

Children and Domestic Homicide: Understanding the Risks

Domestic Homicide Brief 3

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Acknowledgements

The Children and Domestic Homicide: Understanding the Risks Brief is the third in the series developed by the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPIVP). The Brief highlights risk assessment, risk management, and safety planning for children exposed to domestic violence (DV) and at risk of lethality. The Brief provides a definition of child domestic homicide and identifies specific risk factors for children killed in the context of DV. The unique role of professionals working with children exposed to DV is highlighted. The Brief illustrates four cases of child domestic homicide that occurred across the country to highlight the importance of conducting risk assessment, risk management, and safety planning with children living with DV. Finally, the Brief looks at how child domestic homicides can be prevented through risk assessment, risk management, and safety planning and illustrates the importance of using an intersectional lens when helping children exposed to DV. Future directions in how to narrow the gap between knowledge and practice are discussed.

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Children and Domestic Homicide: Understanding the Risks

Most child homicides in Canada are perpetrated by parents. Fathers are responsible for the homicide in approximately 60% of the cases (See Chart 1).

Research suggests that living with domestic violence (DV) is a significant risk factor for child lethality. Furthermore, in reported cases of domestic homicide, approximately 10-22% involved child victims.^{1,2}

The <u>Ontario Domestic Violence Death Review</u> <u>Committee (DVDRC)</u> reported 323 homicide/ homicide-suicide cases with domestic violence involvement between 2002 and 2014. These cases resulted in 453 deaths. Of the homicide victims, 10% were children killed in the context of DV.³ Approximately 8 out of 10 of these child domestic homicides were perpetrated by fathers. While evidence suggests children are at an increased risk of homicide when living with DV, it is sometimes difficult to determine whether a death of a child occurred as a result of DV.⁴ Confirmed cases suggest three principal situations where children are killed in the context of DV: (1) during an attempt to protect their parent from violence; (2) as an act of revenge against one's partner (e.g., partner ended relationship); and (3) in a murdersuicide by a parent who decides to kill the whole family.^{5,6,7,8,9}

In these confirmed cases, it would appear that the perpetrator intended to harm his (ex)partner as a way to punish or exert final control.⁵

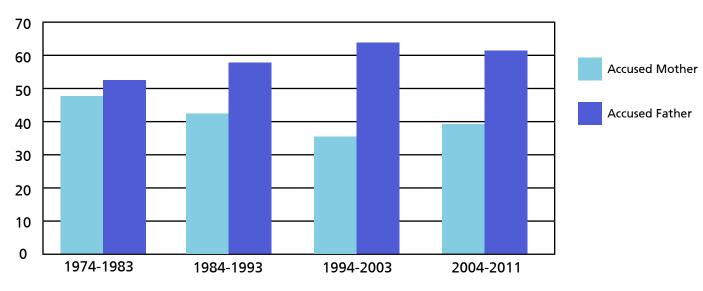


Chart 1. Percent filicide victims by accused gender over time.

Source: Statistics Canada, Canadian Centre for Justice Statistics, Homicide Survey.

Source: Dawson, 2015. Pg. 166

Child Domestic Homicide Definition

The Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations defines child domestic homicide as:

- 1. Child(ren) killed as a result of intervening during a violent episode between parents;
- 2. Child(ren) killed by a parent as revenge against the partner (e.g., partner ended relationship);
- 3. Child(ren) killed by a parent as part of a murder-suicide;
- 4. Child(ren) killed by parent and there is a history of DV (e.g., perpetrator of child homicide was a victim and/or perpetrator of DV);
- 5. Child(ren) killed by a third party (e.g., older sibling) at the direction of a parent.

Parent: includes biological parent, step-parent, foster parent, and/or other caregivers (e.g., mother/father's new intimate partner, other family member acting in a caregiving role)

Child: a person who is under the age of 18.

History of domestic violence: official (e.g., police reports) or unofficial (reported by friends, family members) history of DV in the current relationship

Note: the key idea of this definition is that DV is involved in the child death.

Many child homicides appear foreseeable and preventable in hindsight due to the warning signs often recognized by family members and community agencies.¹⁰ While there are tools for assessing risk of lethality in situations of DV, most do not specifically address the risk to children living within these circumstances. Knowledge about lethality risk factors for both adult and child victims can provide professionals with the necessary information to develop safety plans with adult victims and their families, as well as guide risk management interventions with those individuals perpetrating the violence; all of which are vital in keeping families safe and preventing tragedies from occurring.

