National survey and interviews with domestic violence service providers on risk assessment and safety planning with victims, perpetrators and children living with violence

from The Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations
Suggested Citation:


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This research was supported by the Social Sciences and Humanities Research Council of Canada
The Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPIVP) is a five-year Social Sciences and Humanities Research Council (SSHRC) funded initiative. This project has been undertaken through the collaboration with local, provincial, and national partnerships. This initiative is made up of over 60 collaborators and partner organizations across Canada bringing together multiple academic disciplines, professions, and community settings with specialized domestic violence knowledge and expertise. The purpose of this initiative is to enhance collaboration through cross-sectional research to identify the unique needs and risk factors that can heighten exposure to violence for vulnerable populations, including: Indigenous, rural, remote and Northern communities, children living with domestic violence, as well as immigrants and refugees.

The CDHPIVP research was undertaken in three phases (see figure 1). The first phase was the creation of a national database on domestic homicide to serve as a central repository for data on domestic homicide cases and the identification of associated risk factors. Phase one also included the completion of a comprehensive literature review that systematically examined risk assessment, risk management, and safety planning strategies that currently exist for domestic violence and homicide both in general and for the identified vulnerable populations (see http://www.cdhpi.ca/literature-review-report). Phase two, which is the focus of this report, was the completion of a national survey of professionals across domestic violence fields as well as in-depth interviews with key informants. Finally, Phase three involved conducting interviews with survivors of severe domestic violence and proxies of those who had been killed in a domestic homicide.

**Figure 1: Project overview by phases**

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**Phase Two of the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations**

There were two overall activities that made up the second phase of the CDHPIVP. The first was the completion of a national online survey seeking current risk assessment practices and knowledge from those in the legal, health, educational, advocacy or social services working in domestic violence. Service providers were asked to complete a brief, confidential online survey about their work, the groups they serve, and the
tools they use. The second part of phase two involved in-depth interviews with volunteers from the survey and other key informants. These interviews were conducted with community-based service providers, legal professionals, and other key professionals who do work with victims, perpetrators and children living with domestic violence. The goal of these interviews was to gain deeper understanding of potentially unique risk factors, barriers to effective risk assessment, risk management and safety planning, and promising strategies currently being used with these vulnerable groups and the communities in which they live.

**National Online Survey**

The online survey was distributed through the CDHPIVP website as well as promoted by the project’s partners and collaborators. Individuals who participated in the online survey were also asked to forward the information through their networks. The survey consisted of 10 multi-choice questions focused on professional’s experiences with risk assessment, risk management, and safety planning as well as the types of vulnerable populations with which they work. An additional two questions allowed space for respondents to provide detailed text-based answers. Questions on the survey explored broadly the type of practices participants engage in within different sectors across Canada. Additionally, definitions were created and provided on the survey for each corresponding question (see figure 2). These definitions were developed by the members of the CDHPIVP. The last question of the survey asked each service provider whether or not they would be interested in being contacted for a follow-up telephone interview.

**Figure 2: Project definitions for Risk Assessment, Risk Management and Safety Planning**

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

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1 For a copy of the survey or key informant interview please request a copy from astraat2@uwo.ca or jpoon58@uwo.ca
National Survey Results

A total of 1,405 key informants completed the survey from across Canada, though majority were from Ontario (See figure 3). Respondents included individuals from any of the following service sectors: shelters/victim advocates, police, crown, family law lawyer, defense lawyer, victim services, partner assault prevention programs, child protection services, corrections, probation, mental health, health care, education, Indigenous shelter, and immigrant and refugee settlement services, sexual violence support, addictions support services, cultural community programs, and LGBTQ+ community programs. The majority of key informants were from the violence against women and shelter services, police and victim services, mental health/health care, and child protection (see figure 4). A further 490 of those who completed the survey volunteered to participate in interviews.

