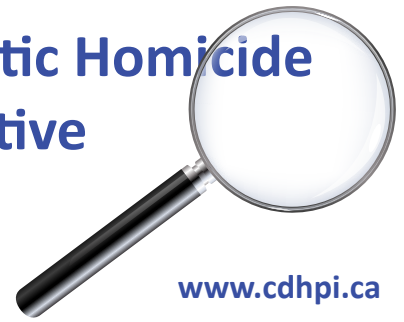**Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations**

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Domestic Violence Risk Assessment, Risk Management, and Safety Planning with Children Exposed to Domestic Violence:
An Annotated Bibliography

An Annotated Bibliography

1. Austin, W. G. (2001). Partner violence and risk assessment in child custody evaluations. Family Court Review, 39(4), 483-496.

This study examines a risk assessment approach to child custody evaluations for cases involving domestic violence (DV). The author presents a multidimensional typology for risk assessment, derived from a comprehensive literature review, which predicts violence and developmental outcomes for children to inform recommendations of custody and access. The typology has six dimensions: (1) temporal pattern of violence (e.g., frequency, instigating factors); (2) sex of perpetrator; (3) severity of physical violence; (4) verbal vs. physical aggression; (5) presence of major risk factors for violence potential; and (6) whether the child was exposed to the violence. The author recommends using the partner violence typology to determine potential risk factors in combination with identified protective factors to predict the child's developmental outcomes to form recommendations around custody and access. Furthermore, the author states that violence risk assessment for child custody evaluations should involve a three-step process: (1) trained evaluators conducting a violence risk assessment on one or both parents; (2) integrating the findings of the risk assessment into the custody evaluations; and (3) identifying interventions that will reduce the risk of harm (e.g., therapy, parenting education). The author also recommends that the evaluator use multiple sources when conducting an assessment to avoid biases and to verify critical information.

2. Bair-Merritt, M. H., Jennings, J. M., Chen, R., Burrell, L., McFarlane, E., Fuddy, L., & Duggan, A. K. (2010). Reducing maternal intimate partner violence after the birth of a child: A randomized controlled trial of the Hawaii healthy start home visitation program. Archives of Pediatrics & Adolescent Medicine, 164(1), 16.

This study examines whether early-childhood home visitations impact rates of mothers' intimate partner violence (IPV) victimization and perpetration. The study uses a randomized control trial with 643 families randomly assigned to the home visiting intervention group or the control group. It found that mothers who participated in the early childhood home visitation program reported lower rates of IPV victimization and perpetration compared to mothers who did not participate in the program. Specifically, mothers who participated in the program reported lower rates of physical assault victimization and perpetration. Reported rates of IPV victimization and perpetration continued to decrease for both the intervention and control groups at the long-term follow-up; however, the difference in reported rates between the groups was not significant. Additionally, reported verbal abuse victimization seemed to increase for mothers who participated in the program. It is recommended that early childhood home visitation may be a strategy for reducing IPV particularly for families with children at risk for maltreatment.

3. Beeble, M. L., Bybee, D., & Sullivan, C. M. (2007). Abusive men's use of children to control their partners and ex-partners. European Psychologist, 12(1), 54-61. doi:10.1027/1016-9040.12.1.54

This study examines the way in which perpetrators of domestic violence (DV) use children to control and harm their partners. Data for this study are drawn from semi-structured interviews with 156 women who had recently experienced DV and who had a child between the ages of 5 and 12. Most participants reported that the perpetrators use the children to stay in their lives, keep track of them, and harass and/or intimidate them. Almost half of the participants reported that the perpetrator had tried to turn their children against them, used the children to convince them to take him back, and/or to frighten them. Participants who reported greater use of

their children against them also reported higher levels of physical and emotional abuse; however, after controlling for other variables (i.e., abuser-child relationship and type of abuse) physical abuse alone was not a significant predictor. Biological fathers and fathers with court-ordered visitation were more likely to use their children against their (ex)partners. The authors recommend that service professionals be aware of and understand these abuse tactics to recognize the traumatic impact on abused mothers and how these tactics can contribute to these women suddenly behaving in ways that professionals may not understand (e.g., refusing to leave the relationship). Furthermore, professionals should include these tactics in assessments of children's experiences to help children develop effective coping strategies. Finally, understanding how children can be used to control victims is critical when developing polices related to custody and access.

4. Berent, R., Crusto, C. A., Lotyczewski, B. S., Greenberg, S. R., Hightower, A. D., & Kaufman, J. S. (2008). Development and psychometric refinement of a measure assessing young children's exposure to violence: Parent report of children's experiences. Best Practices in Mental Health, 4(1), 19-30.

This article focuses on the evaluation of the Parent Report of Children's Experiences (PRCE), a tool used by professionals working with children to identify those children who have been exposed to violence. Specifically, the PRCE comprises 14 items, with the first five items assessing the level of exposure to (1) family violence, (2) neighbourhood violence, (3) violence with other children, (4) violence in television and movies, and (5) violence in video games. Parents are asked to rate their child's level of exposure on a four-point Likert scale ranging from no exposure (1) to high exposure (4). The remaining nine items assess the symptoms associated with violence exposure such as sleeping difficulties, somatic symptoms and anxiety. A convenience sample of 215 children who were six years of age and younger and who were exposed to violence was provided through the Bridgeport Safe Start Initiative, as part of the Child and Family Interagency Resource, Support, and Training Program (Child FIRST). Findings show that the PRCE is reliable and valid in identifying children who have been exposed to violence. This assessment can be used in childcare settings to assist in referring families to appropriate services when child exposure to violence is identified.

5. Black, S., Dempsey, S. H., & Davis, M. B. (2010). Practitioner-recommended policies and procedures for children exposed to domestic violence. Health Promotion Practice, 11(6), 900-907. doi:http://dx.doi.org/10.1177/1524839909359895

This study outlines recommended practices for healthcare practitioners in dealing with children exposed to domestic violence (DV) as identified by DV service providers. Data for this study are drawn from semi-structured interviews with 24 service providers from 14 DV agencies. Key recommendations include the recognition of child exposure to DV as a health issue; more parental education on the impact of exposure to DV; routine screening with refined tools; making DV resources available in pediatric settings; ongoing collaboration among organizations; and referrals to community agencies including counselling. A main theme identified is that the needs of the mother are consistent with the needs of the child when working with families experiencing DV.

6. Borowsky, I. W., & Ireland, M. (2002). Parental screening for intimate partner violence by pediatricians and family physicians. Pediatrics, 110(3), 509-516.

This article examines pediatricians' and family physicians' attitudes, awareness, and training needs regarding intimate partner violence (IPV) screening and intervention, and identifies factors that increase the likelihood of screening for parents who come with their children for check-ups. Data for this study are drawn from surveys completed by 62 family practice residents, 182 pediatric residents, 373 pediatricians, and 130 family physicians randomly sampled across the US for a previous study that examined youth violence prevention training. Findings show that family practice residents are more likely to conduct routine IPV screening than family physicians, pediatricians, and pediatric residents. Furthermore, family physicians, female physicians, older physicians, those practicing in an urban area and those practicing in community health centers are significantly more likely to screen for IPV. Additional findings are that practitioners lack knowledge in the appropriate response to positive screens for IPV, and training and education in prevention of child and youth violence in residency and continuing medical education increase the likelihood of physicians screening for IPV, as did having a protocol for managing cases involving IPV. Recommendations include (1) continuing medical residency training and education in violence prevention screening, (2) the development and provision of office protocols for managing IPV cases, and
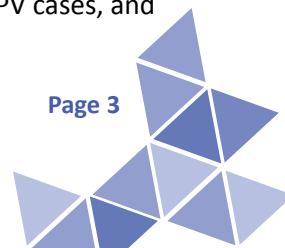
(3) enhanced screening for other family psychosocial issues affecting children (e.g. parental depression,) so that services for the child are provided within the context of their family.

7. Bourassa, C., Lavergne, C., Damant, D., Lessard, G., & Turcotte, P. (2006). Awareness and detection of the co-occurrence of interparental violence and child abuse: Child welfare worker's perspective. Children and Youth Services Review, 28(11), 1312-1328

This article examines child welfare workers' degree of awareness of the co-occurrence of domestic violence (DV) and child abuse, strategies for detecting the presence of DV in cases, and barriers that prevent child welfare workers from successfully detecting DV. Data for this study are drawn from qualitative in-person interviews with 28 social workers working for child protection services (CPS) in two regions in New Brunswick. According to CPS workers, the mother is usually the victim of DV, although violence can be bi-directional. Most CPS workers indicated that, within these relationships, both parents are likely to be abusive towards their children. About 60 percent of the workers report that they conduct a systematic evaluation for the presence of DV in their cases. Obstacles to effective detection of DV are: (1) parents' denial, (2) lack of evidence, (3) heavy workloads of caseworkers, (4) lack of awareness of violence in small communities, (5) lack of cooperation by the parents (5) short duration of interventions, and (6) fear of endangering the victim. The authors recommended that training for child welfare workers consider the challenges associated with detecting DV and should be aimed at identifying the co-occurrence of DV and child abuse. Workers should consider the needs of the child alongside the needs of their mother when performing interventions. This is especially important because child abuse can be perpetrated by mothers who are victims of DV, and this abuse may be in related to the violence the mothers themselves are experiencing.

8. Buckley, H., Holt, S., & Whelan, S. (2007). Listen to me! Children's experiences of domestic violence. Child Abuse Review, 16(5), 296-310. doi:10.1002/car.995

This article explores the impact of domestic violence on children, their needs, and recommendations for appropriate intervention recommendations. Data for this study are drawn from focus groups with 22 children and youth, and 11 mothers who have lived with domestic violence (based on a previous study). Findings reveal that children respond in different ways to their exposure of domestic violence and services must be tailored to their unique needs and circumstances. Domestic violence impacts their sense of fear and anxiety, their sense of security, their self-esteem and sense of being different, their relationships with peers and their parents, their school experiences, and their perception of a lost childhood. Intervention recommendations include increasing awareness of domestic violence at school through educational programs, and having a safe place to talk to someone (both group and individual therapy) about their feelings in the community. Other recommendations include: increased agency staff training and skill development and service coordination, age-appropriate individual assessments of children that include the child's familial and social environments, and interventions (i.e., counselling) that are tailored to their individual needs. The study emphasizes that children do not have to be directly involved in domestic violence to be aware of it.

9. Brown, T., & Tyson, D. (2012). An abominable crime: Filicide in the context of parental separation and divorce. Children Australia, 37(4), 151. doi:10.1017/cha.2012.36

Through a comprehensive literature review, this article examines existing research on filicides, its limitations, and suggests ways in which more reliable research can be developed to promote a greater understanding of filicide, particularly in the context of parental separation and divorce. In Australia, the largest group of filicide victims is those who were killed in the context of parental separation and divorce. Notwithstanding this, challenges with filicide research include confusion associated with definitions of key concepts (i.e., "child"), a narrow focus of filicide and its inclusion in broader terms such as "familicide," arbitrariness related to biased reporting by media in high-profile cases of filicide, and a lack of attention given to the role of separation and divorce. The authors recommend that future research should include long-term studies and be comprehensive in examining contextual factors associated with filicide, the role of separation and divorce, issues surrounding mental health, gender and domestic violence, and opportunities for prevention and intervention. The authors also present a preliminary design for a national 10-year study that considers the social context of filicides to identify points of early intervention and understand how program and policy responses can be developed or enhanced to be more effective in supporting at-risk families.

Domestic Violence Risk Assessment, Risk Management, and Safety Planning with Children Exposed to Domestic Violence: An Annotated Bibliography

10. Button, D. M., & Payne, B. K. (2009). Training child protective services workers about domestic violence: Needs, strategies, and barriers. Children and Youth Services Review, 31(3), 364-369.

This study examines the training needs of child protective services (CPS) workers in the field of domestic violence (DV). Specifically, the study looks at what types of training are needed, information that should be included in the training, how CPS workers training needs compare to those of other social services workers, and the barriers to training. The data for this study are drawn from surveys completed by 187 social services supervisors from various communities in Virginia. Findings reveal that CPS workers had more knowledge of DV than other social services workers, however they had insufficient knowledge in the following areas: communicating the risks for lethality; dealing with mental health issues; interventions with perpetrators; worker safety; the special needs of elder abuse victims; coping mechanisms when frustrations arise in a case; and overcoming barriers to legal options. Commonly identified barriers to training include a lack of time, distance to trainings, and lack of staff. Supervisors preferred classroom led trainings though some were open to using videotapes and web-based training. The authors recommend that CPS workers continue to gain knowledge of the dynamics of DV and strategies for intervention through efficient DV training sessions. Workers need to be more familiar with batterer interventions and there needs to be worker safety training provided. Policy and practice guidelines are needed to help inform workers of what to do in these cases and CPS workers should be involved in training other social service workers.

11. Chamberlain, L. (2008). Ten lessons learned in Alaska: Home visitation and intimate partner violence. Journal of Emotional Abuse, 8(1), 205-216. doi:10.1080/10926790801986130

This article discusses lessons learned regarding training on addressing intimate partner violence (IPV) for Healthy Families Alaska (HFAK), a home visitation program that provides services to families assessed as at-risk for child maltreatment. HFAK sites received customized training that included information on the prevalence and patterns of IPV, childhood exposure and the impact on brain development, screening tools, and intervention strategies. Feedback from HFAK and the lessons learned through this training initiative fall under four categories: skill-based training, assessment, promoting partnerships, and addressing staff needs. Four central recommendations

are made. First, that home visitors receive ongoing skill-based training, including defining success for assessment and intervention for IPV. Furthermore, home visitors should learn how to promote healthy relationships and be positive roles for men. Second, clinical assessment tools may not be appropriate to use during home visits, and protocols need to be developed that address the dynamics of IPV assessment in the home setting. Third, partnerships between home visitors and IPV agencies need to be developed to help facilitate referrals and case consultation. Finally, there is a need for protocols for home visitation that address safety concerns associated with IPV, prevent burnout and vicarious trauma, and address IPV in the workplace.

