



Risk Factors for Children in Situations of Family Violence in the Context of Separation and Divorce

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We acknowledge the voices of many child abuse and domestic violence victims who have shared their experiences in order to help inform professionals and the general public about the impact of this violence. We appreciate the thoughtful comments and reflections from our experts in the field that are found throughout the document and in more detail in our appendices.

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EXECUTIVE SUMMARY

Children being exposed to family violence is a serious problem in Canada. Children may be at an increased risk of experiencing family violence during and post parental separation and divorce. This report addresses the risk factors that children face in the context of family violence and separating or divorcing parents. It is intended to help inform the development of enhanced policies and practices in the family law area in regards to risk assessment, risk management and collaboration amongst court-related professionals and community agencies such as child protection services. There is no doubt that children are at risk in situations of family violence for both psychological and physical harm including child homicide.

Separation and divorce may be a critical point in the discovery of child abuse and domestic violence. There may be an opportunity for a protective parent to make disclosures to professionals in the court system or various helping agencies for support. Separation may lead to assessments and interventions within the court system that screen for child abuse and domestic violence. On the other hand, separation may lead to an escalation of violence and the risk of abuse may continue if proper assessments and interventions are not put in place. A critical factor for abuse victims and their children is access to resources that ensure risk management and protection. Greater protection for parents who are victims of violence also means greater protection for their children.

This report provides a summary of the rapidly expanding literature in the field of family violence, with specific attention to factors that increase the risk of harm to children during the critical time of parental separation. The report also summarizes promising policies and practices for intervention and prevention as identified by Canadian experts and current research reports. This is a field that is exploding in discussion papers and research publications across Canada and around the world. The authors gathered feedback from a cross section of leaders from multiple disciplines working in the area of family violence. We sought their views on potential risk factors for children experiencing family violence during the time of parental separation or divorce that may not be clearly identified in the current literature. These leading experts were identified from the child maltreatment and domestic violence sectors and were asked to complete a brief interview/questionnaire regarding their views of the nature of risk factors, risk assessment tools and risk management strategies.

In this report, the term family violence includes child abuse and domestic violence. The general definition adopted is consistent with the Department of Justice website - "family violence is considered to be any form of abuse, mistreatment or neglect that a child or adult experiences from a family member, or from someone with whom they have an intimate relationship". The term "domestic violence" is used throughout this document and is defined as "a pattern of behaviour used by one person to gain power and control over another person with whom s/he has or has had an intimate relationship. This pattern of behaviour may include physical violence, sexual, emotional, and psychological intimidation, verbal abuse, stalking, and using electronic devices to harass and control".

The authors acknowledge that domestic violence victims may be women or men, but utilize a gendered analysis since women are disproportionately more likely to live in fear of their partners as well as suffer injuries and death than male victims. Statistics Canada (2013) indicated that in 2011, 69% of victims who reported family violence to the police were women or girls and 80% of victims who reported spousal violence were women. Additionally, Statistics Canada (2011a) has shown that women are about three times more likely to report more serious forms of

domestic violence (e.g., to be sexually assaulted, strangled, threatened with a weapon) and are about three to four times more likely to be killed by a spouse.

The definition of “child abuse” includes several broad types of abuse such as physical abuse, sexual abuse, emotional maltreatment and neglect/failure to provide for the child. Although exposure to domestic violence is a form of child maltreatment/abuse, we make separate reference throughout the report to literature dealing specifically with exposure to domestic violence.

Disclosures of abuse usually lead to investigations by child protection agencies and police services as well as family and criminal courts proceedings in relation to allegations of abuse. In the context of separation, the court and court-related professionals may operate with some skepticism about abuse allegations out of a concern for balancing child safety with protecting the accused parent from potential alienation and ensuring an ongoing relationship with the child(ren). In the words of the Chief Justice of Canada, Beverley McLachlin, what is needed is an “informed impartiality”, which requires an ability to be introspective, open and empathetic; and an appreciation of the social context within which the matters at issue arose. This “informed impartiality” is especially needed in child abuse and domestic violence cases (Martinson & Jackson, 2012).

The systems that respond to family violence often have competing interests and mandates which may increase the risks that children or adult victims face. This problem is especially true of court systems. The issues are complex and multiple professionals and agencies may become involved in the assessment of child abuse and domestic violence. This report addresses many of these challenges.

Separation and divorce can be seen as an opportunity to end the violence and protect children, but only if the risks are properly assessed, adequate custody and access arrangements are made, and resources are provided to the family. This report describes the prevalence and impact of family violence on children and identifies factors that increase a child’s risk of harm during parental separation and divorce. We also identify potential protective factors that should be considered when conducting risk assessments, risk management, and safety planning. Of particular note are risk assessment strategies for children in separating and divorced families experiencing violence as well as critical points of intervention during separation and divorce. One overarching theme within assessment and intervention strategies identified in this report is that greater protection for adult victims of violence means greater protection for the children. We propose a framework with which decisions can be made to match child risk during or post parental separation with various court and community interventions and safeguards. This framework includes the consideration of barriers to required services such as language, cultural barriers as well as poverty.

Our review highlights the many factors that increase children’s risk of harm to their psychological and physical well-being (e.g., exposure to domestic violence; history of maltreatment; parental stress; social isolation of the family; inadequate resources and support) in the context of family violence and separating parents. These risks must be well understood to inform the development of enhanced policy and practices in regards to risk assessment, management and collaboration amongst court-related professionals and community agencies. The implications of our findings can inform an approach that promotes safety for children across Canada living with violence and abuse in their home and dealing with parental separation. These strategies address some of the challenges in the field including a lack of awareness of the impact of family violence on children which requires enhanced professional education on child risk –

especially on the impact of domestic violence and links between domestic violence and child abuse across all service sectors including the justice system and court-related services.

There are also challenges in developing guidelines to identify major child risk factors and red-flag cases within criminal justice, child protection and family law proceedings. There is often a lack of coordination across sectors and even within the justice system to address the risks that children face including multiple and isolated court proceedings leading to inconsistent results. Innovative practices are developing to triage family violence cases before the family court to prioritize child safety, interim parenting plans and community treatment or interventions. New research is indicating that when an adult victim is assessed to be at high-risk for experiencing future violence, the children should also be considered at risk and safety plans and risk management strategies should not only focus on protecting the adult victim but also on protecting the children. There are promising practices and models in the justice system such as an integrated domestic violence court which provides a higher level of judicial case management through a “one family – one court” approach to deal with all family and criminal court proceedings. Promising practices need to be better evaluated and expanded across Canada.

Our literature review and discussions with experts across Canada suggest that a major challenge rests with competing ideas on appropriate risk assessment tools to assess child risk for psychological and physical harm including child homicide. The domestic violence and child abuse areas have unique histories that led to the development of different risk assessment tools that may fall short in assessing both child and adult risk of lethal violence particularly in the context of family violence. To address these issues, there is a need for more research on assessment strategies, promising case management strategies as well as information sharing and collaboration between criminal courts and family courts. There is a good foundation for progress in this field in our finding that there is a network of academic, community and government partners willing to move this agenda forward across the country as reflected in our interviews with leading Canadian experts in the field.

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INTRODUCTION

This report addresses the risk factors that children face in the context of family violence and separating or divorcing parents. It is intended to help inform the development of enhanced policy and practices in the family law area in regards to risk assessment, management and collaboration amongst court-related professionals and community agencies such as child protection services. There is no doubt that children are at risk in situations of family violence for both psychological and physical harm including homicide.

This report provides a summary of the ever-expanding literature in the field and promising policies and practices as well as the views of Canadian experts on children exposed to family violence. This is a field that is exploding in published and unpublished works (e.g., website reports) across the globe. A literature review was conducted through searches of online research databases (e.g., PubMed, PsycINFO, PsycARTICLES, ERIC, MEDLINE) using relevant keywords (e.g., “children”, “family violence”, “parental separation”, “risk factors”). The most current and relevant articles were included in the review. The authors also conducted an online scan of government and agency websites for relevant reports, legislation, and best practices regarding children experiencing family violence, particularly during parental separation.