Figure 3: Key informant survey respondents across Canada

Figure 4: Key informant sectors
Results from the survey indicated several important findings. Many key informants from across Canada indicated working with vulnerable populations with a high level of frequency (see figure 5). Furthermore, many key informants reported frequently engaging in risk assessment, risk management, and safety planning strategies (see figure 6).

**Figure 5: Vulnerable populations key informants frequently work with**

![Bar chart showing the percentage of key informants working with different vulnerable populations](chart.png)

- **Rural/Remote/Northern**: 53.2%
- **Indigenous people**: 49.1%
- **Immigrants and Refugees**: 27.0%
- **Children Exposed to DV**: 48.5%

**Figure 6: Key informants’ frequency of risk assessment, risk management, and safety planning**

![Pie charts showing the frequency of risk assessment, safety planning, and risk management](chart.png)

The results also indicated that 62% of key informants used a structured tool as a guide to their risk assessment, risk management, or safety planning. Though when identifying the type of structured tools, it is clear that there are a variety of tools being used across Canada (See figure 7). Additionally, a sizable
number of key informants indicated they used modified versions of existing tools. Indeed, several themes also emerged when evaluating the comments and detailed responses provided by key informants. These included a perception of the system being overloaded, a lack of resources, collaboration relevance, and tools not matching the community - to name a few².

Figure 7: Type of structured tool identified by Key informants

Key Informant Interviews

As part of the second phase of this project, interviews with key informants were held with individuals who work with victims and/or perpetrators of domestic violence. All interviews were completed using an interview guide developed by the 13 co-investigators from a variety of disciplines after consulting with over 60 collaborators and partners across many sectors. The interview guide consisted of approximately 28 questions and allowed for further exploration of answers being provided by key informants. These interviews were designed to gain a better understanding of current practices in risk assessment, risk management, and safety planning, the challenges/barriers to addressing risk as well as unique risk factors for lethality, and promising practices when working with different vulnerable populations. 366 Interviews were completed with key informants in Canada across several sectors (see figure 8).

Figure 8: Key informant interview participants' profession/sector

![Pie chart showing the distribution of key informant interview participants across different professions/sectors. The largest sector, VAW, accounts for 31%, followed by mental health and healthcare (13%), police (13%), victim services (11%), child and family services (11%), corrections/probation/PAR (8%), legal services (5%), cultural based/settlement services (2%), violence prevention/education (2%), and other (4%).]

Interviews provided an expansion of the survey findings and themes. Accordingly, many overarching themes were identified across interviews. For instance, the majority of key informants discussed the need for further development and clarification of their policies and practices related to domestic violence. More specifically key informants highlighted how there was often a disconnect between their organizational policies and the actual implementation through their work, particularly when it came to risk assessment and safety planning. Many key informants also discussed variations they observed within their sectors with individual workers and an overall need for accountability to increase worker consistency. Key informants pointed to worker inconsistency being related to burnout, personality differences, and lack of awareness, understanding, and training. Indeed, there was a clear overarching theme toward the need for further
Many key informants spoke about the importance of continued opportunities for training related to effective responses to domestic violence. Some discussed the importance of cross-sector training as an important aspect to increase collaboration and role understanding. Almost all interviews highlighted the importance of collaboration with other sectors as a fundamental factor in increasing effectiveness toward addressing domestic violence.

Another important theme identified was a recognition of a lack of intersectional understanding and analysis in practice. Many key informants discussed the complexities of providing services to individuals from diverse backgrounds with multiple identities. These intersectional realities often did not align with the framework of their risk assessment, risk management, and safety planning strategies.

Further analyses took place examining specific themes as they related to vulnerable populations as well as sector specific evaluations. What follows is an overview of themes within each identified vulnerable population (see Figure 9 for overview of themes). However, it should be noted that this is not a complete representation of themes and should be considered as an overview of unique themes. Further detailed analysis can be found within specific research papers that are summarized in Appendix A.

Figure 9. Specific themes for unique risks within vulnerable populations
Vulnerable Population Themes: Children Exposed to Domestic Violence

Several sector specific (i.e., police service, child protection, violence against women services) analyses were undertaken examining key informant themes related to addressing children exposed to domestic violence. The themes identified include: importance of collaboration, barriers toward assessing risk toward children, and need for additional training.