12. Chanmugam, A. P. L., & Hall, K. M. S. W. (2012). Safety planning with children and adolescents in domestic violence shelters. Violence Victims, 27(6), 831-848.

This study examines safety planning practices for children/youth in domestic violence (DV) shelters, including barriers to and potential risks of safety planning. Data for this study are drawn from an exploratory mixed-methods online survey completed by 55 employees from various DV shelters in Texas. Findings indicate that safety planning with children/youth is a common practice among shelters. Specific practices include considering the developmental differences of the children, using multiple delivery methods, and safety planning on an ongoing basis. Barriers pertained to situational and shelter challenges (i.e., short shelter stays, language, insufficient resources), difficult interactions with the mother (i.e., lack of follow through, not consenting for children to receive services), and factors associated with the children/youth (i.e., openness to discussing DV, developmental level, concerns about family). Findings around the risks to safety planning are the emotional impact on the child, the child telling others about the plan who should not be aware of it, perpetrator retaliation, the child physically intervening in the violence, mothers not supporting the plan or considering it an intrusion on her parental rights, and the impact on the child's relationship with the perpetrator. Recommendations include (1) developing plans that are sensitive to the developmental level of the child/youth, (2) individualizing plans and developing protocols for gaining informed consent from children/youth, (3) educating mothers on the impact of DV and identifying best practices for working with mothers, and (4) addressing challenges around children's feelings, negative perceptions of mothers by staff, and resources and situational factors.

13. Cooley, B., & Frazer, C. (2006). Children and domestic violence: A system of safety in clinical practice. Australian Social Work, 59(4), 462-473. doi:10.1080/03124070600986028

This article describes a framework for working with children with emotional and behavioural issues who are also experiencing domestic violence (DV). The framework was developed in collaboration with a DV counselling service agency and a child/adolescent mental health service in Australia. The first step of the framework involves assessing for DV when families attend intake. Safety is the primary focus of the assessment thus assessing for DV is done with the woman alone. When there is a disclosure, the family cannot continue with counselling and intervention shifts to a focus on safety. Next it is important for service professionals to name the DV and its impact on women and children. However, the impacts can only be dealt with after the DV and child protection issues are addressed. After the assessment, a safety plan is implemented. All plans are developed in consultation with the woman. Violence often escalates during a separation, therefore safety plans for separated couples incorporate children's contact with fathers, including contact visits and phone calls. Finally, there is ongoing intervention that includes continuous assessment and safety planning. This model of practice involves empowering women with parenting strategies in the context of DV. It is recommended that DV agencies and children's health services collaborate with other community partners when working in the area of DV and child protection and that professionals continue to receive education and training. A case study is presented in this article detailing an intervention based on the described framework.

14. Coulter, M. L., & Mercado-Crespo, M. C. (2015). Co-occurrence of intimate partner violence and child maltreatment: Service providers' perceptions. Journal of family violence, 30(2), 255-262. doi:10.1007/s10896-014-9667-5

This study examines service providers' perceptions of the co-occurrence of child maltreatment and intimate partner violence (IPV) to assist agencies in developing policies, training, and collaborations. Data for this study are drawn from an online survey completed by 140 child welfare and IPV service providers, law enforcement professionals, and child protective services investigators in a Florida county. Findings show that there were unequal levels of knowledge, training, and perceived capability of dealing with the co-occurrence of IPV and child maltreatment among the various professionals. Service professionals also felt most comfortable working with the population they were mainly trained to work with. Consequently, there should be continued training on IPV, child maltreatment, and its co-occurrence, with a priority on training of the dynamics of IPV, particularly since child protection and child welfare workers felt less confident dealing with IPV. Laws and guidelines should address the assessment and reporting of IPV and child maltreatment co-occurrence. Additionally, interventions should emphasize the independence of battered parents to empower them in their decision-making. The authors emphasize that alternative approaches to case planning should also be explored, such as family conferencing and mediation.

15. Cross, T. P., Mathews, B., Tonmyr, L., Scott, D., & Ouimet, C. (2012). Child welfare policy and practice on children's exposure to domestic violence. Child Abuse and Neglect, 36(3), 210-216. doi:10.1016/j.chiabu.2011.11.004

This study reviews current research, policy and practices in Australia, Canada and the U.S. on the child welfare response to exposure to domestic violence (DV). Data are drawn from a comprehensive literature review, interviews with researchers and practitioners, and the authors' experiences. Overall, findings indicate that, although underreported, child exposure to domestic violence is prevalent in each country. Mandatory reporting has been implemented in some jurisdictions, however it has most often been limited to situations where the child was directly harmed. Negative consequences of mandatory reporting identified include inappropriate reports, lack of referral for further assessment, and an increased burden on the child welfare system. These consequences can be mediated through collaboration between child welfare and DV agencies, implementation of training and programming resources (i.e., DV screening), implementation of new DV protocols, and inclusion of dedicated DV staff. Recently, exposure to DV has been included in broader policies and initiatives that protect children from violence and maltreatment. Differential response models that focus on assessment and service delivery rather than investigation are seen to be more successful for families experiencing DV. Recommendations for child welfare agencies wanting to improve the response to DV exposure include (1) collaborating with other disciplines involved with DV response and prevention, (2) finding resources for training

and programming of staff, (3) using differential response programs to reduce stigma of parents, (4) incorporating a public health prevention model, and (5) enacting program evaluation to promote awareness and increase knowledge of effective practices.

16. DeVoe, E. R., & Smith, E. L. (2003). Don't take my kids: Barriers to service delivery for battered mothers and their young children. Journal of Emotional Abuse, 3(3-4), 277-294.

This study examines the experiences and barriers around help-seeking with mothers experiencing domestic violence (DV). Data for this study are drawn from a series of focus groups with 43 women in New York City from diverse socio-economic backgrounds who have experienced DV within the last 18 months and who have children under the age of six. Findings are that mothers often experience punitive consequences for seeking help (i.e., having their child removed from their care) and that fear of having their child removed intensifies their reluctance to seek help and contributes to mistrust in the system. Mothers that did receive assistance felt that their immediate safety was addressed but other issues, such as deciding whether to stay in the relationship or economic and housing concerns, were not. Furthermore, mothers felt that developmentally and clinically appropriate support for their children, particularly young children, around the impact of exposure to DV was lacking. The authors recommend that DV services aim to preserve and enhance the mother-child relationship, and that the best interests of the children must also be aligned with the needs of the mother. Additionally, more focus should be put on the perpetrators. Specifically, consequences should be aimed at perpetrators rather than at mothers and children, particularly if exposure to DV is viewed as a form of child maltreatment.

17. Drozd, L. M., Kuehnle, K., & Walker, L. E. (2004). Safety first: A model for understanding domestic violence in child custody and access disputes. Journal of Child Custody, 1(2), 75-103.

This article presents the first three steps of the six-step Safety First Model, a structure designed to help professionals identify children living with domestic violence (DV) and address the safety of these children in custody evaluations. The article utilizes a comprehensive literature review to support the steps that are outlined in the model. The first step involves collecting information about the immediate safety of the child within different family environments and relationships (e.g., are there allegations of family violence and is the child protected from harm?). The second step involves evaluating the child's level of psychological adjustment and the presence of any behavioural problems by administrating standardized assessments, observing the child in different settings, and using collateral information. Finally, the third step involves assessing the relationship between each parent and the child to determine if the child exhibits any relationship problems with either parent. The dynamics of DV may play out in family court and custody evaluators may not be adequately trained to make recommendations that address the 'best interests' of the child. The authors present the Safety First Model as a tool that can be used to assist custody evaluators in addressing the physical and psychological safety of a child living with DV.

18. Earner, I. (2010). Double risk: Immigrant mothers, domestic violence and public child welfare services in New York City. Evaluation and Program Planning, 33, 288-293. doi: 10.1016/j.eavlprogplan.2009.05.016

Earner examines the multifaceted, intersecting, and sometimes opposing socio-cultural and political experiences of abused Mexican immigrant mothers in New York City and their experiences with child welfare agencies. The author assesses the cultural (e.g., language, cultural expectations) and legal (e.g., immigration status) challenges that immigrant mothers face, and how they experience "double risk" as a result of these barriers (p. 288). This "double risk" occurs through immigrant mothers' experiences of abuse and as a result of child welfare services not providing culturally sensitive or appropriate interventions that balance the safety of children and unique needs of immigrant mothers. Through an evaluation of the approach of child welfare agencies and social services available, the author contends that less punitive approaches need to be taken to avoid compromising the safety, security, and settlement of immigrant mothers. Earner concludes that community-based services and child welfare systems assisting immigrant mothers and children experiencing violence must be attuned to the interconnect nature of culturally-specific barriers (e.g., immigration status, language, and social isolation) and risks of violence, as well as social policies and practices that reflect this intersectional framework.

19. Edleson, J. L., Ellerton, A. L., Seagren, E. A., Kirchberg, S. L., Schmidt, S. O., & Ambrose, A. T. (2007). Assessing child exposure to adult domestic violence. Children and Youth Services Review, 29(7), 961-971. doi:10.1016/j.childyouth.2006.12.009

This study examines current assessment tools used with children to assess exposure to and/or perceptions of domestic violence (DV) to determine if these tools thoroughly and accurately measure the heterogeneity of children's experiences with DV. A literature review is conducted to identify factors affecting children's experiences and outcomes to DV exposure, including concurrent victimization and risk and protective factors. The authors examine five assessment tools (Conflict Tactics Scales (CTS), Things I Have Seen and Heard, the Juvenile Victimization Questionnaire (JVQ), the Victimization Scale, and the Violence Exposure Scale for Children) that are used with children 18 years and younger and that assess for DV exposure. Overall, results indicate that the tools currently being used do not comprehensively identify the factors involved in children's DV exposure. Specifically, the tools have not been rigorously tested, do not extend beyond exposure to physical violence and do not ask enough questions related to children's exposure to DV. The authors recommend that a more comprehensive assessment tool be developed that includes questions around the child's exposure and the way in which they were exposed; the actions taken by the child in violent situations; the child's risk and protective factors; and the child's perception of the violence. The tool should be readily available and easy to administer.

20. Edleson, J. L., Mbilinyi, L. F., Beeman, S. K., & Hagemeister, A. K. (2003). How children are involved in adult domestic violence: Results from a four-city telephone survey. Journal of Interpersonal Violence, 18(1), 18-32.

This study examines abused women's reports regarding how their children respond to domestic violence (DV) perpetrated against their mothers and the contextual factors associated with these responses. Data for this study are drawn from anonymous telephone interviews with 114 abused mothers in four metropolitan areas in the United States who were connected to DV services. Findings reveal that one quarter of mothers reported that their children were physically involved in the abusive incident and just under a quarter of the mothers reported that their children called someone for help. Family stability was a major factor in predicting children's involvement in abusive incidents. Specifically, mothers with less stable living, financial, and social environments reported that their children intervened more often. Additionally, the older the perpetrator, the more likely the children physically intervened. Finally, it was reported that the greater the frequency of the abuse towards the mother and the more it interfered with her life and physical health, the more she reported the children intervening in the abuse. The authors recommend that more attention should be placed on the safety of both mothers and children in the home and on financial assistance for mothers to help them provide greater family stability and safety to their children.

21. Ernst, A. A., Weiss, S. J., Enright-Smith, S., & Hansen, J. P. (2008). Positive outcomes from an immediate and ongoing intervention for child witnesses of intimate partner violence. The American journal of emergency medicine, 26(4), 389-394.

This study evaluates the effectiveness of the Child Witness to Violence Program, an intervention for children who witness intimate partner violence (IPV) that focuses on improving children's understanding that the violence was not their fault and increasing their awareness and knowledge of safety planning. The Child Witness to Violence Program involves immediate intervention at the time of the police call for IPV and follow-up group and individual counselling that includes children's art and sand tray therapy and a unique colouring book to establish a child safety plan in the event of recurrent IPV. Data for this study are drawn from a retrospective review of progress reports, pre- and post-intervention, of 58 children and adolescents ages 18 years and younger who resided in a largely Hispanic community and who were in the program over a three-year period. Results indicate significant improvement post-intervention in the number of children who understood that the violence was not their fault and in increasing knowledge around creating and using safety plans in case of recurrent episodes of violence exposure. The authors recommend using these types of programs to end the cycle of violence and for emergency departments to refer children who have been identified as witnessing IPV to these types of programs.

22. Fantuzzo, J. W., & Fusco, R. A. (2007). Children's direct exposure to types of domestic violence crime: A population-based investigation. Journal of family violence, 22(7), 543-552.

Using a developmental epidemiological framework, this study examines the prevalence of children's direct exposure to distinct types of domestic violence (DV) events identified by police. Data for this study are drawn from a domestic violence database in a U.S. police department containing 1,560 police substantiated DV events that occurred over one year. Police used the Domestic Violence Event Protocol-Child Enhanced (DVEP-C) to identify key features of DV events including child demographics. The authors find that children were present in almost half of all DV events and, of those, 92 percent were exposed to violence perpetrated against their mother and over 80 percent were directly exposed to the violence. Children 6 years of age and younger are found to be at greatest risk. Households with children exposed were also more likely to have other risk factors. Seven DV event profiles are identified based on level of injury, means of assault, relationship status, substance use, mutual assault, and the arrest of the perpetrator. Children were primarily exposed to the most unstable and dangerous profiles. Recommendations include (1) using police as part of a public health surveillance system for children exposed to DV, (2) using a DV events typology to train police on the dynamics of DV, and (3) awareness of child exposure to various types of DV events for child welfare workers can help inform appropriate service provision.