The authors gathered feedback from a cross-section of leaders from multiple disciplines in the field. We sought their views on potential risk factors for children experiencing family violence during the time of parental separation or divorce that may not be clearly identified in the current literature. These leading experts were identified from the child maltreatment and violence against women sectors and were asked to complete a brief interview/questionnaire regarding their views of the nature of risk factors, risk assessment tools and risk management strategies. The experts’ major comments are integrated into this report. Appendix A lists all experts who participated.

Separation may be a critical point in the discovery of child abuse and domestic violence. If the separation is a safe one (e.g., no evidence of post-separation violence or abuse, effective and comprehensive safety plan put in the place), there may be an opportunity for a protective parent to make disclosures to professionals in the court system or various helping agencies for support. Separation may lead to assessments and interventions within the court system that screen for child abuse and domestic violence. On the other hand, separation may lead to an escalation of violence and the risk of abuse may continue if proper assessments and interventions are not put in place. A critical factor for abuse victims and their children is access to resources that ensure risk management and protection. Disclosures of abuse usually lead to investigations by child protection agencies and police services as well as family and criminal courts proceedings in relation to allegations of abuse. In the context of separation, the court and court-related professionals may operate with some skepticism about abuse allegations out of a concern for balancing child safety with protecting the accused parent from potential alienation and ensuring an ongoing relationship with the child(ren). The issues are complex and multiple professionals and agencies may become involved in the assessment of child abuse and domestic violence. This report addresses many of these issues.

This report pulls together feedback from experts in the field, research, and background information in order to inform policy and practices of the family justice system when dealing with children experiencing family violence during parental separation or divorce. Separation and divorce can be seen as an opportunity to end abuse and protect children from violence but only if

the risks are properly assessed, adequate custody and access arrangements are made, and resources are provided to the family. This report

- describes the prevalence and impact of family violence on children including the impact of separating and/or divorced parents;
- identifies factors that increase a child's risk of harm particularly during parental separation and divorce;
- identifies potential protective factors that should be considered when conducting risk assessments, risk management, and safety planning;
- outlines risk assessment strategies for children in separating and divorced families experiencing violence;
- identifies critical points of intervention during separation and divorce; and
- describes promising practices for risk management and safety planning.

In this report, the term family violence includes child abuse and domestic violence. The general definition adopted is consistent with the Department of Justice website - "family violence is considered to be any form of abuse, mistreatment or neglect that a child or adult experiences from a family member, or from someone with whom they have an intimate relationship". The term "domestic violence" is used throughout this document and is defined as "a pattern of behaviour used by one person to gain power and control over another person with whom s/he has or has had an intimate relationship. This pattern of behaviour may include physical violence, sexual, emotional, and psychological intimidation, verbal abuse, stalking, and using electronic devices to harass and control" (Ontario Ministry of Labour, 2010). The term "intimate partner violence" is often used synonymously with "domestic violence;" however the authors chose to use the term "domestic violence" throughout this report because it is a term commonly recognized across several systems including the justice system.

The authors discuss domestic violence with a gendered analysis in that we indicate that women/mothers are most often considered the victims and men/fathers are considered the perpetrators of the violence when it is part of a pattern of violence that may result in fear and serious physical and psychological harm. Statistics Canada (2013) indicated that in 2011, 69% of victims who reported family violence to the police were women or girls and 80% of victims who reported spousal violence were women. Additionally, Statistics Canada (2011) has shown that women are about three times more likely to report more serious forms of domestic violence (e.g., to be sexually assaulted, strangled, threatened with a weapon) and are about three to four times more likely to be killed by a spouse. As a result, although men can be victims of family violence and women can be perpetrators, this report generally refers to women/mothers as victims and men/fathers as perpetrators.

The definition of "child abuse" includes several broad types of abuse such as physical abuse, sexual abuse, emotional maltreatment and neglect/failure to provide for the child (Canadian Children's Rights Council, 2013). Although exposure to domestic violence is a form of child maltreatment/abuse, we make separate reference throughout the document to literature dealing specifically with exposure to domestic violence.

This report will use the terms separation and divorce interchangeably unless there is specific reference to research which has differentiated the process. We recognize that provincial legislation and policies deal with separating couples and federal legislation is in place to deal with divorce and the ultimate dissolution of a marriage. In regards to dangers to adult victims

and children, separation represents a point of crisis which enhances the level of risk whereas divorce proceedings tend to take place long after separation and the harm to children is exposure to ongoing conflict more so than lethality.

1. THE PREVALENCE AND IMPACT OF FAMILY VIOLENCE DURING PARENTAL SEPARATION AND DIVORCE

1.1 Prevalence

Throughout the past decade family violence has increasingly been described as an epidemic impacting children and families worldwide (Perry, 2009). The *Canadian Incidence Study of Reported Child Abuse and Neglect-2008: Major Findings* (CIS-2008), a national study that estimates the extent of reported child abuse in Canada based on data from child welfare authorities, estimated that 235, 842 investigations of child maltreatment were conducted across Canada in 2008 with over a third of the cases being substantiated (Trocmé, 2011). The types of child maltreatment found amongst the substantiated cases included exposure to domestic violence (34%), neglect (34%), physical abuse (20%), emotional maltreatment (9%), and sexual abuse (3%). Multiple forms of maltreatment were substantiated in 18% of the cases (Ma et al., 2013).

In a small proportion of child maltreatment cases, the violence can escalate to the point of filicide (a parent killing their child). In Canada during 2010, 3.8 per one million children and youth were victims of homicide (Statistics Canada, 2012). In Canada, between 2000 and 2010, parents committed over 90% of all child homicides (Statistics Canada, 2011). Those at the highest risk for being killed by a family member were infants under the age of one, followed by those ages one to three (Statistics Canada, 2013). Infants under the age of one were most commonly killed as a result of Shaken Baby Syndrome (Statistics Canada, 2013). Beating, strangulation and suffocation were the most common methods used against children ages one to six. Youth ages 12 to 17 were most likely killed as the result of a stabbing by a family member. Infants and young children are more often killed by mothers with mental health histories including post-partum depression whereas fathers kill children more often in the context of a history of domestic violence and retaliation against their partner for the separation (Bourget et al 2007).

It is generally agreed that the reported rates of family violence are an underestimate of the actual cases. This underestimate is the result of a number of factors including, underreporting, lack of recognition of abuse, nondisclosure from children, as well as the inconsistency of a concrete definition of child exposure to family violence (Jaffe, Wolfe, & Campbell, 2012).

1.2 Harm related to separation/divorce

Separation/divorce may either mitigate or aggravate the harm that children may face. In some circumstances, the separation may lead to safety and support for the child with the protective parent. Research has shown that an end to the violence can lead to a reduction in emotional and behavioral problems exhibited by children (Jaffe, Wolfe & Wilson, 1990; Jaffe, Poisson, & Cunningham, 2001). In other circumstances, depending on the involvement of the court system and community agencies, the child may have to spend time with an abusive parent

unsupervised. A separation may trigger an extended period of conflict and litigation over custody and access as well as support and other financial concerns (Jaffe, Wolfe & Campbell, 2012).

Although most separation and divorce disputes settle without prolonged litigation, those parents engaged in high conflict litigation often present with ongoing violence and mental health problems (Johnston, Roseby & Kuehnle, 2009). Children’s ongoing exposure to this conflict, and potentially new threats of violence, will exacerbate children’s adjustment problems (Jaffe et al, 2008). The impact of child maltreatment may depend in part on the severity and frequency of the abuse that children face as well as whether a separation leads to more violence or opportunities to be safe and begin to heal. Research suggests that some children may experience multiple forms of abuse during the period of separation and exposure to ongoing domestic violence (Johnston, Roseby & Kuehnle, 2009). There may also be cases that appear to settle with less conflict because one parent is hesitant to disclose child abuse or domestic violence for fear of aggravating the perpetrator.

