Campbell, M. (2013). Assessing children's risk for homicide in the context of domestic violence. *Journal of Family Violence*, *28*(2), 179-189.

Hancock, T. U., & Siu, K. (2009). A culturally sensitive intervention with domestically violent Latino immigrant men. *Journal of Family Violence, 24(2),* 623-630.

Hart, B. J. (1995, March). *Coordinated community approaches to domestic violence.* Paper presented at the Strategic Planning Workshop on Violence Against Women, National Institute of Justice, Washington, D.C.

Heise, L. L. (1998). Violence against women: An integrated, ecological framework. *Violence Agaisnt Women, 4(3),* 262-290.

Hilton, N. Z., Harris, G. T., & Rice, M. E. (2010). *The law and public policy: Psychology and the social sciences. Risk assessment for domestically violent men: Tools for criminal justice, offender intervention, and victim services.* American Psychological Association. https://doi.org/10.1037/12066-000

Hilton, N. H., Harris, G. T., Rice, M. E., Lang, C., Cormier, C. A., & Lines, K. J. (2004). A brief actuarial assessment for the prediction of wife assault recidivism: The Ontario Domestic Assault Risk Assessment. *Psychological Assessment*, *16*, 267–275.

Holden, G. W. (2003). Children exposed to domestic violence and child abuse: Terminology and taxonomy. Clinical *Child and Family Psychology Review, 6(3),* 151-159.

Holtmann, C., & Rickards, T. (2018). Domestic/intimate partner violence in the lives of immigrant women: a New Brunswick response. *Canadian Journal of Public Health*, 1-9.

Horton, E., Murray, C.E., Garr, B., Notestine, L., Flasch, P., & Higgins Johnson, C. (2014). Provider perceptions of safety planning with children impacted by intimate partner violence. *Children and Youth Services Review, 42,* 67-73.

Humphreys, C., Healy, L., & Mandel, D. (2018). Case reading as a practice and training intervention in domestic violence and child protection. *Australian Social Work, 71(3),* 277-291.

Hyman, I., Forte, T., Mont, J.D., Rmans, S., & Cohen, M. M. (2006). Help-seeking rates for intimate partner violence (IPV) among Canadian immigrant women. *Health Care Women Int, 27(8),* 682-694. doi: 10.1080/07399330600817618

Hyman, I., Mason, R., Guruge, S., Berman, H., Kanagaratnam, P., & Manuel, L. (2011). Perceptions of factors contributing to intimate partner violence among Sri Lankan Tamil immigrant women in Canada. *Health Care Women International, 32(9),* 779-794.

Jaffe, P., Campbell, M., Olszowy, L. & Hamilton, L. (2014). Paternal filicide in the context of domestic violence: Challenges in risk assessments and risk management for community and justice professionals. Child Abuse Review, 23(2): 142-153.

Jaffe, P. G., Campbell, M., Hamilton, L. H., & Juodis, M. (2012). Children in danger of domestic homicide. *Child Abuse & Neglect*, *36*(1), 71-74.

Jaffe, P. G., & Juodis, M. (2006). Children as victims and witnesses of domestic homicide: Lessons learned from domestic violence death review committees. *Juvenile and Family Court Journal, 57,* 13-28.

Jaffe, P., Campbell, M., Reif, K., Fairbairn, J., & David, R. (2017). Children killed in the context of *Homicides and Death Reviews,* 317-343.

Jaffe, P., Wolfe, D., Telford., A., & Austin, G. (1986). The impact of police charges in incidents of wife abuse. *Journal of Family Violence, 1(1),* 37-49.

Jaffe, P. G., Wolfe, D. A., & Wilson, S. K. (1990). *Developmental clinical psychology and psychiatry, Vol. 21. Children of battered women.* Sage Publications, Inc

Jaffe , P. G. , & Crooks , C.V. (2005). *Understanding women's experiences parenting in the context of domestic violence: Implications for community and court-related service providers* . Washington , DC : Violence Against Women Online Resources .

Jaffe, P. G., Johnston, J. R., Crooks, C. V., & Bala, N. (2008). Custody disputes involving allegations of domestic violence: Toward a differentiated approach to parenting plans. *Family Court Review*, *46*(3), 500-522.