23. Flåm, A. M., & Handegård, B. H. (2015). Where is the child in family therapy service after family violence? A study from the Norwegian family protection service. Contemporary Family Therapy, 37(1), 72-87. doi:10.1007/s10591-014-9323-5

This article examines one of Norwegian's larger Family Protection Service offices (FPS) practices regarding families with children and violence. The FPS provides psychological services for relational problems and crises including child protection. In response to the new mandate, nine FPS offices took part in the Children Living in Families with Violence (CLFV) project, developed to strengthen FPSs' capacity to offer services to families experiencing violence. This study examines the ongoing practice of one of these FPS offices in the aftermath of the CLFV project. Data for this study are drawn from 106 FPS cases that came through over a period of one year and had children living

in families with violence. The authors identify a need for a more violence-sensitive intake procedure and greater collaboration among mental health and primary health service provider. Specifically, stronger outcome measures to determine the success of treatment, with the use of follow-up measures, are required. Furthermore, there needs to be a greater inclusion of children in treatment interventions. Few cases use assessment tools to evaluate risk and the impact of violence, and services were primarily provided to adults. Overall, the FPS is identified as a potential way to fast-track family therapy services in cases where violence occurs.

24. Fleck-Henderson, A. (2000). Domestic violence in the child protection system: Seeing double. Children and Youth Services Review, 22(5), 333-354.

This article examines issues in the development of child protective practices while advocating for closing the gap between the rights and safety of the child and that of their abused parent. Data for this study are drawn from a literature review and interviews with child protective services (CPS) supervisors from a Massachusetts Department of Social Services office. The author argues that domestic violence (DV) should be considered a child welfare issue and that providing training on this issue is important. However, issues raised by families experiencing DV are very complex and create new predicaments around practice. Therefore, being able to effectively support families experiencing DV goes beyond receiving training and should include collaboration between domestic violence workers and CPS. Practice issues identified by CPS supervisors include: (1) assessing risk and deciding when to keep cases open, (2) being aware when pushing for safety increases risk of violence, (3) assessing risk if there is denial or minimization, (4) awareness of service provider responsibilities when dealing with abusive men (e.g., holding perpetrator accountable through prosecution), (5) collaborating with other agencies and knowing where to find more resources, and (6) managing frustration and powerlessness. Recommendations around risk assessment, management and safety planning include the importance of CPS (1) incorporating the abused woman's assessment of her own and her child's risk in risk management and safety plans, (2) offering information and resources pertaining to DV, (3) CPS holding perpetrators accountable, and (4) acknowledging victim strengths.

25. Fotheringham, S., Dunbar, J., & Hensley, D. (2013). Speaking for themselves: Hope for children caught in high conflict custody and access disputes involving domestic violence. Journal of Family Violence, 28(4), 311-324. doi:10.1007/s10896-013-9511-3

This article outlines the philosophy, program, and evaluation of the Speaking for Themselves (SFT) project, which was designed to enhance safety of children exposed to domestic violence (DV) and high conflict custody and access disputes. The goals of SFT are to enhance the safety of children, ensure children's evidence is heard, include children's interpretation of their own experience in the decision-making, and ensure that the child's safety is paramount and their risk for further exposure is minimized. Children are provided with a therapist to help reduce trauma experienced through exposure to DV and assist them in coping with their current circumstances. Counsellors also ensure that children are heard by those making the decisions in the custody and access dispute. Children are provided with a lawyer to ensure that their needs, rights, interests, and views are considered in the custody and access decisions. Data for project evaluation are drawn from a variety of sources including clinical chart reviews, standardized measures, non-identifying case resolution outcomes, and stakeholder and 15 family interviews. The authors find that a model that incorporates therapeutic and legal support to children is beneficial for improving child safety and showcasing their perspectives in cases of high conflict custody and access disputes marked by the presence of DV. Furthermore, they find that both children's views and those of their therapist are reflected in the outcomes of court cases in these situations.

26. Gustafsson, H. C., Cox, M. J., & the Family Life Project Key Investigators. (2016). Intimate partner violence in rural low-income families: Correlates and change in prevalence over the first 5 years of a child's life. Journal of Family Violence, 31, 49-60. doi:10.1007/s10896-015-9760-4

This article examines the prevalence, severity, chronicity, and demographic correlates of intimate partner violence (IPV) in rural, low-income families who have given birth to a child. Data are drawn from interviews and questionnaires with between 858 and 981 couples (varied by time point and research question) from eastern North Carolina and central Pennsylvania when their child was 6, 15, 24, 36 and 60 months old. The core findings are that: (a) there was a heightened prevalence of IPV in this sample compared to nationally representative samples; (b) the proportion of couples who reported IPV was most prevalent around the birth of a child and decreased over the first 5 years of a child's life; (c) mothers of African American children, and mothers who were less educated, younger, and unmarried were generally at increased risk of IPV; and (d) unexpectedly, the family's income-to-needs ratio was not a significant predictor of IPV. Specific recommendations are that screening and intervention efforts should target families around the birth of a new child (e.g., during routine prenatal and newborn medical visits) and be integrated into systems that the rural community is already able to access (e.g., medical, educational, religious).

27. Haight, W. L., Shim, W. S., Linn, L. M., & Swinford, L. (2007). Mothers' strategies for protecting children from batterers: The perspectives of battered women involved in child protective services. Child Welfare, 86(4), 41.

This study examines battered mothers' perceptions of the effects of domestic violence (DV) on their children and the strategies they use to physically protect their children during the violence and support their psychological recovery after an incident. Data for this study are drawn from semi-structured interviews with 17 lower income to working class battered women involved in the child welfare system who had a child between the ages of 1 and 5. Most participants identify DV as having a negative effect on their children's well-being. Participants state that DV impacts the family makeup and living arrangements, family relationships, and the psychological well-being of their children. Strategies mothers used 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 were 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, or obtaining protection orders through the court. Strategies mothers used to support the psychological recovery of their children include providing emotional support, honestly addressing the child's concerns without further traumatizing them, instilling hope, providing education on prevention, separating the father-child relationship from the spousal relationship, and normalizing the abuse. Practice implications from these findings include implementing DV screening protocols, educating child welfare professionals on how to effectively respond to traumatized clients, providing or referring mothers to DV interventions that address the impact of

DV on children, providing a supportive context for parent-child discussions of DV, referring mothers to mental health services to help them in their own recovery, and considering the children's independent needs for mental health care.

28. Hamby, S., Finkelhor, D., & Turner, H. (2015). Intervention following family violence: best practices and helpseeking obstacles in a nationally representative sample of families with children. Psychology of Violence, 5(3), 325-336. doi:10.1037/a0036224

This article examines service contact, police and advocate best practices, and barriers to help-seeking for family violence that involves child exposure to domestic violence (DV). Data are drawn from 517 family violence incidents from 2011 involving youth ages 1 month to 17 years. The sample of incidents is retrieved from 4,503 interviews completed for the National Survey of Children's Exposure to Violence II. Best practices screened for include: describing police and court procedures, helping to feel safe, giving information about services, discussing effects of DV on children, assessing child's need, helping to make a safety plan, providing information on shelter or housing, connecting with other services, and follow up after initial contact. Core findings are that while many service providers engage in best practices, there are also many who do not. Further findings are that police more often engage in best practices when there is an arrest, a higher rate of police best practices is associated with a reduced likelihood of advocate contact, some obstacles (e.g. lack of transportation) increase police contact and are not associated with advocate contact, and victim-perpetrator separation is significantly associated with providing information about court procedures, housing, and other services, but was not associated with safety planning and other interventions. Recommendations include a need for more police training on family violence, especially with respect to the needs of children. The Victim Inventory of Goals Options and Risks (VIGOR) was mentioned as a new approach to safety planning that should be considered. Other avenues for providing DV support should also be considered, such as websites and text messages.

29. Hamilton, L. H. A., Jaffe, P. G., & Campbell, M. (2013). Assessing children's risk for homicide in the context of domestic violence. Journal of Family Violence, 28(2), 179-189. doi:10.1007/s10896-012-9473-x

This study investigates unique risk factors for child homicide in the context of domestic violence (DV). Data for this study are drawn from a retrospective case analysis of 84 domestic homicide cases reviewed by the Ontario Domestic Violence Death Review Committee (DVDRC) from 2003 to 2009. Domestic homicide cases where there were no children in the home, children in the home but not targeted, and children targeted are compared. In reviewing significant differences between domestic homicides with and without children in the family, the study finds differences only in cases where children had more involvement with community agencies. Additionally, few cases had risk assessments or safety plans completed. Recommendations for risk assessment and safety planning include (1) reviewing existing DV risk assessment tools to see if they differentiate children from adults at risk for lethality in the context of DV to inform and enhance practices around child safety, and (2) educating professionals and the community about the importance of including children in DV risk assessments and safety plans.

30. Hartley, C. C. (2004). Severe domestic violence and child maltreatment: Considering child physical abuse, neglect, and failure to protect. Children and Youth Services Review, 26(4), 373-392.

This article explores how domestic violence co-occurs with child maltreatment and investigates current child protection responses. It analyzes 159 reports (61 domestic violence and 98 child maltreatment) from child protection services in the State of Iowa. The Conflict Tactics Scale is used to classify cases as either less severe or more severe. The authors compare three groups of cases (1) child maltreatment, no domestic violence, (2) less severe domestic violence with child maltreatment, and (3) more severe domestic violence with child maltreatment. Core findings are that (1) child protection responses are more concerned with maltreatment cases with domestic violence than maltreatment only cases, (2) there are more incidents of neglect within cases of severe domestic violence and (3) mothers are more often held responsible for lack of supervision than fathers. The authors acknowledge that in such instances, the mother is often enduring domestic violence perpetrated by the father. The study poses several recommendations

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for risk assessment and risk management. First, child protection services should reduce gender bias and mother blaming in working to ensure that the needs of both the child(ren) and mothers are considered. Second, support and resources should be provided to mothers living with domestic violence as it is the perpetrator, and not the victim, that should be held accountable for exposing children to violence. Finally, child protection staff should also be adequately trained to provide services to victims and families.

31. Hardesty, J. L., & Chung, G. H. (2006). Intimate partner violence, parental divorce, and child custody: Directions for intervention and future research. Family Relations, 55(2), 200-210. doi:10.1111/j.1741-3729.2006.00370.x

This article focuses on the relationship between parental separation/divorce and intimate partner violence (IPV). It reviews existing research, policies, and programs related to IPV, parental divorce, and child custody and, drawing from family systems theory, offers recommendations around intervention and research that address the unique needs of these families. Findings include the identification of (1) limitations to addressing IPV, including a lack of routine identification of victims of IPV during the process of divorce, (2) a lack of support for women in the court system when IPV is disclosed, and (3) a shortage of support programs specific to the needs of abused women. Recommendations for risk assessment, risk management, and safety planning include (1) culturally-informed routing screening using a nonjudgmental and non-stigmatizing approach, (2) individualized assessments using standardized tools when assessing risk to mothers and multiple methods when assessing level of risk to children, (3) developing individualized safety plans based on level of risk that include age-appropriate strategies for children and community referrals, (4) incorporating safety strategies in court-approved parenting plans, and (5) developing and implementing programs that prevent post-separation violence, foster recovery, promote accountability and change for perpetrators including attention to their role as a father, and support positive father-child relationships after a separation. Custody and visitation should only be granted when there are appropriate safety provisions for the child and their mother. A court-approved parenting plan can be developed to establish and maintain boundaries following separation/divorce.

32. Horn, P., & Groves, B. M. (2006). Children exposed to domestic violence: Making trauma-informed custody and visitation decisions. Juvenile and Family Court Journal, 57(1), 51-60. doi:10.1111/j.1755-6988.2006.tb00114.x

This article focuses on children's exposure to domestic violence. Specifically, it examines the challenges that courts may face when making decisions regarding the custody of children in domestic violence cases. A review of the literature is conducted to provide a thorough overview of both the impacts and protective factors associated with children's exposure to domestic violence. The review uses trauma informed theory and a developmental model of trauma to examine how the impacts of family and domestic violence can be persistent and enduring for children. Core findings indicate that children who are exposed to domestic violence often experience a disruption in their normal development, which places them at an increased risk of developing numerous emotional and behavioral problems. A supportive relationship with caregivers may be paramount in alleviating some of the negative impacts of exposure to violence. When information about domestic violence cases is unclear, it can be difficult for courts to decide which parent will provide children with adequate support. Recommendations for risk assessment and risk management (1) urge court systems to take allegations of domestic violence seriously and to (2) enlist the help of a knowledgeable mental health professional to conduct a thorough investigation. Specific assessments may include utilizing reliable instruments such as the Ontario Domestic Assault Risk Assessment (ODARA) or the Danger Assessment to screen for risk of re-assault. The authors also highlight that if the offending parent is found to be a high risk, courts should limit contact between the offending parent and the family.

33. Horton, E., Murray, C. E., Garr, B., Notestine, L., Flasch, P., & Johnson, C. H. (2014). Provider perceptions of safety planning with children impacted by intimate partner violence. Children and Youth Services Review, 42, 67-73. doi:10.1016/j.childyouth.2014.03.016

This article focuses on current practices to address children's needs during safety planning and how these practices can be improved. Nine focus groups involving a total of 62 participants were conducted at domestic violence agencies throughout North Carolina. Participants included academic professionals and graduate students, as well as child service providers and local family violence

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practitioners. Responses from the focus groups reveal three central themes: (1) participants are concerned about custody issues interfering with the safety of children and potentially impacting safety plans; (2) there is confusion regarding mandatory reporting, particularly if children have witnessed domestic violence but had not been abused; and (3) how to appropriately involve parents and schools when developing safety plans for children. The authors provide several recommendations to improve risk management and safety planning procedures. Service providers should assess any safety concerns regarding custody arrangements and include these concerns in their safety planning for children. Collaborating and mobilizing community resources and services may also help to ensure that adequate support is provided to victims and children, especially when funding for services is scarce. Practitioners should increase standardization of safety planning, but should also remain flexible with cases, as the needs of each family is unique. Adding child specific questions to safety planning can help facilitate conversations between the child and the parent, and also provide psychoeducation to families.

