



Working Document
(Draft 2)

Collaboration in Practice

**Children's Aid Societies and Violence Against
Women**
Collaboration Agreement

Central West Region
(Dufferin, Wellington, Halton, Waterloo, and Peel)

May 16, 2013

Dedication

To the community members who have protected themselves and their children and had the courage to change and end the violence in their lives and in their own behavior.

To the people who work in the child welfare and violence against women organizations and are witness to amazing healing and transformation but also the real consequences, pain and suffering created when we choose to use violence in our relationship.

And to the women and children who did not survive the violence in their lives and require all of us to learn from their experiences.

Collaboration in Practice

Children's Aid Societies and Violence Against Women Collaboration Agreement

Central West Region
(Dufferin, Halton, Peel, Waterloo and Wellington)

Signatories

County of Dufferin

Catholic Family Services - Peel Dufferin
Dufferin Children and Family Services
Family Transition Place

Region of Halton

Access Counselling and Family Services
Halton Children's Aid Society
Halton Family Services
Halton Women's Place

Region of Peel

Armagh House
Catholic Family Services - Peel Dufferin
Catholic Crosscultural Services
Family Services of Peel
India Rainbow Community Services of Peel
Interim Place
Malton Neighbourhood Services
Muslim Community Services
Peel Children's Aid Society
The Salvation Army's Honeychurch Family Life Resource Centre
United Achievers' Community Services
Victim Services of Peel
Women's Counselling Centre - The Salvation Army Erin Mills

Region of Waterloo

Carizon Family and Community Services
Community Justice Initiatives of Waterloo Region
Family and Children's Services of the Waterloo Region
Family Counselling Centre of Cambridge and North Dumfries
KW Counselling Services
Lutherwood
Victim Services Unit – Waterloo Regional Police Service
Wilmot Family Resource Centre Inc.
Women's Crisis Services of Waterloo Region
Woolwich Community Services
Woolwich Counselling Centre
Waterloo Region Sexual Assault Domestic Violence Treatment Centre
YWCA Kitchener-Waterloo

County of Wellington

Family Counselling and Support Services for Guelph-Wellington
Guelph-Wellington Women In Crisis
Family and Children's Services of Guelph and Wellington County

To the Reader

If you are reading this document, it is likely because you are being asked to use it as a tool in your day-to-day work. This document is intended to support you in thinking about the way you do your work. It is a learning document that reflects and expects change from the reader.

It is designed to build on the work that was done in the first collaboration agreements in each community and complement and enhance the work that is being done in each of the five communities.

The use of terms

When describing violence in the context of the family, language is critical. The terms used in this document is intended to describe the situation accurately, reflect the context of the violence and reflect the hope and belief we have in our day-to-day work that change is possible for family members until violence is no longer part of each of their lives.

Definitions

Abuse: The terms “**abuse**”, “**domestic violence**”, “**family violence**” and “**violence against women**” will be used throughout the report, depending on the context of the discussion.

Abuse refers to all forms of behavior in which one person is trying to achieve and/or maintain control or power over another. Abuse is about power and control. Power means the exertion of control over others to influence their behavior, attitudes and feelings. It is the expression of commands, demands, directives, orders and requests to gain an attitudes of strength.

Control means maintaining a check on the behavior, attitudes and feelings of another person through commands, demands, orders and requests on how one is to act, think, behave, feel and believe. (Messina and Messina, 2005)

Domestic violence is primarily perpetrated by men against women. As such we will refer to the victim of violence as a woman and the abuser/offender as a man. This is not intended to deny or ignore that there is a small percentage of women that are abusive in their relationships with men. We recognize there is abuse in same-same relationships. (sic) (*Transforming our Communities*, 2009, p. 12)

Attachment informed: The science of the brain describes how the earliest bonds formed by children with their primary caregivers have a tremendous impact that continues throughout life. Securely attached children feel confident that the attachment figure will be available to respond appropriately to their needs. They then develop an ability to build relationships with others. (Mary Ainsworth, 2008)

Anti-Oppression Practice embodies a person-centered philosophy, an egalitarian value system concerned with reducing the deleterious effects of structural inequalities upon people’s lives; a methodology focusing on both process and outcome; and a way of structuring relationships between individuals that aims to empower users by reducing the negative effects of hierarchy in their immediate interaction and the work they do together. (*Dominelli, Anti-Oppressive Social Work*)

Children are understood in this document to mean anyone under the age of 16.

Case Conferencing is a formal, planned and structured way to provide holistic, coordinated and integrated services across service providers and to reduce duplications. Case conferences are usually interdisciplinary and ideally involve the client or family.

Cultural awareness, Cultural competency and Cultural Safety: There is a continuum in developing our capacity to deliver services that acknowledges and integrates the culture of a person into the relationship. **Cultural awareness** is the recognition that there are different cultures in our society with different cultural practices, values and norms. **Cultural competency** is the ability to work with different cultures where the people describe the experience of being respected, listened to and their needs were understood.

Cultural safety incorporates the following: the acknowledgement of difference; the recognition of the importance of respecting difference; and cultural competence, which focuses on the skills, knowledge, and attitudes of practitioners. cultural safety involves self-reflection and an understanding that cultural values and norms of the client may be different due to unique socio-political histories. Self-reflection leads to empathy, which in turn improves the encounter with clients and their communities, leading to better outcomes. Empathy can also lead to advocacy and social justice work on behalf of clients and their communities. (*Adapted from Anishnawbe Health Toronto*)

Family Focus - Services recognize that the family is the primary support system for the child.