One clear theme across these analyses was the importance of collaboration with other sectors and professionals. The need for collaboration was even more present when addressing children within a family system, particularly when accounting for the provincial mandates for child protection reports. Many key informants spoke to the value and ultimate need to foster collaboration to ensure the safety of children since it can be easily overlooked.

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

“We weren’t good at collaborating on individual people...and that’s what was the sad thing about that (child homicide), is that it was clear everybody knew that was a high-risk case, but no one was talking to each other, they were just doing their own thing on their own end.”

Many key informants also highlighted barriers toward addressing risk toward children. These barriers included a lack of resources (i.e., funding) and access to services. Some spoke about the mistrust and reluctance to engage with the service, which was particularly salient within police and child protection interviews. Key informants also highlighted the assessment of risk for children and mothers as something that can be a challenge. Critically, there was acknowledgement of children being left out of domestic violence risk assessments. The challenge with assessing risk in domestic violence cases was also acknowledge by child and protection services, with some recognizing the unique risk domestic violence presents for families.

“I think the difficulty for us is that we have our own risk assessment in child welfare. Our risk assessment is broader to look at risk in general as opposed to really using risk assessment to understand the level of risk for those experiencing domestic violence... Our existing risk assessment quite frankly does a very poor job on assessing the risk of domestic violence.”

Across sectors there was a call for further training as a fundamental step to increasing awareness and skills to address children exposed to domestic violence. Furthermore, there was a recognition that continued
development is needed toward increases services ability to address the needs of children exposed to domestic violence and the risk posed to them.

**Vulnerable Population Themes: Immigrants, Refugees, and Newcomers**

Several overall themes have emerged from early analyses of interviews with key informants engaging with immigrant, refugees and newcomers to Canada. A clear theme to emerge was related to the recognition about the impact of intersectional identities and the need for culturally sensitive approaches. Cultural implications on how families function within a new country and the stress of acculturation were clear themes across interviews. Many key informants spoke to the need for cultural sensitivity and adapting practices to ensure the needs of the specific communities are captured. Connected to the need of having culturally sensitive practices was also the identification of how language barriers can be a major challenge to addressing domestic violence with serious consequences. Included in culturally sensitive approaches was the recognition that a “one size fits all” approach does not often accurately capture the risk and needs of many immigrant, refugee or newcomer families.

“I have the impression that there are people who fall through the cracks because we can’t offer help in their language”

“I think that also some of the difficulties are when you come for services and everybody is white and Anglo-speaking that sometimes you are not able to see women of your culture and of your experience role modelling for you and giving you information so sometimes the [violence against women sector] is not good representation of the community as a whole.”

Overall the concept of isolation was present at many levels in key informant interviews of those working with immigrants, refugees, and newcomers. They discussed how domestic violence can continue to isolate victims both physically and socially which has significant consequences including increased risk for homicide. Additionally, for many key informants, part of addressing violence was building awareness toward what domestic violence is. Key informants discussed the importance of building community awareness to conveying the message that domestic violence in all forms is abusive, illegal, and a complete infringement of the victims’ rights. Many key informants highlighted the challenges with pre-and-post migration trauma and the complexities that this trauma adds to address the needs of victims, perpetrators and families. Connecting trauma and pre-migration experiences was a theme of mistrust and fear of potential authorities that may be helpful (e.g., government authorities, Judicial system, police, etc.). This fear was exacerbated by the real and perceived stigma, shame and guilt that may come from community members being aware of personal turmoil.

“I’m so sick of blaming culture. When I do my trainings, I say “abuse is abuse, whether you’re wearing a hoodie or a head scarf” so it’s assuring that the patient knows her rights, that no
one deserves to be abused, regardless of who you are, where you’re from, who pays your bills – it doesn’t matter, you are a human being.”