34. Hughes, J., Chau, S., & Poff, D. C. (2011). "They're not my favourite people": What mothers who have experienced intimate partner violence say about involvement in the child protection system. Children and Youth Services Review, 33(7), 1084-1089.

This article examines the impact of child protective services (CPS) practices on women who experienced intimate partner violence (IPV) and were involved in the child protection system. Specifically, the study looks at the impact of CPS practices for both women who received and women who were refused services. Data for this study are drawn from qualitative interviews with 64 women, across three geographic locations, who experienced IPV and who were involved with CPS. The authors find that the circumstances and outcomes for women who received services did not differ significantly from those who did not. Both women who received services and women who were refused services felt that CPS did not do enough to help them. Women who received services were offered supports that did not address IPV and/or felt that CPS put the responsibility for their partners' violence solely on them. The home situations for women who did not receive services worsened, often leading to children being removed from the home. These women felt that it was their responsibility alone to keep their children safe. Recommendations for risk management and safety

planning include (1) providing support at first contact even if there is no evidence of direct harm to the children, (2) addressing all issues in conjunction with IPV, and (3) developing safety plans that fit the level of risk in the family while considering the client's own perspectives on their situation.

35. Hughes, J., & Chau, S. (2013). Making complex decisions: Child protection workers' practices and interventions with families experiencing intimate partner violence. Children and Youth Services Review, 35(4), 611-617. doi:http://dx.doi.org/10.1016/j.childyouth.2013.01.003

This study examines child protection services (CPS) workers' understanding and recognition of intimate partner violence (IPV) and the practices and interventions they use with families experiencing IPV. Data for this study are drawn from qualitative interviews with 37 CPS workers in British Columbia and Manitoba. The study uses the institutional ethnography method that explores the social organization of everyday life. Findings are that, overall, CPS workers base their assessments on factors typically included in risk assessment tools; however, they vary in the ways in which they respond to families. Workers engage in a complex decision-making process where the impact of risk on children is assessed, along with parents' willingness to take responsibility and make changes. IPV as a single risk factor did not influence their decision-making. Workers indicated that both (1) the frequency and severity of the violence and (2) the source of referrals influenced their assessments and decisions about interventions, but that a file would only be opened or remain open if the violence impacted the children. Furthermore, if a family were referred only for IPV with no prior history of violence, then typically the parents would be referred to other services without a file being opened. CPS workers stated that they received minimal IPV training, and no training specifically on how to balance the children's safety with supporting the parents. Recommendations include the need for protocols to assist workers in assessing IPV and providing interventions that address the violence and support the abused parent in a non-punitive way.

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36. Hulbert, S. N. (2008). Children exposed to violence in the child protection system: Practice-based assessment of the system process can lead to practical strategies for improvement. Journal of Emotional Abuse, 8(1-2), 217-234. doi:http://dx.doi.org/10.1080/10926790801986171

This article examines how domestic violence (DV) cases are managed by the child protection system (CPS) (i.e., child protection and courts) in order to improve practice. Data for the study are drawn from multiple sources, including a review of 582 CPS case files across four jurisdictions in the US, a review of CPS statutes/policies, court observation, and interviews and surveys with stakeholders and clients. Findings are that half of the cases involved children six-years or younger, and in approximately 50 percent of these cases, there was prior contact with CPS. Children were removed from the home in cases where (1) DV was co-occurring with other issues, (2) multiple risk factors are present, and (3) dangers to the child could not be immediately subdued. Children are rarely removed solely for witnessing DV. Problems identified include: (1) children being placed with a spouse/relative who had a history of DV or who minimized ongoing DV, (2) dependency petitions often missing information on why parents should be involved with CPS, (3) immediate identification of the victim and perpetrator not done consistently or accurately and, when a perpetrator is identified, management is not a priority, (4) no standardized tool used to assess the severity or nature of the DV, and (5) a lack of information regarding the degree of exposure for the child. Recommendations include the need for developmentally appropriate services, policies that ensure placements for children are safe with no conflicting court orders, petitions to contain case-specific allegations, policies on immediately and accurately identifying the victim and perpetrator, and making the safety of the child a priority while addressing the needs of the parents.

37. Humphreys, C. (2007). Domestic violence and child protection: Exploring the role of perpetrator risk assessments. Child and Family Social Work, 12(4), 360-369. doi:http://dx.doi.org/10.1111/j.1365-2206.2006.00464.x

This article discusses the role of domestic violence (DV) risk assessment with law enforcement and the relevance to child welfare intervention. Data for this study are drawn from a review of the literature. The author explains that risk assessment can assist in (1) prioritize cases referred to child protection, (2) enhance multi-agency

collaboration, (3) provide a structure for the assessment of the perpetrator, (4) enhance the working relationship with victims, and (5) inform protection strategies. The author recommends that assessment of risk with perpetrators of DV be used to inform and enhance risk management and safety planning strategies for families and children experiencing violence.

38. Humphreys, C., & Harrison, C. (2003). Focusing on safety – domestic violence and the role of child contact centres. Child & Family Law Quarterly. 15(3), 237-253.

This article examines issues regarding the use of supported (low vigilance) and supervised (high vigilance) child contact centres in the United Kingdom when domestic violence is a factor in child contact arrangements. Data for this study are drawn utilizing a multi-methodological approach with centre coordinators, and resident and non-resident parents. The core findings illustrate that domestic violence as an issue of safety, and that protection can be ignored and minimized throughout the process of child contact coordination. A lack or inconsistent screening for domestic violence, lack of evidence and conflicting reports about domestic violence, and the lack of assessment of risk and increased security by centres in the context of domestic violence are particular areas of concern. Of specific note for risk assessment, risk management, and safety planning is the importance of screening for domestic violence and developing a framework for assessing for contact based on the best interests of the child. The Safe Contact Project, a program combining risk assessment and attendance at a perpetrator group with ongoing assessment for contact, is recommended. Factors that are identified as unique to this population are the concerns that arise when low vigilance contact centres are utilized to manage high conflict domestic violence cases.

39. Humphreys, C., Mullender, A., Lowe, P., Hague, G., Abrahams, H., & Hester, M. (2001). Domestic violence and child abuse: Developing sensitive policies and guidance. Child Abuse Review, 10(3), 183-197.

This article focuses on developing appropriate domestic violence policies among social service departments. Data for this study are drawn from responses to 915 surveys in the United Kingdom including Women's Aid and other refuges (n = 326), social service department and health service trusts (114), children's charities (449), and perpetrator groups (26). Approximately 46 percent of respondents from social work departments indicate they

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have domestic violence policies in place; however, "cover your back" letters were part of the domestic violence policy in 8 social service departments, which was viewed by the authors as a maladaptive and ineffective practice. Core findings highlight the development of 8 "good practice indicators" for childcare agencies: an agreed definition, monitoring and screening, the development of policy, safety measures and planning, training, evaluation, a multi-agency strategy, and detailed guidelines for the development of practice with domestic violence survivors. Additionally, several policies indicate that ensuring the safety of the child's mother often provides effective child protection. Specific recommendations for risk assessment include (1) the development of policies addressing the interconnections between different agencies involved in both adult and children's services and (2) clear policy guidance both within and between agencies in order to provide safe, effective, and sensitive services to domestic violence survivors.

40. Humphreys, C., & Bradbury Jones, C. (2015). Domestic abuse and safeguarding children: Focus, response and intervention. Child Abuse Review, 24(4), 231-234. doi:10.1002/car.2410

This article identifies major themes and issues regarding safeguarding children exposed to domestic violence (DV). Data for this study are drawn from a review of six papers and one book that focus on issues surrounding the safekeeping of children and the mother-child relationship in the context of DV. The author identifies seven key principles for safeguarding children exposed to DV that relate to focus, response and intervention: (1) voices and concerns of women and their children need to be prominent, (2) DV includes both a child and an adult victim, (3) DV should be viewed as an attack on the mother-child relationship, (4) separation increases the risk for lethality and severe violence, (5) responding to DV is a priority in complex cases that involve the co-occurrence of mental health issues and substance abuse, (6) only children and families that meet the threshold for a tertiary system response should be referred or notified, and (7) the focus of intervention should be risk assessment and management of the perpetrator. One factor unique to children is their risk of harm during parental separation, which can be underestimated. Having a meaningful relationship with the abusive parent consequently may not be possible with ongoing DV perpetrated against the mother.

41. Jaffe, P. G., Campbell, M., Hamilton, L. H. A., & Juodis, M. (2012). Children in danger of domestic homicide. Child Abuse & Neglect, 36(1), 71-74.

This article focuses on the lethal risk posed to children living in homes with domestic violence. The authors assess the gap in information regarding the risk factors that are unique to child homicide occurring in the context of domestic homicide. Data for this study are drawn from retrospective case analyses contained in 16 US and 1 Canadian Domestic Violence Death Review Committee (DVDRC) reports. These cases show 1006 incidents of domestic homicide resulting in 1397 deaths where there were 95 child fatalities. Furthermore, domestic homicide cases indicate that 273 children were present during the homicide, 199 children witnessed the homicide, and 112 children lost at least one parent as a result of homicide. The authors state that it is unclear what risk factors represent a unique risk of homicide to children. Specific recommendations for risk assessment include (1) future studies that examine specific factors unique to children exposed to domestic homicide and (2) the development of assessment tools designed specifically for both children and primary victims of domestic violence.

42. Jaffe, P. G., Crooks, C. V., & Bala, N. (2009). A framework for addressing allegations of domestic violence in child custody disputes. Journal of Child Custody: Research, Issues, and Practices, 6(3-4), 169-188.

This article considers how to develop co-parenting arrangements after a separation while ensuring the safety of the child and victim-parent exposed to domestic violence. After reviewing the literature, the authors propose a model of how to consider findings of domestic violence in child custody and visitation disputes. The author notes that judges frequently encourage parents to cooperate with each other, which may not always be in the best interest of the child, and that a lack of evidence does not indicate a false claim of domestic violence. The author identifies three constructs that should be considered when determining child custody and visitation disputes: severity and context of violence, resources for victims, children, and perpetrators, and timing of disclosure and stage of proceedings. When conducting risk assessments, the author recommends that (1) the evaluator interview support networks of the parents to obtain more information, (2) education programs for court-related professionals to help recognize all forms of domestic violence, (3) distinguishing between isolated

violence and violence that has a pattern, and, finally, (4) evaluators should contact other sources of information such as teachers, doctors, and counsellors to better understand the child's experience. Risk management recommendations include (1) specific protocols to guide practitioners and (2) timely access to specially trained child custody professionals for family members. Lastly, safety planning recommendations include (1) the need for domestic violence resources and policy development and (2) finding a balance between promoting co-parenting arrangements and cases when limited or no access by the perpetrator may be more appropriate.

43. Jaffe, P.G., Olszowy, L., Hamilton, L. (2014). Paternal filicide in the context of domestic violence: Challenges in risk assessment and risk management for community and justice professionals. Child Abuse Review, 23, 142-153. doi:10.1002/car.2315.

This article focuses on children residing in Ontario, Canada who were victims of, or exposed to, lethal domestic violence. It highlights findings from two retrospective studies that examine domestic homicide cases reviewed by the Ontario Domestic Violence Death Review Committee (DVDRC). Study 1 finds that having children in the home nearly doubles the number of agencies involved and is associated with a lack of documented risk assessment, risk management, and safety plans for victims (1 out of 13 cases where children were killed had a document risk assessment; no documented safety plans). Study 2 finds no significant difference on the lethality risk generated from three standardized assessment tools (DA, ODARA, B-SAFER). Specific recommendations include having professionals and agencies conduct risk assessment and safety plans, and including children in safety plans.

44. Johnston, J. R. (2006). A child-centered approach to high-conflict and domestic-violence families: Differential assessment and interventions. Journal of Family Studies, 12(1), 15-35.

This article focuses on the impacts of domestic violence and high conflict divorce on children. Specifically, reviews the literature to investigate how access plans can be implemented to reduce negative effects for children. Core findings are that perpetrators of domestic violence are at a higher risk for child maltreatment. Victims of domestic violence are also more likely to face difficulties in parenting, such as a lack of confidence controlling their children, which might perpetuate abuse by their

intimate partner. Finally, it was found that the process of separating from an intimate partner can evoke feelings of anxiety, shame, and humiliation for those involved, which can have detrimental effects for children. The review provides five central recommendations for risk assessment, risk management, and enhancing the safety of children involved in high conflict separations. First, a reliable assessment tool should be utilized to screen for evidence of coercive control and violence. Second, the courts should receive detailed reports outlining detected risks and any unsafe parenting practices. Third, coordination between the justice system and community agencies should be implemented to ensure that families are connected with services that meet their needs. Fourth, the authors recommend taking a risk-benefit approach when developing access plans for children. This includes considering which parents, if any, will be most beneficial for the child's individual and developmental needs. Finally, access plans should be clearly outlined and visits supervised by a nonrelative. Any violations of the access plan guidelines should result in a suspension of visitations.

45. Jaffe, P. G., & Juodis, M. (2006). Children as victims and witnesses of domestic homicide: Lessons learned from domestic violence death review committees. Juvenile and Family Court Journal, 57(3), 13-28.

This article examines how children are victimized by domestic homicide and argues that children living in homes where domestic violence is potentially lethal may also be at risk for homicide, even in the absence of direct child maltreatment. Data for this study are drawn Domestic Violence Death Review Committees (DVDRCs) from the United States and Canada. Sixteen reports from DVDRCs in the U.S. (N=14) and Ontario (N=2) are reviewed for common themes. Analysis reveals that children are victimized by domestic homicide in a number of ways. Many of the homicides reported in DVDRCs involve younger children. Custody disputes between parents are also commonly present in cases of homicide and, finally, pregnancy is found to be a risk factor for women experiencing domestic violence. The study presents various recommendations for risk assessment and risk management classified into five major areas: (1) training and policy development, (2) resource development, (3) coordination of services, (4) legislative reform, and (5) prevention programs. Specific recommendations include ongoing education for lawyers making decisions related to domestic violence custody disputes, domestic violence screening for women receiving pre-natal care, increased

support for children who have lost parents to domestic homicide, as well as their new caregivers, and education on domestic violence for children in schools.