Gender Analysis is a process that helps to assess the differential impact of policies and programs on men and women. (Centre for Gender and Development Studies)

High Conflict High Risk from the Coroner's Report on Domestic Violence.

High-Risk Management from the Coroner's Report on Domestic Violence.

Imminent Risk from the Coroner's Report on Domestic Violence.

Risk Assessment involves the application of standardised instruments, psychometric scales or questionnaires and the examining an individual's background, past behaviour, mental and social functioning and personal circumstances and setting the results against up-to-date findings from evidence based literature.

Trauma Informed: When a service program is trauma-informed, every part of its organization, management, and service delivery system is assessed and potentially modified to include a basic understanding of how trauma affects the life of an individual seeking services. Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization. (*Substance Abuse and Mental Health Services Administration*)

Acronyms

CAS	Children's Aid Society
MCYS	Ministry of Children and Youth Services
DV	Domestic Violence
VAW	Violence Against Women
MAG	Ministry of the Attorney General

COLLABORATION

Collaboration in Practice CAS VAW Collaboration Agreement Central West Region

A. Introduction

Relationship. Change. Trust. These are the words that resonated throughout the development of the agreement. This is a collaboration agreement between service providers that have strong mandates and long standing working relationships that have not always been built on trust and collaboration. The magnitude of the responsibility was evident, in particular the recognition of barriers that are systemic and ideological, that have gotten in the way of the relationships. Yet the need to develop a working approach with a clarity of mutual purpose in order to end violence in families, and against women and children is the common foundation of this agreement.

The level of violence in families, primarily against women and children, in each community, in the five regions, in the province and in the world is unacceptable. Evidence was drawn on that provided us with guidance on what we can do as service providers to identify risk in family situations; to invite men to change and provide them with options to increase accountability and to change; to respond to high conflict child custody situations where violence is present and to ultimately prevent violence and death.

B. The Purpose

The Central West Region CAS/VAW collaboration agreement will support organizations in the five communities to maximize the safety and support of women, children and men through coordination and collaboration between VAW agencies and CAS.

The collaboration agreement will ensure an effective system response that will:

- set expectations of service delivery based on best practices working with women, children and men;
- promote accountability in systems, families and individuals and establish processes and forums to engage.

C. The Principles

Principles are the foundation of our relationship. We ask each of us to practice these principles in the way we work and how we make our decisions.

The Integrity of our purpose

- **Safety:** Safety is always paramount and supersedes concerns about confidentiality between organizations. Increasing the safety of abused women will increase the safety and well-being of children.
- **Cultural Safety:** We will be effective in building trust with each other and the people we work with when we have embraced a way of working that includes cultural sensitivity and cultural competency, analyzes power imbalances in society and promotes self-reflection in our work.

- **A greater purpose:** Everyone has the right to live without violence in their lives. We will work in a way that shifts the acceptance and tolerance of violence in our society.

Relationships

- **Between ourselves:** We work in ways that breaks down silos between sectors and organizations.
- **Within the family:** We value and recognize the role of each parent in a child's life (in whatever capacity they have) and within a context that prioritizes safety and recognizes the dynamic nature of families. We recognize that the child has the right to have a relationship with both parents.
- **Understanding power and control:** We recognize the power imbalances are systemic and manifest in relationships where domestic violence is present.

Communication

- We are committed to establishing and working with a common language and understanding of the issues.

Holistic

- Early identification, intervention and prevention, coupled with community-wide efforts and coordination of services, provides the ultimate hope for ending domestic violence. We will apply a holistic service plan and use a system response.

Collaboration

- **Respect:** Both the child welfare and violence against women sectors play important roles in our communities: protecting children from violence, engaging men and keeping women and children safe from violence. We respect our different mandates and will work together on points of commonality and embrace the different understandings that we bring to the work.
- **Trust:** This agreement can only be achieved through the development of relationships based on trust. We are committed to developing and maintaining these relationships.

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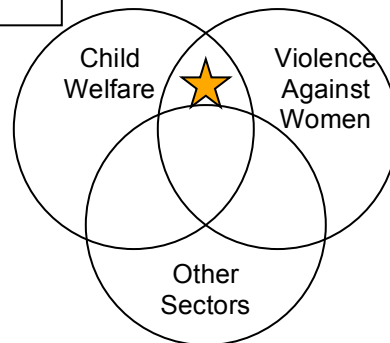
D. What is Collaboration?

Collaboration means working together and sharing responsibility for results. It implies that no agency or professional can succeed alone in addressing the multi-faceted needs of the family where violence/abuse is present.

Collaboration is rooted in an understanding of the interdependence among children, women, men, families and professionals who

There were many lessons learned from the previous Collaboration Agreements that were not lost in the creation of this new one. It is important that each sector contributes their strengths and specific mandates, that there is a common base of knowledge that informs the agreement and that the relationships between people in the sectors are the key investment to the agreement being successfully implemented.

Collaboration involves moving from the separate mandates to an overlapping concern: ending the violence/abuse in families.



A common purpose

As two sectors working together, we are better able to identify and respond to the risk of violence in the family and offer appropriate interventions to each member of the family for protection and for addressing violent behaviour.