“the trauma of being in refugee camps and fleeing war-torn countries and then on top of that they’ve had some experience of trauma bonding with the perpetrator, with the abuser, and now they are here and it’s harder for them to leave or whatnot.”

“Economy, cultural, religious... They’re sort of trapped by the lack of support systems, because they speak the language, they can’t get supports, their family might be against it. I just had a woman this morning, who was talking to me about leaving him was the best thing she ever did, even though she didn’t get a lot of support and she has a lot of shame and guilt, she doesn’t have a lot of money, but she managed it, it was a struggle, but she was very happy that she did it even though she didn’t have a lot to offer her children, but she had peace of mind.”

Vulnerable Population Themes: Rural, Remote, and Northern Populations

Interviews with key informants who frequently work with rural, remote and northern populations identified the following issues: geographic location and isolation, and patriarchal and cultural attitudes and norms regarding domestic violence.

An obvious challenge related to assessing and managing risk for rural, remote, and northern populations revolved around geographical location. Location was consistently highlighted as a critical aspect to consider and one that was often connected with isolation from services and support, and thereby increasing risk. Isolation and its maintaining factors (i.e., transportation, distance, limited access to services) was consistently highlighted as a critical factor to consider when addressing domestic violence. Considering how isolation can be accounted for in the assessment and management of risk as well as safety planning strategies was frequently discussed by key informants.

“isolation puts women at a higher risk because less people know that there is a potential for violence.”

“It is not easy to leave. If a woman is on a farm, then you have geographically isolated her. A lot of men will take out spark plugs to the car or will check the odometer so she cannot come to and from an appointment without putting considerable mileage on the car.

“Safety planning with the women really has to be individualized and we have to look at what community the person is coming from, what police are there, what kind of response they’re getting, cause it's not the same. Accessible items to leave the home in an emergency, that might not happen either.”
Cultural norms and beliefs were also noted by key informants who frequently work with rural, remote and northern populations. Access to firearms is a primary concern for service providers but rural communities are strongly supportive of firearm possession.

Key informants also discussed promising practices within their communities. Predominant themes identified included the need for building trusting relationships, collaboration among community agencies, culturally affirming programming, and increasing community awareness of domestic violence.

“A lot of rural women really believe it is their life to be good women, stay home, and put up with domestic violence...That is her role, very traditional, and the risk of lethality is high.”

“We do safety planning differently, so [...] talking about whether or not the women are aware of if the guns are stored safely and how would she know if a gun had a trigger lock on it or not or whether she knows where the ammunition is kept in the house. So, the safety planning would be a bit more specific. We would also consider the isolation piece.”

Vulnerable Population Themes: Indigenous populations

Several factors contributing to domestic violence in the Indigenous population were identified in the analyses of key informant interviews with those who frequently work with Indigenous populations including impact of colonization, lack of culturally appropriate services, systemic oppression and racism.

One critical overarching theme was related to the pervasive legacy of colonialization, including the impact this has on approaches to addressing domestic violence. Indeed, abuses toward Indigenous peoples and culture was a theme that was connected to mistrust of the government and government agents. The experience of racism, poverty, and intergenerational trauma were also clear themes in key informant interviews.

“One thing is our program is a very white program, so looking at it from a colonial point of view, there are certain issues here that some of the guys might not be able to identify with.”

“[Indigenous people] are overrepresented in the criminal justice system, they are overrepresented in the jails, they are overrepresented in probation parole offices, they feel targeted.”

Key informants also spoke to the difficulties of accessing culturally appropriate services as well as a lack of tools that have considerations for indigenous cultural traditions. Conversely, key informants highlighted the importance of culturally focused treatments and how these approaches were more effective in meeting the needs of the communities they serve.
“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.”

“Here in [rural town] we have an agency, a native run organization. They have Elders and everything in there. They have programming almost every day, different kinds of things. They have tipi training, which gets back to the Indigenous roots, given by one of the Elders, so ladies can go there and access that. They have cooking classes and anger management classes, different types of things. It’s another amazing agency to have here in our area. For women it’s such an amazing thing. So change is coming.”