46. Kan, M. L., & Feinberg, M. E. (2014). Can a family-focused, transition-to-parenthood program prevent parent and partner aggression among couples with young children? Violence and Victims, 29(6), 967-980. doi:10.1891/0886-6708.VV-D-12-00162

This article focuses on children and first-time parents who are at risk for family violence. It uses family systems perspectives and assesses the effectiveness of an intervention program on intimate partner violence (IPV) and parent-child violence. The Family Foundations program (FF) is a psychoeducation-based program developed to support new parents in caregiving. FF classes consist of presentations, worksheets, and video vignettes that are designed to increase couple communication. The authors also suggest that positive co-parenting may reduce IPV and parent-child violence. FF was implemented with a sample of 169 prenatal couples recruited from childbirth education programs provided by hospitals in two small cities. A portion of the participants was also recruited from doctors' offices, health centers, and newspaper ads. Separately, partners completed questionnaires regarding relationship qualities, individual qualities, and well-being. The Revised Conflict Tactics Scale was used to measure partner psychological and physical aggression, and the Parent-Child Conflict Tactics Scale was used to measure parent-child physical aggression. Research assistants visited couples prenatally (Time 1) and after their child was approximately 3 years of age (Time 2). After Time 1, couples were randomly assigned to either an intervention condition or a control group. Results of the study indicate that class-format psychoeducation programs, such as FF, may reduce risk factors related to family violence and prevent IPV and parent-child violence. The study recommends that practitioners should encourage positive co-parenting to high-risk couples, as well as screen expectant parents for relationship difficulties.

47. Kohl, P. L., Barth, R. P., Hazen, A. L., & Landsverk, J. A. (2005). Child welfare as a gateway to domestic violence services. Children and Youth Services Review, 27(11), 1203-1221.

This article analyzes identification of domestic violence (DV) by child welfare workers during investigations of child maltreatment, including factors that contribute to identification of DV and referral and receipt of DV services by parents identified as victims. Data for this study are drawn from the National Survey of Child and Adolescent Well-Being (n = 5504 children and n = 3135 caregivers). The study finds that (1) caregivers report DV at higher rates than child welfare workers (31% and 12% respectively), (2) identification of substance abuse in the primary caregiver results in a 7 times greater likelihood that DV will not be identified and (3) DV is less likely to be identified if the caregiver has prior experience with CWS or has a childhood history of abuse, (4) The CWS worker is more likely to identify DV if the secondary caregiver has a history of substance abuse and when the most serious maltreatment type is classified as "other", indicating emotional maltreatment, abandonment, educational neglect, or exploitation. Common reasons women cite for not receiving DV services include: scheduling and childcare problems (26%), lack of transportation (18%), unavailability of services (11%), being put on a waitlist (3%), and lack of financial means to cover services (14%). Specific recommendations for risk assessment include,(1) the development of interagency policies and procedures to address the coexistence of child maltreatment and domestic violence, (2) the use of domestic violence specialists by CWS agencies, and (3) domestic violence training for CWS workers. Risk management recommendations include providing services that include multiple forms of appropriate interventions including substance abuse and domestic violence. Lastly, safety planning should include all victims within the family.

48. Kress, V. E., Adamson, N. A., Paylo, M. J., DeMarco, C., & Bradley, N. (2012). The use of safety plans with children and adolescents living in violent families. The Family Journal, 20(3), 249-255. doi:10.1177/1066480712448833

This article explores how counsellors can implement safety plans for children and adolescents living in violent homes. It examines literature related to ethical considerations, mandatory reporting, client support, and the use of safety plans with the goal of educating counsellors on how to better advocate for children's safety. A case example is

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provided to illustrate how safety plans can be developed between counsellors and clients. First, the article presents several recommendations related to ethical counselling practices. Counsellors should clearly outline their duty to report and the limits of confidentially for clients. It is also important that counsellors consistently monitor clients' living environments for changes or additional instances of violence. Finally, counsellors should be aware of the possibility of countertransference. Specific recommendations for children's safety planning are also offered. The first step involves establishing sources of support, such as counsellor, hotlines, or local policing services. A safe location should also be identified for unexpected instances of violence, along with a detailed escape plan. The child should be able to identify when it is appropriate to use the safety plan. Role-playing activities and play therapy can be particularly helpful in achieving this step with very young children. After a safety plan has been developed, the counsellor should establish a support network for the child, which may be a trusted adult or an organization that links children in similar situations together.

49. Lam, W. K., Fals-stewart, W., & Kelley, M. (2009). The Timeline Followback interview to assess children's exposure to partner violence: Reliability and validity. Journal of Family Violence, 24(2), 133-143.

This article examines the psychometric properties of the Timeline Followback-Children's Exposure to Partner Violence (TLFB-CEPV) Interview. Data for this study are drawn from 107 couples with a custodial child between the ages of 6-16 years and where a male partner participated in a batterer outpatient treatment program in western New York. Core findings indicate high test-retest reliability of male and female partners at pretreatment assessment, post treatment assessment, and 6-month follow-up assessment, and daily agreement between partners on children's direct exposure and any other exposure to violence or aggression. All correlations between TLFB-CEPV subscales with the Conflict Tactic Scale (CTS), and children's adjustment measures were significant, whereas correlations between TLFB-CEPV subscales and the Marlowe-Crowne Social Desirability Scale were not significant. The authors conclude that the TLFB-CEPV subscales may effectively differentiate degrees of child exposure to parental violence and may be a valuable tool for professionals involved in cases with children exposed to domestic violence.

50. Lapierre, S., & Côté, I. (2011). "I made her realise that I could be there for her, that I could support her": Child protection practices with women in domestic violence cases. Child Care in Practice, 17(4), 311-325.

This article investigates child protection policies in England and in Quebec, Canada. The authors highlight positive practices undertaken by child protection workers working with female victims of domestic violence. Data for this study are drawn from semi-structured interviews conducted with 17 child protection workers and managers. One of the dominant themes identified is blaming battered women for "failing to protect their children". The authors emphasize practices that avoid mother-blaming, such as, (1) recognizing two victims of domestic violence (the woman and the child), (2) establishing a trusting relationship with the battered women, (3) varying support to fit the needs of women and their situations, and (4) assessing risk at all stages of the child protection procedures. Participants express difficulties working with male perpetrators and note the limited resources available to work with these men. Priorities for risk assessment include (1) child protection workers balancing risk and safety, (2) more resources for social service providers working with male perpetrators of domestic violence, (3) building a trusting relationship with the female victim and, finally, (4) providing emotional and practical support to the victims.

51. Larkins, C., Drinkwater, J., Hester, M., Stanley, N., Szilassy, E., & Feder, G. (2015). General practice clinicians' perspectives on involving and supporting children and adult perpetrators in families experiencing domestic violence and abuse. Family Practice, 32(6), 701-705.

This article focuses on general practitioners' (GP) attitudes and practices for engaging family members when a parent discloses domestic violence. Data from this study are drawn from semi-structured interviews with 54 respondents (42 GPs and 12 practice nurses) in England, UK. A lack of training is identified as a barrier to physicians recognizing and responding to child maltreatment. Specific recommendations for risk assessment include the need to improve opportunities for GPs to directly communicate with children experiencing DV and the need for more specialist DV services in health care environments.

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52. Lavergne, C., Damant, D., Clement, M.-E., Bourassa, C., Lessard, G., & Turcotte, P. (2011). Key decisions in child protection services in cases of domestic violence: Maintaining services and out-of-home placement. Child and Family Social Work, 16(3), 353-363.

This article focuses on factors involved in case decisions of a child protection services (CPS) agency in Montreal, Canada. It uses a child advocacy perspective to examine how exposure to domestic violence (occurring in isolation or alongside abuse or neglect) impacts CPS decision-making. Data for this study are drawn from 1071 files on children in which maltreatment was substantiated. Core findings suggest that (1) domestic violence in isolation does not lead to more intrusive intervention, (2) over half of children who are neglected have parents with marital conflict and drug or alcohol problems, (3) parents of exposed children who are also abused are more likely to be aggressive and impulsive, and (4) children who are maltreated, but not exposed to DV are the most likely to be placed in longer-term placement. Additionally, a mother's resistance to co-operate is an important factor in the case of child-placement decisions. Specific recommendations for risk assessment include (1) encouraging caseworkers to gain a better understanding of parents' resistance and strive to foster a relationship centered on trust and support, (2) training and clinical support for caseworkers, and (3) using the motivational approach to assist caseworkers in developing a good alliance with families.

53. Lessard, G. et al. (2010). Child custody issues and co-occurrence of intimate partner violence and child maltreatment: Controversies and points of agreement amongst practitioners. Child & Family Social Work, 15(4), 492-500. doi:10.1111/j.1365-2206.2010.00705.x

This article explores issues children face during parental separation in the context of intimate partner violence (IPV). Specifically, it examines custody-related issues from the perspectives of practitioners. Committees that consisted of academic professionals and key informants selected practitioners from six different organizations across Quebec City to participate in focus groups. A total of seven focus groups and forty three participants comprised the final sample for the study. Results from the focus groups indicate that all six organizations display a concern for the safety of children and victims of IPV custody cases. The authors also identified three major areas of controversy between organizations: (1) maintaining the father-child relationship, (2) difficulties with organizational collaboration, and (3) consideration of cultural differences in immigrant and First Nations families. Findings revealed that organizations' view on the father-child relationship seemed to be influenced by the family members they serve. For example, Child Protection Services prioritize victim safety and were less concerned with promoting a father-child relationship. Participants also expressed that power imbalances and a lack of information between organizations often creates difficulty for collaboration of services. Finally, focus groups discussed the challenges of working with immigrant families who may hold different cultural values. The article posits that organizations should work together to serve child custody issues more broadly. It was also recommended that practitioners include a feminist approach when working with violent fathers, adapt IPV issues for an aboriginal cultural framework, and incorporate alternative options to joint custody when necessary.

54. MacMillan, H. L., Wathen, C. N., & Varcoe, C. M. (2013). Intimate partner violence in the family: Considerations for children's safety. Child Abuse & Neglect, 37(12), 1186-1191. doi:10.1016/j.chiabu.2013.05.005

This article investigates safety planning for children and compares current safety plans for children exposed to intimate partner violence (IPV) to safety plans within a broader IPV context. A review of the literature reveals that, in response to IPV, safety plans are often developed for women and the extent to which these plans aid children is not known. General safety plans that focus on children's overall well being often target child sexual abuse or unanticipated instances of violence. Criticisms of such safety plans are that children may be receiving mixed messages from broad safety strategies that have not been found to be evidenced-based. Physical safety is often prioritized when considering children's safety, however, the authors posit that standards of safety should be extended to include emotional, spiritual, and cultural safety. Specific recommendations are that it is important to consider the child's developmental stage when relaying specific safety strategies. Children should also be taught that any type of abuse in the home is unacceptable. This may minimize confusion and avoid conflicting messages about secrecy for children; for example, when parents urge children to tell an adult about sexual abuse but keep information about IPV a secret. Safety strategies should be communicated to children in the context of general safety;

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examples of this include mapping exit points around the home and telling a trusted adult about abuse. Finally, the prevention of violence should be clearly communicated as the responsibility of the adult, and not the child.

55. Magen, R. H., Conroy, K., & Del Tufo, A. (2000). Domestic violence in child welfare preventative services: Results from an intake screening questionnaire. Children and Youth Services Review, 22(3), 251-274.

This article aims to identify and aid battered women who have children at risk of maltreatment that have entered the child welfare system. It uses a pro-feminist perspective to examine the efficacy of a new intake questionnaire designed for Purchased Preventive Services (PPRS) agencies screening for domestic violence. Data for this study are drawn from 540 intake questionnaires from16 PPRS agencies in New York. Core findings indicate that the use of the questionnaire results increases the rate of identification of families with domestic violence (15-17% without the questionnaire versus 49% with the questionnaire) and that almost half (255) women report being better able to protect themselves and their children after being asked about their experience with domestic violence. The authors conclude that more research is required that investigates the relationship between domestic violence and child maltreatment.

56. McColgan, M. D., Cruz, M., McKee, J., Dempsey, S. H., Davis, M. B., Barry, P., et al. (2010). Results of a multifaceted intimate partner violence training program for pediatric residents. Child abuse & neglect, 34(4), 275-283.

This article reports on the development of a multifaceted, longitudinal IPV intervention called The Children and Mom's Project (CAMP). The authors examine CAMP's impact on pediatric residents' attitudes and referrals in a Philadelphia children's hospital. Data for this study are drawn from 72 residents' responses to a 35-question survey at three time points (baseline, 3-months post-intervention, 8-month post-intervention). Several core findings are presented. First, there were reveal significant improvement in perceived knowledge of appropriate IPV screening questions, referral sources, and the relationship between child abuse and IPV from baseline to 3-month follow-up. Second, IPV screening rates improved from .9% at baseline to 36% at 3-months, and 33% at 8-month post-intervention. Third, resident's most commonly listed barriers to IPV screening at 3-month post-intervention

included: time, lack of private and appropriate setting, presence of children in the room, and (d) presence of father/partner or other people in the room. Specific recommendations for risk assessment include, (1) training that addresses issues surrounding privacy, (2) programs that address inpatients, and (3) future studies to address the efficacy of individual components of the program.

