



**CDHPC**  
CANADIAN DOMESTIC HOMICIDE  
PREVENTION CONFERENCE  
October 17 - 18, 2017  
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London, Ontario

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CANADIAN DOMESTIC HOMICIDE  
PREVENTION CONFERENCE

**Domestic Homicide Reviews: What have we learned?**  
*Neil Websdale, Claudette Dumont-Smith, Tracy Porteous, Jo-Anne Dusel, Peter Jaffe*  
 Chair: *Cathy Menard*

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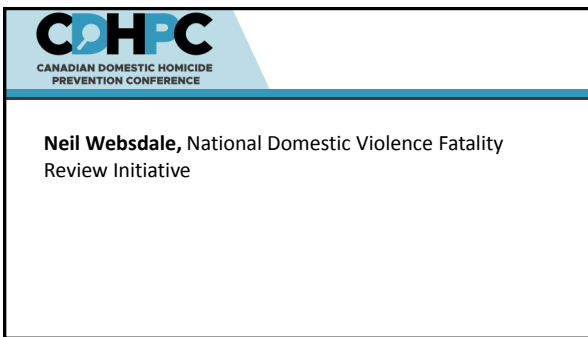
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**Neil Websdale, National Domestic Violence Fatality Review Initiative**

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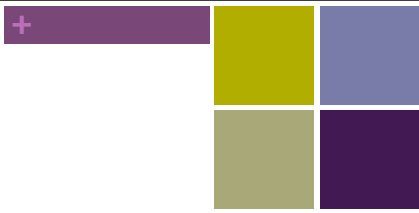
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**Domestic Homicide Review:**  
What have we learned?  
Neil Websdale

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**I. Where Have We been?**

- DVFR teams (DVFRTs) identify and analyze homicides, suicides, and other deaths caused by, related to, or somehow traceable to DV
- Teams devise preventive interventions
- Reviews are formal or informal & range greatly in depth and number
- Tremendous variation – Canada, US, UK, Australia, NZ, Portugal plus lots more interest

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**Methods & Ways of Knowing**

- Number and type of cases, methodologies vary
- Review team's capabilities
- Dangers of trying to be representative/scientific
- Politics of case selection
- Politics of imposing a grid of understanding
- Politics of obtaining information – confidentiality, privacy, do no harm

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### Team Membership

- Inclusivity, creativity
- Lenses of decedents/perps
- Various perspectives – dangers of fundamentalism!
- Role of family, friends, neighbors, and co-workers
- Community focus groups, listening groups of survivors

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### Social patterning

- IPH profoundly gendered but race, class, ethnicity, geo-social location also mediate
- About 50% of IPHs in US have prior systems contact but low collaboration, communication, coordination
- About 50% female victims appear to die in relative isolation with no or few "system contacts"
- IPH stylized with telltale histories but much knowledge remains hidden

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### Majority of female perpetrators experienced prior abuse by victim

- However, not all female perpetrators were acting in self defense
- May have been prior abuse but the IPH not defensive
- Bidirectional violence
- Financial reasons, revenge, new partner, mental illness
- Cannot sweep these under the rug

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## + Mark Twain

Most people use statistics like a drunk man uses a lamppost; more for support than illumination




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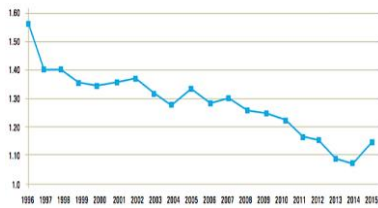
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## + Violence Policy Center, 2017

Rate of Women Murdered by Men in Single Victim/Single Offender Incidents 1996 - 2015




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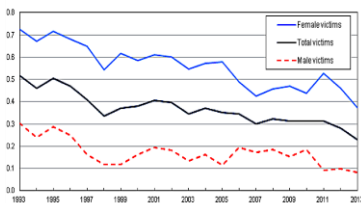
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## + Cotter, 2014