Many key informants discussed the need for awareness and understanding toward the impact of intersectional identities on the experience of domestic violence and how to address it. Programs that were able to account for the intersection of individuals’ co-existing identities (e.g., Indigenous, woman) within systems of oppression (e.g., racism, sexism) where highlighted as a critical factor in ensuring holistic approaches to risk assessment, risk management and safety planning. Further, many key informants emphasised that a one-size fits all approach is not appropriate when working with marginalized populations like indigenous individuals.

“It’s systemic oppression so things like you do not feel safe around police officers, you do not feel safe around social workers, you don’t feel safe within the justice system [...] and so this allows those domestic abuse situations to go for many, many years sometimes until it’s too much and often until it’s too late and that needs to change.”

**Major themes by service sectors**

Our research project reached out to professionals across sectors to better understand existing knowledge and practices in risk assessment, safety planning and risk management with vulnerable populations. In undertaking this work, we found challenges in having an agreement on definitions of domestic homicide\(^3\) (e.g., including dating violence and 3rd party deaths) as well as definitions of risk assessment strategies. Nonetheless we received extensive responses from all human services and the justice system. The majority of responses came from police officers, child protection workers and violence against women services. Some of the major themes are highlighted below with full references in Appendix A.

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Violence against women service providers outlined unique challenges in working with victims in rural and remote areas of the country\(^4\). In particular, there were challenges related to geographic isolation, lack of transportation, and lack of other community resources. There were unique rural cultural factors such as greater acceptance and available use of firearms. Victims faced greater barriers in terms of poverty and a lack of anonymity in seeking help. Violence against women agencies reported a lack of collaboration amongst different service providers. There was little agreement across agencies on the use of risk assessment tools and strategies. In spite of these problems, some jurisdictions reported promising practices related to public education, professional education, and outreach programs.

Professionals working with perpetrators including those in corrections, probation and batterer intervention programs highlighted unique problems working with immigrant abusers. There were major hurdles in service delivery because of language and cultural barriers. There was also a multitude of organizational challenges in providing sufficient assessments and interventions. The diversity in workplace personnel did not match the diverse identities of the service users. Beyond these basic issues, there were problems in finding culturally specific agencies and professionals to address the myriad of needs of offenders. Some key informants indicated some promising developments including greater awareness in recognizing the role of pre-migration trauma and post-migration stress in relationship to domestic violence, and the need for cross-sector collaboration. This development was seen as critical in risk assessment and risk management with these perpetrators\(^5\).

Research on children exposed to domestic violence highlighted the major issues facing front-line professionals in the child protection sector. A survey of child protection workers across Ontario indicated that while mandatory provincial child protection tools are commonly used, some workers report using other specific DV risk assessment tools to complement their own measurement of risk and planning for safety. One of the critical keys to effective service delivery was working collaboratively with families and professionals in other sectors to address risk. Individual workers pointed out gaps within their agencies such as a lack of written policies or procedures specific to domestic violence as an unique risk factor. There were significant concerns about the high caseloads and the lack of ongoing training. In particular, there were challenges in dealing with diverse contexts (rural, cultural barriers) and a difficulty in engaging perpetrators in any intervention\(^6\).

Similar themes emerged in examining violence against women agencies and their response to children living with domestic violence. Overall, workers in these agencies described a lack of child-specific service


provision. These shortcomings were related to inadequate funding and limited training. The need for child-focused resources was repeatedly identified as a priority.

Interviews with key informants in policing underlined parallel themes. Police were seen to require additional training and resources to properly serve the needs of children in crisis during domestic violence calls. There were reports of wide variability in the level of awareness and training among officers in the same police service. It was seen as essential for officers to improve the degree of collaboration with other community services. Concerns were raised about inconsistency in basic awareness and training on dealing with children exposed to domestic violence related to their trauma and the risks they faced. These challenges were compounded in the face of families with complex needs and distrust in the police as a potential source of support.