57. Miller, L. E., Howell, K. H., Hunter, E. C., & Graham-Bermann, S. A. (2012). Enhancing safety-planning through evidence-based interventions with preschoolers exposed to intimate partner violence. Child Care in Practice, 18(1), 67-82. doi:10.1080/13575279.2011.621885

This article examines the impact of the Preschooler Kids' Club (PKC) intervention on teaching children exposed to intimate partner violence (IPV) about safety plans. It also explores preschool aged children's ability to effectively describe safety planning strategies. The authors implemented a randomized control trial to assess the effectiveness of the PKC intervention on 110 children from southeast Michigan who had been exposed to IPV in the past two years. Participants were assigned to either an experimental group or a control group. Families in the experimental group underwent the five-week PKC program that focuses on changing the harmful attitudes children develop from witnessing IPV. Control families received treatment as usual. Both groups were interviewed at baseline, and again post-intervention. The Revised Conflict Tactics Scale was used to measure violence in the home and children were asked two questions, developed by the researchers, regarding their knowledge on safety planning. Findings show that many of the children were not able to describe appropriate safety planning strategies prior to intervention. Post intervention, it was found that some of the children in the experimental group were able to retain some information about safety planning skills. The authors recommend that preschool aged children learn more about safety planning, and that safety planning should be taught in parenting groups and implemented into school-based services to reach a wider audience.

58. Mills, L. G., Friend, C., Conroy, K., Fleck-Henderson, A., Krug, S., Magen, R. H., et al. (2000). Child protection and domestic violence: Training, practice, and policy issues. Children and Youth Services Review, 22(5), 315-332.

This article reviews four projects funded by the Department of Health and Human Services in the United States. Data for this study are drawn from the Columbia

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University School of Social Work (that trained over 400 CPS workers), Simmons College and the Department of Social Services (that worked in collaboration with a Domestic Violence Unit), Temple University (that trained over 200 professionals), and UCLA (that trained over 900 CPS workers and supervisors). Findings suggest that the philosophy of CPS agencies' priority of children sometimes comes at the expense of the battered women. Additionally, grantee groups note the importance of collaborating with key agencies and having their support, but that CPS workers' are apprehensive of training that places additional demands on their job, especially when the training suggestions are not viewed as feasible. Specific recommendations for risk assessment include (1) training that can contribute to eliminating systems interventions that punish women for being battered, (2) regular pre-service and in-service training that aims to change CPS workers' attitudes about battered women who stay in relationships, (3) legal and legislative reform mandating the integration of domestic violence into child abuse assessment in CPS agencies, (4) regular availability of domestic violence specialists at CPS agencies, and (5) multidisciplinary teams that include domestic violence advocates and child welfare personnel.

59. Murphy, R. A. (2010). Multi-system responses in the context of child maltreatment and intimate partner violence. Child Abuse & Neglect, 34(8), 555-557. doi:10.1016/j.chiabu.2007.07.013

This article explores how child maltreatment and intimate partner violence (IPV) overlap to influence screening processes and response. The authors also aim to identify the limitations of a single response system to child maltreatment and IPV. A review of the literature is conducted to develop recommendations for practitioners. Sources for the review included academic journals and relevant resources such as The Child Welfare Information Gateway and The National Child Traumatic Stress Network. Findings are that IPV is associated with increased re-reports of child maltreatment, which often results in mothers being both a victim and a perpetrator of family violence. It was also found that professional groups within the family violence field (e.g. child protection services and domestic violence providers) can develop narrow views of one another that may impact response effectiveness. Finally, response approaches to family violence can vary significantly and often lack evidence-based practices, which can pose challenges for practitioners across systems. Specific recommendations include reducing separation

between family violence systems and instead promoting a collaborative and multidisciplinary approach. The researchers also encourage a preventative system of care that implements universal screening processes and interventions for family violence.

60. Nixon, K. (2009). Intimate partner woman abuse in Alberta's child protection policy and the impact on abused mothers and their children. Currents, 8(1).

This article focuses on how child protection services (CPS) in Alberta, Canada responds to cases of children exposed to intimate partner violence. Data for this study are drawn from semi-structured interviews with 13 women recruited from shelters and a local women's center in Alberta, Canada. Findings from the interviews indicate that while more than half of women had their children removed because of their children's exposure to violence, only one woman was involved with CPS due to alleged direct child abuse. None of the women were charged with abusing their children. Furthermore, only one of the interviewed women reported receiving assistance with safety planning, and one woman received a referral for domestic violence services. Major themes in the interviews include: (1) loss of identity as a mother as a result of having their child removed, (2) being placed at increased risk of harm from their partners as a result of CPS involvement, and (3) no longer considering calling the police as a viable option if IPV occurred in the future. Specific recommendations for risk assessment include (1) CPS workers should not assume that being a victim of IPV diminishes a mothers' capacity to be a mother, and (2) CPS workers should assess the services required by women on a case-by-case basis.

61. Nixon, K. L., Bonnycastle, C., & Ens, S. (2015). Challenging the notion of failure to protect: Exploring the protective strategies of abused mothers living in urban and remote communities and implications for practice. Child Abuse Review.

This article examines how abused mothers protect their children from their partner's violence. Data for this study are drawn from semi-structured interviews with 18 women in Manitoba, Canada, recruited from women's resource centres and crisis shelters. 14 of these women self-identified as Aboriginal. Core strategies for protection include (1) physically separating the child from the abuser, (2) removing the child temporarily from the situation, (3) terminating the mother's relationship with the abuser, (4) teaching the child a safety plan or secret code word to use in violent situations, and (5) avoiding fights or

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confrontations with the abuser. More northern participants described relying on informal supports (friends, family) to protect their children. Specific recommendations for risk assessment include: (1) professionals should ask abused mothers how they protect their children as a form of empowerment, and (2) professionals should give credit to mothers for the strategies they use to try and protect their children. Specific safety planning strategies include developing comprehensive case plans that emphasize women's strengths and capacities.

62. Olszowy, L., Jaffe, P. G., Campbell, M., & Hamilton, L. H. A. (2013). Effectiveness of risk assessment tools in differentiating child homicides from other domestic homicide cases. Journal of Child Custody, 10(2), 185-206. doi:10.1080/15379418.2013.796267.

This article focuses on children residing in Ontario, Canada who were victims of, or exposed to, lethal domestic violence. It assesses the effectiveness of the DA, ODARA, and B-SAFER standardized risk assessment tools in identifying a child's risk of lethality. The authors studied 40 domestic homicide cases reviewed by the Ontario Domestic Violence Death Review Committee (DVDRC), where 13 cases involved completed or attempted child homicides (ages 2-15) and the other 27 were cases where a child was present at the time of the homicide but was not harmed (ages 2-18). They find that risk assessments of domestic homicide cases do not differ significantly between cases resulting in child death or no child death. The results from three standardized risk assessment tools did not differ significantly according to high-risk status or child involvement. Specific recommendations for risk assessment, risk management, and safety planning include conducting standardized risk assessments, considering specialized interventions and parenting arrangements, and involving a mental health professional who specializes in domestic violence in the process of determining custody and access. Safety planning for the female intimate partner should include the children.

63. O'Malley, D. M., Kelly, P. J., & Cheng, A.-L. (2013). Family violence assessment practices of pediatric ED nurses and physicians. Journal of Emergency Nursing, 39(3), 273-279. doi:10.1016/j.jen.2012.05.028

This article examines the views of emergency nurses regarding family violence assessments. It uses the Theory of Planned Behavior (TPB) to assess the attitudes, norms, and perceived control that surround performing assessments of child maltreatment and intimate partner violence. Data from this study are drawn from a sample of nurses and physicians (n = 26) recruited by nurse managers and site coordinators from an emergency department and two urgent care centers. A TPB elicitation study was conducted with participants that consisted of a series of questionnaires and interviews. Participants reported a variety of positive and negative attitudes toward administering family violence assessments in emergency rooms. The majority of respondents reported valuing assessments for providing early identification of violence and keeping patients safe. Results uniquely indicated that family violence assessments allow for more complete health care for children. Participants also cited barriers and disadvantages to assessments, including a lack of time, privacy, knowledge, and staff. The article acknowledges that nurses have valuable opportunities to practice shifting toward a more preventative form of health care. Finally, the authors recommend that a greater understanding of the various systems that contribute to family violence would help enhance assessment practices.

64. Pennell, J., Rikard, R. V., & Sanders-Rice, T. (2014). Family violence: Fathers assessing and managing their risk to children and women. Children and Youth Services Review, 47(1), 36-45. doi:10.1016/j.childyouth.2013.11.004.

This article focuses on perpetrators of familial abuse among males residing in North Carolina, USA. It examines the Strong Fathers program that utilizes psychoeducation and cognitive behavioral strategies to change how men in the group interact with their families. The authors evaluate the effectiveness of the program in reducing child protection orders, decreasing domestic violence, and evaluating participants' self-reported goals and progress. Data for this study are drawn from 53 male participants' who were enrolled in the program between 2009-2012. Qualitative analysis is conducted on participants' goal setting worksheets, weekly parenting logs and administrative reports on child maltreatment. The authors find a decrease in child protection findings and household domestic violence after the program, but no individual factors (e.g. age, ethnicity) are significant predictors of program outcomes. One specific recommendation is that, within a positive learning environment, men's self-assessments should encourage improvement in how they interact with their family.

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65. Postmus, J. L., & Merritt, D. H. (2010). When child abuse overlaps with domestic violence: The factors that influence child protection workers' beliefs. Children and Youth Services Review, 32(3), 309-317. doi:10.1016/j.childyouth.2009.09.011.

This article focuses on Child Protective service (CPS) workers in a small Midwestern county. Drawing from theories of social entrapment, coercive control, structured action, and social learning, the article analyzes professional and personal factors influencing CPS workers' beliefs and attitudes regarding domestic violence and child abuse. Data for this study are drawn from a convenience sample of 64 CPS workers. Core findings are that older CPS workers are more likely to believe that domestic violence is caused by society and are less likely to remove children from the home when domestic violence is present. Additionally, workers who report professional experiences with domestic violence are more likely to believe that there are intergenerational causes of domestic violence and are more likely to report child abuse. Specific recommendations include reevaluating policies and protocols to ensure that workers learn how best to work with families experiencing domestic violence without believing that removal of the child is necessary.

66. Postmus, J. L., & Ortega, D. (2005). Serving two masters: When domestic violence and child abuse overlap. Families in Society, 86(4), 483.

This article focuses on child welfare supervisors in a Midwestern state. It analyzes professional and personal factors that influence child welfare supervisors' beliefs and attitudes regarding domestic violence and child abuse. Data for this study are drawn from 66 surveys gathered from an annual child welfare supervisors' conference. Findings identify child welfare supervisor beliefs that (1) children who witness abuse will themselves become abusers and (2) intimate partner violence is caused by sexism in society. Supervisors who had worked in the social service sector longer stated that abuse reports did not need to be made unless the child was physically harmed. Furthermore, the authors find that a lack of training about domestic violence is related to the belief that children should be removed when victims of domestic violence choose to remain with the abusers, as well as supervisors' disbelief of victims' stories. Specific recommendations include reviewing policies and procedures for frontline workers and increasing supervisors' training and knowledge about domestic violence.

67. Pulido, M. L., & Gupta, D. (2002). Protecting the child and the family: Integrating domestic violence screening into a child advocacy center. Violence Against Women, 8(8), 917-933. doi:10.1177/107780102400447069.

This article focuses on a preliminary domestic violence-screening tool for caretakers of children who receive forensic child abuse evaluations at a Child Protection Center in New York, USA. The screening tool is informed by a feminist perspective and analyzes the factors and abuse histories present in children and caretakers who report current or previous abuse within a domestic context. Data for this study are drawn from 59 female caretakers who are the biological, foster, or adoptive parent of a child receiving an evaluation. The authors find a significant relationship between cases presenting with domestic violence and child abuse (68% emotional abuse, 64% physical abuse, and 48% sexual abuse). Caretakers also report that their child has witnessed them being abused by the perpetrator. Specific recommendations include training providers to competently interview women about previous domestic violence, including asking caretakers about any former restraining orders. The screening tool aims to address the comorbidity of child abuse and domestic violence in order to amalgamate treatment services for child maltreatment and battered women. The authors assert that city and federal level advocacy is required in order to adequately fund services for survivors of trauma.

68. Radford, L., Blacklock, N., & Iwi, K. (2006). Domestic violence risk assessment and safety planning in child protection – Assessing perpetrators. In C. Humphreys & N. Stanley (Eds.), Domestic violence and child protection: Directions for good practice (pp. 171-189). London: Jessica Kingsley Publishers.

This chapter examines risk assessments in the context of child protection cases when domestic violence is present. It identifies the need to engage perpetrators in both the assessment and intervention processes. The authors discuss the polarization between child protection services and specialized services for DV victims that has developed from differing opinions of who is the client. The authors highlight that both service providers need to work jointly to provide effective intervention/prevention as well as both need to recognize the need of perpetrators taking accountability for their actions. The chapter goes on to describe the work of a Domestic Violence Intervention Program (DVIP) in England and provides an overview of how they assess for risk when DV is present in child

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protection cases. Their process includes utilizing four thresholds that guide the assessment of risk and the proceeding intervention, which is described in detail. Furthermore, the chapter provides a list of risk indicators that specifically examines perpetrators, questions that can be asked to both parents to assess parenting skills and empathy for children, examples of contributors and inhibitors of risk for children, and questions for assessing victims' perspective on change as well as perpetrators' motivation for change. The authors' assert that this assessment process contained in this chapter allows for the complexities of individual family circumstances to be taken into account while addressing and dealing with DV.

69. Randell, K. A., Bledsoe, L. K., Shroff, P. L., & Pierce, M. C. (2012). Mothers' motivations for intimate partner violence help-seeking. Journal of Family Violence, 27(1), 55-62.

