

Research with service providers regarding domestic violence risk assessment, risk management and safety planning

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Preventing domestic homicide: From research and lived experiences to practice

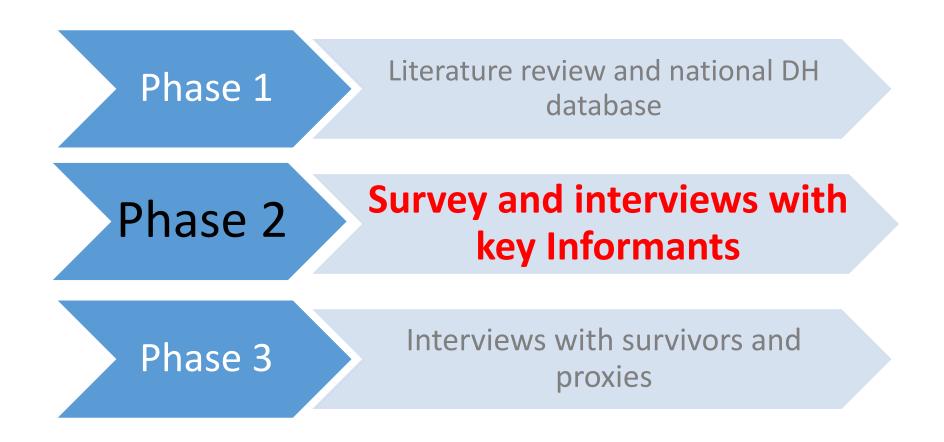
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Social Sciences and Humanities Research Council of Canada



Focus on Phase 2







Systems & Agencies Who Serve Domestic Violence Survivors & Abusers

- Specialists VAW sector, Programs for Abusers, Programs for Children Exposed to Domestic Violence, Police, Courts, Victim Services, Corrections
- Generalists family doctors, educators, mental health, social services, lawyers
- Challenges in Roles & Responsibilities:
 - 1. standards of practice mandatory or optional?
 - **2.** training preservice, ongoing?
 - **3.** cross-training and essentials of collaboration?
 - **4.** Screen for domestic violence or Complete Risk Assessment?
 - **5.** Safety planning and risk management?

Challenges in Our Research

- Permission from supervisor
- Is this a test?
- Multiple tools and models great variation across and within jurisdictions – and within agencies and professional groups
- Do we all mean the same thing with risk assessment, safety planning, risk management?
- Confidentiality assurance
- Limited participants in some sectors
- Intersectionality

Risk Factors

Rural, Remote, & Northern

Limited privacy & anonymity Firearm traditions

Child Protection

Colonization Discrimination Intergenerational trauma Isolation Limited services/ inadequate response Economic Issues Norms conducive of DV

> Immigrant & Refugee

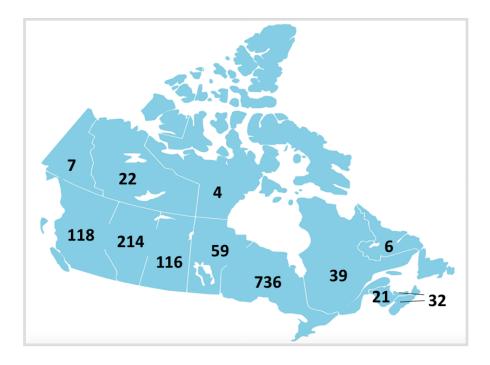
Migration stress Language barriers Lack of Canadian knowledge

Children

Inability to report Dependency Concern of being taken away

Phase 2: National Online Survey

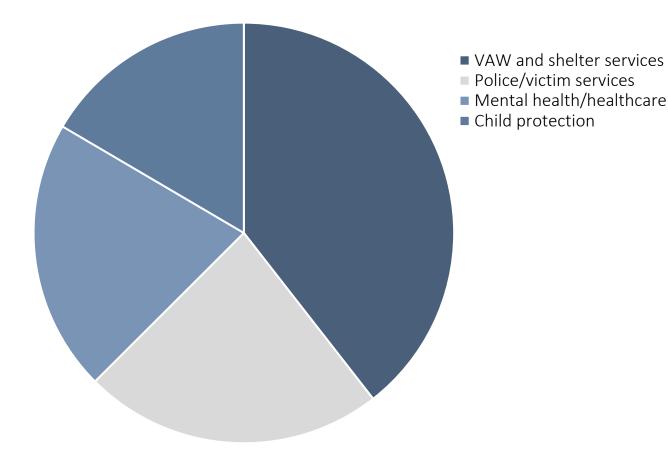
- **1,405** service provider survey respondents
- 12 questions regarding risk assessment, risk management and safety planning practices and work with 4 vulnerable populations
- Option to volunteer to participate in an in-depth interview
- **490** volunteered to potentially participate in interviews