Children may also be killed in the context of domestic violence during the separation between parents. Separation can be the most dangerous time for not only adult victims of domestic violence but also for children. Separation increases the risk for domestic homicide (killing an intimate partner) as well as retaliating filicide (deliberate murder of a child to cause harm and suffering to the other parent) or familicide (killing multiple members of the family). These cases of familicide may represent situations where the perpetrator is very controlling, but also very dependent on family members (Ewing, 1997). Some authors have suggested that the perpetrator may be overwhelmed by shame and a sense that they have not lived up to their gender role expectations as a husband and father (Websdale, 2010).

[If the] perpetrator feels that his domination of the family is threatened, often by family members’ threats to leave and/or report his abuse to others, he may resort to homicidal violence in a misguided effort to maintain his control and prevent a complete rupture of the family unit. (Websdale, 2010, p. 135)

1.3 Impacts of exposure to family violence on children

Exposure to family violence by itself can have many negative impacts on children and adolescents that could manifest themselves as emotional and behavioural problems throughout their lives. Extensive reviews of this literature have highlighted the potential harm that children may experience growing up with domestic violence (Wolfe, Crooks, Lee, McIntyre & Jaffe, 2003; Jaffe, Wolfe & Campbell, 2012). Table 1 provides an overview of the potential consequences of harm, as a result of family violence, for each developmental stage. For a more detailed description of the impacts, see Appendix B.

Table 1.3 Overview of potential consequences of harm as a result of family violence

Infants, toddlers, and preschoolers	School-age children (ages 4–12)	Adolescents (ages 13-19)	Impact into adulthood
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(ages 0-3)			
<ul style="list-style-type: none"> • infant mortality, preterm birth, and low birth weight • adverse neonatal outcomes from mother's abuse of substances in order to cope with violence • parent experiencing violence forms unhealthy attachment with child due to heightened state of stress/anxiety • behavioural issues • social difficulties including difficulty in regulating emotions • Post traumatic stress disorder (PTSD) symptoms • difficulty with empathy and verbal abilities • excessive irritability, aggression, temper tantrums, sleep disturbances, and emotional distress • resist comfort • adverse psychosomatic effects • impact neurocognitive development • filicide • physical injuries 	<ul style="list-style-type: none"> • develop anti-social rationales for abusive behaviour • self-blame • internalizing behaviours (e.g., humiliation, shame, guilt, mistrust, low self-esteem) • anxiety and fear • difficulty with social skills • difficulties with emotional regulation • negative peer relations • depression • bullying • academic abilities compromised • filicide • physical injuries 	<ul style="list-style-type: none"> • depression • suicidal ideation • anxiety • aggression • social withdrawal • unhealthy attachments leading to difficulties forming healthy intimate relationships • distorted views of intimate relationships • lack of trust • heightened risk for violent behaviours toward peers or intimate partners • substance use • anger issues • long-term emotional distress • filicide • physical injuries • difficulties with emotional regulation 	<ul style="list-style-type: none"> • risk of perpetrating violence in own families • depression • anxiety • dissociation • PTSD • difficulties in emotional regulation • decrease in parenting quality • low educational achievement • chronic diseases (e.g., liver disease, sexually transmitted diseases) • sleep disorders • substance abuse

2. RISK FACTORS FOR CHILD HARM IN THE CONTEXT OF FAMILY VIOLENCE AND PARENTAL SEPARATION/DIVORCE

There is an extensive body of literature on the factors associated with children's risk of harm from family violence (Stith et al., 2009; Campbell et al., 2003; Campbell, Webster & Glass, 2009; Ontario DVDR, 2012). The risk of harm may be exacerbated at the point of separation due to factors such as increased stress on parents, an escalation of domestic violence, and the absence of a protective parent to manage the risks posed by the abusive parent. Understanding risk in this context means appreciating the particular risks associated with separation such as escalation of domestic violence as well as pre-existing risks associated with child maltreatment such as inadequate parenting skills and child vulnerability due to their age. In the following sections we use the term mother and father when the research findings relate to this role and gender. When the research findings are more general we use the term parent.

2.1 Separation and divorce as a unique risk factor

Separation by itself may be a risk factor or a protective factor depending on the process and outcome of the separation. Canadian research has indicated that 40% of women and 32% of men who were in a former violent marriage or common-law relationship experienced violence post-separation (Statistics Canada, 2001). Furthermore, in half of the cases with post-separation violence, according to the victim, children witnessed at least one occurrence of violence; this is likely an underestimate since children report that they are exposed to the violence more often than parents estimate (Jaffe, Wolfe & Campbell, 2012). Research demonstrates that the risk of lethal violence is particularly high following parental separation, especially within the first few months (Campbell et al., 2007; Statistics Canada, 2013). Statistics Canada (2013) indicated that from 2007 to 2011, the risk for women being killed by an ex-spouse was almost six times higher than the risk of being killed from a current legally married spouse with jealousy and frustration being motives behind the homicide. This risk exists not only for adult victims but also for children (Hamilton, Jaffe, & Campbell, 2013; Olszowy et al. 2013). Statistics Canada (2013) found that in just over three quarters of murder-suicides that involved a child victim, the perpetrator was experiencing marital or intimate partner relationship problems. Evidence suggests that those who are physically violent against their partner before a separation will often become psychologically abusive following separation which presents a risk to children's well-being (Brownridge, 2006). In a large Canadian sample, thirty percent of divorced or separated men had perpetrated acts of violence against their intimate partner in comparison to eighteen percent of married men who used violence during their intact marriage (Lupri, 1990).

Following divorce, violent partners have often been shown to use access to children or legal custody proceedings to control or punish their former partners (Radford et al., 1997; Harrison, 2008). When abuse is a factor in a relationship, divorce proceedings are often used as another abuse tactic to exert power and control over former spouses (Watson & Ancis, 2013). This power dynamic is played out with both the adult victim and the children in threats to take the children away or use them as weapons against the mother (Van Horn & McAlister Groves, 2006). Identifying risk factors associated with separation is one of the most difficult exercises for legal and mental health professionals as they are often hearing conflicting allegations (Saini & Birnbaum, 2007). A parent who is a victim of domestic violence or believes they are

protecting children from further maltreatment may be accused by the other parent that they are alienating the children against them (Jaffe, Ashbourne, & Mamo, 2010).

2.2 Factors increasing children’s risk of harm from family violence prior to or post-parental separation

Risk factors for children exposed to family violence prior to or post-parental separation were identified through both a comprehensive literature review and by experts in the field. Some factors were recognized by experts through their work with families experiencing violence; however these factors may not have been empirically studied and therefore are not discussed in the research literature. The authors have described each factor in detail and have provided relevant research associated where possible. Some factors may have empirical evidence that indicates a risk to adult victims of domestic violence and experts have also identified these factors as also increasing the risk to children. Some of the factors have less empirical evidence but are reported in the clinical literature and in case studies. Research has shown that when adult victims of domestic violence are at risk, children are also at risk (Olszowy et al., 2013; Hamilton, Jaffe & Campbell, 2013).