Jaffe, P. G., Wolfe, D. A., & Campbell, M. (2012). *Growing up with domestic violence: Assessment, intervention, and prevention strategies for children and adolescents*. Toronto: Hogrefe Pub.

Keller, E. M., & Brennan, P. K. (2007). Cultural considerations and challenges to service delivery for Sudanese victims of domestic violence: Insights from service providers and actors in the criminal justice system. *International Review of Victimology, 14(1),* 115-141.

Kim, J. Y., & Sung, K. (2000). Conjugal violence in Korean American families: A residue of the culture tradition. *Journal of Family Violence, 15(4),* 331-345.

Klevens, J. (2007). An overview of intimate partner violence among Latinos. *Violence Against Women, 13(2)*, 111-122. Doi: 10.1177/1077801206296979

Kropp, P. R., Hart, S., Webster, C. D., & Eaves, D. (1994). *Manual for the Spousal Assault Risk Assessment Guide.* Vancouver: British Columbia Institute of Family Violence.

Kropp, P. R. (2008). Intimate partner violence risk assessment and management. *Violence and Victims, 23(2),* 202-222.

Lawrence, R. (2004). Understanding fatal assault of children: A typology and explanatory theory. *Children and Youth Services Review, 26,* 837-852.

Lee, E. (2007). Domestic violence and risk factors among Korean immigrant women in the United States. *Journal of Family Violence, 22(3),* 141-149. doi: http://dx.doi.org/10.1007/s10896-007-9063-5

Liao, M. S. (2006). Domestic violence among Asian Indian immigrant women: Risk factors, acculturation, and intervention. *Women & Therapy, 29(1-2),* 23-40.

Liem, M., & Koenraadt, F. (2008). Filicide: A comparative study of maternal versus paternal child homicide. *Criminal Behaviour and Mental Health*, *18*(3), 166-176.

Lysakowski, M., Pearsall lll, A.A., & Pope, J. (2016). *Policing in new immigrant communities.* U.S. Department of Justice, Office of Community Oriented Policing Services. Retrieved from http://biblioteca.cejamericas.org/bitstream/handle/2015/3036/e060924209-NewImmigrantCommunities.pdf?sequence=1&isAllowed=y

Maume, M. O., Lanier, C. L., Hossfeld, L. H., & Wehmann, K. (2014). Social isolation and weapon use in intimate partner violence incidents in rural areas. *International Journal of*

Rural Criminology, 2(2), 244-267.

MacMillan, H.L., Wathen, C.N., & Varcoe, C. M. (2013). Intimate partner violence in the family: Considerations for children safety. *Child Abuse & Neglect, 37,* 1186-1191.

McCloskey, L. A. (2001). The "medea syndrome" among men: The instrumental abuse of children to injure wives. *Violence and Victims, 16,* 19-37.

Mehrotra, G. (2010). Toward a continuum of intersectionality theorizing for feminist social work scholarship. *Affilla: Journal of Women and Social Work, 25,* 417-430.

Menjivar, C., & Salcido, O. (2002). Immigrant women and domestic violence: Common experiences in different countries. *Gender and Society, 16(6),* 898-920.

Meyer, S. (2010). Seeking help to protect the children?: The influence of children on women's decisions to seek help when experiencing intimate partner violence. *Journal of Family Violence*, *25*(8), 713-725.

Miladinovic, Z. & Mulligan, L. (2015). Homicide in Canada, 2014. *Statistics Canada: Juristat 2015.*

Miller, L.E., Howell, K.H., Hunter, E.C., & Graham-Berman, S.A. (2012). Enhancing safety-planning through evidence-based interventions with preschoolers exposed to intimate partner violence. *Child Care in Practice, 18(1),* 67-82.

Ministry of the Solicitor General. (2000). *Policing Standards Manual*. Retrieved from the Ministry of the Solicitor General: https://collections.ola.org/mon/28002/233900.pdf

Ministry of the Solicitor General. (2017).   Office of the Chief Coroner: The domestic violence death review committee 2017 annual report. Retrieved from: http://www.mcscs.jus.gov.on.ca/english/Deathinvestigations/OfficeChiefCoroner/Publicationsandreports/DVDRC2017.html

Ministry of the Status of Women. (2018). Ministry of the Status of Women Timeline. Retrieved from: http://www.women.gov.on.ca/owd/english/about/timeline/milestones.shtml

Moffit, P., Fikowski, H., Mauricio, M., & Mackenzie, A. (2013). Intimate partner violence in the Canadian territorial north: Perspectives from a literature review and a media watch. *International Journal of Circumpolar Health, 72,* 215-221.