E. Evidence

There is a substantial body of knowledge that has informed the development of this collaboration agreement. We are committed to ongoing learning about the best thinking and best practice that will influence Appendix A provides a summary of the literature drawn upon and some of the key points.

This knowledge will shape the common lens that we as service providers will use to see the issue and guides us on the appropriate way to identify and respond to the risk of violence in any family.

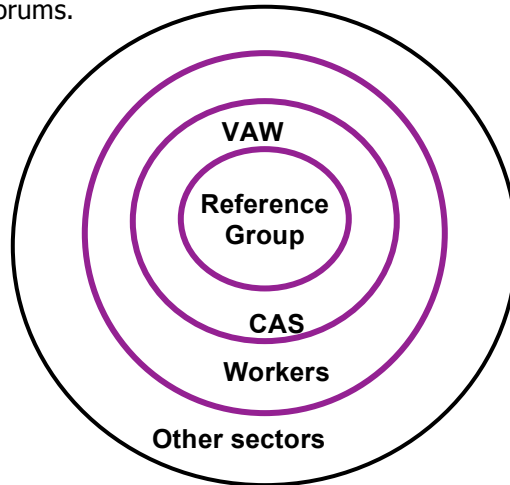
The knowledge or evidence provides us with a common foundation for our conversations as we work to mutually support each sector to address the key issues identified.

F. Ongoing and Day-to-Day Communication

For the Collaborative Agreement to be successful, it will require ongoing communication and engagement in different forums, as part of the everyday work and through formal communication systems.

A communication plan has been designed to recognize there are different objectives communicating. It also recognizes four distinct groups:

- a) A Reference Group: There is a core group of CAS and VAW workers that have been part of the development of the Collaboration Agreement and participated in a number of the discussions and trainings that have been put on in the last five years. This core group will become a reference group in the first year of implementation of the Agreement, including evaluating its integration into the work of each of the five communities.
- b) The VAW and CAS workers that will be asked to implement the Collaboration Agreement once it has been signed.
- c) New colleagues that will join the staff of the signatory organizations.
- d) Workers in other sectors, like justice, that will be invited to be part of high risk committees or other forums.



a) The Reference group will be responsible for supporting the collaboration agreement to be an active tool in the workplace. They will act as role models in the workplace, support the regional and community based training and regional communication forums, and address conflict as it arises.

Communication mechanisms	Details
Regional Communication Forums	To facilitate implementation of the collaboration agreement, enhance working relationships and evaluate and improve on the delivery of the agreement, conversations would occur on a quarterly and annual basis.
Ongoing Training	Training will be held regionally and in each community. Training would also be provided in different formats so that it can be shared electronically and through webinars. Topics would include: <ol style="list-style-type: none"> 1. How to engage men through: <ul style="list-style-type: none"> • Education programs

	<ul style="list-style-type: none"> • Support programs • Interview and assessment interventions <ol style="list-style-type: none"> 2. How to assess for high-risk indicators using risk assessment tools. 3. Trauma Informed practice. 4. Attachment informed practice 5. Anti-oppression training. 6. Using a community case conference model and effectively engage other service providers. 7. The impact of domestic violence on parent’s resiliency and what are the protective factors. 8. Understanding the family court process and ways to intervene.
Ongoing Evaluation	<p>An evaluation framework will be developed that will assess the relationship development between the two sectors: increase in awareness, numbers of individual relationships, changes in working behaviours and system changes.</p> <p>The evaluation process will include providing users of the protocol to evaluate:</p> <ol style="list-style-type: none"> 1. Using it after a specific intervention. 2. Training sessions 3. Meeting sessions 4. Overall results and lessons learned on an annual basis.
Ongoing Updating & Revising	Each year, after the evaluation is completed, the agreement will be reviewed and updated, if needed.
Advocacy	<p>Advocate for:</p> <ol style="list-style-type: none"> 1. An increase in effective programs for men, including being better parents and addressing their violent behaviour before they end up in PARS. 2. Reduction of barriers to services for men including access barriers. 3. Advocate for public education initiatives that are targeted to men, without diverting resources away from women’s specific services and programs. <ol style="list-style-type: none"> a. CAS and VAW organizations sitting on community high-risk tables and committees. b. Increased resources for supervised access in the community.

b) All **signatory organizations** will develop protocols and tools that facilitate the agreement being implemented.

Communication mechanisms	Details
Protocols	<p>Each organization will need to review their current organizational policies and include or develop a description of:</p> <ul style="list-style-type: none"> • Staff’s orientation to the Collaborative Agreement. • Training staff will receive to support implementation. • Internal support and supervisions processes required. • Expectations on staff for relationship building with the other sector, including addressing confidentiality issues. • The process when a case is identified as potentially high-risk, including the process to establish a collaboration team.

c) All **workers** in the organizations that are part of the collaboration agreement will be expected to participate in the responsibilities below.