Table 2.1 List of factors increasing children’s risk of harm from family violence prior to or post-parental separation

<p>Child exposure to domestic violence as a critical risk factor</p> <ul style="list-style-type: none"> ▪ relationship between domestic violence and child abuse ▪ typology and severity of family violence ▪ duration of domestic assault incident degree of exposure to domestic abuse incident (e.g., witnessed; intervened) ▪ risk factors for more severe, repeated and potentially lethal domestic violence ▪ impact of domestic violence on perpetrator’s parenting abilities ▪ risks associated with incidents of domestic violence that are focused on the parenting abilities of a victim of domestic violence ▪ using the child as a weapon against the victim spouse ▪ if the violence was directed toward the children ▪ risk of child abduction ▪ access to resources
<p>General child risk factors</p> <ul style="list-style-type: none"> ▪ child age ▪ child gender ▪ child who presents greater than average challenge to parent: disability and temperament ▪ views expressed by the child ▪ child summoned help for abused parent (e.g., calling 911)
<p>General parental factors</p> <p>Factors commonly associated with mothers</p> <ul style="list-style-type: none"> ▪ young maternal age ▪ a mother’s use of retribution violence

- views of parent about child's safety with abuser

Factors commonly associated with fathers

- paternal substance abuse
- paternal psychology/mental illness
- personality characteristics
- risk of psychological abuse and manipulation of children post-separation
- history of sexual and physical abuse toward the child
- abusive father has military training or combat sports
- abusive father suspects infidelity in relationship
- abusive father has perpetrated domestic violence in previous relationships
- abusive father's noncompliance with protective court orders, child protection orders, or child support plans
- refusal to accept responsibility for past violent or abusive actions
- refusal to accept the end of a relationship
- access to firearms
- criminal history of perpetrator
- stalking/harassing/abusing children through social network sites
- animal/pet abuse

Factors commonly associated with both parents

- non-biological relationship with child
- lack of agreement regarding parenting in blended families
- history of maltreatment of that parent in childhood
- parent was previously abused or neglected as a child
- uses physical punishment and other aversive behaviours
- parental stress
- lack of parenting skills
- parents distorted beliefs about gender expectations

Community, societal and cultural factors

- poverty
- social isolation
- rural families
- community violence
- vulnerable populations
- inadequate resources and support

2.2.1 Child exposure to domestic violence as a critical risk factor

Relationship between domestic violence and child abuse. There is considerable overlap with domestic violence and child abuse. Research has found that in families where domestic violence occurs, child abuse is often present (Appel & Holden, 1998; Dong et al., 2004; Gerwitz & Edleson, 2007; Hartley, 2002; Herrenkohl et al, 2008; Renner & Slack, 2006; Straus & Smith, 1990). This overlap is more likely to occur in domestic violent relationships that are defined by coercive control (i.e., pattern of emotionally abusive intimidation coupled with physical violence to gain or maintain power and control over an intimate partner) (Kelly & Johnson, 2008). Furthermore, research has indicated an overlap in the risk factors for domestic violence and child

abuse. In Stith's (2009) meta-analysis of the predictors of maternal child abuse, the strongest risk factors for child physical abuse were high family conflict, low family cohesion and domestic violence. The predictors of paternal child abuse were high levels of family conflict (Pittman & Buckley, 2006; Schaeffer et al., 2005).

Typology and severity of domestic violence. The type of violence perpetrated can be used to predict future victimization (Hardesty et al., 2008). Abusers with history of intimate terrorism (or coercive controlling violence; see Kelly & Johnson, 2008) (use of various tactics to exert control over their partner) are more likely to attempt to use violence and exert control over their partner and/or family post-divorce, than those with a history of situational couple violence (use of violence in specific arguments, without intention to control their partner) (Hardesty et al., 2008). Abusers who have and continue to be able to differentiate their role as a spouse versus a parent are less likely to abuse their children post-divorce (Hardesty et al., 2008). Abusers with a history of intimate terrorism have been found to be less able to differentiate their roles, than those with a history of situational couple violence (Hardesty et al., 2008).

The more serious and violent the abuser's behaviour, the more likely they are to perpetrate future violence (Bancroft, Silverman, & Ritchie, 2012). For example, Campbell et al. (2003) found that the severity and frequency of physical violence heighten the risks of domestic homicide. This risk is especially relevant for adult victims of domestic violence who experienced sexual coercion or violence in their intimate relationships. One study found that adult victims of domestic violence perceived greater personal risk for re-victimization post-separation if they had previously experienced sexual coercion in their intimate relationship (Harding & Helweg-Larsen, 2009).

Duration of domestic assault incident (i.e., hours or days duration). The duration of a domestic assault (i.e., hours or days) coincides with the severity of violence as a risk of harm for children. Although research has not looked at the duration of an assault as a risk for future violence, research has indicated that the duration and frequency of abuse can lead to high levels of PTSD symptoms in children (Jarvis et al., 2005). Nishith et al. (2000) found that exposure to episodes of violence throughout the life course may exert a cumulative effect, in which the distress experienced due to the current episode may be exacerbated by feelings about previous incidents of trauma. Therefore, the longer the duration of domestic assault the more severe the implications (Terr, 1991).

Degree of exposure to domestic abuse incident (e.g., witnessed, intervened). Holden (2003) proposes that exposure to domestic violence is a far more complex construct than simply observing and/or overhearing violence. Holden suggests that the forms of exposure can be separated into 10 discrete categories that range from being actively involved in the incident, to observing the initial effects, to being completely unaware of it. The 10 categories are described as:

1. Prenatal exposure – effects of domestic violence on the developing fetus.
2. Intervenes – the child verbally or physically attempts to stop the assault.
3. Victimized – the child is verbally or physically assaulted during the incident.
4. Participates – the child is forced or “voluntarily” joins in the assault.
5. Eyewitness – the child directly observes the assault.

6. Overhears – the child hears, though does not see, the assault.
7. Observes the initial effects – the child sees some of the immediate consequences of the assault.
8. Experiences the aftermath – the child faces changes in his/ her life as a consequence of the assault.
9. Hears about it – the child is told or overhears conversations about the assault.
10. Ostensibly unaware – the child does not know of the assault, according to the source.

Research suggests that direct exposure to more severe parental violence can cause more externalizing and internalizing problems in children and increase the likelihood that children will try to intervene (Anderson & Cramer-Benjamin, 2010; Jouriles et al., 1996; Kerig, 1996).

Children who are exposed to domestic violence are at an increased likelihood of developing a defiant relationship with the abuser (Bancroft et al., 2012). In these cases children may challenge the behaviour of abusive parent, putting him or herself in a high risk situation for physical abuse (Bancroft et al., 2012). Parents often do not realize the extent to which their children are exposed to family violence (Hensley & Dunbar, 2011). Therefore, in order to accurately evaluate the extent of the domestic violence, it is essential to obtain information from the children exposed to it.

Risk factors for more severe, repeated and potentially lethal domestic violence. Unsurprisingly, men at greater risk for perpetration of future violence are those who have engaged in more frequent and severe past violence. The presence of a past incident of domestic violence or threat of past violence that involves a credible threat of death is of particular concern. Other empirically-supported risk factors include violent attitudes, sexual jealousy, perpetrator disregard of authority (e.g., violation of court orders) and recent escalation of violence (Campbell et al., 2003; Kropp & Hart, 2000).

Impact of domestic violence on perpetrator's parenting abilities. Research has indicated that perpetrators of domestic violence often feel guilt, shame and regret concerning their fathering and long for a close relationship with their children while continuing to be distant, restrictive, and/or absent in their children's lives (Fox, Sayers & Bruce, 2002; Perel & Peled, 2008). During contact arrangements, abusive fathers are seen by their children as needing control, not being nurturing, and feeling rejection if the child wants to be with or talk to their mother. Furthermore, abusive fathers tend to express resentment and bitterness towards their ex-partner for preventing them from seeing their children, even in the face of obvious concerns about the history of abuse (Holt, 2013).

Risks associated with incidents of domestic violence that are focused on the parenting abilities of a victim of domestic violence. A more speculative risk factor is the extent to which domestic violence involves the perpetrator criticizing or belittling the mother's parenting skills and/or getting the children involved with the criticism. Examples of this type of violence include: repeatedly telling the adult victim that she is a bad mother; threatening that if the couple separated the perpetrator would get custody of the children because the mother would be deemed incompetent; repeatedly telling the children that their mother is incompetent; telling the children to watch what happens when mommy does not listen; or the perpetrator telling the children that he wouldn't have to be violent if their mother was a better parent or if they were better children.