Conclusion

This report offers an overview of the research conducted in Phase 2 of the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations research project. The survey and interviews provided an opportunity to hear from service providers about their work related to risk assessment, risk management and safety planning, particularly with the four populations identified for this study. An overview of some general findings related to each population and to some of the sectors who participated have been provided. The dataset remains available for additional analyses.

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Appendix A: Published works and Knowledge Translation

Key informant interviews combined to provide a rich dataset that was used to support many graduate theses as well as academic journal articles. Consequently, phase two supported several master and doctoral thesis projects as well as produced several articles published in peer-reviewed journals. What follows is a summary of each of these publications.

Peer-reviewed Journal Publications


This article focused on the results from the online survey specific to 138 key informants who identified working within the child protection sector in Ontario. Findings provide an overview of the frequency of risk assessment and management strategies within various environmental contexts (e.g., urban and rural) and populations (e.g., indigenous and immigrants/refugees). According to respondents, assessing and managing risk are frequently and consistently completed across the province, although specific strategies and challenges vary. Results also indicated that while mandatory provincial child protection tools are commonly used, some workers report using other specific DV risk assessment tools to complement their own measurement of risk and planning for safety. Key themes that also emerged in text-responses included an emphasis on the importance of working collaboratively with families and professionals in other sectors to address risk.


This article examined barriers for child protection workers in assessing risk with families where DV is the primary concern. The results from 29 child protection worker interviews indicated barriers at the systemic (i.e., lack of collaboration with community partners), organizational (i.e., lack of written policies or procedures specific to DV), and individual (i.e., client-worker challenges, high caseload, lack of ongoing training) levels. Specific difficulties in engaging and providing intervention for perpetrators were also identified. Finally, child protection workers highlighted a diverse range of promising practices in engaging effectively with victims, perpetrators and their children.


This article examined how Violence Against Women (VAW) agencies provide services for children of women fleeing from domestic violence. The overall goal of this study was to provide an up-to-date perspective on the barriers that exist to providing child-specific services within VAW agencies. Interviews were analyzed with 27 service providers in the VAW sector in Ontario were examined to gain insight into existing practices
for children’s services. Results indicated key barriers to child-specific service provision across VAW agencies in this province including challenges linked to funding, training and a lack of child-focused resources.

Saxton, M. D., Jaffe, P. G., Dawson, M., Olszowy, L., & Straatman, A. L. (2020). Barriers to police addressing risk to children exposed to domestic violence. Child Abuse & Neglect, 106, 104554. This article examined interviews with Ontario police officers to explore the challenges they perceive in dealing with children in the context of domestic violence. The major themes from the interviews centered on: challenges relating to knowledge, skills, and resources; challenges from discrepancies in required procedures; and challenges associated to police relations with families. Results from this study highlighted that police recognize the barriers they face in addressing children in DV occurrences. The implications for improved practice are discussed and include the need for increased collaboration, awareness, and training.

Saxton, M. D., Jaffe, P. G., Straatman, A. L., Olszowy, L., & Dawson, M. (2020). Measuring intimate partner violence risk: A national survey of Canadian police officers. Journal of community safety and well-being, 5(3), 103-109. This article examined the role of police in addressing domestic violence and the type of strategies they apply across Canada based on a national survey of officers. The focus was on an examination of the types of structured tools Canadian police officers report using in their risk assessment strategies. The results suggest that Canadian police officers are reporting frequent engagement in risk assessments across jurisdictions. The survey findings indicate variability across provinces in the types of risk assessment tools police officers are using.

Saxton, M. D., Jaffe, P. G., Dawson, M., Straatman, A. L., & Olszowy, L. (2020). Complexities of the police response to intimate partner violence: Police officers’ perspectives on the challenges of keeping families safe. Journal of interpersonal violence, 0886260520934428. This article examined police perspectives toward their response to domestic violence, including challenges associated with the assessment of risk and promising strategies they utilize. Overall, results continue to underscore a lack of police consistency toward addressing domestic violence, including inconsistent approaches to assessing and managing risk posed to families. Results also point to several recommendations that heavily involve collaboration between community and justice partners as well as a continued focus on developing training that addresses the risk posed to high-risk families.