Muhammad, A. A. (2010). *Preliminary Examination of So-called "Honour Killings" in Canada.* (1100227458). Canada. Department of Justice.

Murray, C. E., Horton, G.E., Higgins Johnson, C., Notestine, L., Garr, B., Marsh Pow, A., Flasch, P., & Doom, E. (2015). Domestic violence service providers' perception of safety planning: A focus group study. *Jounral of Family Violence, 30,* 381-392.

Murphy, C. M., Musser, P. H., & Maton, K. I. (1998). Coordinated community intervention for domestic abusers: Intervention system involvement and criminal recidivism. *Journal of Family Violence, 13,* 263-284.

The National Inquiry into Missing and Murdered Indigenous Women and Girls. (2017). Our women and girls are scared. Retrieved from: https://www.mmiwg-ffada.ca/wp-content/uploads/2018/03/ni-mmiwg-interim-report.pdf

Native Women's Association of Canada. (2007, June.). *Matrimonial real property: An issue paper.* Paper presented at the National Aboriginal Women's Summit, Corner Brook, NL.

Native Women's Association of Canada. (2015). Aboriginal women's rights are human rights: An NWAC research paper. Retrieved from: https://www.nwac.ca/wp-content/uploads/2015/05/2000-NWAC-Aboriginal-Womens-Rights-Are-Human-Rights-Research-Paper.pdf

Novick, S., Yoshihama, M., Runner, M., & Fund, F. V. P. (2009). Intimate partner violence in immigrant and refugee communities: Challenges, promising practices, and recommendations. Retrieved from Robert Wood Johnson Foundation: http://www.policyarchive,org/handle/10207/21315

Oetzel, J., & Duran, B. (2004). Intimate partner violence in American Indian and/or Alaska native communities: A social ecological framework of determinants and interventions. *American Indian and Alaska Native Mental Health Research, 11(3),* 49-68.

Olszowy, L., Jaffe, P. G., Campbell, M., Hazel, L., & Hamilton, A. (2013). Effectiveness of risk assessment tools in differentiating child homicides from other domestic homicide cases. *Journal of Child Custody*, *10(2),* 185-206.

Ontario Domestic Violence Death Review Committee (Ontario DVDRC). 2008. *Sixth annual report of the domestic death review committee.* Toronto: Office of the Chief Coroner.

Ontario Domestic Violence Death Review Committee (Ontario DVDRC). 2015. *Annual report to the Chief Coroner*. Toronto: Office of the Chief Coroner.

Ontario Domestic Violence Death Review Committee (Ontario DVDRC). 2017. *Annual report to the Chief Coroner*. Toronto: Office of the Chief Coroner.

Ontario Domestic Violence Death Review Committee (Ontario DVDRC). 2019. *Annual report to the Chief Coroner*. Toronto: Office of the Chief Coroner.

Ontario Ministry of Children, Community & Social Services. (2016). *Ontario child protection tools manual: A companion to the Ontario child protection standards.* Retrieved from the Ministry of Children, Community & Social Services: http://www.children.gov.on.ca/htdocs/English/documents/childrensaid/Child-Protection-Tools-Manual-2016.pdf

Ontario Ministry of Children, Community & Social Services. (2016). *Ontario child protection standards*. Retrieved from Ministry of Children, Community & Social Services: http://www.children.gov.onhttp://www.children.gov.on.ca/htdocs/English/documents/children/Child-Protection-Standards-2016.pdf

Osofsky, J. D. (2003). Prevalence of children's exposure to domestic violence and child maltreatment: Implications for prevention and intervention. *Clinical child and family psychology review*, *6*(3), 161-170.

Osofsky, J. D. (1999). The impact of violence on children. *The Future of Children, 9,* 33-49.

Øverlien, C., & Aas, G. (2016). The police patrols and children experiencing domestic violence. *Police Practice & Research, 17(5),* 434-447.

Øverlien, C., & Hydén, M. (2009). Children's actions when experiencing domestic violence. *Childhood*, *16*(4), 479-496.

Øverlien, C. (2010). Children exposed to domestic violence: Conclusion form the literature and challenges ahead. *Journal of Social Work, 10(1),* 80-97.