Majority of Survey Responders

- VAW and shelter services (27.9%)
- Police/victim services (16.3%)
- Mental health/healthcare (14.8%)
- Child protection (11.7%)





Survey findings

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- 8 in 10 professionals use a structured tool
- Majority work with our identified vulnerable group
- Great variation e.g., 72% Police report using a risk assessment tool with at least 12 tools named (ODARA 63%, B-SAFER- 15%, SARA 10%, Danger Assessment 8%)*

Major themes:

- system overload
- lack of resources
- outdated policies and practices
- tools not matching diverse communities
- worker burn-out,
- inconsistency
- reluctant survivors and abusers
- lack of collaboration





Challenges and Barriers to RA/RM/SP

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• System overload

"Domestic Violence cases are a huge part of our workload due to the increasing number of cases and the ongoing new policies that are being implemented. Given the volatile nature of these cases and the emotions involved, the work is time consuming particularly with those quickly identified as high-risk cases but also in newer cases that can quickly become increasingly concerning."



RA/RM/SP Tools

- "We have access to structured tools, but they are lengthy and, in some ways, cumbersome, and going through a formal checklist doesn't promote a natural conversation, which is good for relationship building."
- "I have some B-Safer and ODARA training, but our agency does not use one specific tool and not everyone has the training."



One size does not fit all

- "Risk specific to the city and region are very different and cases have become increasingly complex as we try to cover all aspects of risk within a particular situation and work with agencies like CAS, police, health care, and etc. Substance use changes, increased gang activity, human trafficking, and an increasing number of methadone clinics are just a few of the changing variables in our community."
- "We find the questions are not fairly geared towards the experiences of Indigenous and immigrant women."



Adapting tools

- "I would love a relevant risk assessment tool; however, most do not suit the communities I deal with."
- "We developed our own format to assess risk factors and develop safety plans, but it's not a formal standardized risk assessment tool. We don't provide a score or definitive assessment of overall risk because we don't want to provide our clients with a false sense of security if their situation doesn't score high. Rather we look at a number of general risk factors pulled from formal standardized tools, have a discussion, and then do safety plans specific to their ongoing, and evolving situations."



Need for tailored approach

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 "I find there are many tools, assessments, and strategies that are well studied but not very applicable to the client population that we serve. I would like to see further discussions on the complexities of the lived realities of Indigenous peoples in the [location removed]. Also, in the moment of crisis, formulaic safety plans for the most part do not make sense if clients have low literacy, no access to a phone, no money, live in a fly-in community, and have no services to help them.



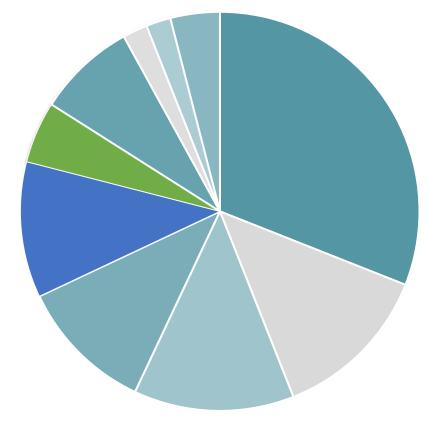
The power of collaboration

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 "My role is to evaluate and assess risk in the high-risk domestic violence cases in [location removed]. Once the risks are identified, I then need to consider how to best mitigate them by using the tools available in that Detachment area. Some areas have more resources than others which is always a challenge. However, utilizing and working with inter-agencies like Human Services, Mental Health, Public Works, Women Shelters is the best asset I have."