Youngson, N., Saxton, M., Jaffe, P. G., Chiodo, D., Dawson, M., & Straatman, A. L. (2021). Challenges in risk assessment with rural domestic violence victims: Implications for practice. Journal of family violence, 1-14. This article examined the perspectives of service providers (n =14) in the violence against women (VAW) sector regarding risk factors and challenges in assessing risk for women experiencing domestic violence (DV) in rural locations. It also explored the promising practices VAW service providers are utilizing when working with women experiencing DV in rural locations. Results highlighted several unique risk factors rural service providers including the location (i.e., geographic isolation, lack of transportation, and lack of community resources) and cultural factors (i.e., accepted and more available use of firearms, poverty, and no privacy/anonymity). Several unique challenges to assessing risk were also noted for rural services providers including barriers at the systemic (i.e., lack of agreement between services), organizational (i.e.,
lack of collaboration and risk assessment being underutilized/valued), and individual client (i.e., complexity of issues). Results also outlined promising practices being implemented for rural locations such as interagency collaboration, public education, professional education, and outreach programs.

Book Chapters and Grey Literature


This book chapter explores the complex nature related to definitions of domestic homicide. More specifically this chapter explores issues related to defining domestic homicide in the context of the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPIVP). Included in this chapter is case studies that demonstrate the definitions as well as highlight the importance of understanding the CDHPIVP’s narrower, project-based definition in relation to the larger context of domestic violence-related homicides and deaths. This chapter also discussed the complexities related to domestic homicide cases and systematic exclusion of vulnerable populations (i.e., Indigenous women in Canada). In reflecting on these issues and cases, this chapter aimed to advance calls for consistency and transparency in definitions to allow for stronger research across jurisdictions, as well as to support efforts of initiatives such as domestic violence death review committees (DVDRCs) in their work to prevent domestic homicides.


This brief report was created as part of the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations and presents an overview of services provided in Nova Scotia as described in the key informant interviews. It offers an examination of the training, protocols, and strategies available to and used by service workers in Nova Scotia. Several critical themes are identified and discussed, including five overarching themes including: professional judgement is your most valuable tool, case management is ongoing, it’s about the little things, victims are the experts in their own cases, and we aren’t done yet. This brief provides a detailed discussion toward how training and support for service providers is an integral aspect of assessing and mitigating risk. This is particularly critical for cases with high risk or vulnerable clients.

Graduate Student Dissertations and Theses


This multi-paper format doctoral dissertation presents a study that examined the challenges for service providers who work with immigrant perpetrators of domestic violence, risk factors that may increase the
risk for severe and/or lethal violence, and promising practices. Based on interviews with 10 key informants who primarily work with immigrant perpetrators in corrections, results indicated several challenges working with perpetrators including: language barriers, personal difficulties challenging resistant perpetrators, organizational challenges in providing sufficient assessments and interventions, and policy barriers. Additionally, diversity in the workplace and cross-sector collaboration were identified as promising practices in engaging and supporting immigrant perpetrators. Promising practices from these interviews also highlighted the need for specialized risk assessment tools, increased training and awareness regarding the role of pre-migration trauma and post-migration stress in relationship to domestic violence, and the need for cross-sector collaboration.


This doctoral 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 the effectiveness of adopting risk management strategies to reduce the risk of potential future violence by the offender. Using interviews from 12 senior police officers who specialize in domestic violence investigations this study examined the critical role police play in the overall safety and wellbeing of victims of domestic violence and their children. The findings from this study 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 who participated as many were victim-centered and not offender-centered in their approach to managing risk to the victim.