Øverlien, C. (2017). 'Do you want to do some arm wrestling?': Children's strategies when experiencing domestic violence and meaning of age. *Child & Family Social Work, 22,* 680-688.

Peckover, S., & Golding, B. (2017). Domestic abuse and safeguarding children: critical issues for multiagency work. *Child abuse review*, *26*(1), 40-50.

Pendleton, G. (2003). Ensuring fairness and justice for noncitizen survivors of domestic violence. *Juvenile and Family Court Journal, 54(4),* 69-85.

Perez, T., & Ross, S. (2008). Police response to domestic violence: Making decisions about risk and risk management. *Journal of Interpersonal Violence, 23(4),* 454-473.

Peters, O., Ursel, J., Hoffart, R., Nepinak, J., Dumont-Smith, C. (2018). *Doemstic violence risk assessment, risk management and safety planning with Indigenous populations* (5) London, ON: Canadian Domestic Homicide Prevention Initiative. ISBN: 978-F-988412-25-2.

Pruitt, L. R. (2008). Place matters: Domestic violence and rural difference. *Wisconsin Journal of Law, Gender, & Society, 23,* 346-416.

Reeves, S. (2008). Why use theories in qualitative research? *BMJ.* Retrieved from: https://doi.org/10.1136/bmj.a949

Reiser, M., Geiger, S.P. (1984). Police officer as victim. *Professional Psychology: Research and Practice, 15(3)*, 315-323.

Richardson-Foster, H., Stanley, N., Miller, P., & Thomson, G. (2012). Police intervention in domestic violence incidents where children are present: Police and children's perspectives. *Policing and Society*, *22*(2), 220-234.

Roach, J., Cartwright, A., & Sharratt, K. (2017). Dealing with the unthinkable: A study of the cognitive and emotional stress of adult and child homicide investigations on police investigators. *Journal of Police Criminal Psychology, 32,* 251-262.

Robinson, A. L., & Tregidga, J. (2007). The perception of high-risk victims of domestic violence to a coordinated community response in Cardiff, Wales. *Violence Against Women, 13*, 1130-1148. doi: 10.1177/1077801207307797

Rothman, E. F., Gupta, J., Pavlos, C., Dang, Q., & Coutinho, P. (2007). Batterer intervention program enrollment and completion among immigrant men in Massachusetts. *Violence Against Women,* 13(5), 527-543.

Saldana, J. (2016). *The coding manual for qualitative researchers.* London, UK: Sage Publications.

Sandberg, L. (2013). Backward, dumb and violent hillbillies? Rural geographies and intersectional studies on intimate partner violence. *Affilia, 28,* 350-365.

Saxton, M. D., Olszowy, L., MacGregor, J. C., MacQuarrie, B. J., & Wathen, C. N. (2018). Experiences of intimate partner violence victims with police and the justice system in Canada. *Journal of Interpersonal Violence*, 0886260518758330.

Sechrist, S., & Weil, J. (2018). Assessing the impact of a focused deterrence strategy to combat intimate partner domestic violence. *Violence Against Women, 24(3),* 243-265.

Shepard, M. F., & Pence, E. L. (Eds.). (1999). *Coordinating community responses to domestic violence: Lessons from Duluth and beyond.* Thousand Oaks: Sage Publications.

Shlonsky, A., & Friend, C. (2007). Child maltreatment and domestic violence editorial: Current state of knowledge and emerging strategies for policy and practice. *Brief Treatment and Crisis Intervention*, *7*(4), 249.

Sokoloff, N. J. (2008a). Expanding the intersectional paradigm to better understand domestic violence in immigrant communities. *Critical Criminology, 16,* 229-255. doi: 10.1007/s10612-008-9059-3

Sokoloff, N. J. (2008b). The intersectional paradigm and alternative visions to stopping domestic violence: What poor women, women of color, and immigrant women are

teaching us about violence in the family. *International Journal of Sociology of the Family, 34,* 153-185.

Stanley, N., & Humphreys, C. (2014). Multi-agency risk assessment and management for children and families experiencing domestic violence. *Children and Youth Services Review*, *47*, 78-85.