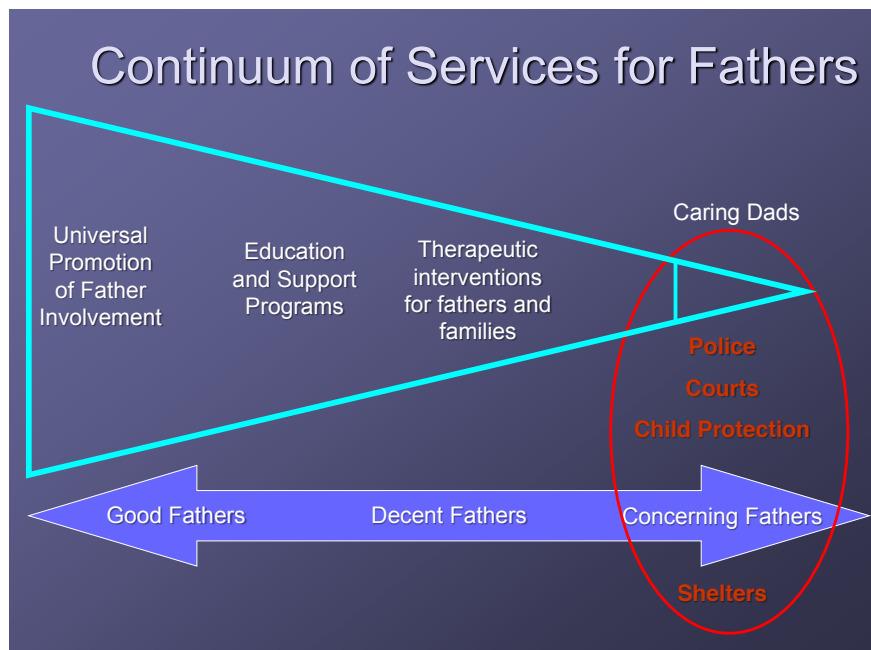
Communication mechanisms	Details
Ongoing sharing of information about specific situations.	<ul style="list-style-type: none"> • Share information in situations where high risk has been identified. • Identification of key workers in the signatory organizations. • Telephone conferences. • Open working relationships between organizations
Case conferencing	<ul style="list-style-type: none"> • Initiate or participate in an informal or informal case conferencing process for specific high-risk situations.
Conflict Resolution	<ul style="list-style-type: none"> • Follow internal procedures for addressing conflict with external partners. • If the organization does not have a process, consider establishing one.

G. The Collaboration relationship we are building upon

This section is intended to reflect the foundation that was built out of the previous agreements and will be developed out of the May 31st presentations.

H. Engaging Men and Domestic Violence

In signing the Collaboration Agreement, all organizations will work within the sphere of their influence to increase a father’s responsibility and accountability to his violent behaviour and the opportunity to change. It is recognized that there are circumstances when that is not possible and it will be documented when engagement with a man is not occurring.



The Children's Aid Society

We will:	
1. Engage, interview and assess the father as a standard procedure and as soon as they are part of the system.	a) Engage the father as a part of the family system. b) Do home visits for both the mother and father if the children are staying or visiting two homes. c) Assess domestic violence using a risk assessment tool.
2. Engage men in service planning .	a) Ensure that interventions are timely. b) Include recommendations for programming.
3. Work with other services and systems that the father is engaged with.	a) If the father is involved in the justice system, contact and engage appropriate people. (e.g. PAR program, probation) b) Maintain open communication with these programs.
4. Follow-up with the father as long as the file is open.	a) Ensure there are positive reinforcements for fathers to follow the service plan. b) Recognize that service attendance does not equal improvement or change in behaviour. Need to have specific tools to measure changes in behaviour. c) Don't close a file without consulting the other services that the father is involved in.
5. Use a consistent set of questions when working with men.	a) Bancroft and Silverman, 2002(a) have developed a set of questions: <ul style="list-style-type: none"> • Has he made full disclosure of his history of physical and psychological abuse? • Has he recognized that abusive behaviour is unacceptable? • Has he recognized that abusive behaviour is a choice? • Does he show empathy for the effects of his actions on his partner and children? • Is he prepared to make changes and is he making changes? • <i>Can he identify what his pattern of controlling behaviours and entitled attitudes has been?</i> • <i>Has he replaced abuse with respectful behaviours and attitudes?</i> • <i>Is he willing to make amends in a meaningful way?</i> • <i>Does he accept the consequences of his actions?</i>
6. When CAS is not able to engage the father	a) The worker will inform the mother and service providers that the mother and father are working with. b) Support the mother to seek a custody order through the family court system that limits access. c) Consider alternatives that may involve family and criminal court options. d) Ensure a safety plan.

The Violence Against Women Sector

We will:	
1. Do outreach to the father when appropriate.	a) If a child is in the child witness program, refer the father to the Caring Dads program or an equivalent program (if available). b) Ask the mother if she would want the father included before involving him. c) Refer to individual counselors.
2. As part of counseling services, screen for domestic violence or changes to risk.	a) Develop or select a screening tool. b) Do individual interviews before counseling. c) Develop practice on building capacity and moving forward toward safety.
3. Public education initiatives that are targeted to men.	Where resources are available

I. High Risk Situations and Domestic Violence

Staff will assess for risk of high-risk situations and for change in risk throughout the relationship with the family.