Risk Factors for Children Killed in the Context of DV

Research has identified several common risk factors that increase the likelihood of a domestic homicide. There is less research on factors that place children at risk for lethality. Some research has suggested the following risk factors that may be associated with the risk of child domestic homicide:^{9,12,13,14}

- history of child abuse
- prior involvement with agencies
- history of DV within the home
- perpetrator unemployment
- actual or threatened parental separation
- perpetrator psychological instability
- perpetrator substance abuse

One <u>study</u> examined the differences in risk factors between child domestic homicides, adult domestic homicides where children were present but not killed, and adult domestic homicides where there were no children in the family. Results indicated no unique risk factors that distinguished adult from child domestic homicides. The majority of cases had seven or more common risk factors present indicating a high-risk situation. Only one case had conducted a risk assessment that included the risk for the child.¹⁵

When a mother is at risk of homicide, her child(ren) should also be considered at risk.^{6, 8,15,16,17,18,19}

Collaboration is Critical for Frontline Professionals Working with Children Exposed to DV

Corrections/ Batterer Intervention Sector

- Assess & manage risk of perpetrator
- Hold perpetrators accountable

Child Protection Sector

- Recognize risks to mother can pose risks to children, & mothers are best resource for children's safety/support
- Enhance children's safety by increasing mother's safety & supporting her autonomy
- Hold perpetrators accountable for abusive behaviour

Health Care/Mental Health/ Addictions Sector

- Screen for DV & engage in collaborative relationships
- Share information related to risk to ensure coordinated response
- Offer specific & targeted support related to impact of DV

Safety

Child

Education Sector

- Recognize signs of DV & duty to report
- Participate in safety planning efforts with collaterals

Recognize the dynamics

Police Sector

• Ensure when risks are identified that referrals are made to appropriate services

of DV & assess risk

 Participate in community safety planning efforts

Sector

Violence Against Women

- ldentify risk for mothers & children & safety plan based on risks
- Ensure coordinated service approach particularly when child protection & police are involved

Lessons Learned from Child Domestic Homicides

Anne-Sophie and Olivier Turcotte (Quebec)

On February 21, 2009, Dr. Guy Turcotte, a cardiologist, stabbed his five-year-old son, Olivier, and three-year-old daughter, Anne-Sophie, while they were sleeping. Afterwards, he attempted to commit suicide. At the time of the offence, Dr. Turcotte was separated from his wife. He was upset that she was involved in a new intimate relationship. The couple had separated previously after an argument that resulted in a physical altercation. Dr. Turcotte claimed that he did not remember killing his children and that the pressure of his failed marriage had resulted in blackouts. He was reportedly afraid of losing his children and did not want them to be raised by another man. In his first trial, Dr. Turcotte was found not criminally responsible. After a successful crown appeal, he was found guilty of second-degree murder.^{20,21,22}

Information about the Turcotte case comes from the court proceedings. The children's mother identified in her victim impact statement that the courts should do more to recognize the needs of victims in the justice system and that there should be more vigilance in accepting expert evidence about the motivation of perpetrators. (more at <u>http://montrealgazette.com/news/local-news/you-have-broken-my-heart-for-good</u>)

Jared Osidacz (Ontario)

On March 18, 2006, eight-year-old Jared Osidacz was stabbed to death by his father, Andrew Osidacz, during a court-mandated visit. Prior to stabbing his son, Mr. Osidacz had attacked his estranged girlfriend and her eight-year-old daughter. They were able to escape due to Jared's intervention. Mr. Osidacz was ultimately killed by the police at his ex-wife's home while he was holding her at knife-point. Mr. Osidacz had been granted unsupervised access to Jared three weeks after he had physically assaulted Jared's mother. He had a criminal court order to stay away from her but not Jared. Jared's mother had raised concern about her son's safety with the Children's Aid Society, child custody evaluator, probation, police, and the family court. The lack of information sharing amongst the justice system and community agencies was highlighted in the inquest as a contributing factor in the homicide.^{23,24,25}

Jared's mother, Julie Craven, has been an outspoken advocate for victims of domestic violence and has enhanced awareness amongst court-related professionals. She helped found <u>Jared's Place</u> in Hamilton, Ontario which is an advocacy centre for abuse victims and their children.