Experts in women's advocacy have suggested that when men's violence is focused on mothering, children may be at greater risk for two reasons. First, given the focus of violence, men might be more likely to involve children directly in violent incidents. Just as importantly, advocates point out that when violence is focused on mothering, women may be more likely to question their parenting skills and withdraw from relationships with their children (Cunningham & Baker, 2007).

Using the child as a weapon against the victim of domestic violence. In many cases abusers may use the child(ren) to continue to intimidate, harass, or exert control over their ex-spouse (Bancroft et al., 2012; Harrison, 2008). The abuser may not respect custody agreements, threaten their spouse with loss of custody, undermine the spousal victim's authority, and use various forms of psychological violence, such as parental alienation (Bancroft et al., 2012; Scott & Crooks, 2006). Adult victims of violence may be fearful that if they were to attempt to escape the violent situation, their children would remain in the custody of the abusive parent (i.e., to believe the abusers' threats that the courts or CAS would award care of the children to him) (Cunningham & Baker, 2007). The abuser may also pressure or manipulate the child(ren) to keep secrets regarding their behaviour or to gain information about the other parent, which ultimately puts the child(ren) at risk of harm if they fail to comply (Bancroft et al., 2012). Research demonstrates that an increased level of psychological cruelty toward the mother predicts the use of children as weapons against their mother (Beeble, Bybee & Sullivan, 2007; Wallace & Roberson, 2011).

If the violence was directed toward the children. Direct victimization of the child(ren) by the abuser dramatically increases the child's risk of harm post-divorce (Coohey, 2006; Hardesty et al., 2008). These individuals are more likely to have a history of intimate terrorism; and as a result be more likely to continue using violent behaviour post-divorce (Hardesty et al., 2008).

Risk of child abduction. Abusers may abduct their children in order to gain access to them or to hurt their spousal victim (Harrison, 2008). Typically abductions occur prior to separation or approximately two years post-separation (Bancroft et al., 2012). Therefore, at the time of determining a custody arrangement, although the abuser may not appear to have intentions to abduct the child(ren), it is essential to evaluate potential risk. Risk can be evaluated based on past threats of abduction, as well as the seriousness of the violence (Bancroft et al., 2012).

Access to Resources. In some cases, resources (e.g., counselling services; transitional housing; legal assistance) may not be accessed due to cultural and financial barriers. These barriers may also reflect a lack of information about appropriate resources or perceptions that some agencies (such as child protection services) may make the situation even worse. For example, contacting an agency to seek support about children's exposure to domestic violence may trigger mandatory reporting in regards to child endangerment and result in involuntary interventions (e.g., removal of child from home; contacting police; demand to leave the abuser).

2.2.2 General Child Risk Factors

Other risk factors are associated with child vulnerability. The following factors are all established risks for child maltreatment regardless of the domestic violence context. The following are risk factors associated with the child.

Child age. The younger the child, the greater the risk of harm due to their increased dependency and developmental needs (Bogat et al., 2006; Jaffe, Wolfe & Campbell, 2012). Furthermore, young children's small physical size make them more vulnerable to being harmed by physically abusive actions, and limited cognitive reasoning abilities leave them with less capacity to anticipate, avoid and escape from potentially abusive situations.

Child gender. The rates of family violence victimization for nearly every type of offence are slightly higher for girls than boys, to the extent that girls are 56% more likely to be victimized than boys (Statistics Canada, 2013). The rates of victimization are similar for boys and girls until the age of three at which point the rates rise for girls, peaking in adolescence where girls are twice as likely to be victimized (Statistics Canada, 2013). Boys appear to be more at risk in the 8 to 11 years age range. Overall, research findings on gender are not consistent and gender as a risk factor is the subject of debate in the field.

Children who presents greater than average challenge to parent: disability and temperament. Children with physical, cognitive and emotional disabilities are more likely to experience family violence than other children (Leventhal, 1996). Not only are these children at greater risk because of the increased care demands put on their parents but also because of their decreased physical and cognitive abilities (Hibbard, Desch, & Larry, 2007). Children with disabilities may not perceive maltreatment as inappropriate as they may not possess the cognitive reasoning abilities to know otherwise. For hypothesized similar reasons, difficult temperament, in comparison to an easy temperament, has been found to be associated with increased risk for child maltreatment in high risk situations (Casanueva et al., 2010). When combined with negative parental characteristics such as poor coping skills, poor ability to empathize with the child, or low emotion regulation, a child with difficult temperament is more likely to be maltreated than a child with an easy temperament as they may pose more challenges for parents to deal with and exacerbate risk related traits in their parents more readily.

Views expressed by the child. Children who have access to their own lawyer throughout high conflict parental divorce involving domestic violence reports feeling as though they have been heard by the court, as well as feeling safer and less likely to be harassed by the abuser (Fotheringham, Dunbar, & Hensley, 2013). While there are many factors involved in deciding whether or not to include the views expressed by the child in determining custody and access arrangements, fear expressed by the child should be taken seriously.

Child has summoned help for abused parent (e.g., 911 calls). One factor that may increase the risk of harm to children is whether or not a child has summoned help for the parent who is being abused. There may be an adverse reaction from the abusive parent, or even from the victimized parent, towards the child for breaking the "secret of the abuse"; this can lead to an increased risk of emotional and physical abuse of the child. One study asked mothers who were victims of domestic violence about the range of intervention by their children (Edleson et al., 2003). Results indicated that just over 70% of mothers reported that their children yelled something from a different room, 75% reported their children yelled at the perpetrator while in the same room, 40% reported their children called for help, and 53% reported that their children physically intervened.

2.2.3 General Parental Factors

Below are mother-related, father-related, and parental-related factors that may increase the risk of harm to children experiencing family violence. It is important to note that any of the “mother-related” or “father-related” risk factors may be found in either gender. In this report, however, certain factors that are associated with either mothers or fathers were identified in the literature as having a strong relationship between the risk factor and that particular gender.

2.2.3.1 Factors commonly associated with mothers

Young maternal age. Some studies have found that younger mothers, particularly teenage mothers, perpetrated higher rates of child abuse than did older mothers (Buchholz & Korn-Bursztyn, 1993; Kinard & Klerman, 1980). This finding may be due to lack of social supports, high maternal stress and low socioeconomic status.

A mother’s use of retribution violence. Domestic violence may occur in the presence of multiple forms of family violence such as parent-child aggression and women’s violence directed at their partner. Some mothers who are victims of domestic violence may assault their partners out of self-defense or retaliation after years of violence (e.g. Jones, 2009; Felson & Lane, 2010). Children’s exposure to this violence is also harmful to their development and may be associated with their overall adjustment problems. This exposure has been shown to be associated with an increase in externalizing behaviours and aggression in children (McDonald, Jouriles, Tart & Minze, 2009).

Views of parent about child’s safety with abuser. Victims’ concerns about their safety and the risks their children may face as well as their intuition about these circumstances are important risk factors (Weisz, Tolman & Saunders, 2000). However these concerns may not be reported or the court may not always take these claims into serious consideration as judicial officers may believe the woman is using these claims as leverage to gain custody of the children (Jaffe, Lemon & Poisson, 2003; Hardesty & Chung, 2006). However, it is important to incorporate the views of the victim in determining custody due to their knowledge of the risk that the child may encounter when with the abuser, especially unsupervised following the separation (Hardesty & Chung, 2006).

2.2.3.2 Factors commonly associated with fathers

Personality characteristics. There are certain personality characteristics seen in abusers that have been linked with increased risk of danger to both partners and children, especially following separation or divorce.

Entitlement. Many abusers feel that their wishes and needs are above the needs of other members of their family. Research has shown that abusers who exhibit signs of entitlement are more resistant to change and are not only less likely to cater to the needs of their children but instead, expect their children to cater to their needs (Bancroft, Silverman & Ritchie, 2012).

Selfishness. Abusers often focus on their own needs over those of their family members and treat them as if they are their possessions (Wallace & Roberson, 2011).