Intimate partner homicides, by sex of victim, Canada, 1990 to 2013

rate per 100,000  
population aged 15  
and over




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### + Apparent consequences of DVFR work

- Storer, Lindhorst, and Starr (2013) found two major changes effected as a result of DVFR:
- DV resources be made available for battered women with limited English proficiency (LEP)
- Police learn to routinely screen for suicidal tendencies among abusers

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### + General Changes

- System changes – many examples, see ndvfri.org.
- HOPE card - Montana.
- New laws/protocols/practices - many examples, see ndvfri.org
- Florida – see the tracking of recommendations reported in the Faces of Fatality Reports (2014, 24-25; 2013, 13)

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### + II. Challenges We Face

- Teams devise preventive interventions but cannot compensate for various socio-historical horrors
- Globalization of capitalism, automation, inexorable rise of disenchanting bureaucracies, rise of much cheaper labor markets, rise of service sector – affect tax bases, state infrastructure
- Effects families, battered women, batterers, & children

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## Trends

- Steepest US decreases in the African American community, particularly among AA men
- BUT medical advances might be much more significant than CJ responses or CCRs
- The IPH rate reductions coincided with improved medical interventions especially to inner city
- Harris et al., (2002) - explored US homicides and aggravated assaults from 1960-1999

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## Medical Interventions

- Harris et al., estimate that without the impact of improved EMS, the 15,000-20,000 average homicides (1994-1999) would have been 45,000-70,000!
- Improved medical care reduced the lethality of violent assaults by 2.5-4.5%/year. Rise of trauma centers!
- Modern wound care, antisepsis, antibiotics, anesthesia, fluid replacement, trauma surgery, and emergency services

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## Medical Interventions

- CDC: The estimated number of people wounded seriously enough by gunshots to require a hospital stay, rather than treatment and release, rose 47% to 30,759 in 2011 from 20,844 in 2001
- Information from more than 900 trauma centers in the U.S., also found a decrease in the death rate for victims admitted for stab wounds

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### + Recent crime counting research

- Walby et al. (2015) lifting the cap on counting high frequency violent crime reveals increases in VAW since 2008
- Capping – UK (5), US (6), Mexico (5), Canada (3) – series of more than five crimes capped at 5, even if victim assaulted 6, 10 or 13 times Challenges pacification model, self-control, etc.
- 2008 recession had disproportionate effects on women – resources, leaving, earnings, etc

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### + The challenges of tracking outcomes of DVFR work

- Does the spread of DVFR imply it is useful?
- We do not know the outcomes of DVFR work
- We need to know about:
  1. The implementation of team recommendations
  2. Changes in law and law-like systems
  3. Team expansion

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### + The challenges of tracking outcomes of DVFR work

4. Public education and awareness campaigns concerning DV
5. Shifts in the collaboration, communication, coordination, cooperation, and integration between agencies and stakeholders
6. Changes in rates of IPV, IPH, and DV & related factors

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### The challenges of tracking outcomes of DVFR work

- 7. Shifts in resources/funding allocations
- 8. Attitudinal shifts regarding DV/related behaviors
- 9. Increased access of DVFRs to government
- 10. Links between DVFR work & risk assessment and management, CCRs, safety and accountability assessments, & family justice centers

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### III. Future Directions

- New questions/issues
- Surviving children?
- Working with perpetrators?
- The virtues of working together

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### New questions/issues

- Reviews also raise new questions/issues such as:
  - Why doesn't he leave?
  - Emotional isolation of perpetrators
  - The problematic notion of control
  - Humiliated fury
  - The centrality of anger

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### New questions/issues

- Challenging notions such as battered woman syndrome, the cycle of violence, learned helplessness, and stock scripts
- Through reviews battered women appear to have much more agency or resistive maneuverability
- Case reviews convey a strong sense of the complexity of human lives, contradictions

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### New questions/issues

- Traditional advocacy perspectives often downplay battered women's complexity
- Understanding battered women's agency helps us understand abuser's tactics and better inform our safety planning
- Safety planning ought always remember victims can NEVER really know what perpetrators are capable of doing