Stanley, N., Miller, P., Richardson-Foster, H., & Thomson, G. (2010). Children and families experiencing domestic violence: police and children's social services' responses. Retrieved from: http://clok.uclan.ac.uk/2947/1/children-experiencing-domestic-violence-report-wdf70355.pdf

Stanley, N., Miller, P., Foster, H. R., & Thomson, G. (2011). Children's experiences of domestic violence: Developing an integrated response from police and child protection services. *Journal of interpersonal violence*, *26*(12), 2372-2391.

Statistics Canada. (2008). *Family violence in Canada: A statistical profile 2008*. Ottawa: Ministry of Industry.

Statistics Canada. (2009). *Family violence in Canada: A statistical profile 2009*. Ottawa: Ministry of Industry.

Statistics Canada (2013). *Measuring violence against women: Statistical trends 2013*. Ottawa: Ministry of Industry.

Statistics Canada. (2014). *Family violence in Canada: A statistical profile 2014.* Ottawa: Ministry of Industry.

Statistics Canada. (2016). *Family violence in Canada: A statistical profile 2016.* Ottawa: Ministry of Industry.

Status of Women Canada (2017). Retrieved Nov 24, 2018 (https://swc-cfc.gc.ca/violence/strategy-strategie/breaking-briser-en.html#background)

Straus, M., and Gelles, R. (1990). *Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families*, Transaction, New Brunswick.

Swerin, D. D., Growette Bostaph, L., King, L.L., Kirland Gillespie, L. (2018). Police response to children present at domestic violence incidents. *Child Maltreatment, 23(4),* 417-425.

Thiara, R.K., & Humphreys, C. (2017). Absent presence: the ongoing impact of men's violence on the mother-child relationship. *Child & Family Social Work, 22,* 137-145.

Tolman, R. M., & Weisz, A. (1995). Coordinated community intervention for domestic violence: The effects of arrest and prosecution on recidivism of woman abuse perpetrators. *Crime & Delinquency, 41,* 481-495.

Trijetz, T. (2011). *Domestic and family violence and people from immigrant and refugee backgrounds.* Retrieved from Mental Health in Multicultural Australia: http://www.mhima.org.au/pdfs/Domestic%20and%family%20violence_fact%20sheet%2011.pdf

Trocmé, N., Fallon, B., MacLaurin, B., & Sinha, V. (2010) The changing nature of substantiated maltreatment investigations in Canada. *Sexual Abuse*, *2,* 5, 3-19.

Trujillo, M., & Ross, S. (2008). Police response to domestic violence: Making decisions about risk and risk mangement. *Journal of Interpersonal Violence, 23(4),* 454-473.

United Nations Office on Drugs and Crime. (2014). Global study on homicide 2013 [Online]. United Nations publication, Sales No. 14.IV.1. Retrieved from: https://www.unodc.org/documents/pdf/2014_GLOBAL_HOMICIDE_BOOK_web.pdf.

UNODC (2018) Retrieved on December 1, 2018, http://www.unodc.org/unodc/en/frontpage/2018/November/home-the-most-dangerous-place-for-women-with-majority-of-female-homicide-victims-worldwide-killed-by-partners-or-family--unodc-study-says.html?ref=fs4

UN Women (2016). Retrieved on Nov 26, 2018, http://evaw-global-database.unwomen.org/en/countries/americas/canada/na/evaluation-of-the-model-of-police-response-to-domestic-violence

United Nations Human Rights, Office of the High Commissioner. (1993). *UN declaration on the elimination of violence against women.* Retrieved from: https://www.ohchr.org/en/professionalinterest/pages/violenceagainstwomen.aspx

Vives-Cases, C., Torrubiano-Dominguez, J., Gil-Gonzalez, D., La Parra, D., Agudelo-Suarez, A. A., Davo, M. C., & Martinez-Roman, M. A. (2014). Social and immigration factors in intimate partner violence among Ecuadorians, Moroccans and Romanians living in Spain. *J Public Health, 24(4),* 605-612.

Waugh, F., & Bonner, M. (2002). Domestic violence and child protection: Issues in safety planning. *Child Abuse Review, 11,* 282-295.

Websdale, N. (1999). *Understanding domestic homicide.* UPNE.

Welland,C., & Ribner. (2010). Culturally specific treatment for partner-abusive Latino men: A qualitative study to identify and implement program components. *Violence and Victims, 25(6),* 799-813. doi: 10.1891/0886-6708.25.6.799

Wendt, S., Buchanan, F., & Moulding, N. (2015). Mothering and domestic violence: Situating maternal protectiveness in gender. *Affilia Journal of Women and Social World, 30(4),* 533-545.