Control. Research has shown that the more controlling the abuser, the more likely he is to involve his children in the pattern of abuse (Bancroft, Silverman & Ritchie, 2012). When separation or divorce occurs (particularly when the abuser is not the initiator) the abuser will often feel as if he is losing his control or power (Hardesty, Khaw, Chung, & Martin, 2008).

Manipulation. Manipulation is often used post-separation to control family members more covertly. Often abusers persuade children to turn against their mothers by manipulating them to believe the abuse was either their mother's or even their own fault (Bancroft, Silverman, & Ritchie, 2012).

Risk of psychological abuse and manipulation of children post-separation. Research has indicated that abusers can have verbally abusive parenting styles (Bancroft, Silverman & Ritchie, 2012; Wallace & Roberson, 2011). This risk is often elevated following a separation or divorce (Statistics Canada, 2011).

History of sexual and physical abuse toward the children. Research has indicated that there is a high risk of perpetrators of domestic violence physically and sexually abusing their children perpetrated by abusers (Bancroft, Silverman & Ritchie, 2012; Wallace & Roberson, 2011). Currently there are no studies that show this risk decreases post-separation. In fact, it would make logical sense that the risk increases post-separation because of one parent's inability to monitor or intervene with the abusive parent (Bancroft, Silverman & Ritchie, 2012). This is because the child will be spending time with each parent outside the presence of the other parent.

Abusive father has military training. Research studies have found that rates of domestic violence are approximately one to three times higher in military samples than samples from the general population (Marshall, Panuzio & Taft, 2005). Individuals with military training or who work in the military are at a greater risk of causing significant victim injury and negative child outcomes to their families with servicemen reporting a significantly higher rate of severe husband-to-wife violence than their civilian counterparts. Furthermore Milner and Gold (1986) found that active duty servicemen who had perpetrated domestic violence in the past or were currently perpetrating domestic violence were significantly more likely to demonstrate elevated child abuse potential than nonviolent servicemen. Precipitating factors include posttraumatic stress disorder due to combat exposure, military service factors, relationship adjustment, childhood trauma, and other demographic factors.

Abusive father suspects infidelity in relationship. Research has indicated that adult victims of domestic violence are at an increased risk of homicide if their abusive partner suspects infidelity (Chimbos, 1998). Sexual jealousy is defined as the abuser having a preoccupation with his partner's sexual unfaithfulness based on unfounded evidence. The Ontario Domestic Violence Death Review Committee found that in 34% of domestic homicide cases, sexual jealousy was observed (Ontario DVDR, 2009). Sexual jealousy or suspected infidelity can also be connected to an abusive father who questions the paternity of his child and can increase the risk of harm to both the adult victim and children. One study found that men, who were convicted of domestic violence, treated their children better and were less likely to inflict serious injury on their partners if they felt that their children physically resembled them (Burch & Gallup, 2000).

Abusive father has perpetrated domestic violence in previous relationships. Some domestic violence perpetrators have used abusive behaviour with multiple victims and have affected the lives of many children (Bancroft, Silverman & Ritchie, 2011). As this pattern continues across relationships, the impact is likely more pronounced and requiring community intervention through specialized programs (Scott & Lishak, 2012). This pattern is suggestive of severe and repeated violence which increases the likelihood of harm to children exposed to this violence (Bancroft, Silverman & Ritchie, 2011).

Abusive father's noncompliance with protective court orders, child protection orders, or child support plans. Research has shown that some adult victims of domestic violence do not feel that protection orders have an impact as they continued to experience abuse post-separation while a protection order was in place (Humphreys & Thiara, 2003). In one study 25% of women who had protection orders against their ex-partners found that violence continued after separation even with the presence of an order and that the police or the courts were unhelpful in acting upon breaches (Humphreys & Thiara, 2003).

Experts also identified that a risk factor for child harm during parental separation is abusive fathers who do not comply with child protection orders or child support plans. Non-compliance with these orders signifies that the perpetrator is not willing to work with others in order to bring about stability and non-violence to his family.

Refusal to accept responsibility for past violent or abusive actions. When an abuser continues to blame the victim for the abuse, and/or minimizes or denies his actions despite documentation, he is more likely to reoffend (Bancroft, Silverman & Ritchie, 2012). Furthermore, non-willingness to participate in a batterer intervention program is additional evidence of refusal to accept responsibility. Research has consistently shown that men who fail to complete a court-ordered batterer intervention program are two to three times more likely to re-assault their partner than men who complete a program (Babcock, Green, & Robie, 2004; Gondolf, 2012; Klein & Tobin, 2008).

Refusal to accept the end of a relationship. Following separation or divorce, an abuser who does not accept the end of this relationship poses greater danger to his former spouse and children (Bancroft, Silverman & Ritchie, 2012). Former violence can escalate to lethal levels when an abuser who formerly had control over his family has suddenly lost control when the victim attempts to end the relationship (Wallace & Roberson, 2011).

Access to firearms. Having access to a firearm can increase the risk of child homicide, particularly paternal filicide (father killing his child). Research has shown that a firearm was the most common cause of death for paternal filicide-suicide cases (Kauppi et al., 2010). Access to or possession of a firearm also increases the risk for intimate partner homicide (Campbell et al., 2003).

Criminal history of perpetrator. Some perpetrators of domestic violence may be more resistant to intervention because they are committed to an anti-social life style and criminal conduct beyond their family home, for example gang membership as identified by experts interviewed. This criminal history represents a risk to re-offend and creates more harm for both adult victims and

children exposed to this violence (Hilton, Harris, Popham & Lang, 2010). The criminal history is a risk factor that is also associated with dropping out of treatment. Ironically, the clients who stand to benefit the most from community interventions are the least likely to finish treatment (Olver, Stockdale & Wormith, 2011) and may continue to pose a risk to children in these circumstances.

Stalking/harassing/abusing children through social network sites. From 2010 to 2011, Canada has seen a large surge (59%) in engagement with social networking sites (e.g., Facebook) with youth under the age of 18 (comScore, 2012). Experts identified that parents may use social networking sites to stalk, harass, and further abuse their children particularly during parental separation and when they do not have custody or access to their children. Perpetrators of domestic violence may use social networking sites to contact their children to gain information about the adult victim or to brainwash the child to turn against the other parent. Social networking sites can also be used by an abusive parent to perpetuate further maltreatment (e.g., emotional, verbal abuse) against the child.

Animal/pet abuse. Research has indicated that animal abuse has been reported in families experiencing violence (DeGue & DiLillo, 2009). Animal abuse has been shown as a risk factor for domestic violence and domestic homicide (Faver & Strand, 2003; Walton-Moss et al., 2005). Often adult victims refuse to leave an abusive relationship because they fear that their partner will harm their pet. Furthermore, DeGue and DiLillo (2009) found that participants who reported a history of family violence in childhood, specifically child physical and emotional abuse and exposure to severe domestic violence, were more likely to report witnessing animal cruelty.

2.2.3.3 Factors commonly associated with both parents

Non-Biological Relationship with child(ren). Having a non-biologically-related (especially male) parent or caregiver is a potent risk factor for child victimization (Daly & Wilson, 1996; Yampolskaya, Greenbaum, & Berson, 2009). For example, in an analysis of almost 4,000 homicides of children under age five in the U.S., men were eight times and women almost three times more likely to kill stepchildren than biological children (Weekes-Shackelford & Shackelford, 2004).