Christian Lee (British Columbia)

On September 4, 2007, six-year-old Christian Lee was stabbed to death by his father, Peter Lee. Mr. Lee also stabbed his estranged wife and her parents before killing himself. There was a long history of DV and police involvement. He was previously charged with causing bodily harm and making threats. Mr. Lee had previously threatened to kill himself and his family if his wife ever left him. His wife had sought assistance from multiple community agencies but faced language and cultural barriers. At the time of the homicides, Mr. Lee was prohibited from having contact with his estranged wife, but these same prohibitions did not exist with respect to Christian.²⁶

BC's Representative for Children and Youth published an extensive report about this tragedy with recommendations for government and community agencies to better service families in these circumstances. The full report entitled "No Private Matter: Protecting Children Living with Domestic Violence" is available online at www.rcybc.ca/sites/default/files/documents/

Nash Campbell (PEI)

Four-year-old Nash Campbell was killed as part of a homicide-suicide perpetrated by his mother, Patricia Hennessey. Their bodies were discovered in a burned-out vehicle on June 21, 2013. Ms. Hennessey had previously attempted suicide and had threatened to kill herself and her son. Prior to the deaths, police had been involved in nearly 40 calls and complaints involving Ms. Hennessey and Nash's father, Marc Campbell. Many of the complaints involved allegations of DV by each of the parties. It was perceived by the police that the complaints by Ms. Hennessey and Mr. Campbell were escalating due to both parties wanting to taint the image of one another because of a family court dispute. The parties were engaged in a bitter custody battle and ultimately, Ms. Hennessey lost custody of Nash. She was allowed one last night with Nash before having to return him to Mr. Campbell the next morning. It is during this time that the homicide-suicide took place. Inquest findings made special note of the lack of collaboration amongst the multiple mental health, social service, and justice agencies involved.^{27,28} Learn more at www.cbc.ca/news/canada/prince-edward-island/patricia-hennessey-nash-campbell-inquest-yields-15-recommendations-1.3015550

These four Canadian child homicides have similar themes related to child deaths in the context of DV and controlling behaviour. Three of the cases had the benefit of a special inquest or inquiry which highlighted the need for a collaborative and integrated response by multiple agencies founded on enhanced information sharing. Critical in the discussion of these cases is the importance of risk assessment, safety planning and risk management - including monitoring and accountability for DV perpetrators.

Prevention of Child Homicides Through Risk Assessment, Safety Planning, & Risk Management

Risk Assessment

Assessing lethal risk posed to children living with DV is an area that requires careful consideration. Children are not always acknowledged as being at risk for lethal harm, but there are situations in which children can be killed in the context of DV. The presence of children requires a specified assessment of risk; however, there is a lack of knowledge and understanding in this area.

The Use of Specific Risk Assessment Tools with Children

There are several standardized risk assessment tools used with adult victims of DV to assess the risk for future violence and/or lethality.²⁹ However, there are no empirically-based standardized risk assessment tools that assess for the risk of child lethality in the context of DV. One <u>study</u> examined the utility of three common risk assessment tools (Danger Assessment, B-SAFER and ODARA) in cases of child domestic homicide. No differences in assessed risk scores were found between cases where children were killed and cases where children were present in the family but not killed. In both types of cases, mothers were assessed as high risk. These results support the notion that when a mother is at risk of lethality, children may also be at risk.³⁰ This study is based on a small number of cases and requires replication with a larger sample.

Barnardo's Domestic Violence Risk Identification Matrix

Assessing the risks to children from male to female domestic violence. One promising tool, <u>Barnardo's Domestic Violence Risk</u> <u>Identification Matrix</u>, identifies risk to children living with DV.^{31,32} This tool uses risk factors associated with child and adult victims of DV as identified in the literature and from child death reviews to assess for DV risk/vulnerability factors. It outlines protective measures to determine if the children and mother are in need of support or an immediate protection plan. This tool, however, does not have empirical evidence to support its utility as a risk assessment for lethality.

