




Strengthening Safety Networks For Children Living With Domestic Violence: Community Partnerships that Address Safety Planning and Risk Management Strategies

Maureen Reid MSW,
Colleen Innes MSW

Objectives for Workshop

- Understand the child protection mandate in Ontario related to domestic violence and identify themes related to missed opportunities
- Identify the role of child protection in safety planning, coordinating services to families, and engaging fathers in risk management planning
- Identify ways to distinguish high risk imitate partner violence cases from high conflict custody and access cases
- Examine the experience of one community's effort to coordinate services to families identified as high risk for serious harm or lethality

M



Domestic Violence and Child Protection Mandate

M

Murder-suicide: 'My heart breaks for this woman,' says mother who experienced similar nightmare
How dark a place do you have to be in to kill somebody you love?

BY MICHELLE MANDEL, TORONTO SUN

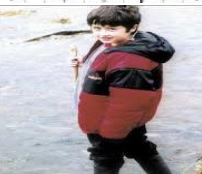

FIRST POSTED: WEDNESDAY, AUGUST 22, 2017 07:48 PM EDT | UPDATED: WEDNESDAY, AUGUST 22, 2017 08:48 PM EDT

It is often a final, horrible act of never. Or the desperate, twisted deed of a mind.


How could any parent kill their own child? That is the question that echoes through the city on news Zsuzsanna Csisz this week took the life of his six-year-old son, Csisz, who had been killing himself in his East York apartment.

That little boy would have trusted his dad, would have expected that the father he adored would do everything in his power to protect him. Instead, that little boy was killed in the most unorthodox way. Only someone so mentally ill — so desperately sad — could snuff the life of their own flesh and blood while taking their own.

Police: 6-year-old boy's death was linked to his father's mental health
The boy's father was on medication for mental health issues, police say. (CNA)





Child Protection And Domestic Violence




partner violence not a stand-alone form of child maltreatment...


2013 review paper
Wathen 60-75% co-occur



all referrals to a CAS are screened for partner violence



does not meet the definition of a child in need of protection under the CFSA.



role of CAS is to intervene where adult behaviour or victimization has a direct or observable impact on a child's safety and well-being.

Processing a Referral that Includes D.V.

Factors considered include but are not limited to:

- child vulnerability;
- the frequency,
- level and nature of violence;
- the relationship between the adults involved in the violence;
- the severity of child maltreatment;
- the degree to which the child is involved in the events; and parent/caregiver response

The harm or risk of harm determination is variable-

- worker's knowledge of dv
- quality of information gathered to assess
- other circumstances occurring with the family



Child Protection Process-
Eligibility for Service

Eligibility Spectrum Codes for Determining Service

Reports of domestic violence involving children who are exposed are under Section 3:

3 (Emotional Harm)

3 (Child Exposure to Partner Violence)

A-J (degree of seriousness determines opening)

London Codes Jan.- June of 2016-375 Opened (Re) Investigations

Code	Opened	Reopened
3.3.A	1	2
3.3.F	20	5
3.3.H	258	84
3.3.I	1	1
3.3.J	2	1
Total	282	93
	33H- risk of emotional or mental harm	

Rating Scale for Exposure to Partner Violence

E. Risk of Dangerousness and Lethality –

- Partner Violence It is alleged/verified that there is an escalating risk of violence due to a pending separation and/or depression of the maltreater and/or obsessive behaviour of the maltreater, and it is compounded by a history of threats to kill the victim and/or prior history of partner violence. and/or It is alleged/verified that there is a serious and immediate threat to a child safety because a caregiver/parent and/or
- his/her partner is stalking, harassing, uttering threats of kidnapping, death, or suicide or has used a weapon or confined family members in the context of partner violence.

11

Questions Remain



How will this code be determined?

What criteria will CAS's use?

12

HOW IS LETHALITY RISK ASSESSED?