Parental substance abuse. Paternal substance abuse has been found by many studies to increase the likelihood of abusive behaviors to both spouses and children (Dong et al, 2004; Famularo, Kinsherriff, & Fenton, 1992; Hartley, 2002; Kellerher, Chaffin, Hollenberg, & Fischer, 1994). Paternal substance abuse has also been found to be associated with maternal substance abuse (Barnett & Fagan, 1993). Therefore, children who have fathers abusing substances may have mothers doing so as well. Due to the fact that abusing substances alters mental functioning, judgment, inhibitions and protective capacity, parents who are abusing substances may neglect the needs of their children, be more aggressive, may utilize inappropriate child discipline and child-rearing choices, and may form unhealthy attachments with their children (Ammerman, Kolko, Kirisci, Blackson & Dawes, 1999; Eiden, Edwards, & Leonard, 2002). Research has shown that fathers who abuse substances tend to be less sensitive and demonstrate higher levels of negative affect toward their children, ultimately leading to unhealthy attachments between

these children and their fathers (Eiden, Chavez, & Leonard, 1999; Eiden, Edwards, & Leonard). Substance abuse problems can also lead to increased volatility and resistance to change.

Parental psychopathology/mental illness. A number of research studies have identified different typologies for perpetrators of domestic violence (Cavanaugh & Gelles, 2005). When reviewing all the different typologies, it appears that the most violent perpetrators are those with high levels of psychopathology. These perpetrators are also more likely to have criminal histories. Other perpetrators of domestic violence may have traits associated with borderline personality disorder and may experience depression and anxiety. These perpetrators may also experience delusional jealousy and are not able to tolerate separation from their partner (Cavanaugh & Gelles). Research on fathers who perpetrate child physical abuse indicates that they experience more anger, depression, hostility, paranoid ideation, and stress in parenting than non-abusive fathers (Francis & Wolfe, 2008). Physically abusive fathers also exhibit less empathy for their children.

Research has found a trend toward increased risk of child physical and sexual abuse with mothers who have a psychiatric disorder (Walsh, MacMillan & Jamieson, 2002). Furthermore, there is a significant amount of research that has looked at maternal mental health issues and filicide (Bourget, Grace, & Whitehurst, 2007; Friedman & Resnick, 2007; Kauppi et al., 2010). Specifically, research has indicated that mothers who kill their children were most likely to suffer from some sort of psychiatric disorder, mainly major depressive disorder including postpartum depression and bipolar disorder (Bourget & Gagné, 2002; Koenen & Thompson, 2008). The motives for maternal filicide are most often perceived by the mother as altruistic with the intent of ending the child victims' suffering or acutely psychotic which does not involve a rational motive (Resnick, 1969; Friedman, Horowitz & Resnick, 2005).

Lack of agreement regarding parenting in blended families. Parenting in blended families may be difficult and can cause conflict when there is disagreement between parents on how to discipline or parent stepchildren. This can exacerbate the issues between a parent and stepchild and increase the stepchild's risk of harm. Over the last 30 years, there has been an increasing phenomenon referred to as the *Cinderella Effect* where stepchildren are at a dramatically increased risk of being the victims of physical abuse and homicide, relative to children living with both biological parents (Daly & Wilson, 1998; 2001). This has been theorized to occur due to evolved parental psychological mechanisms that promote nurturing and protective behaviors in biological parents towards their young being only partially, if at all, activated in stepparents. As a result, according to Daly and Wilson, stepparents are more likely to physically abuse their stepchildren, due to being placed in a parental role with a decreased intrinsic level of commitment to the child's wellbeing and tolerance for their behavior.

History of maltreatment of that parent in childhood. Children are more at risk for maltreatment in homes where mothers have their own history of abuse in childhood (Sidebotham & Golding, 2001). Furthermore, mothers who have been victimized in both childhood and adulthood have more maternal depressive symptoms, harsher parenting, and more externalizing and internalizing behaviour problems in their children (Dubowitz et al., 2001; Kaufman & Zigler, 1993). Similarly, fathers with a history of maltreatment are more likely to engage in maltreating their

own children. This is particularly relevant with fathers who saw their own experience of abuse as normative or justified (Guterman & Lee, 2005; Renner & Slack, 2006).

Parent previously abused or neglected a child. Research has indicated that a common risk factor for recurrence of child maltreatment is maltreating a child in the past (Cavanagh, Dobash & Dobash, 2007; Coohy, 2006). Data from fatal child abuse cases indicated the majority of perpetrators had a substantial history of violence and had perpetrated significant previous violence against the child victim (Cavanagh, Dobash & Dobash, 2007). A study on recidivism among physically abusive fathers indicated that the common risk factors for recurrence were a history of child maltreatment and having seriously injured a child in the past (Coohy, 2006).

Uses physical punishment and other aversive behaviours. Research has indicated that parents' use of physical punishment as a regular form of child discipline is a strong predictor of physical abuse (Stith et al., 2009). One study revealed that abusive parents engage in significantly more aversive behaviours towards their children (e.g., expressing anger and disapproval; terrorizing, threatening or humiliating; physical negative touch) than non-abusive parents (Wilson et al., 2008). Specifically, abusive fathers direct more aversive behaviours, control and criticism toward their children than non-abusive fathers (Silber et al. 1993).

Parental stress. Margolin and Gordis (2003) found domestic violence to be associated with child abuse; however, only the cases where there is the presence of high parental stress. Similarly, research has demonstrated an increased level of day-to-day stress in families where neglect is present, in comparison with those families who do not neglect their children (Whipple & Webster-Stratton, 1991). This stress may be related to other risk factors such as low socioeconomic status and circumstances that go along with poverty such as unemployment, physical and mental illness, and marital problems.

Parenting skills. Research suggests that parents who abuse their children have more negative and/or higher expectations of their children and less understanding of appropriate developmental norms (Goldman, Salus, Wolcott & Kennedy, 2003). Parents with a lack of knowledge about normal child development may form unrealistic expectations of their child and as these expectations are unmet, inappropriate punishment (for example, a parent hitting a one-year-old for wetting the bed) is administered.

Parents distorted beliefs about gender expectations. Although there is no empirical evidence to support distorted beliefs about gender expectations as a potential risk for child harm, experts found in their practice that if a child did not meet the gender role expectations of their parents they were more vulnerable to abuse. One study found that gay men were more likely to be abused by their fathers in adolescence compared to heterosexual men (Harry, 1989). Furthermore, the abuse was related to a history of childhood femininity, having poor relationships with fathers, and engaging in gay sex during adolescence.

2.2.4 Community, Societal and Cultural factors

Below are factors associated with the family's community, societal and cultural context that may increase a child's risk of harm.

Poverty. In terms of vulnerability, low socioeconomic status has been found to be a strong predictor of child maltreatment (Browne & Saqi, 1988). Research has found that American children in families with annual incomes less than \$15,000 are more than 22 times more likely to be harmed by child abuse and neglect as compared to children from families with annual incomes above \$30,000 (Sedlak & Broadhurst, 1996). There are various theories as to why this association exists. Some posit the notion that increased poverty leads to increased parental stress and others suggest that factors that induce poverty may also strain parent's ability to parent and access resources for support.

Social isolation. Research has shown that parents who maltreat their children experience greater isolation, loneliness, and less social support (Chan, 1994). Parents with fewer financial resources may have fewer social ties and be less able to identify and seek out sources of help for themselves and their children, which may add to the risk associated with domestic violence (Cox, Kotch & Everson, 2003). Parents who are socially isolated may not have adequate role models for parenting and often feel less social accountability in terms of their parenting.

Rural families. Living in a rural community may increase risks of being trapped in an abusive relationship and having difficulty accessing services. Victimization surveys indicate that post-separation domestic violence rates are higher for rural communities than those for suburban and urban areas (DeKeseredy & Rennison, 2013). Some of the problems and challenges may rest with geographic isolation and lack of access to specialized services (Wendt, 2009) as well as the increased presence of weapons as a normal part of rural life (Doherty, 2012).

Community violence. Research has indicated that certain neighbourhood variables (e.g., violent crime, child care burden, perceived neighbourhood resources, community disorganization, neighbourhood instability, drug trafficking, juvenile delinquency) can increase risk of child maltreatment (Coulton et al., 2007). Researchers have identified two explanations for why neighbourhoods/communities may affect parenting behaviour. First, neighbourhoods that are socially disorganized tend to have weak social networks and parents do not receive much neighbourhood guidance or support. Often maltreating parents rate their neighbours as less helpful and friendly and perceive their neighbourhood and social networks to be less cohesive and supportive. Second, high-risk neighbourhoods may be less likely to have resources needed for supporting parents or the resources that do exist are overburdened (Zielinski & Bradshaw, 2006).