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### Child and Adolescent Survivors of Parental IPH

- 3,000-4,000 per year
- Children witnessed 35% of the homicides and 62% of attempted homicides (Lewandowski et al., 2004)
- Montgomery County, Ohio, DVFRT, 2008:
  - Children lived at home in nearly 50% of the cases of IPH
  - 63% of them witnessed the event

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### Challenges with Information

- DV fatality review teams largely do not systematically collect this information
- Child welfare systems do not systematically collect information
- Arizona Child & Adolescent Survivor Initiative (ACASI)
- Montana, Georgia, Florida, California all interested in these issues

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### Complex Trauma

- Complications involving legal cases resulting from the event
- Prior abuse histories
- PTSD
  - Bedwetting
  - Fascination with guns and weaponry
  - Nightmares
  - Flashbacks
  - Headaches
  - Earaches
  - Sleeplessness

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### Complex Trauma

- "Veil of Silence"
- Feelings of shame
- Loss of familiar belongings
- New living situations and family and social dynamics
- Dual identity struggles
- Fear of the perpetrator targeting them
- Attachment problems

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## Complex Trauma

- New experiences of abuse or perpetration
- Suicidality
- Ill-equipped caregivers
- Limited resources
- Lack of training among professionals

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## Interviewing perpetrators? Potentially valuable




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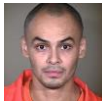
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## Perpetrator biographies and social structure

"Most (male) killers are best understood as untreated traumatized children who inhabit and control the minds, hearts, and bodies of adult men." (James Garbarino)




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### + Possible memory impairment

- 25%-40% of violent offenders claim amnesia
- "One can never know for certain what is going on, or has gone on, in another person's mind." (James Gilligan)
- Malingering (faking):
  - Motive to reduce responsibility, guilt
  - Provides excuse not to discuss crime
  - More common for violent and sexual crimes
  - Ongoing debate about the prevalence of genuine amnesia

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### + IPH as Community/State Problem

- Working together
- What do we know from other sectors?
- Medicine
- Nuclear Power
- Aviation

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### + Medical Error Deaths

- Mean rate of death from medical error of 251,454 patients per year in the US
- Makary, M.A. & Daniel, M., 2016, "Medical error-the third leading cause of death in the US," BMJ, 353, 2139

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### + Radioactive wolf from Chernobyl




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### + Sully's Landing on the Hudson




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### + Aviation risk management

- Captain Chesley Sullenberger on the collaborative nature of aviation risk management, "You take a team of experts and make them into an expert team"
- Deaths per passenger-mile flown over the last 40 years diminished greatly. Nowadays, a couple of hundred people die each year in plane crashes in the U.S.

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+ It is better to light one candle than  
curse the darkness – Chinese Proverb

■ Adlai Stevenson, US Ambassador to the UN, in a tribute to Eleanor Roosevelt after her death (November 7, 1962) commented,

■ "I have lost more than a beloved friend. I have lost an inspiration. She would rather light a candle than curse the darkness, and her glow has warmed the world."

■ Is it not possible that if we can do our review work well, with respect, through the complex lens of the lives of lost loved ones, and in homage to them, that we can warm the world a little? Do we not owe victims at least that and probably much, much more?

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**Claudette Dumont-Smith**, Former President, Native  
Women's Association of Canada

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Preventing  
domestic  
homicide in the  
Indigenous  
community

Challenges and Opportunities

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*"Violence in Aboriginal women's lives is pervasive, and is compounded by violence and systemic and institutionalized racism as well as the effects of historical violence, such as residential schools, the Indian Act, and other legacies of colonization. Violence in many Aboriginal women's lives is a daily occurrence, for too many women have died either by murder or by their own hand. Many governments have been willing to fund studies and reports, but very few have been willing to step up and fund the long-term solutions to the problem of violence against our women and girls..."*

1. Interim Report Call into the Night: An Overview of Violence Against Aboriginal Women. Standing Committee on the Status of Women. March 2011.