The Role of Community Professionals in Identifying the Risk for Lethality

Various sectors and professionals may have the opportunity to assess for risk of lethality for children living with DV. The strategies employed by professionals and agencies involved may differ by their mandate and training on this issue. Domestic violence (DV) reports involving children often trigger a system response from child protection, law enforcement, the courts, and violence against women sectors. Increasingly, professionals working in these separate sectors are understanding the importance of communication and collaboration when it comes to identifying risk.^{18,33,34,35} The driving force towards communities developing coordinated service approaches has come from the Ontario DVDRC findings that highlight the implications of services operating in siloes.^{15,36}

Key Things for Professionals to Keep in Mind When Identifying Risk for Children^{18,37,38,39,40,41}

- 1. Homicide risk to mother = potential risk to children
- 2. Gathering information related to risk with children requires:
 - building trust with mother and children
 - interviews with all members of the family and other collateral agencies working with family
 - review of case files (if available)
 - knowledge of dynamic risk factors (e.g., recent separation)
 - awareness of the dynamics of DV and the impact on parenting (e.g., trauma-related problems such as depression and anxiety may interfere in care of children; perpetrator may overrule victim's parenting; risk for children may increase post-separation due to victim parent's inability to monitor perpetrator's parenting and perpetrator's retaliation for leaving relationship)
 - an understanding of the barriers to reporting DV (e.g., fear of losing children, fear of retaliation)
 - engaging men as fathers and including fathers in risk assessment
- 3. Recognize protective factors and strategies such as; supportive adult relationships, stability, economic viability, and access to community resources/supports.⁵⁷

Role of Child Protection and Police

There is increasing acknowledgment of the serious impact that exposure to DV has on child development.^{38,42} Research has indicated a co-occurrence of exposure to DV and



other forms of child maltreatment, with rates of 60% to 75% commonly cited.⁴³ Child protection workers are central to assessing risk for children living with DV as they are mandated to ensure children are protected. In assessing risk, child protection workers must understand the dynamics of DV when working with families, especially the notion that a protective parent, and by extension their children, could still be at risk for lethality. Separation is a period of heightened risk for a victim, and her children, and safety planning with the family should reflect this risk. Additionally, child protection is uniquely positioned to intervene with fathers, and in some cases where there is no criminal court involvement, they are the only mandated service provider. Therefore, it is important for child protection to engage with fathers to mitigate the risks and provide childcentred, DV-focused interventions.

Police are often the first responders when there is a domestic dispute and can be the first professional that has contact with the family. However, police may have limited training in dealing with the impact of exposure to DV with children and understanding their risk of lethality. Completing a risk assessment using a structured tool is a requirement for most police services when they attend a DV call. Police officers must be aware of their 'duty to report' and what meets the threshold to report to child protection. In some jurisdictions police may fax a copy of the DV occurrence to child protection for follow-up. Police services vary across Canada in terms of their policies, programs, and practices regarding children exposed to DV.44,45



Risk Management

Once DV has been identified, it is not automatic that children cease contact with the perpetrator. Children may continue to have contact with both parents through supervised, unsupervised, formal, or informal access arrangements.⁴⁶

Perpetrators of DV may use the children to continue to abuse their (ex)partner and exert power and control.^{8,47,48} For example, perpetrators can:

- threaten to have the children taken away or threaten to harm the children if their partner leaves
- criticize the (ex)partner's parenting and make them feel guilty about the children
- manipulate their children and punish the victims by challenging them for custody during custody disputes ⁴⁹
- withhold child support until their (ex)partner concedes to their demands
- use the parental arrangement to continue to manipulate, intimidate, and harass their (ex)partner^{50,51}
- use the children to monitor their (ex)partner's daily actions and behaviour⁵²
- in extreme, but rare cases, kill their children as an act of revenge.¹

Therefore, it is important for professionals involved with families experiencing DV to manage the risk of the perpetrator.

Perpetrator engagement and addressing role as a parent

One shortcoming of engaging with men who perpetrate DV is overlooking their identities as fathers and their role in the lives of their children. One common risk management strategy for perpetrators of DV is batterer intervention programs (BIPs). BIPs are usually a mandated program used by the criminal justice system to address the abusive thoughts and behaviours of perpetrators.^{53,54} However, BIPs rarely examine the role of fatherhood among perpetrators.⁵⁵ A recommended approach is providing parent education programs that help fathers develop appropriate expectations of their children, empathy and nurturance, and use positive discipline as opposed to physical punishment. Additionally, these programs would have fathers address social and behavioural problems that increase the risk for violence and help them understand how DV impacts their children.