This article examines motivations for seeking help of mothers who are victims of IPV. It analyzes responses from 62 women who participated in focus groups at an IPV resource center and shelter. The authors find that women offered both internal and external motivators for help seeking, including wanting a better life, feeling that "enough was enough", fear, the impact of the IPV on the women's children, and intervention from support systems. Other factors that affected women's decision to seek help include (1) needing permission to leave the relationship, (2) an intervention presented at the right time, (3) receiving reassurance that disclosing IPV would not result in deportation, and (4) assistance from friends and family. Specific recommendations for safety planning include placing interventions at locations where women bring their children in order to improve contact with at-risk mothers, educating the public about signs of IPV and available resources in the community, and exercising caution when relying on significant others to translate a woman's disclosure of IPV.

70. Richardson-Foster, H., Stanley, N., Miller, P., & Thomson, G. (2012). Police intervention in domestic violence incidents where children are present: Police and children's perspectives. Policing and Society, 22(2), 220-234. doi:10.1080/10439463.2011.636815.

This article focuses on the perception and experiences of young people and police officers involved in domestic violence incidents in England. Specifically, the authors explore the extent of police engagement with children, while exploring the experiences of young people involved in domestic violence calls. Data for this study are drawn from thematic analyses of responses from five focus groups including 19 young people and interviews with 33 frontline police officers, supervising officers, and domestic violence advocates. Additionally, police and children's social service records are examined. Core themes identified from focus groups include, the importance of officers including and validating young people's accounts and experiences in their investigation. Police officers' records are found to include limited information on the child's whereabouts during the domestic violence incident and there are limited reports of interacting with children and young people during a domestic violence call. Themes identified from interviews with police officers include reluctance and a lack of confidence in speaking to children at a domestic violence incident and feeling like it either is not part of their job or they do not have the appropriate resources to engage with children. Specific recommendations include (1) increasing police engagement with children following a domestic violence incident, (2) increasing the use of standardized risk assessment tools, training, and resources for police officers, and (3) the importance of viewing children and young people as central victims in domestic violence incidents.

71. Rivers, J. E., Maze, C. L., Hannah, S. A., & Lederman, C. S. (2007). Domestic violence screening and service acceptance among adult victims in a dependency court setting. Child Welfare, 86(1), 123-144.

This article focuses on the success of the Dependency Court Intervention Program for Family Violence (DCIPFV) in identifying domestic violence in families appearing in dependency court. Data for this study are drawn from 236 mothers appearing in dependency court who screened positive for indicators of DV. The authors find that the screening process more than doubled the number of mothers identified as victims of domestic violence. In total, 570 children were involved in the 236 cases with co-occurring DV and child maltreatment. The authors conclude that, in many cases, the child protection agency fails to identify domestic violence in families being investigated for child maltreatment concerns. A specific recommendation for risk assessment includes domestic violence screenings being routinely offered prior to or during initial dependency court appearance.

72. Rizo, C. F., Macy, R. J., Ermentrout, D. M., & Johns, N. B. (2011). A review of family interventions for intimate partner violence with a child focus or child component. Aggression and violent behavior, 16(2), 144-166.

This article analyzes literature on interventions targeting children exposed to intimate partner violence (IPV). Data for this study are drawn from 31 articles that published within the past ten years. Four major areas of intervention examined include: counseling interventions (n = 12), crisis interventions (n = 4), parenting interventions (n = 3), and multicomponent interventions (n = 12). The authors draw four central conclusions: (1) more research is needed on interventions for children exposed to IPV; (2) researchers should continue to investigate stand-alone interventions included in multicomponent interventions; (3) researchers should use statistical analyses that account for nested data where possible, and (4) researchers should report the intraclass correlation coefficients (ICC) in their studies. The authors conclude that due to the variation in methodology of the studies, it is not possible to determine with certainty if the interventions make a significant difference for children exposed to IPV.

73. Schilling, S., Snyder, A., & Scribano, P. V. (2012). Intimate partner violence: Pediatric risks of "not asking-not telling". Clinical Pediatric Emergency Medicine, 13(3), 229-238. doi:10.1016/j.cpem.2012.06.010.

This article examines intimate partner violence screening processes among caretakers of children presenting to the emergency department. It references the transtheoretical model and urges clinicians' to understand the caretaker's unique situation and readiness to change. The authors reflect on past literature to assert the importance of screening for intimate partner violence in pediatric clinical settings. The authors identify several barriers to conducting screening including (1) lack of training, (2) lack of confidence, (3) fear or not knowing what to do following a positive screen, (4) fear of offending the caregiver or victim, and (5) feeling that intimate partner violence does not impact a child's well-being. Specific recommendations for responding to a positive intimate partner screen include (1) asking questions about escalation of violence and weapons, (2) assessing the victim's immediate safety, and (3) establishing safe housing and a safety plan when applicable. Additionally, the authors recommend obtaining a detailed history and physical examination and including social workers and other local or national resources as they see fit. Furthermore, the authors caution that advising

a woman to leave the relationship may not be a safe recommendation due to potential repercussions if the abuser is also a parent, because the abuser can access the child's medical record and potential disclosure by the non-abusing parent.

74. Shlonsky, A., & Friend, C. (2007). Double jeopardy: Risk assessment in the context of child maltreatment and domestic violence. Brief Treatment and Crisis Intervention, 7(4), 253-274. doi:10.1093/brief-treatment/mhm016.

This article focuses on the challenges faced by Child Protection Service (CPS) workers in predicting child maltreatment and domestic violence risk assessments. The authors reflect on past literature on risk assessment tools (DA, DA2, SARA, ODARA) and limitations of accurate risk assessment including, (1) defining child abuse and neglect, (2) the complexity and near impossibility in trying to accurately predict human behavior, and (3) reliance on victims' and caregivers' self-reports. Core findings include, (1) support for the actuarial approach that categorizes individuals and families into levels of risk, (2) support for a nested risk assessment approach that simultaneously considers child maltreatment and domestic violence and (3) a lack of questioning by CPS workers addressing whether a child was physically or emotionally injured during a domestic violent episode. Specific risk assessment recommendations include, (1) more cross-disciplinary work, (2) more specific, focused training for CPS workers, (3) use of instruments such as the DA and the California risk assessment tool to place families into risk levels, and (4) the use of risk assessment tools within a structured assessment of family functioning and individualized services that simultaneously address child maltreatment and domestic violence.

75. Shlonsky, A., Friend, C., & Lambert, L. (2007). From culture clash to new possibilities: A harm reduction approach to family violence and child protection services. Brief Treatment and Crisis Intervention, 7(4), 345-363.

This article reviews literature examining effective services for three groups: (1) child victims of domestic violence (DV), (2) adult victims of DV, and (3) adult batterers. Using a harm reduction framework, the authors review three decades of research and propose strategies for delivering services effectively. Based on the literature reviewed, the authors draw six conclusions. First, no study has demonstrated effectiveness of screening for

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IPV with the goal of improving outcomes for women. Second, no strong evidence exists for the effectiveness of shelter stays in decreasing future abuse for women. Third, few studies have explicitly examined PTSD as a result of DV, and, fourth, interventions have not sufficiently addressed the relationship between poverty and DV. Fifth, the authors find that the most commonly used batterer intervention program formats are feminist theory-based psychoeducation men's groups, cognitive-behavioral men's groups, anger management, and couples' therapy. Finally, the authors argue that a harm-reduction framework that considers risk and harm on a continuum and incorporates evidence-based practice holds promise for reducing family violence.

76. Sillito, C. L., & Salari, S. (2011). Child outcomes and risk factors in U.S. homicide-suicide cases 1999–2004. Journal of Family Violence, 26(4), 285-297. doi:10.1007/s10896-011-9364-6.

This article focuses on circumstances, incidences, and predictors of child outcomes in intimate partner homicide-suicide (IPHS) cases in the USA. Data for this study are drawn from 724 cases (including 441 children from 208 families) occurring between 1999 and 2004, from all fifty states. Content analyses were conducted using information obtained from obituaries, news, media, police records, state fatality records and a series of Internet search strategies. The authors find that (1) a majority of children who were killed had parents in an intact relationship, (2) a majority of children killed came from families without a known perpetrator history of violence, (3) more children were killed by perpetrators with primarily suicidal intent, and (4) children were three times more likely to be killed if they were the biological child of the perpetrator. Specific recommendations for safety planning identifies are: (1) limiting the access of lethal weapons by suicidal persons, (2) providing children with prevention programs and psychoeducation on what to do if violence occurs within their family, (3) public service campaigns to help children devise a safety plan during dangerous home situations, and (4) pediatricians identifying and talking to children who are suspected to be at risk of familial violence.

77. Silverman, J. G., Mesh, C. M., Cuthbert, C. V., Slote, K., & Bancroft, L. (2004). Child custody determinations in cases involving intimate partner violence: A human rights analysis. Am J Public Health, 94(6), 951-957. doi:10.2105/AJPH.94.6.951.

This article analyzes child custody determinations in cases involving intimate partner violence in Massachusetts. Using a human rights framework, the authors examine the statements from 39 women involved in the Battered Mothers' Testimony Project regarding their child custody outcomes. Data for this study are drawn from semi-structured interviews lasting approximately four hours each. Issues identified include granting or recommending (1) custody of children to men who had used violence against the mothers, or both the mothers and their children; (2) unsupervised visitation of children to men who had previously been violent towards the mothers, or both the mothers and children; and (3) failing to accept or give substantial consideration to evidence of intimate partner violence when determining child custody. The authors state that these practices may be failing to protect women and their children by placing them in danger as a result of granting custody or unsupervised visitation, or both, to known batterers. Specific risk management recommendations include, (1) greater accountability by family court state actors, (2) a requirement of expert consideration of IPV and child abuse, and (3) greater enforcement of current policies and laws designed to protect victims of IPV and child abuse.

78. Skivenes, M., & Stenberg, H. (2015). Risk assessment and domestic violence - how do child welfare workers in three countries assess and substantiate the risk level of a 5-year-old girl? Child & Family Social Work, 20(4), 424-436.

This article examines factors influencing what risk level child welfare workers assign to cases. To assess this, the authors provide child welfare workers with a vignette that depicts the mother of a 5-year old girl disclosing that DV has occurred. Data for this study are drawn from interviews conducted with 304 child welfare workers from Norway (n = 102), England (n = 100), and USA (n = 99). The authors find that less than 5 percent of respondents report no child welfare issues in the case or that there has been no acute harm to the daughter. Overall, few cross-national differences exist between the workers from the three different countries, with three exceptions: (1) more Norwegian workers rate the risk level as high or very

high than English and American workers, and (2) Norway workers referenced police intervention more frequently, whereas (3) English and Americans workers referenced the mother's bruises more frequently.

79. Spath, R. (2003). Child protection professionals identifying domestic violence indicators: Implications for social work education. Journal of Social Work Education, 39(3), 497-518.

This article examines the co-occurrence of domestic violence and child maltreatment, focusing specifically on cases with reported child physical and sexual abuse. The authors assess domestic violence indicators reported in by child protection social workers, district attorney social workers, and police detectives in Suffolk County, Massachusetts. Data for this study are drawn from 548 surveys completed by professionals previously involved in child maltreatment cases that had been referred to the District Attorney's Office from 1997 - 1998. The authors find a low level of agreement between the three groups of professionals on reporting indicators of domestic violence where (1) child protection social workers were the most likely to identify and report the presence of domestic violence indicators; (2) district attorney's office social workers report fewer indicators than CPS social workers; and (3) police detectives report the least domestic violence indicators. The authors make four recommendations for risk assessment: (1) professional education and in-service training for workers on domestic violence indicators and forms within families, (2) improving agency collaboration in child maltreatment cases, (3) training for relevant professions on the use of multidisciplinary models such as assessment and treatment of domestic violence, and (4) development of a system to share valuable information across agencies working on cases of child maltreatment.

80. Stanley, N., Miller, P., Richardson Foster, H., & Thomson, G. (2011). Children's experiences of domestic violence: Developing an integrated response from police and child protection services. Journal of Interpersonal Violence, 26(12), 2372-2391.

This article focuses on collaboration between the police and children's social services in cases of domestic violence (DV) involving children. The authors use retrospective analysis of DV cases in England between 2006 and 2009. Data for this study are drawn from 251 records of incidents of domestic violence and 58 interviews with police officers (n = 27), domestic violence advocates (n =

6), and children's social workers and personnel (n = 25). Risk assessment results are that slightly more than half of the cases reviewed were identified as low risk, more than one fifth were identified as moderate risk, and just over one quarter were identified as high risk. Out of 184 cases that included a narrative description in the police record, 35 incidents occurred in the context of child visitation. Furthermore, when the police reports and social work records of cases were compared, informational discrepancies included in the reports were found in 40 percent of cases. Furthermore, the authors note that, there was limited ongoing communication between social workers and the police on new or ongoing cases. Specific recommendations for risk assessment include the use of interagency teams to increase organizations' ability to share information and ongoing communication, and ensuring families who do not qualify for social services' intervention are receiving other forms of support regarding their experience with domestic violence. In terms of risk management, supervised visitation is recommended to reduce domestic violence incidents that occur in the context of child visitation.

81.Stanley, N., Miller, P., & Richardson Foster, H. (2012). Engaging with children's and parents' perspectives on domestic violence. Child & Family Social Work, 17(2), 192-201. doi:10.1111/j.1365-2206.2012.00832.x

This article focuses on the experiences of survivors, perpetrators, and young people, residing in England and Wales, who have been involved with domestic violence. It uses semi-structured interviews and focus groups conducted between 2007 and 2009 to capture the factors that facilitate and inhibit the three groups from engaging with child social services and other agencies, including the police. Data for this study are drawn from 19 young people (n= 11 female; n = 16 white-British), 10 perpetrators (100% male; n = 6 white-British), and 11 survivors (n = 10 female; most from black minority ethnic groups). Core findings indicate, (1) survivors' feelings of shame and guilt are related to their recognition that their children has been harmed by domestic violence, (2) all three groups emphasize how domestic violence forced the children to adopt adult roles and responsibilities (caring for survivor and other siblings), and (3) negative impacts on the social and school environments of young people exposed to domestic violence. All three groups emphasize the importance of, (4) agencies and police officers taking them seriously, validating their perspectives, remaining non-judgmental, and being able to intervene effectively.