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## Overview of the Aboriginal peoples in Canada

- Aboriginal peoples in Canada, as defined in the Constitution, include the First Nations people, Metis and Inuit.
- They make up slightly over 4% of the total Canadian population.
- About 61% are First Nations; 32.3% as Metis and 4.2% as Inuit.
- They are a young population with more than a quarter (28%) being less than 14 years of age and 18.2% are between the ages of 15-24.
- Most of the First Nations live in Ontario and the western provinces.
- There are about 600 First Nations communities in Canada with over 60 different languages

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## Con't

- The majority of the population in Nunavut and the Northwest Territories are Aboriginal and in the Yukon, they account for 1/3 of the population
- Nearly half (49.3%) of the First Nations live on-reserve or in an Indian settlement with the remainder living off-reserve.
- Winnipeg, Edmonton and Vancouver have the highest number of registered First Nations
- They are the fastest growing population in Canada

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## Profile of Aboriginal women in Canada

- Projected that the female Aboriginal population will continue to increase to between 987,000 to 1.3 million by 2036. Female population also increased by 20% in a five-year period (2006-2011).
- Over 1/3 of the First Nations women live on-reserve with the rest living off-reserve
- Largest concentration of women and girls live in Winnipeg, Regina and Saskatoon.
- The median age of Aboriginal females is 29 years compared to 41 for the Canadian female population
- Women living on-reserve and Inuit women living in Nunangat are more likely to live in crowded or dilapidated houses needing major repairs.

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- In 2011, only half of Aboriginal women between 25-64 had postsecondary education.
- They have lower literacy and numeracy scores compared to non-Aboriginal women
- Aboriginal women experience higher unemployment rates.
- In 2010, their median income was lower than Canadian women in 2010 (\$19,289 compared to \$24,842)
- Low economic status – many women and their children live in poverty both on and off-reserve.
- 12% of First Nations women aged 25 and older attended residential schools with the number who attending residential schools increasing with age (28% of women over 65 attended residential schools). 21% of Inuit women aged 25 and over and 31% of Inuit women over 55 also attended these institutions. 4% of Metis women aged 25 year of age and over stated they also attended residential schools

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- Statistics currently indicate that Aboriginal women are 7-8 times more likely to be murdered than their Canadian counterparts.
- 24% of Aboriginal women reported being victims of domestic violence
- Aboriginal women are more likely to report severe and potentially life-threatening forms of violence (choking, use of gun or knife or being sexually assaulted)

## 49 Challenges in addressing violence:

- Systemic racism
- Ongoing effects of colonialism
- Intergenerational trauma
- Loss of culture and identity
- Inequality
- Lower education attainment
- Overcrowding
- Remoteness or isolated community
- Lack of services or access to services for women fleeing violence especially in remote/isolated areas
- Not enough culturally-appropriate services in urban areas
- Inadequate response or understanding by the justice system ie. Police, judicial and correctional systems
- Substance abuse (alcohol and drug abuse)
- Shortage of policing, health and social services providers especially in remote and/or isolated communities
- Lack of violence-prevention programs to raise awareness suited for various age groups
- Not enough shelters, transitional/second stage housing to assist women fleeing violence

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- Non-affordable housing for women and their children when leaving their community
- Transportation costs, especially in fly-in communities, too high
- Difficult to leave community and family supports
- Normalization of violence
- Stigma and shame in speaking/reporting about violence

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## 51 Opportunities: TRC – 94 Calls to Action

- Child Welfare
  - Five calls to action
- Education
  - Seven calls to action
- Language and Culture
  - Five calls to action
- Health
  - Seven calls to action
- Justice
  - Eighteen calls to action

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## 52 RECONCILIATION



- Canadian Government and the United Nations Declaration on the Right of Indigenous Peoples
  - Two calls to action
- Royal Proclamation and Covenant of Reconciliation
  - Three calls to action
- Settlement Agreement Parties and the United Nations Declaration on the Rights of Indigenous Peoples
  - Two calls to action
- Equity for Aboriginal People in the Legal System
  - Three calls to action
- National Council for Reconciliation
  - Four calls to action