Promising Interventions with DV Perpetrators

A promising intervention is the <u>Caring Dads</u> program. The purpose of this intervention is to engage fathers who have perpetrated DV to prevent abuse recurrence. The program promotes child-centered fathering and addresses men's ability to engage in non-abusive co-parenting. Researchers found a significant decrease in fathers' over-reactivity to children's misbehaviour and significant improvements communicating with and respecting the children's mother post-intervention.⁵⁶

Another form of engagement with perpetrators of DV is providing immediate shortterm interventions after an incident to help prevent further violence. The Risk, Needs, Responsivity (RNR) model of intervention suggests more intensive intervention be used for high-risk perpetrators of DV. This model contends that a focus of intervention that addresses the needs closely related to the perpetration of violence (e.g., men's responses to a recent separation; unemployment; mental health and substance abuse) is vital to effective interventions.⁵⁷

A promising initiative that incorporates the RNR model is the <u>High-Risk Domestic Violence</u> <u>Men's Outreach Initiative</u>. This initiative proactively contacted men with charges related to DV offences and connected them to services (i.e., counselling, community supports) while they moved through the legal process. Results indicated a significant reduction in reoffending and criminal behaviour.⁵⁸

Supervised Access

Domestic violence (DV) does not always stop after a separation. In fact, a pending or actual separation can increase the risk for further violence or lethality.^{3,8} As mentioned earlier, research has also indicated that parental separation can be a risk factor for child domestic homicide.^{11,12,13} Therefore, an important risk management strategy is to allow high-risk perpetrators only supervised access to their children. Supervised access centres provide a setting where visits and exchanges of children can take place under the supervision of trained staff. These centres provide a safe place where measures are taken to ensure that children and families are protected. However, it is important that staff are trained on the dynamics of DV and how perpetrators can use the children to continue to harass and abuse the victim. Many provinces across the country provide supervised access services (see <u>Inventory of Government-Based</u> Family Justice Services – Supervised Access).

Safety Planning

Understanding risk for lethality in DV cases is important when addressing safety planning needs for victims and their children. Safety planning for children exposed to DV is an intervention utilized across many sectors. In many regions, safety planning within child protection is a structured and mandatory response to a child protection referral.^{59,60} Within the violence against women (VAW) sector, safety planning is often undertaken with the victim parent following a disclosure of DV. Victim safety planning may be done with victim service providers, either through police services or non-governmental services, including shelters, along with police, probation and parole officers, family services and family justice officials.⁶¹ Much of the literature suggests that effective safety planning includes both the mother and her children along with cross-disciplinary collaboration that is guided by risk assessment.^{62,63,64} There is a close relationship between the safety of the mother and safety of her children.⁶⁵ Keeping children safe in cases where DV is present requires a thorough assessment of the nature of the risks they face.

Risk factors need to be specifically addressed in safety plans.^{57,66} While it is important to create standardized safety plans, they should also remain flexible as each case and family is unique.⁶⁷ Further, there is a need to develop plans that respect victim autonomy but place children's safety at the forefront.^{68,69} Safety planning must be ongoing. Given the complex nature of DV, professionals must seek to find adaptive and dynamic models for intervention that consider previous evidence and current self-report.⁶⁰ Professionals must be able to work collaboratively with families experiencing DV while balancing victim autonomy and safety. For example, recognizing that ending a relationship can heighten risk, it is important to review safety planning when events might signify the end of a relationship long after physical separation has occurred, such as a final divorce hearing, engaging in a new relationship, or a final child custody order.