Together

We will:	
1. Work with a common definition of what high-risk means.	a) The definition will be based on the Domestic Violence Death Review Committee common risk factors. There are 39 factors. (see Appendix B)
2. Identify risk assessment tools to determine high risk that is consistent with the definition and literature.	a) The tools will be reviewed annually by all partners. b) If different assessment tools are used, we will have ways where information can be shared and compared.
3. Within each community develop a protocol to address high risk.	a) Essential elements: <ul style="list-style-type: none"> • Agreement on purpose of risk assessment in system/agency. • Approach to victims if involved: <ul style="list-style-type: none"> ○ What is said to encourage participation ○ What is said regarding use of results – confidentiality ○ If perpetrator – what are the legalities of using the results. • Who will conduct the risk assessment? <ul style="list-style-type: none"> ○ What credentials and training is necessary to conduct a risk assessment? • Is it a two-part process: initial interview and a in-depth assessment?

The Children's Aid Society

We will:	

1. Complete a risk assessment tool if there is a concern of high risk is identified.	
2. Identification of a high-risk situation.	a) Refer to appropriate partners and services providers including the community high-risk committee in your community.
3. Development of a CAS/VAW high risk response committee	a) The worker will contact the VAW sector and develop a CAS/VAW high-risk response committee. b) The committee will include CAS, VAW, and other appropriate agencies. c) The committee will be established within one week of the assessment.
4. A community case conferencing model will be used that will support all services providers currently working with the family to be involved in safety planning.	a) Service coordination goals will be established at a case conference that will include: engaging men, immediate assessment and long-term risk assessment (accountability and planning for support). b) Safety plan(s) will be developed collaboratively.

J. Child Custody and Access and Domestic Violence

Not all child custody and access issues are domestic violence related. There are situations where high conflict exists but domestic violence is not present. However, the evidence shows that child custody is a key area where domestic violence can escalate and place both women and children in unsafe situations. Custody and access discussions are some of the most difficult conversations in parent's lives and can escalate violent behavior.

Together

We will:	
1. Identify the link between domestic violence and high conflict situations in custody cases.	a) Develop tools and training that distinguish high conflict from high-risk situations.
2. Improve our understanding of the role potential and limitations in the area of child custody and access and have transparent communication with each other.	a) Assess situation thoroughly. b) Don't make assumptions. c) Be open to multiple hypotheses d) Recognize gap (even where CAS offers supervised access) in situations where MAG policy for community supervised access provider requires them to decline the case where there is open CAS investigation. e) Encourage counseling for all family members f) Don't engage in the polarity that custody and access issues engender.

3. Monitor families where custody and access is an issue in the family and particularly in cases where it not clear and not yet established.	a) Recognize that the process can be a trigger for further violence. b) Assist parents to stay focused on children’s needs and not their own. c) Refer to supervised access programs for DV files.
4. Prepare letters for court that are based on facts and the evidence.	
5. Engage in effective safety planning for the access and family court process.	a) Custody and access and family court process where DV is present can be one of the high risk factors.

Children’s Aid Society

We will:	
1. Use a gender analysis in dealing with high conflict custody and access situations.	a) Do home environment visits with both parents. b) Interview both parents. c) Assess the children’s context including homes, schools and other environments. d) Assess their willingness to change and access services. e) Find clinical opportunities for both parents. f) Provide referrals to both parents. g) Case planning with both parents. h) Do follow-up with each parent and the service providers that they are engaged with. i) Collect evidence to assess power and control behaviours.
2. Determine an appropriate intervention.	a) Before making any recommendations: <ul style="list-style-type: none"> • Interview as many people and include feedback from child’s therapist, teachers etc. re: custody and access or changes to custody and access; • Speak with the VAW services. • Review assessments. • Speak with the CAS lawyer. b) Provide written outcome of investigation/assessment with suggested services/concerns/recommendations to both parents.
2. If CAS has an opinion based on the assessment, make it available to the court.	a) The letter goes to both parties. b) Acknowledge the domestic violence and the documented literature on how domestic violence and trauma can affect children.

J. Moving Forward

This is an agreement that will promote and facilitate change in child welfare and violence against women organizations as we collectively strive for a common purpose.

Describe clear outcomes and an evaluation process for the next few years. To be discussed at the May 31st meeting and finalized in June.

Appendix A

Evidence

Between 2007-2012 the Central West VAW CAS Working Group held a number of training sessions. The 2013 Collaboration Agreement is based on the collective knowledge acquired as part of the trainings done by Dr. J. Edleson, Dr. Jackie Campbell, Dr. Peter Jaffe, Dr. Katreena Scott, Lundy Bancroft over the five years. Special thanks goes to Susan Jewett for providing the summary of the training. The evidence summary is based on those trainings.

What Have We Learned about Domestic Violence in the Past 30 Years?

(Dr. Peter Jaffe's presentation – May 2011 – Guelph)