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## 53



- Professional Development and Training for Public Servants
  - One call to action
- Church Apologies and Reconciliation
  - Four calls to action
- Education for Reconciliation
  - Four calls to action
- Youth Programs
  - One call to action
- Museums and Archives
  - Four calls to action
- Missing Children and Burial Information
  - Six calls to action
- National Centre for Truth and Reconciliation
  - Two calls to action

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- Commemoration
  - Five calls to action
- Media and Reconciliation
  - Three calls to action
- Sports and Reconciliation
  - Five calls to action
- Business and Reconciliation
  - One call to action
- Newcomers to Canada
  - Two calls to action

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## Existing Resources:

1. Awo Tan Healing Lodge, Calgary, AB
2. Begoodenoo Neeshdum, Chisasibi, QC
3. Circling Buffalo Program, Erickson, MN
4. Gignoo Transition House, Fredericton, NB
5. Ikwe widdjitiwin, , Winnipeg, MN
6. Islands of Safety, Vancouver, BC
7. Kataujaaq Society Safe Shelter, Rankin Inlet, Nunavut
8. Kaushee's Place, Yukon
9. Millbrook Family Healing Centre, Millbrook, NS

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10. Onyuota:ika Family Healing Lodge, London, ON
11. Soaring Spirit Healing Program, Vancouver, BC
12. Tahsahtwekyahht Transitional Housing for Victims of Violence, Southwold, ON
13. Watson Lake Yukon Women's Shelter and Transition Home, Watson Lake, YK
14. Waycobah M'kmaw Family Healing Centre, Cape Breton Island, NS
15. Ganohkwasa Family Violence Program, Ohsweken, ON
16. Atlohsa Native Family Healing Services, London, On
17. **NATIONAL ABORIGINAL CIRCLE AGAINST FAMILY VIOLENCE**

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## Managing Risk for Aboriginal Women

- NEED TO DEVELOP AN ABORIGINAL-SPECIFIC RISK ASSESSMENT TOOL SUITED FOR THE FIRST NATIONS, METIS AND INUIT POPULATIONS
- Must be a coordinated and multi-disciplinary (holistic) approach to address violence against women
- Solutions must be tailored to the community needs

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- Implementation of the TRC's calls for action
- NEED FOR AN ABORIGINAL DOMESTIC VIOLENCE DEATH REVIEW COMMITTEE TO REVIEW DEATHS AND PROVIDE RECOMMENDATIONS TO DECREASE THE NUMBER OF DOMESTIC DEATHS IN THE ABORIGINAL POPULATIONS. (SIMILAR TO THE NATIVE AMERICAN DOMESTIC VIOLENCE FATALITY REVIEW TEAM, MONTANA, USA).

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- Thank you, Migwech, Merci
- Claudette Dumont-Smith

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**COHPC**  
 CANADIAN DOMESTIC HOMICIDE  
 PREVENTION CONFERENCE

**Tracy Porteous**, Executive Director, Ending Violence  
 Association of BC

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ENDING


VIOLENCE

Association of BC

Canadian Domestic Homicide Prevention

Conference

October 18 & 19, 2017  
London, Ontario

Tracy Porteous

Executive Director

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Coordination is Needed Across All

Policy Areas

Coroners' inquests and/or inquiries across

Canada have revealed, over and over **what**

**was missing** in most lethal cases =

A **coordinated, cross sector**

**response system**

These findings echo similar Recs in many

Federal/Provincial/Territorial reports.

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Many Know Some Factors – No One

Knows Everything

In DV cases we have great opportunity to PREVENT

DEATHS AND TO PREVENT MORE VIOLENCE by

assessing risk and putting in place appropriate safety plans.

Most families struggling with violence have had contact with

**at least some systems** and/or community services.

Child Protection

**Anti Violence**

Income Assistance

**Band Health**

Immigrant Services

**SPCA**

Police

Schools

Health

**LGBT2S**

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**High Risk Response  
BC ICATs**

In BC we have created high risk committees called ICATs, or Inter-Agency Case Assessment Teams.