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Specific recommendations for risk assessment include, (1) professionals providing a safe and supportive environment to address the concerns of all three groups independent from one another, (2) being informed about local resources and how to access them, and (3) the importance of inter-agency training. Recommendations for risk management include, (1) professionals working in pairs when engaging with violent and threatening men, (2) avoiding separation as the goal of intervention, and (3) utilizing the child's perspective of domestic violence to encourage change in parents.

82. Stanley, N., & Humphreys, C. (2014). Multi-agency risk assessment and management for children and families experiencing domestic violence. Children and Youth Services Review, 47(1), 78-85. doi:10.1016/j.childyouth.2014.06.003.

This article focuses on risk assessment and risk management conducted by child protection services, police, and domestic violence services when working with children and families affected by domestic violence. It uses gender-based feminist analyses, child welfare analyses, and a family-sensitive approach to explore literature on risk assessment and risk management strategies. Data for this study are drawn from a literature review focusing primarily on strategies in Australia, England, and Wales. Core findings include: (1) problems in multi-agency collaboration frequently originate from concerns regarding confidentiality and freedom of information, (2) multi-agency systems are being introduced more frequently in England, Wales, and Australia, (3) developing a common assessment tool poses a challenge to multi-agency risk assessment, and (4) the Barnardo's Risk Assessment Matrix may be the most promising common risk assessment tool due to its inclusion of women, children, risk management and intervention for varying levels of risk. Additionally, (5) the use of co-location is increasing as a mechanism for embedding the skills and knowledge of independent domestic violence services. Specific risk assessment and risk management recommendations include (1) increasing the collaboration of professionals involved in domestic violence cases, (2) the importance of involving women and children who experience domestic violence in the agency's process, and (3) increasing the use of all available information and resources when conducting risk assessments.

83. Thackeray, J. D., Scribano, P. V., & Rhoda, D. (2010). Domestic violence assessments in the child advocacy center. Child Abuse & Neglect, 34(3), 172.

This article explores features of child advocacy centers (CACs) that conduct domestic violence (DV) assessments on children exposed to DV. Researchers designed a survey (N = 323) to assess four major areas of CACs: the universal nature of DV assessments, the method of DV assessments, potential barriers to universal assessments, and referral practices in a CAC. According to results, the The National Council of Juvenile and Family Court Judges "Green Book" and the Family Violence Prevention Fund/Office for Victims of Crime's "Identifying and Responding to Domestic Violence: Consensus Recommendations for Child and Adolescent Health" were identified as two of the most current resources for DV assessments. Additionally, almost all centers use face-to-face interviews to conduct assessments, though only 29 percent of CACs conduct "universal assessments" (defined as assessing female caregivers during child assessments more than 75% of the time). Recommendations indicate that CACs should prioritize DV education within continuing staff education, and that CACs would also benefit from alliance and collaboration with other community DV resources.

84. Turner, W., Broad, J., Drinkwater, J., Firth, A., Hester, M., Stanley, N., . . . Feder, G. (2015). Interventions to improve the response of professionals to children exposed to domestic violence and abuse: A systematic review. Child Abuse Review. doi:http://dx.doi.org/10.1002/car.2385

This article explores how interventions for domestic violence and abuse (DVA) impact professional responses to children and families. Researchers conducted a systematic review of 21 studies, including both individual and system-level interventions that consisted of randomized control trials, pre-post test designs, and post-test only designs. Core findings are that training programs that seek to improve professional response to DVA improve participants' knowledge, attitudes, competence, and screening practice. A majority of the pre-post designs report a significant improvement in all of these outcomes in participants up to a year after intervention. Results also reveal that key components of many interventions are: (1) a post-training discussion piece, (2) "booster" sessions after the conclusion of training, (3) access to local DVA agencies, and (4) a clear protocol for intervention. Authors acknowledge that, in many studies, it is unclear

whether outcomes are improved for children and parents. Recommendations include further evaluations to address this gap in the literature, and that professional training programs collaborate with relevant organizations and initiatives to improve DVA practice for families.

85. Van Hasselt, V. B., Flood, J. J., Romano, S. J., Vecchi, G. M., Fabrique, N. D., & Dalfonzo, V. A. (2005). Hostage-taking in the context of domestic violence: Some case examples. Journal of Family Violence, 20(1), 21-27. doi:http://dx.doi.org/10.1007/s10896-005-1506-2

This article presented cases of hostage taking situations among families who are living with domestic violence. Cases were drawn from the Hostage Barricade Database System (HOBAS) of the FBI in order to examine risk factors and outcomes that may be unique to cases of domestic violence and hostage taking. The HOBAS is a database that contains information from across the United States on incidents of hostage, barricade, kidnapping, suicide, and suicide attempts. Each case in the HOBAS includes: (1) information about the perpetrator and the victim(s), (2) information about the law enforcement response, and (3) how the incident was resolved. Five cases were analyzed and provided in detail within the article. Findings from the case analysis confirmed risk factors that have been found within previous domestic violence research. Risk factors included substance use, possession of a deadly weapon, a history of domestic violence, a history of criminal activity, and separation or divorce. The article acknowledges that there is currently little to no research on hostage taking situations characterized by domestic violence. The researchers discuss an outline for a pilot study to contribute to this gap in the literature.

86. Varcoe, C., & Irwin, L. G. (2004). "If I killed you, I'd get the kids": Women's survival and protection work with child custody and access in the context of woman abuse. Qualitative Sociology, 27(1), 77-99.

This article examines how women experiencing intimate partner violence (IPV) use services related to child custody issues, and how these services can negatively impact women and children. 27 women with children and who had experienced IPV took part in qualitative interviews. Additionally, 28 service providers participated in focus groups on child custody and access. The study finds that child custody and access services are often used by abusers to perpetuate violence and controlling behavior toward their partners and children. Additionally, many women

report a general mistrust toward these systems, especially when their experiences of abuse were not validated or recognized as serious. Specific recommendations are that service providers should recognize IPV as a serious behavior pattern that affects women and children. One way to facilitate this change is to promote services that offer a strengths-based approach. Practices should also focus on integrating parent and child relationships, rather than implementing "child-centered" lenses.

87. Wahl, R. A., Sisk, D. J., & Ball, T. M. (2004). Clinic-based screening for domestic violence: use of a child safety questionnaire. BMC Medicine, 2(1), 1.

This article examines the effectiveness of a screening tool used to assess past and current domestic violence against mothers and their children waiting to see a physician. Data for this study are drawn from questionnaires with mothers in the southwestern United States attending a pediatric clinic with their child (N = 7070). The survey finds that (1) 138 (2%) of mothers indicate current exposure to an abusive relationship and 915 (13%) indicate past exposure to domestic violence. The authors argue that providing mothers with child safety questionnaires results in a significant increase in identifying and offering assistance to families affected by domestic violence. Specific recommendations made by the American Academy of Pediatrics (AAP) for risk assessment are (1) to screen for domestic violence exposure during routine pediatric visits. Risk management recommendations include, (2) have adequate social service support for positive domestic violence screens, and (3) physicians need to familiarize themselves with available resources in their community.

88. Wathen, C. N., & MacMillan, H. L. (2013). Children's exposure to intimate partner violence: Impacts and interventions. Paediatrics & Child Health, 18(8), 419-422.

This article focuses on children exposed to domestic violence. Data for this study are drawn from a review of epidemiology, consequences, assessment tools, and interventions associated with domestic violence exposure. The authors find comorbidity of intimate partner violence exposure and other forms of child maltreatment ranging from 60 to 75 percent. The study states that universal screening for domestic violence experienced by women is not an effective method for reducing subsequent violence, and that positive effects have been found in interventions using child-parent psychotherapy and trauma-focused cognitive behavioral therapy. Specific recommendations for

risk assessment include: (1) asking patients about domestic violence in private; (2) the need for clinicians to assess for all types of child maltreatment, including intimate partner violence exposure when evaluating emotional and behavioral problems; (3) the need for clinicians to be informed about appropriate referrals and services available in the community; and (4) the need for clinicians to be informed about child protection laws and their duties to report. Lastly, (5) close collaboration among health care professionals and child protection professionals is important to assisting children at risk of, or exposed to domestic violence.

89. Waugh, F., & Bonner, M. (2002). Domestic violence and child protection: Issues in safety planning. Child Abuse Review, 11(5), 282-295. doi:http://dx.doi.org/10.1002/car.758

This article focuses on the challenges practitioners face when designing safety plans for women and children who have experienced domestic violence. Child protection workers (N = 14) from the Department of Community Services in Sydney, Australia were recruited to participate in individual semi-structured interviews and focus groups. Researchers explored practitioners' attitudes toward interventions, current strategies used to ensure client safety, and any issues that enhance or impede these strategies. The authors found that practitioners who do not have a clear definition of domestic violence struggle to determine interventions and treatment for clients. Additionally, practitioners held mixed beliefs regarding mandatory reporting, and training and experience levels varied significantly among practitioners, which impacts their understanding of domestic violence. Finally, many practitioners had trouble identifying whether the focus of interventions should be on the women, the children, or inclusive of both. The article recommends that services should establish interagency guidelines for domestic violence. Such guidelines should be clearly developed for practitioners, contain shared experiences of women who have lived with domestic violence, and also provide an overview of safety planning procedures and protocols.

90. Wendt, S., Buchanan, F., & Moulding, N. (2015). Mothering and domestic violence: Situating maternal protectiveness in gender. Affilia Journal of Women and Social World, 30(4), 533-545. doi:10.1177/0886109915570925

This article focuses on mothers who have experienced domestic violence. It uses a feminist social constructivist perspective to explore the impact of domestic violence on the mother-child relationship, as well as mothers' attempts to protect themselves and their children from violence. Data for this study are drawn from semi-structured interviews conducted with nine women in Australia. Core themes for how women attempt to protect their children include: (1) physically preventing the perpetrator from assaulting or verbally abusing the children, (2) trying to "keep the peace", (3) attempting to monitor, predict, and avoid the domestic violence, (4) trying to establish consistency and normality for the children through routines, (5) attempting to please their partner to prevent the violence, and (6) attempting to "preserve" the fathers image in the eyes of their children. Specific recommendations include placing gender at the center of discussions on how to protect victims and children of domestic violence, and to stop engaging in mother blaming and judgment. Regarding risk assessment, the authors recommend that social workers examine maternal protectiveness critically in order to utilize women's strengths without mother blaming.

91. Young, H. L., Mancuso, A. F., Faherty, E., Dorman, S. A., & Umbrell, J. R. (2008). Helping child victims of family violence through school personnel: An evaluation of a training program. Journal of Aggression, Maltreatment & Trauma, 16(2), 144-163. doi:10.1080/10926770801921386

This article assesses the effectiveness of Helping Child Victims of Domestic Violence: Implications for School Personnel, an introductory domestic violence-training program provided to school personnel in rural western New York. It aims to improve the knowledge and intervention skills of employees working in a school setting. Data for this study are drawn from 664 participants' pretest and posttest responses to an 11-item survey developed by the researchers. Core findings show increased agreement on the importance of school personnel learning about domestic violence, and improvement in participants' self-rated ability to respond to a child at risk of domestic violence. While there was significant improvement in participants' awareness of

policies and procedures and community resources, more than one third of school personnel were unaware of their school's policies and procedures related to domestic violence, and half of participants were unaware of the resources available to victims in the community. Specific risk assessment recommendations include domestic violence training for school professionals, and the development of model policies and procedures related to domestic violence in schools.

92. Zink, T. (2000). Should children be in the room when the mother is screened for partner violence? Journal of Family Practice, 49(2), 130-130.

This article focuses on (1) children's role in mother's decision-making processes in abusive relationships, and (2) women's attitudes toward physicians. Semi-structured interviews were conducted with 32 mothers who were either living in shelters or participating in intimate partner violence (IPV) support groups. Interview questions asked participants to describe their abuse stories, experiences with the health care system, and how they believed the abuse had impacted their children. Responses from participants indicated that many mothers sought help from shelters or support groups when their child was hurt, acknowledged the abuse through comments, or modelled behaviours from the abuser. When mothers became aware of the impact the abuse had on their children's well-being, they were interested in taking action to protect their children. In terms of women's needs from physicians, participants desired counselling resources and referrals and information on the effects abuse have on children; however, they wanted this information to be communicated in a non-judgmental manner. Finally, women were reluctant to discuss IPV with physicians for fear of losing their children. However, they revealed that they would like IPV screenings to be conducted, even if they did not disclose instances of IPV. Results from this study demonstrate that women prioritize the safety of their children; therefore, physicians should help women make connections between family violence and child safety in an empathic way.

93. Zink, T., Elder, N., & Jacobson, J. (2003). How children affect the mother/victim's process in intimate partner violence. Archives of Pediatrics & Adolescent Medicine, 157(6), 587-592.

This article examines benefits of screening mothers for intimate partner violence (IPV) and compares them to the risks associated with the mother's safety when children are present during routine IPV screening. A series of interviews and focus groups was conducted with a sample of psychologists, social workers, domestic violence state coordinators, and physicians from the Midwest. In general, participants agreed that screening questions from the American Medical Association (AMA) could be asked in front of children younger than 2 or 3 years of age. The majority of experts felt that general screening questions could be used in front of children of all ages. Concerns regarding screening in front of older children were that the children might disclose the mother's assessment to her perpetrator. All participants reported that further questioning given to a mother who expresses unclear responses during screening should be done in private. Participants discussed the importance of screening for IPV when child abuse is identified, and vice versa, due to the established link between the two. Finally, physician's lack of knowledge regarding signs of children's exposure to IPV and the link between IPV and child abuse was identified. Physicians should educate patients on the effects of IPV and refer them to appropriate services and resources. The authors also recommend obtaining permission from the mother before screening for IPV in front of older children.

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