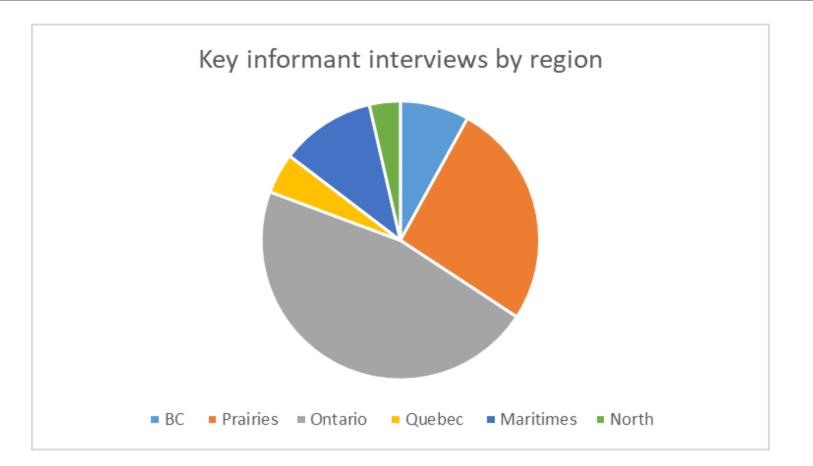
Phase 2: Service Provider Interviews



- 366 Interviews from across Canada
 - **31% VAW**
 - 13% Health care/Mental health/ Addictions
 - 13% Police
 - 11% Victim Services
 - 11% Child & Family Services
 - 5% Legal Services
 - 8% Corrections/ Probation/ PAR
 - 2% Cultural based/ Settlement services
 - 2% Violence prevention/ Education
 - 4% Other



By Region





Insights from Interviews

- Expansion of survey findings and themes
- Need for clear policies and practices
- More training opportunities
- Accountability for worker consistency
- Lack of collaboration
- Lack of intersectional analysis in practice





Roadmap from Theory to Practice





Conclusions: What We Need

- Training and more training
- Resources
- Need to recognize needs of vulnerable populations
- Collaboration and Information sharing across systems and agencies
- Agreeing on tools sharing findings across systems and agencies
- Risk assessment is not an end in itself = must lead to safety planning and risk management



For More Information

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For literature review and homicide briefs see <u>www.cdhpi.ca</u>

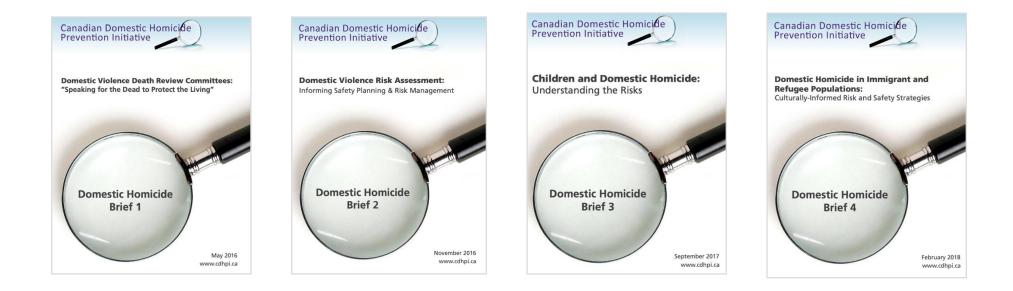


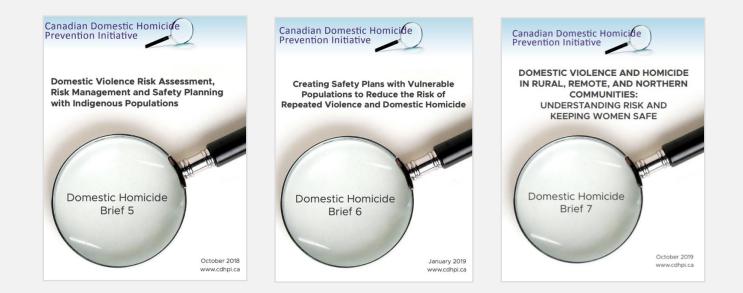


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Initiative canadienne sur la prévention des homicides familiaux