Purpose

- 1) To identify highest risk cases of domestic violence
- 2) To talk freely with other agencies about the risks and safety
- 3) To collaboratively do risk assessment, collaboratively create a safety plan and collaboratively manage offenders

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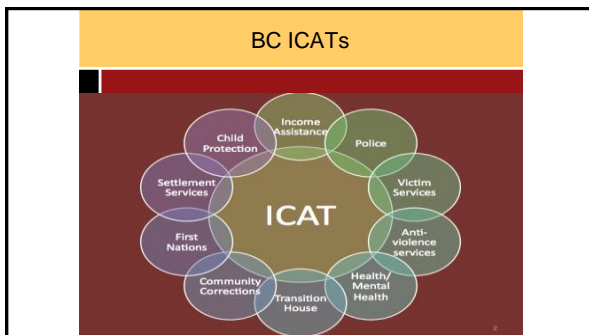
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## BC ICATs

Survey of 21 active ICATs in August 2015

Total cases reviewed	639
Cases found to be highest risk	556 (87%)
<b>Total number of people involved</b>	<b>1701</b>
Number of children (39% of all involved)	662
Number of Deaths	0

EVA BC ICAT File Review 2015

## BC ICATs

Communities reported that of the 662 children in ICAT cases, only 46 (6.9%) were moved by ministry

Only 60 of 556 (10.8%) active ICAT cases had breaches of court orders once the ICAT file was opened

Only 27 of 556 (4.9%) cases had further violence once the ICAT file was opened

EVA BC ICAT File Review 2015

## Leave No One Behind

EVA BC Provincial body with over 300 community anti violence programs and partnership initiatives across BC

Committed allies working with Indigenous women and leadership, Immigrant Serving orgs, Disability orgs, Queers and LGBT2S, Rural women, older and young women, Sex workers for 25 years

Have done numerous reports in partnership across sector and across culture for 25 years – 2 BC DV Death Review Panels

In collaboration with others we have come up with hundreds of Recs for the Province or BC and the Feds and our BC Coroner re: reducing risk, improving system response and increasing safety

**\*\* VIOLENCE IS NOT ROOTED IN CULTURE, BUT IN PATRIARCHY** 69

## Leave No One Behind

- ✓ Never hesitate to ask for more information – don't assume someone else has the info if you don't
- ✓ Bring everyone to the table with info – Police, Child Protection, Anti Violence, Band SWerks, Friendship Centres, Immigrant Services, Disability Advocates, those who work with Deaf Women, Sex Workers and LGBTQ2Q advocates – should be involved in risk assessment
- ✓ Set up formal coordination across sector and across culture
- ✓ Treat every case of DV as a potential homicide until you know differently
- ✓ Ensure every responder knows the DV risk factors, esp stalking, strangulation, sex assault, threats, depression, escalation .... Including those named above
- ✓ Know that women rarely exaggerate their fear/often minimize it

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## Leave No One Behind

- ✓ Encourage all community partners to coordinate – reach out
- ✓ Don't wait for marginalized groups to come to you – drive out to the Reserve – Meet with Leadership – Offer friendship, mutual knowledge sharing
- ✓ Ensure your response is culturally competent and safe and that you walk with cultural humility
- ✓ Also reach out to Immigrant and Refugee Services, Disability orgs and others – they too should be at your coordination and high risk tables
- ✓ Ensure victims/survivors have been effectively referred to community advocate – **closely associated with survival**

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## Leave No One Behind

- ✓ For those new to Canada – Immigration Status is everything
  - ask about it
  - many offenders threaten their spouse's removal
  - never assume she will be ok/not removed
  - work with lawyers who can help with immigration and refugee law
  - ask about children and custody, paperwork
- ✓ Evidence suggests offenders:
  - Hide or destroy important documents
  - Fail to submit immigration papers
  - Withdraw or threaten to withdraw immigration papers
  - Threaten to report her to immigration/have her deported
  - Lie to her about her immigration status
  - Threaten to take her children away