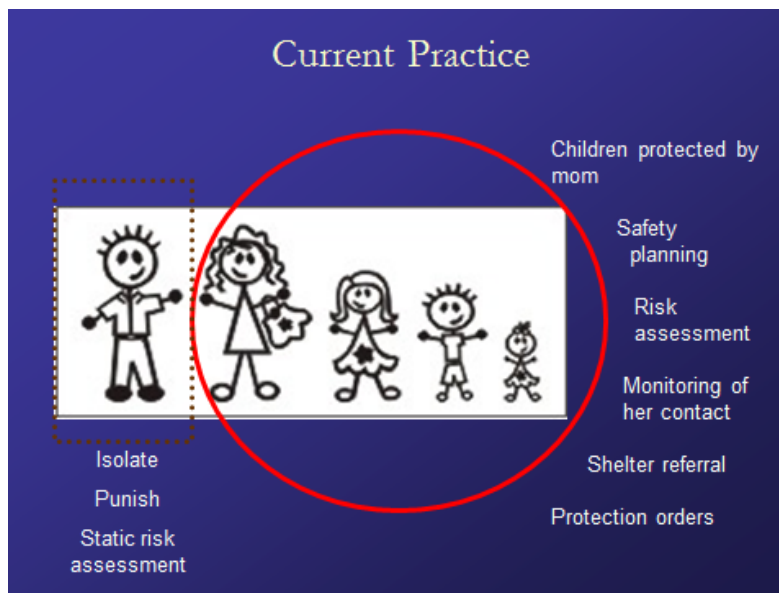
- Significant problem that impacts the whole community
- Victims, perpetrators and children are a very heterogeneous group that defy stereotypes
- Key strategies have to include safety, accountability and healing
- Coordination/integration of courts & community services is essential

Why A Child's Exposure to Violence is Important

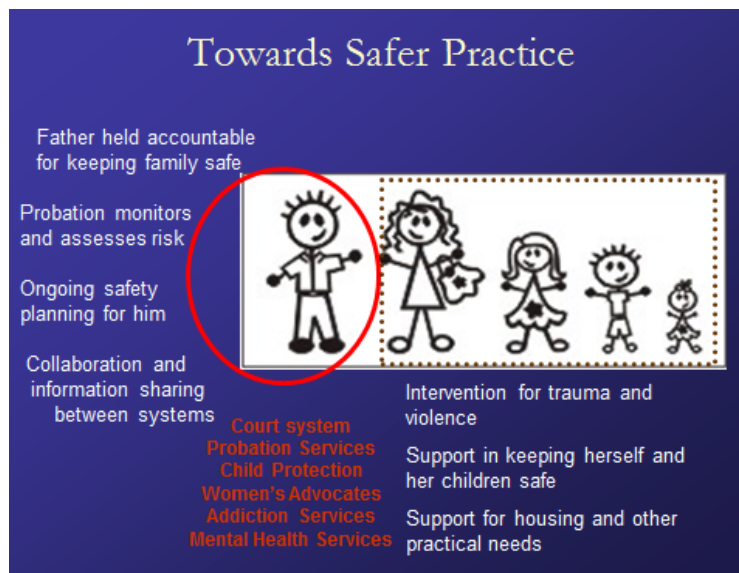
(Dr. Jeffrey Edleson's presentation 2010)

- High co-occurrence of child abuse and adult domestic violence
- Children are frequently involved in violent events
- Exposure to violence affects child development
- Exposed children are more likely to be abusers and victims

Engaging Men



(Dr. Katreena Scott - Missed Opportunities)



(Dr. Katreena Scott - Missed Opportunities)

Profile of Men who use Abusive Behaviours – consistently true:

(From Lundy Bancroft's presentation in Guelph 2012)

- Coercively controlling
- Entitled/ Self-centered
- Believes he is the victim
- Manipulative/ Good public image
- Skillfully dishonest
- Disrespectful, Superior, Depersonalizing
- Good early in relationship
- Externalizes responsibility
- Social isolation of the victim, and sometimes of the children as well)
- Mentality of ownership, often including severe possessiveness
- Denial
- Minimization
- Lack of empathy for victim
- Punishes, retaliates
- Batters serially
- Danger increases post separation

Tactics used by Men When Seeking Allies

(From Lundy Bancroft's presentation in Guelph 2012)

- Seeking sympathy
- Minimizing seriousness of the offense
- Blaming alcohol
- Bonding with males against women
- Flattering/flirting with females
- Shifting blame to victim
- Lying
- Promising change
- Getting people to pressure or criticize the victim

- Manipulating

Working with Men who use Abusive Behaviours:

(From Lundy Bancroft's presentation in Guelph 2012)

- Close monitoring and supervision
- Avoiding collusion
- Pressing him to deal with his abusiveness
- Don't take his word on his progress or behavior
- Maintain relationship with victim

Interventions to Avoid

(From Lundy Bancroft's presentation in Guelph 2012)

- Conjoint counselling or mediation
- Anger management
- Substance abuse treatment *as a substitute for* legal consequences and batterer intervention services.
- Diversion

Contributing to Children's Recovery - Advocate for your clients' children

(From Lundy Bancroft's presentation in Guelph 2012)

- Assist mothers with custody and visitation litigation
- Write effective reports for courts about the children
- Offer information to mothers (partners of clients) about children and how to assist them
- Don't help clients to seek custody or visitation or to find attorneys
- Advocate for your clients' children
- Work with CPS on holding the abuser accountable and offering appropriate supportive assistance to the mother