West, C. M. (2015). African immigrant women and intimate partner violence: A systematic review. *Jounral of Aggression, Maltreatment & Trauma,* 1-14.

Wolf, M. E., Ly, U., Hobart, M. A., & Kernic, M. A. (2003). Barriers to seeking police help for intimate partner violence. *Journal of Family Violence, 18,* 121-129.

World Health Organization. (2013). Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non- partner sexual violence. Geneva: Department of Reproductive Health and Research.

World Health Organization. (2017). Violence against women: Key facts. Retrieved from: https://www.who.int/news-room/fact-sheets/detail/violence-against-women

Zhao, J., Ren, L., & Lovrich, N. (2010). Police organizational structures during the 1990s: An application of contingency theory. *Police Quarterly*, *13*(2), 209-232

Appendices

8.1 Appendix A: Key Informant Interview Document

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)

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 (astraat2@uwo.ca) 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):
    o   Indigenous people
    o   immigrants and refugees
    o   rural, northern and remote communities
    o   children exposed to domestic violence

[Note to interviewer – for each of the follow up questions, prompt participant to address the population(s) they have the most experience with and then address the others if there is

more time – when discussing multiple populations some answers may overlap, some will be different.]

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

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

       _____

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

       _____

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

       _____

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

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

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

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

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

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

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

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

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

Message:

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

8.2 Appendix B: **Key Informant Consent**

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 mdawson@uoguelph.ca   Dr. Jaffe at pjaffe@uwo.ca

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   Telephone█████████████████████
University of Guelph   E-mail: ██████████████
 437 University Centre   Fax: (██████████
Guelph, ON   N1G 2W1

OR

Director, Research Ethics   Telephone: ████████████
Western University   E-mail: █████████████
 Room 5150   Fax███████████
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 ████████████████ AT ████████████ OR FAX TO ████████████

8.3 Appendix C: Ethics Approval

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).

8.4 Appendix D: Primary Category of Substantiated Child Maltreatment Investigations in Canada, 2008

TABLE 4-1:   Primary Category of Substantiated Child Maltreatment Investigations in Canada in 2008^

Primary category of maltreatment	Number of investigations	Rate per 1,000 children	%
Physical abuse	17,212	2.86	20%
Sexual abuse	2,607	0.43	3%
Neglect	28,939	4.81	34%
Emotional maltreatment	7,423	1.23	9%
Exposure to intimate partner violence	29,259	4.86	34%
Total substantiated investigations	**85,440**	**14.19**	**100%**

Canadian Incidence Study of Reported Child Abuse and Neglect – 2008
^ Based on a sample of 6,163 substantiated investigations. Percentages are column percentages.

Source: Trocme, N., Fallon, B., MacLaurin, B., Sinha, V., Black, T., Fast, E., Felstiner, C., Helie, S., Turcotte, D., Weightman, P., Douglas, J., & Holroyd, J. (2008). Canadian Incidence Study of Reported Child Abuse and Neglect.

CURRICULUM VITAE

Education:

Doctor of Philosophy: Educational Studies (on hold): The University of Western Ontario, Faculty of Education. Working dissertation title: *Understanding the Dynamics and Experiences of Dating Violence among Gay, Lesbian, Bisexual, Transgender and Questioning Youth*. Supervisors: Aniko Varpalotai PhD. and Peter Jaffe, PhD.

Master of Education: Curriculum Studies (2006). The University of Western Ontario, Faculty of Education. Directed Research Project title: *An Educational Resource Guide on Adolescent Dating Violence.* Supervisors: Ellen Singleton, PhD and Aniko Varpalotai, PhD.

Bachelor of Education: Intermediate/Senior Division. The University of Western Ontario, Faculty of Education (2007).

Honours Bachelor of Physical Education: The University of Western Ontario, Faculty of Education (1995).

Educational Awards and Scholarships:

University of Western Ontario (Ph.D.)