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## Leave No One Behind

- ✓ Not allowing her to learn English or pursue educational/vocational opportunities
- ✓ Try to Fast Track a Temporary Residency Permit – women with no status at much higher risk
- ✓ Offer to provide DV training to immigration staff and border guards, immigrant and settlement services, English language schools
- ✓ Respect that many people have been brutalized by police/state – that goes for Indigenous people as well
- ✓ Trust is earned and should never be expected

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## Leave No One Behind

- ✓ Understand and ask about family, faith and collectivist networks
- ✓ That could be all she has – could be strength or could be risk
- ✓ Ask about pre-migration exp. – refugee camps and sexual violence
- ✓ Post-migration strain, stigma and depression is very real - status
- ✓ Just because offender may be in custody will not mean she is safe, may be risk from other family – brother, father, grandmother
- ✓ Be careful of assuming "good enough" English – offer language interpretation
- ✓ Smiling and laughing is a sign of trauma not inauthentic statement

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## Importance of Information Sharing

Sunny Park

[https://www.youtube.com/watch?v=v\\_mQU1FQkCKk](https://www.youtube.com/watch?v=v_mQU1FQkCKk)

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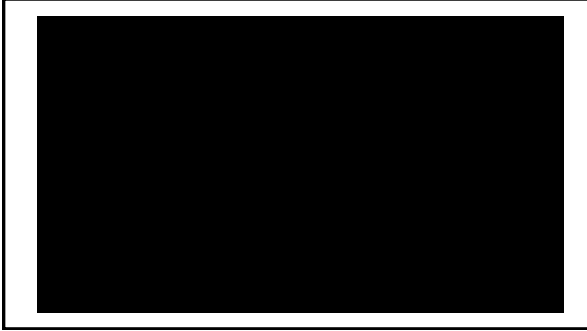
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### Leave No One Behind

- ✓ Ensure interpreters are not connected in any way to their faith or cultural community or to offender
- ✓ Assume she will need to build knowledge of how systems work here – most Cnd women need this too
- ✓ If woman have sponsored a spouse to Canada – ask about the Sponsorship Debt Undertaking they signed – they will need legal counsel for this too
- ✓ **Where are your services – can you locate a mobile services in Settlement Service, Hair Salon, English language schools...**

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### Leave No One Behind

- ✓ Know that being impartial does not = being without compassion – Does she need child care, food, connection to other immigrant women
- ✓ Know how very complex this is – connected to offender by love, family, children, community, faith, dependency, managing violence
- ✓ Know that trauma affects **how** people who have been terrorized **remember and articulate** what happened, be very patient esp history of violence or if English not first language – Get Trauma training and Cultural Company Training
- ✓ Very few – other than police and firefighters are taught to move towards danger – most victims don't fight back – flooded by cortisol

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Leave No One Behind

- Recent study- unprecedented scope - violence against women over four decades - 70 countries - every region of the world - differing political systems - rich and poor countries
- Encompassed 85% of the world's population
- The complex data analysis took the researchers five years to complete
- In the author's words, "the most important and consistent factor driving policy change on violence against women is feminist activism."
- We are here today largely because of the relentless pushing of women for social change on this epidemic – many men have become unwavering allies and clearly our path forward is together
- Ensure you have a funded, well supported and active network of feminist anti violence programs

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COHPC

CANADIAN DOMESTIC HOMICIDE PREVENTION CONFERENCE

**Jo-Anne Dusel**, Provincial Association of Transition Houses and Services of Saskatchewan

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Intimate Partner Homicide

in a Rural and Remote Context

Jo-Anne Dusel  
Provincial Association of Transition Houses and Services of Saskatchewan (PATHS)

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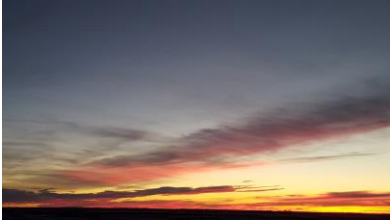
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Rates of Family Violence and Intimate Partner Violence including homicide occur more frequently in rural and remote areas.