Strategies mothers use to physically protect their children during DV include:

- physically separating their children from the violence;
- calling a third party (e.g., relative, friend, police) for help when the children are at risk of abuse;
- using specific signals to warn the children away from the violence;
- calming the perpetrator or attempting to stop the arguing;
- sending the children to live with relatives;
- obtaining protection orders through the court.⁷⁰

Working with Children to Stay Safe

Many of the recommendations for safety planning focus on professionals working collaboratively with the mother to keep her and her children safe. There is debate about the appropriateness of developing safety plans directly with children. However, providing children with strategies to keep themselves safe is important. As such, it is prudent to work with children to develop safety plans that are developmentally appropriate and address physical and emotional safety.⁷¹ Children must clearly receive the message that the prevention of violence is the responsibility of the adult, and not the child. With this, children must be educated on the importance of staying safe and not intervening during a violent incident.⁷² Interventions for children, such as group or individual counselling, should address the need for ongoing safety planning and understanding DV.

Staying Safe During Custody and Access Disputes

When there are custody and access disputes with families experiencing DV, the courts struggle with encouraging the children to have a relationship with both parents while also keeping the children safe. Custody evaluators who are not adequately trained on the dynamics of DV may make recommendations that do not address the impact or the risk of DV on children which can complicate safety plans put in place to protect them.⁷⁴

Inclusion of Children in Civil Protection Orders

Seeking legal protection for victims of DV by prohibiting contact by the perpetrator is sometimes necessary. While there are jurisdictional differences in the statutes that govern the issuance of civil protection orders across Canada, all provinces and territories can provide this legal protection to DV victims. <u>Terms</u> for the orders vary by jurisdiction. One important strategy to keeping children safe following separation is naming them in protection orders.

Navigating the System

It can be very complicated for victims to navigate through the multiple court systems involved with families experiencing DV. Many advocacy programs exist that are designed to empower victims of DV and their families and help them find appropriate supports and services. Advocacy programs can be vital for addressing safety for a family particularly during separation as well as throughout custody and access disputes. <u>Luke's</u> <u>Place</u> helps abused women and their children navigate through the family law process by providing individual service and group support, free legal advice clinics, and training for professionals.

Need for a Coordinated Response Across Sectors/The Importance of System Collaborations

Given that the presence of children often increases the number of agencies involved with a family, there is a need for inter-professional, cross-disciplinary collaboration in risk assessment, risk management, and safety planning for children living with DV.¹⁵ System responses to DV can be fragmented in part due to opposing interests and mandates.^{10,57,64,75} Failing to effectively communicate information related to risk, and coordinate services to the family, can be fatal.^{10,11}

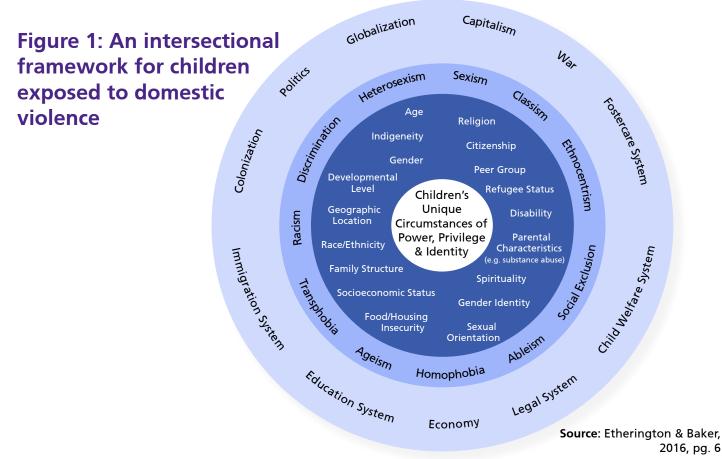
The importance of inter-professional, and cross-disciplinary collaboration is emphasized throughout the literature.^{35,43,45,61,64,67,75} While the literature advocates for collaboration between professionals, there are barriers that must be addressed to do this more effectively.^{32,61} These barriers and the strategies to overcome them are identified in Table 1.