Top Three Risk Factors From Ontario DVDRC 2003-2015

History of Domestic Violence
73%

Actual or Pending Separation
67%

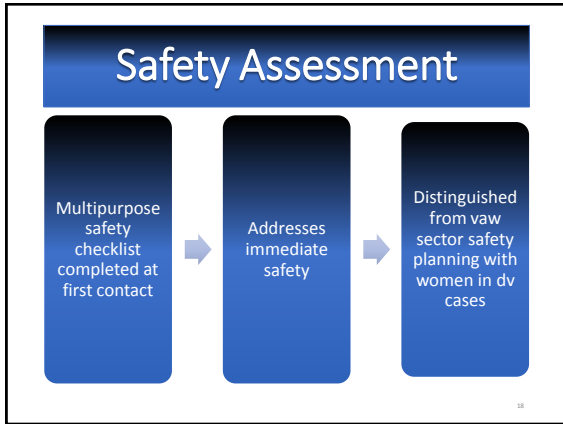
Obsessive behaviour by the
perpetrator 48%

72% of cases reviewed had 7
or more risk factors

Assessing For Lethality

- One study:
 - examined the utility of three common risk assessment tools (Danger Assessment, B-SAFER and ODARA) in cases of child domestic homicide
 - No differences in assessed risk scores were found between cases where children were killed and cases where children were present in the family but not killed
 - In both types of cases, mothers were assessed as high risk
 - These results support the notion that when a mother is at risk of lethality, children may also be at risk
 - This study is based on a small number of cases and requires replication with a larger sample

Child Protection Process- The Safety Assessment



Ontario Safety Threat Descriptors Pertaining to DV	
10. Partner/adult conflict exists in the home and poses a risk of serious physical and/or emotional harm or neglect to the child.	<ul style="list-style-type: none"> - Child injured in conflict between caregivers or between caregiver and another adult or is at risk of physical harm. - Child has suffered or is at risk of suffering emotional harm as demonstrated by serious anxiety (e.g. nightmares, insomnia), aggressive behaviour, self-destructive behaviour, delayed development or withdrawal related to situations associated with exposure to partner/adult conflict. - Child demonstrates signs of fear (e.g. cries, cowers, cringes, trembles) as a result of exposure to partner/adult conflict in the home. - Child's behaviour increases risk of physical injury (e.g. attempting to intervene or participate during violent dispute). - Adults use weapons or other instruments in a violent, threatening and/or intimidating manner. - There is evidence of property damage resulting from partner/adult conflict.

Ontario Safety Plan Document	
4. Parent/caregiver to appropriately protect victim from the alleged perpetrator	A non-offending parent/caregiver acknowledges the safety issues, is willing and able to protect child from the alleged perpetrator, and agrees to take immediate action to ensure the child's safety. Examples include an agreement that child will not be left in the care of the alleged perpetrator, or non-offending parent/caregiver agrees to assume all parenting responsibility to safeguard child.
5. Alleged perpetrator to leave the home, either voluntarily or in response to consideration of legal intervention	Alleged perpetrator agrees to leave the home, is forced to leave the home by the non-offending caregiver, or is removed from the home because of legal constraints (e.g. criminal charges, Band Council Resolution, restraining order).

Ontario Safety Plan Document

6. Non-offending parent/caregiver to move to a safe environment with the child
- A non-offending parent/caregiver moves with the child to a safe environment (e.g. shelter, Band safe house, hotel, home of extended friends or family) where there will be no access to the alleged perpetrator.

21



Child Protection Process- The Risk Assessment

22

Item from the Risk Assessment Pertaining to DV

6.	Primary Parent/Caregiver Provides Physical Care Inconsistent with Child's Needs			A6.	Partner/Adult Conflict in the Family in the Past Year		
	a. No	0			a. No	0	
	b. Yes	1			b. Yes (Number of Incidents)	2	
7.	Primary Parent/Caregiver has a Past or Current Mental Health Problem			A7.	Primary Parent/Caregiver Characteristics (check applicable items, add for score). Maximum score 3.		

23



Verifying Child Protection Concerns-What Happens Next?