Incident-Based Uniform Crime Reporting Survey (UCR2) 2004 - 08

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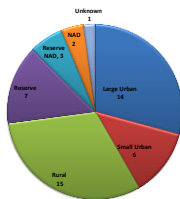
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### Saskatchewan Domestic Homicides 2005 -2014




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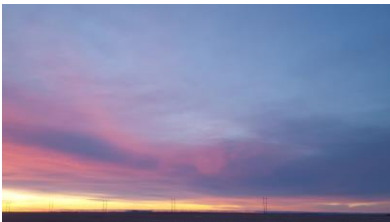
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Physical and social isolation, lack of services, perception of lack of confidentiality, traditional family values and firearms

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Concern for pets or livestock, loss of community and family support systems, joint ownership of family land, long waits for RCMP or medical response.




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First Nations, Metis and Inuit –  
impact of colonization, residential schools, systemic racism,  
intergenerational trauma, loss of culture

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Opportunities: community building, implement local solutions, early  
education and intervention




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Public education and awareness, targeted training for service providers, equitable funding of resources, provide skills & tools for safe intervention

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Focus on prevention, reach to those at risk of using violence, provide services for the whole family




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**Peter Jaffe**, Professor, Education, Western University  
Academic Director, Centre for Research and Education  
on Violence Against Women & Children

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**Harm to Children**

- 10-20% of domestic homicide victims are children (based on Canada, US, NZ and AU Fatality Reviews)
- Those who survive may be eye witnesses to horrific tragedy and trauma
- Many lose one or both parents – some are caught in subsequent custody disputes between paternal and maternal family systems – few receive counselling

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**Children Killed in the Context of Domestic Violence**

Three situations in which children were killed within the context of domestic violence

- Indirectly as a result of attempting to protect a parent during a violent episode
- Directly as part of an overall murder-suicide plan by a parent who decides to kill the entire family (altruistic motivation)
- Directly as revenge against the partner who decided to end the relationship or for some other perceived betrayal.

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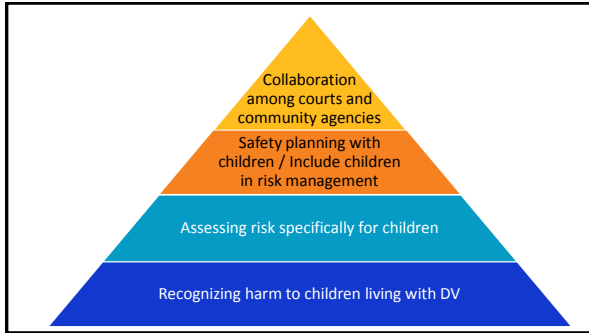
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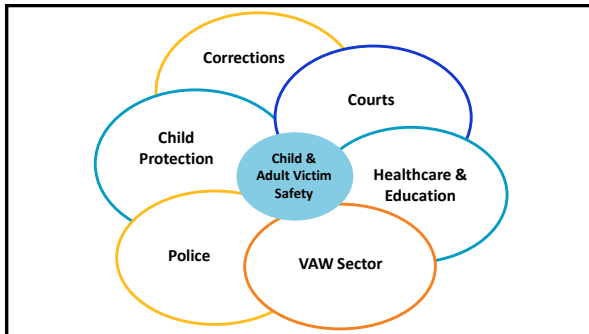
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### The Work Ahead: The Gap between Theory & Practice

- Basic Awareness
- Training – Children need to be included in Risk Assessment, Safety Planning & Risk Management
- Dealing with Burnout & Vicarious Trauma
- Standards – e.g. Association of Family and Conciliation Courts

- [Task Force on Guideline for Examining Intimate Partner Violence: A Supplement to the AFCC Model Standards of Practice for Child Custody Evaluation](#)
- Access to Resources
- Sharing Information
- [Genuine Collaboration](#) with all community & justice partners
- Innovation

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