High Risk

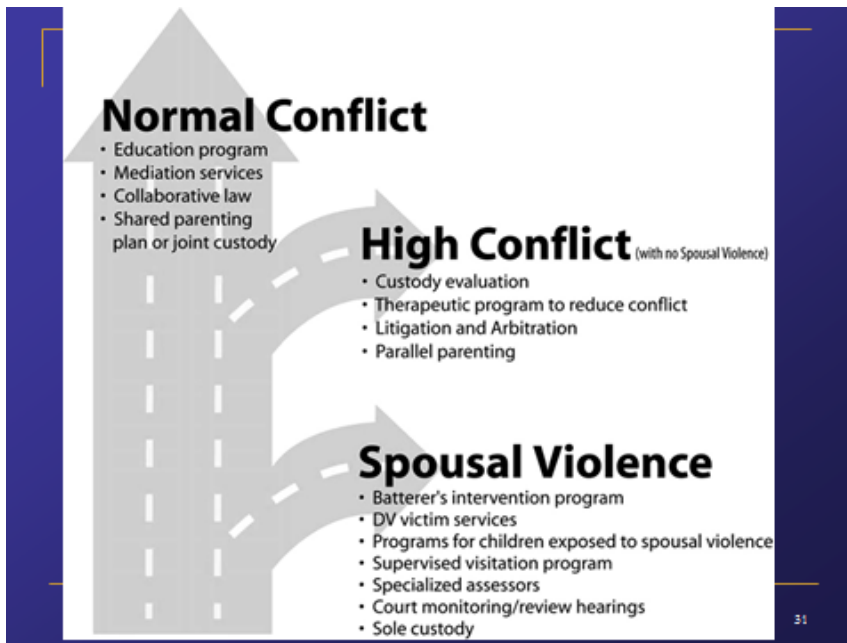
"As long as we can continue to say in one sentence 'he was an abusive spouse but a good father,' we are not going to change anything."

(Dr. Katreena Scott - Missed Opportunities)

Domestic Homicides are Predictable and Preventable

(Dr. Peter Jaffe's presentation – May 2011 – Guelph)

- 85% of the cases had at least 7 risk markers
- Critical information held by family, work colleagues, front-line professionals
- Children are the victims in a number of ways
- Critical need to collaborate between child protection and VAW services as well as the justice system (criminal and family court)



(Peter Jaffe)

Risk and Potential Responses: CAS Assessment

(Dr. Katreena Scott - Missed Opportunities)

Risk assessment in cases of DV should be re-examined by MCYS and OACAS. There should be a fundamental change in strategy for assessing risk in cases involving domestic violence so that the weight of decision-making rests on risk of harm posed by the perpetrator (rather than the capacity of the non-offending parent to take protective action or on evidence of psychological harm to child).

Risk and Potential Responses: Child's Exposure to Violence

(Dr. Katreena Scott - Missed Opportunities)

Protective Barrier around Dad

- CAS would have opened a case on the basis of Dad's level of risk
- CAS would have consulted with probation officer to make a plan for risk management and reduction
- CAS might have required supervised access until Dad completes a domestic violence program and is accountable for past assaults
- CAS might have referred Dad to a program for fathers with a history of abuse, or exposing their child to abuse, (Caring Dads) for additional intervention and to reduce his use of his child in adult conflict

Custody and Access Issues

Why Domestic Violence Is Relevant in Custody Disputes?

(Dr. Peter Jaffe's presentation – May 2011 – Guelph)

- Abuse Does Not End With Separation
- Overlap Between Child Abuse and Domestic Violence
- Children's Exposure to an Inappropriate Role Model
- Undermining of Non-Abusive Parent
- New Relationships Potentially Violent
- Perpetual Litigation as Form of On-Going Control
- Extreme Cases - Homicides and Abductions
Jaffe, P.G. Lemon, N. & Poisson, S.E. (2002) Child Custody Disputes and Domestic Violence: Clinical and Legal Issues. Sage, Thousand Oaks, CA

Custody Disputes Dilemmas

(Dr. Peter Jaffe's presentation – May 2011 – Guelph)

- Accurately assessing perpetrator, victim, & children
- Domestic violence but no visible/measurable impact on children
- Children aligned with victim/primary caretaker {alienation allegations?}
- Children aligned with batterer {wishes vs. best interests}
- Role of extended family {helpful or harmful?}

Guiding Principles For Resolving Conflicting Priorities in Custody Decisions

(Dr. Peter Jaffe's presentation – May 2011 – Guelph)

- Priority 1 Protect children
- Priority 2 Protect the safety & support the well-being of the victim parent
- Priority 3 Respect the right of adult victims to direct their own lives
- Priority 4 Hold perpetrators of domestic violence accountable for their abusive behavior
- Priority 5 Allow child access to both parents

Father are given access

(Dr. Jeffrey Edleson's presentation 2010)

- Father access restricted:
 - 71.2% in DV cases
 - 17.5% no DV
- Judges assigned supervised visitation in:
 - 25.6% of substantiated domestic violence
- 4.6% no evidence or allegation of domestic violence (*Kernic, et al; 2005*)

Evaluations of parenting

(Dr. Jeffrey Edleson's presentation 2010)

- Judges, custody evaluators and others:
 - underestimate the danger of men to their children
 - undervalue the safety strategies used by mothers

How do Men Who Batter Parent?