Table 1: Barriers and Strategies in Cross-Disciplinary CollaborationWhen Responding to Children Living with DV

| Barriers to Sector Collaborations | Strategies to Overcome Barriers |
|--|--|
| Concerns with information sharing and confidentiality | • Share a standard consent form that allows for information to be shared with multiple organizations |
| | Develop protocols collaboratively that outline how information related to risk will be shared |
| | • Utilize multi-sector high risk case conferencing with representation from all sectors involved with the family |
| | Co-location of various sectors to bridge gaps between systems (e.g., DV advocates on child welfare teams) |
| Differing views about the focus of risk assessment – the victim, perpetrator or the child? | Decide on a common assessment tool to communicate risk across disciplines and with clients |
| | Multi-agency training on the tool to further develop and collaborate best practices |
| Different court systems (i.e., criminal, family, civil, child protection, immigration) operate separately to pursue different goals (i.e., public safety vs. best interests of the child) | Integrated DV court which takes a "one family, one judge" approach where families appear before a single judge who has experience dealing with family and criminal law matters involving DV (Ontario's Integrated Domestic Violence Court) |
| Competing mandates (e.g., VAW sector protects the adult victim and Child Welfare protects the child) | • Conduct risk assessments that include both the adult victim and the child |
| | Case conferencing to share concerns around risk and safety of the family |
| | Work together to develop safety plans that incorporate the needs of the victim parent and the child |
| | Learn about each other's mandates, policies, and practices |

Intersectionality: Unique Issues/Social Context

There have been promising findings that inform prevention and intervention initiatives for child homicide. Unfortunately, most of them conform to a "one-size-fits-all" or "universal" approach and is insufficient in addressing, supporting, and accommodating the diverse needs of victims of DV.⁷⁶ An intersectional, child-centered framework has been proposed as it acutely captures the diversity of children and how varying identities can uniquely contribute to their overall risk and vulnerability to exposure to DV.⁷⁷ Figure 1 offers a diagram of intersectionality as applied to children's unique experiences.



General Strategies for Applying an Intersectional Approach to Children Living with DV^{77, pg. 9}

- Avoid "one-size-fits-all" approach and recognize the multiple social identities and locations of children
- Include children at multiple stages of risk assessment, risk management, and safety planning to respond to their identities and realities
- Acknowledge that although you are working with children who may be influenced by family identities, these children also have their own identities
- Do not assume universal applicability of risk assessment, risk management, and safety planning strategies – recognize the impact and role of structural inequalities

and intersecting social identities on children living with DV

- Refrain from making large group categorizations (e.g., Indigenous children) that won't address intragroup differences and realities
- Utilize both formal and informal supports and develop specialized plans that take into consideration the resources available and cultural practices^{78,79}
- Recognize how your own social location and identities can influence your approach to risk assessment, risk management and safety planning with children living with DV

Future Directions

Over the past decade, there has been an increase in research and clinical interventions dealing with children exposed to DV. Across Canada, the US, New Zealand, Australia, and the UK, the plight that these children face in finding safety with their mother has been well-documented. Domestic violence (DV) and child death review committees in these countries have highlighted cases of child homicide that appear predictable and preventable with hindsight given the number of risk factors known to multiple agencies in most of the cases. There are consistent recommendations which speak to how to narrow the gap between the emerging knowledge in the field and the strategies to reduce deaths and suffering for these children. Here are the top eight themes we found in the literature:

- 1. Public education programs for family, friends, neighbours and co-workers to understand the harm experienced by children and parents living with DV.
- 2. Training for frontline health, mental health, education and social service professionals should include the risks and harm children exposed to DV experience, reporting responsibilities to child protection agencies, and appropriate counselling needed to address the trauma experienced.
- Specialized agencies dealing with child abuse and DV (child protection, victim advocates, police, corrections, DV perpetrator programs) need to have a consistent approach to Risk Assessment, Safety Planning & Risk Management for adult victims and children living with DV.
- 4. The Risk Assessment, Safety Planning & Risk Management approach in #3 needs to become a standard of practice and expectations in the field rather than sporadic efforts that vary within and between jurisdictions.
- 5. There is a need for more specialized resources within DV agencies to provide counselling and safety planning for children living with DV.

- 6. Collaboration and information sharing amongst specialized DV agencies needs to become the norm rather than the exceptional practice. Working in silos endangers adult victims and children.
- 7. The family and criminal justice system needs to embrace promising practices to assess risk for children and DV victims as well as enhance partnerships with community agencies to ensure safety planning and risk management.
- 8. There is a need for research on effective Risk Assessment, Safety Planning & Risk Management strategies for children that recognize the diverse cultures and context of families and barriers to services. This research needs to focus on effective interventions for both victims and perpetrators as well as protective factors and strategies to reduce violence in the family.



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