This master thesis used a grounded qualitative approach to analyze interviews with 17 general health practitioners to uncover ways in which domestic violence-related risks are and are not recognized and responded to. A metaphorical visual display in the form of a “domestic violence supply room” depicts the level of access and degree of competency described by practitioners in respective areas of practice. Within reach for all practitioners is the knowledge of factors that increase risk and vulnerability to domestic violence. Out of reach is a comprehensive understanding of the needs of children and perpetrators as well as the consistent ability to consider intersectionality and be reflexive when working with culturally and linguistically diverse populations. The step ladder to improved DV response, including formal supports such as training and procedures, is frequently described as lacking.

This multi-paper doctoral dissertation involved two studies that used the key informant survey and interviews, respectively. The one study utilized data from an online survey of 138 Ontario child protection workers (CPWs) on their risk assessment and safety planning practices with domestic violence cases. Results indicated CPWs mostly utilized mandatory child protection tools to assess risk. Some CPWs added their clinical judgment or use of other standardized DV risk assessment tools, based on training and experience with DV cases. Emphasis was placed on consistently working collaboratively with families and professionals in other sectors to address risk. The other study built on the survey in study two through in-depth interviews with 29 Ontario CPWs to examine their perspectives on assessing risk with families where DV is the primary concern. CPWs identified numerous barriers at the systemic (i.e., challenges with collaboration), organizational (i.e., lack of written policies or procedures specific to DV), and individual (i.e., worker-client relationship barriers, high caseloads, lack of ongoing training) levels. CPWs also identified a diverse range of promising practices in overcoming barriers and engaging with victims and perpetrators.


This master’s thesis used 30 key informant interviews with service provider from the police, shelters, healthcare, victim services, probation sectors. Key informants were from Manitoba, British Columbia, Alberta, and Nunavut. Findings indicated that many service providers use a patchwork approach to risk assessment, combining elements of structured and unstructured tools and practices to suit the individual and address the complex interplay of individual and systemic factors.


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


This multi-paper doctoral dissertation contained three studies that utilized key informant survey and interviews. The study with key informant survey data examined the types of tools Canadian police officers utilize in their risk assessment and overall practices. Results suggested that many officers say they use risk assessment tools but there was large variability in the types of tools being used. Two other studies involved interviews with police officers to obtain their perspectives on assessing and responding to
domestic violence for families. Results indicated that police officers face multiple challenges in responding to domestic violence including barriers at larger levels (i.e., legal system) as well as barriers specific to officers. One study also addressed police officers’ perspectives on the barriers and promising practices in providing services to children at the scenes of DV occurrences. Results included themes related to the lack of training in dealing with children and the distrust of many families to mandated agencies like police and child protection.


This doctoral dissertation used 32 interviews with service providers from rural and northern regions in Saskatchewan, Canada. Qualitative results identified six overarching themes for rural communities, including root causes of domestic violence, barriers to leaving domestic violence relationships and accessing services, areas in need of improvement and change, working with indigenous peoples, promising practices in rural communities, and overall perception of work as a service provider. Six unique themes were also identified for northern communities, including a cycle of disadvantage, barriers to leaving domestic violence relationships and accessing services, areas in need of improvement and change, concern about court structure and police services, promising practices in northern communities, and overall perception of work as a service provider. These overarching themes are further subdivided into smaller related themes which highlight more specific challenges. This dissertation discusses how these themes can be used to enhance, inform, and improve the effectiveness of services and approaches to support survivors of domestic violence in rural and northern communities within Canada.


This master’s thesis utilized key informant interviews of violence against women (VAW) workers to explore their perspectives of risk factors and challenges in assessing risk for women experiencing domestic violence in rural locations. Results identified several risk factors including the location which encompassed factors of geographic isolation, lack of transportation, and a lack of community resources, and cultural factors which encompassed factors of accepted and more available use of firearms, poverty, and no privacy/anonymity. Several challenges for VAW workers assessing risk were also found including, lack of agreement and collaboration between services and risk assessment being underutilized/valued. VAW workers outlined current promising practices being implemented for rural locations as, interagency collaboration, education, growing awareness, and outreach programs.