(Dr. Jeffrey Edleson's presentation 2010)

Research shows:

- Behavior negatively affects children
- Continue threats and violence after separation
- Limited evidence they are more controlling and abusive as parents
- Perpetrators often involve children in violent events(see *Bancroft & Silverman, 2002, for summary*)

Court Decision Options

(Dr. Jeffrey Edleson's presentation 2010)

- Contact choices
 - No contact
 - Supervised visitation (professional vs. kinship)
 - Supervised exchange (professional vs. kinship)
 - Exchanges in public places
 - Unsupervised visitation
 - Liberal and regular visitation
 - Shared custody/parenting
- Not automatic! Behavior based, not time based.
- Not rushed to least restrictive
- Regular judicial reviews in any option

(*Jaffe & Crooks, 2007*)

Visitation Access

(Dr. Jeffrey Edleson's presentation 2010)

- Some are too dangerous to receive visitation
- Use of professional supervised visitation centers
- Visitation centers require special precautions and training for domestic violence cases
- "Therapeutic visitation"

Service Decision Options

(Dr. Jeffrey Edleson's presentation 2010)

- Sometimes it is clinically useful to the child to involve fathers, must ask:
 - Is the father complying with court orders and mandated treatment?
 - What do family members want?
 - What is the level of violence and safety?
 - How involved are other systems?
 - What protections/risks in cultural environments?
 - What is the worker's assessment?(*Groves et al, 2007*)

Appendix B

The Domestic Violence Death Review Common Factors

(2010 Domestic Violence Death Review Committee Report)

1. History of violence outside of the family by perpetrator (perpetrator is the primary aggressor in the relationship)
2. History of domestic violence
3. Prior threats to kill victim
4. Prior threats with a weapon
5. Prior assault with a weapon
6. Prior threats to commit suicide by perpetrator
7. Prior suicide attempts by perpetrator (if check #6 and/or #7 only count as one factor)
8. Prior attempts to isolate the victim
9. Controlled most or all of victim's daily activities
10. Prior hostage-taking and/or forcible confinement
11. Prior forced sexual acts and/or assaults during sex
12. Child custody or access disputes
13. Prior destruction or deprivation of victim's property
14. Prior violence against family pets
15. Prior assault on victim while pregnant
16. Choked/Strangled victim in the past
17. Perpetrator was abused and/or witnessed domestic violence as a child
18. Escalation of violence
19. Obsessive behaviour displayed by perpetrator
20. Perpetrator unemployed
21. Victim and perpetrator living common-law
22. Presence of stepchildren in the home
23. Extreme minimization and/or denial of spousal assault history
24. Actual or pending separation
25. Excessive alcohol and/or drug use by perpetrator*
26. Depression – in the opinion of family/friend/acquaintance - perpetrator*
27. Depression – professionally diagnosed – perpetrator* (If check #26 and/or #27 only count as one factor)
28. Other mental health or psychiatric problems – perpetrator
29. Access to or possession of any firearms
30. New partner in victim's life*
31. Failure to comply with authority – perpetrator
32. Perpetrator exposed to/witnessed suicidal behaviour in family of origin
33. After risk assessment, perpetrator had access to victim
34. Youth of couple
35. Sexual jealousy – perpetrator*
36. Misogynistic attitudes – perpetrator*
37. Age disparity of couple*
38. Victim's intuitive sense of fear of perpetrator*
39. Perpetrator threatened and/or harmed children*

Appendix C

Child Protection Services Case Flow Diagram

- 1. Referral Receipt – Protection Worker**
- Obtain information re: incident/condition, child/family functioning (vulnerability, protective capacity), supports
 - Screen for domestic violence & impact on child
- 2. Referral Disposition**
- Protection investigation, or “community link” service, or non-protection complaint re: community caregiver, or no direct contact
 - Response time – determined by level of present or imminent threat to safety of child (within 12hrs, or 48hrs, or 7days)

- 3. Develop Investigative Plan – Investigating Worker**
- Traditional Approach
 - Customized Approach – decide re: sequence of interviews, scheduled or unannounced, location

- 4. Conducting the Investigation**
- Required and supplementary investigative steps
 - Worker completes as many steps as are required to verify or rule out abuse/neglect & safety threats OR conclude that continuing the investigation would yield no new information

- 5. Conducting the Safety Assessment**
- Conduct with the family during first face-to-face contact & record next working day
 - Safety Plan mandatory if safety threat is identified
 - Safety Plan regularly monitored
 - Conduct investigation after Safety Assessment if maltreatment has clearly not occurred & other criteria
 - Discontinue with no Safety Assessment if referral information is clearly wrong

- 6. Conducting the Risk Assessment**
- Conduct with the family prior to verification decision
 - Share results with family

- 7. Conducting the Investigation**
- Conclude within 1 month (2 months max. by exception)
 - Determine if: a) Concerns are verified, b) Child is in need of protection, c) Child/family need F&CS or community services
 - If child is in need of protection – eligible for Ongoing F&CS service

- 8. Transferring a Case**
- Within 10 days of investigation completing & notify all other service providers (2 days)

- 9. Initiation of Ongoing Service – First Month**
- Manage & review Safety Plan
 - Engage child & family in child protection service
 - Assess child & family’s strengths and needs
 - Develop Service Plan (family centred conference)

- 10. Case Management Intervening with Families**
- Meet with families 1 month min., respond to changes, initiate court, prepare family for participation in services, arrange/coordinate/monitor services, assess appropriateness of services & facilitate communication, maintain focus on achieving goals/outcomes, develop & implement concurrent plan if prognosis for reunification is poor.
 - Case Review (every 6 months)

- 11. Case Closure when:**
- Child protection concerns are resolved or factors beyond F&CS control require case to be closed
 - Develop plan for family to access community services if need arises in future