24

Child Protection and Domestic Violence

Open a file is opened is typically in the mother's name

**NOT IN THE NAME OF THE PARTNER WHO IS
CREATING THE RISK- THIS CAN BE RE-VICTIMIZING**



Dilemma for Child Protection

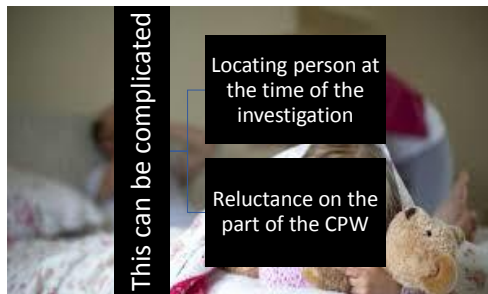
- Many of the cases involving IPV are also assessed to have other risks with respect to child protection
- Co-occurring issues related to drug use, supervision issues, limited parenting skills make these complicated cases to service





27

Child Protection Standards Require Interviewing the Abusing Partner...



28

Purpose of C.P. Involvement with the Abusing Partner Should Be

- Hold them accountable for their abusive behaviour
- Need to assess risk and develop a risk management plan
- Increase their motivation to seek help and change their behaviour



Child Protection Mandate Dilemma's

Child protection focus is on risk(s) to the child,
Often expectation is woman's leaving will resolve child's risk

BUT



Dilemma in Child Protection in Cases Where Parental Separation has Occurred



Separation can pose significant risk
How is this assessed?

Is that risk recognized in family court proceedings if CAS close?

31

Dilemma in Child Protection in Cases Where Parental Separation is Enforced by CAS

Supervision order- imposes immediate authority structure on the abusive partner can be important tool in risk management

HOWEVER

Issues have emerged with protracted litigation and over reach of terms on victim parent

And....

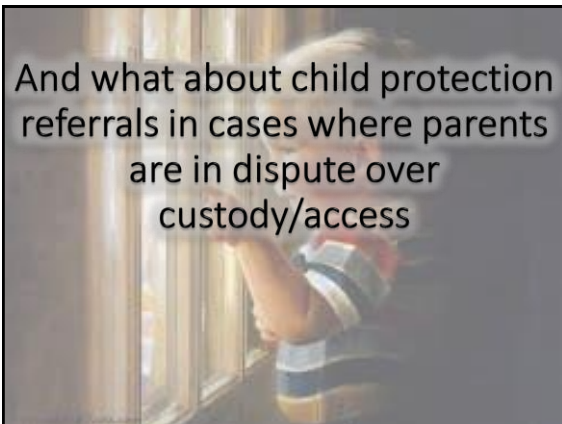
Many cases involve parents who either **do** reunite or **want to** reunite **before** abuse issues are addressed



In those cases, what is the process for assessing risk, safety planning, risk management?

34

And what about child protection referrals in cases where parents are in dispute over custody/access



Referrals About Child Maltreatment When There is a DV History

both parents are scrutinized but
often mother is parent they
work with even with a dv history



conflict can be viewed as mutual,



both parents may be seen as
harming children emotionally



CAS may be skeptical about
referral

But Getting Involved with Parents Who Are In Dispute About Custody and Access Is Difficult



Email Referral From DV Transition Worker to CAS Liaison

- I spoke to a woman on the phone today and I am really concerned for the safety of her children. She is most concerned about her 11 year old. This woman tells me that her ex was charged and convicted of assault with a weapon against this child (he hit her with a beer bottle). CAS was involved and interviewed the woman and her other three children. The woman reports the file was closed because this is a contentious c&a battle and the assault was an isolated incident. According to the woman this is not an isolated incident. Here is the kicker, she is being charged with contempt of court because the child refused to go see her father and the woman didn't make her. So tomorrow the child has to go spend 1 hr. with him, then next week 2 and so on.....

Challenges for Child Protection



In too many cases woman is responsible for navigating her way through family court to achieve child safety



In the absence of being able to demonstrate the child is presently 'in need of protection', CAS is expected to maintain neutrality with respect Family Law matters.



Dilemma is that there is no case management function for parents in family law matters, system broken- costly and slow

Key Practice For Child Protection Investigations Where There Is A History of DV and Custody/Access Disputes

- When investigating reports of maltreatment:
 - Develop all alternative hypotheses
 - Assess for the ongoing dynamics of 'coercive control'
 - Investigate the history
 - Interview the children separately and use forensic interviewing techniques
 - Consult and collaborate
- Child protection involvement may provide a much needed conflict management role, or failing that may provide the corroborating evidence needed to support the victim parent



Promising Practices....