2011 Western Graduate Research Scholarship - $6,500
2010 Western Graduate Research Scholarship - $6,500
2009 Western Graduate Research Scholarship - $6,500
2007 Western Graduate Research Scholarship - $6,500

Teaching Experience:

Instructor, Ontario Police College   **2017 - Present**
- Develop, coordinate and instruct on two new portfolios to the MCSCS– Human Trafficking Investigation Course and Ending Violence Against Indigenous Women Course
- Instruct new police recruits on Human Trafficking

Supply Teacher, Edmonton Board of Education   **2015 – 2017**
- Elementary, Intermediate and Senior High School

Special Educational Assistant, Edmonton Board of Education   **2014 - 2015**
- Literacy/Numeracy/Behavioral Support

Instructor, Faculty of Education, Western University   **2010 – 2012**
  - Health Education: Intermediate/Senior Physical Education Health Specialists

Teaching Assistant – Dr. Aniko Varpalotai, Western University   **2007 – 2009**
  - Rural and Remote Education
  - Health Education

Research Assistant – Dr. Aniko Varpalotai and Dr. Ellen Singleton, Western University 2009
  - Assisted with editing, Singleton, E, & Varpalotai, A. (2012). *Pedagogy in Motion: A Community of Inquiry for Studies in Human Movement.* London, ON: The Althouse Press

Presentations:

Fraser, C. (2019). *Human Trafficking: Sexual exploitation: How traffickers lure victims into the sex trade*. Presented at Fanshawe College, London, ON

Fraser, C. (2018). *Labour Trafficking.* Presented at the Ontario Police Educators Association, Aylmer, ON

Fraser, C. (2010). *How to conduct domestic violence investigations*. Presented at the London Police Service, London, ON.

Fraser, C. (2010). *Domestic violence investigations, provincial adequacy standards, and London Police Service policies and procedures.* Presented at the London Police Service, London, ON.

Certifications:

Alberta College of Teachers, 2015 – 2017
Ontario College of Teaches, 2007 – 2012

Professional Courses:

Fraud Investigation Course, Ontario Police College, June 3-14, 2019, Aylmer, ON
Orientation to College Teaching Course, Fanshawe College, January 5-6, 2019
Labour Trafficking Training, MCIS, 2018
San'yas: Indigenous Cultural Safety Training, Provincial Health Service Authority Indigenous Health Program, BC, 2018
Indigenous Awareness Course, OPP, Barrie, 2018
Ethics Train the Trainer Course, Institute for Law Enforcement Administration, York Regional Police, 2018
Child and Youth Sexual Exploitation, Ministry of Community and Social Services, Toronto, 2018
Indigenous Cultural Safety, Provincial Health Services Authority, BC, 2017

Human Trafficking Investigation Course, Canadian Police College, Ottawa, 2017
Human Trafficking Advanced Investigation Course, CISO, OPC, 2017
Crown Prosecutor Human Trafficking Training, Ministry of Attorney General, 2017
Facilitation Excellence Series, Government of Alberta, 2016
Undercover – Integrated Proactive Operations, Calgary Police Service, Calgary, 2016
Applied Suicide Intervention Skills Training, Edmonton Police Service, Edmonton, 2015
Financial Course, Exempt Product Market Dealer, IFSE, 2014
Certification in ODARA Risk Assessment, London Police Service, 2011
Domestic Violence Train – the Trainer, OPC, 2009
General Investigators Training, OPC, Aylmer, 2009
Advanced Patrol Training Course, OPC, Aylmer, 2005
Basic Constable Training Course, OPC, Aylmer, 1999

Professional Development:

Human Trafficking Investigation Course, Toronto Police College, ON, Jan 13-17, 2020
Canadian Violence Link Conference, Toronto, ON, Nov 19-22, 2019
Labour Trafficking, Ontario Tech University, Oshawa, ON, Oct 10-11, 2019
Missing and Exploited Children Conference, Centre for Child Protection Canada, Winnipeg, May 27-30, 2019
Dark Web Workshop, CISO Intelligence Training, York Regional Police Service, May 8-9, 2019, East Gwillimbury, ON
Canadian Domestic Homicide Prevention Initiative Conference, Nov 1-2, 2018, London, ON
Policing in a Global Community, Ontario Associations of Police Educators, OPC, 2018 (Aug 28-30)
Human Trafficking Conference, Ontario Association of Police Educators, Burlington, 2018
International Human Trafficking Conference, Toronto, 2018
Human Trafficking Conference, OPP, Barrie, 2017
Drugs and Gang Conference, Peel Regional Police, 2017
Elder Abuse, OPC, Aylmer, 2017
Deep web and dark web search tools, Service Alberta, 2016
Human trafficking workshop, ACT, Edmonton, 2016
Credit Report, Trans-Union Credit Bureau, Edmonton, 2016
IMS – 100, Emergency Case Management Certification, London, 2013
Domestic Violence Co-ordinators 7th Annual Conference, OPC, Aylmer, 2013
Domestic Violence Punjabi Community Health Service Model, Muslim Resource Centre, London, 2012
Human Trafficking Course, Canadian Police Knowledge Network, 2012
Workplace Domestic Violence Risk Assessment and Management, CREVAWC, London, 2012
London Domestic Violence Symposium, London, 2012
Human Trafficking Training, OPP, Provincial Operations Intelligence Bureau, London, 2012
Ontario Domestic Assault Risk Assessment Certification Training, London, 2011
Children Exposed to Domestic Violence Reducing Harm and Prevention Strategies, Child Abuse Prevention Council of London Middlesex, London, 2011

Identifying Vulnerable Seniors: An "in-the-field" dementia screening tool for Police Officers, Canadian Dementia Resource and Knowledge Exchange & Alzheimer Knowledge Exchange, London, 2011
Social Media and Social Networking Investigations, Toronto Police Service, Toronto, 2011
High Risk Sexual Violence Conference, Western Region Probation and Parole Intensive Supervision Committee, Hamilton, 2011
Addressing Domestic Violence in Canadian Muslim Communities, Ministry of Attorney General, London, 2011
The Domestic Violence Communication System: Serving and Protecting Victims of Domestic Violence with Information – Led Policing Technology, Advanced Law Enforcement Technology Branch and National Institute of Justice Office of Science and Technology, London, 2011
Strengthening Collaboration in the Southwest Violence Against Women and Police Forum, London, 2010
Media Violence, Violence Against Women Services, Elgin County, 2010
Moving Forward: Reducing the Risk of Lethal Domestic Violence Through Collaborative Threat Assessment and Risk Management, CREVAWC, London, 2010
Domestic Violence Co-ordinators' Conference, OPC, Aylmer, 2010
Threat Assessment and Management Training, Proactive Resolutions, OPC, Aylmer, 2010
Risk Assessment and Risk Management – Reducing the Risk of Lethal Domestic Violence, London, 2010
Reducing the Risk of Lethal Domestic Violence, London, 2010
Office of the Public Guardian and Trustee-Guardianship Investigations (Fraud), LPS, London, 2010
Ontario Federation of Indian Friendship Centers – Strategic Framework to End Violence Against Aboriginal Women, London, 2010
Security Threat Indicators – Correctional and Criminal Intelligence, London, 2010
Forensic Evidence Investigations, Mitochondrial DNA Evidence, London, 2010

Community Committees:

Ministry of Community and Social Services, Justice and Policing Committee on Ending Violence Against Indigenous Women, Member, 2017- present
Anti-HT Strategy Inter-ministerial Directors' Table Committee, Member, 2017 – present
London Anti-Human Trafficking Coalition, Volunteer, 2018 – present
Violence Against Women Services, Elgin County Board of Directors and Resource Development Committee Chair, 2009 – 2013
London Co-ordinating Committee to End Women Abuse (LCCEWA), Member, 2011 – 2013
HART Committee (High Risk Domestic Violence Committee), Member, 2011 – 2013
Centre for Research and Education on Violence Against Women and Children Committee (Sub-committee for LCCEWA representative), Member, 2011 – 2013
London Police Service, VWAP and Crown's Office Bail Safety Committee, Member, 2011 - 2013

Other:

Ending Violence Against Indigenous Women Conference, 1st Annual, OPC, 2018
HT Awareness Day – developed media for Feb 21st to display on monitors at OPC, 2018
Lunch and Learn presentation on HT – April 2018
Developed and delivered EVAIW component for BCT – Effective Response to Victims, June 2018
Collaborated with Instructor Amy Cook in developing and delivering Effective Response to Victims, June 2018
Developed and delivered BCT- HT component – Feb, Jun 2018

Conferences Presentations:

Ontario Associations of Police Educators Conference Aug 28-Aug 30, OPC, Policing in a Global Community
Presentation: Trafficking in Persons for Forced Labour on Aug 29th