Guiding Principles of the Model

- The protection of children is the highest priority
- Children's safety and well-being can be enhanced by increasing their mother's safety and supporting her autonomy
- The person responsible for the harm, not the person harmed, is held accountable for the abusive behaviour
- Community service providers have a responsibility to provide direct services and support education and treatment services for abusive adult partners.

Service Coordination Is Meant To Produce



Initiating a Conference



Identifying red flags through standardized risk assessment and/or safety planning



Clinical judgment regarding the potential and/or increasing risk

Other Issues

- Consents are signed to share information
- If no consent from male partner ?
- Woman decides who she wants to bring as a support



Examples of the Services/Professionals Involved

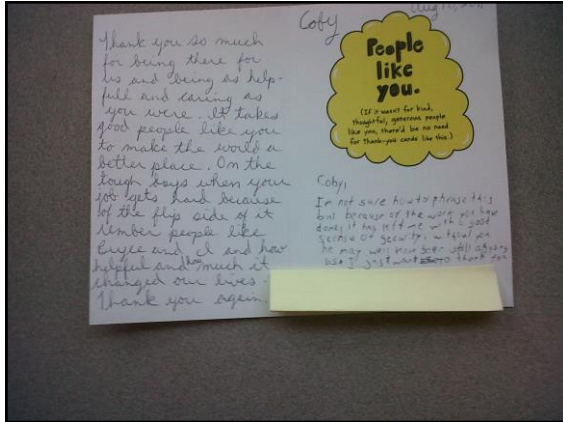
- CAS- social worker, access supervisor, kinship care program, legal department
- Police-d.v. specialists, biker enforcement unit,
- Woman's Advocate- Shelter staff, community based counselor, outreach worker,
- School personnel- principal, v.p.
- Researcher/psychologist/d.v.expert
- Pediatric child abuse expert
- C.A.W. woman's advocate
- Probation and Parole- high risk case manager
- Counselor specializing in domestic violence treatment for men
- Woman's advocate within the the P.A.R. program
- Child's therapist
- Psychiatrist- trauma expert



Feedback From Women

- Very positive from clients involved
- Enhanced their sense of safety
- Appreciated the time professionals took to discuss safety plans
- Appreciated that we went at her pace
- Appreciated the coordination of services and not having to meet with everyone separately





Feedback From Professionals

- Helped manage stress of accountability that comes from safety planning in isolation
- Appreciated the opportunity to mobilize supports for the woman
- Appreciated the opportunity to have input into the safety plan
- Felt the safety plan was better communicated and valuable

Benefits

- Greater awareness of the dynamic risk issues
- Worked in a strength-based manner
- More effort to engage men in the safety planning
- Enhanced the front-line coordination of service and their knowledge of safety planning

High Risk Domestic Violence Conferences

Year	High Risk Conferences
2008-2009 pilot period	10
2010	14 (2 had 2+ conferences)
2011	26 (4 had 2+ conferences)
2012	28 (2 had 2+ conferences)
2013	22
2014	27
2015	25
2016	12
2017	7 (as of August)

Challenges for Service Providers

- Implementing common cross agency risk assessment processes
- Managing the volume of service demand and prioritizing services to most risky situations
- Developing a potpourri of services that align to the needs of each family- one size fits all just doesn't work

Adaptation of the Trans Theoretical Model of Change as a Framework for Organizational Change

Steps for organizational change include:

- (1) inertia (silence, or ignorance of issue)
- (2) naming the problem (articulate commitment to address issue)
- (3) understanding the problem (recognition of the components of how to address the issue)
- (4) program and policy development (directly linked to how domestic violence is understood) and
- (5) **integration and accountability (integrated policies and goals, community collaborations and clearly articulated responsibilities).**

In Closing...

- Prevention efforts can and are working
- Domestic violence interventions are not a 'one size fits all'
- Risk assessment and management knowledge is key
- Collaborations and coordinated services need internal champions in each system, along with program and policy development and support

59