Vulnerable populations. Some communities and groups are more vulnerable than others to family violence. Numerous studies and reports in Canada over the years have documented the higher incidence of domestic violence among Aboriginal peoples (Amnesty International Canada, 2004; Brennan, 2011; Ursel, 2006, 2008; Proulx & Perrault, 2000; Ontario Native Women's Association, 1989). Research has also found an over-representation of Aboriginal children in Canadian child protection services. The rate of substantiated child maltreatment investigations was four times higher in cases with children of Aboriginal heritage than cases with children not of Aboriginal heritage (Public Health Agency of Canada, 2010). These findings are related to the impact of historical abuse against these communities such as lost generations of parenting as children were forced from their homes and families to attend and live at residential schools as well as poverty and lack of access to basic resources. Many residential school

survivors report that one of the long term impacts of their experiences was the destruction of their parenting skills and ability to offer security and stability to their own children.

To date, there has been limited research examining the intersection of immigration and child welfare, although there has been some recent exploration of the intersection between child protection involvement and domestic violence experienced by immigrant women (Alaggia & Maiter, 2006; Alaggia, Regehr, & Rishchynski, 2009). Children in immigrant families may be at greater risk for experiencing family violence due to adversities stemming from familial stress involved with the migration and acculturation experience; traumatic experiences in the country of origin; poverty from unemployment or underemployment; differences in culture, language and traditions; isolation; racism and discrimination; and a lack of knowledge of formal supports (Ma et al., 2013).

Canadian child welfare investigations involving immigrant families reveal that the most common caregiver functioning concern was few social supports followed by being a victim of domestic violence. Of all the investigations involving immigrant families, physical abuse was the main concern in about one third of the cases (36%), followed by exposure to domestic violence (19%), neglect (17%), emotional maltreatment (4%), and sexual abuse (3%) (Ma et al., 2013).

The issue of “honour” killing has also received significant media attention recently with an estimated 10 to 15 cases of “honour” killings in Canada over the past decade (Korteweg, 2012). “Honour-related” violence is defined as a “family-initiated, planned violent response to the perception that a woman, as wife or daughter, has violated the honour of her family by crossing a boundary of sexual appropriateness” (Korteweg, p. 136). Although it has not been researched extensively, as “honour” killings in Canada are very rare, when “honour” is the paramount ideology in a family, children, especially young girls, are at risk of extreme forms of family violence.

Inadequate resources and support. In order to have parenting plans that protect adult victims and their children after separation, parents need to have access to legal and social service resources (e.g., lawyer, transitional housing). In some cases, resources cannot be accessed due to cultural, language and financial barriers. Additionally, problems may arise when victims receive support from professionals who lack an understanding of domestic violence and its impact on adult victims and children. For example, pressure may be placed on an adult victim to agree to a shared parenting plan or to grant extensive access to an abuser as a way of settling potential litigation, which may in fact endanger the adult victim and the children (Meier, 2009).

3. PROTECTIVE FACTORS

As risk is contextual, it is important to consider what may be available for a child or family that may mitigate some of the aforementioned risks facing children in cases of domestic violence. These protective factors may be used to understand why some children appear to be managing well in very adverse environments while others do not. Professionals may consider how they might provide referrals and other sources of support that could provide additional assistance to children living with these experiences. Protective factors may not be relevant to certain types of risk (such as lethality for example) but may provide avenues to promote coping skills and other strategies of resilience. Protective factors may be internal or external to the child and family and access to such supports may not be available in some situations.

A good assessment of risk is incomplete without considering the possible protective factors that exist in a child’s life or which may be implemented with the appropriate attention and resources. However, it is important to recognize that a protective factor in itself may not negate the presence of the risk or the need to keep safety at the forefront of all decision making. In particular, when considering the best interests of children in determining contact with an abusive parent, the quality of that contact should be considered more important than the quantity of that contact (Hunt & Roberts, 2004).

3.1 Separation and divorce as a protective factor

Most research on the impact of divorce points to the greatest harm to children coming from ongoing conflict and violence rather than divorce per se (Kelly & Emery, 2003). Separation can be a protective factor if the separation is associated with an end to the abuse and an opportunity for safety and healing for the adult and child victims of family violence. Some research has indicated that once exposure to the abusive living environment is reduced, problems around parenting and behaviour issues also decrease (Holden, Geffner, & Jouriles, 1998; Lapierre, 2008). This protective factor is dependent on the court and community agencies promoting these positive outcomes. Bancroft and Silverman (2002) consider children exposed to domestic violence who are now going through their parental separation or divorce as being ‘dually traumatized’ and requiring support to deal with both the violence and the separation. The children’s essential needs are for physical and emotional safety in their current environment, structure, limits and predictability, a secure attachment to a non-violent caregiver, safe contact with the abusive parent and a good relationships with peers/siblings.

3.2 Other general protective factors

Below is a table that outlines other general protective factors that need to be considered when assessing risk of harm for children exposed to family violence during parental separation or divorce. For a more detailed description of each general factor, please see Appendix C.

Table 3.2 General protective factors for children experiencing family violence

Child developmental level	<ul style="list-style-type: none"> the developmental stage of a child can be a protective factor when considering the child’s ability to access supports, manage internal affective states, and develop coping strategies higher IQ may help a child cope either because the child is more cognitively able to make sense of surroundings or because success in academics creates an avenue for self-esteem and support
Safe mothers, safe children	<ul style="list-style-type: none"> greater protection for mother means greater protection for child mothers employ short and long-term strategies/safety plans to keep herself and the children safe from harm
Family and social supports	<ul style="list-style-type: none"> for the child – support from siblings and good, competent, and emotionally stable relationship with one parent or family member

	<ul style="list-style-type: none"> • for the adult victim –assistance from loved ones can decrease psychological distress • for the perpetrator – the development of social relationships and fear of losing family are seen as turning points for behaviour change
Community supports	<ul style="list-style-type: none"> • access to community supports is essential for a woman and her children to leave an abusive partner and gain a sense of community • community supports include suitable and affordable accommodations, positive relationships with advocacy supports, and a coordinated approach to family violence including a batterer intervention program combined with ongoing monitoring and intervention programs targeted at abusive fathers • community relationships can decrease one’s likelihood of re-victimization and psychological distress

4. CRITICAL POINTS OF INTERVENTION DURING SEPARATION

4.1 Separation and disclosure of child maltreatment and domestic violence

Separation may be a critical point in the discovery of child abuse and domestic violence and access to community resources for a number of well-documented reasons:

1. The protective parent may separate for her safety and/or that of the child and make disclosures to professionals in the court system or various helping agencies.
2. These disclosures at the point of separation may lead to assessments and interventions within the court system that screen for child abuse and domestic violence.
3. In the absence of proper assessments and interventions, the child risks may continue or escalate. Some protective parents may hope a separation leads to safety only to find the abusive parent continues their pattern of behaviour or escalates without proper supervision or accountability. Access to resources is essential to ensure risk management and protection (Saunders, Tolman, & Faller, 2013). For example, supervised access by trained professional staff may be required (as opposed to community volunteers) and this resource may not be available or affordable in every jurisdiction across the country.

Disclosures of abuse usually lead to investigations by child protection agencies and police services that typically require initial assessments of the validity and level of risk present to assist in making emergency or interim parenting arrangement decisions. Each agency has their own mandate with which to view allegations. There may be a number of potential court proceedings related to criminal and family court depending on who receives a disclosure of child risk and the advice of lawyers and advocates. An interim plan may be developed pending a more

thorough assessment and review by the court. In the context of separation, the court and court-related professionals may operate with some skepticism about abuse allegations out of a concern for balancing child safety and protecting the accused parent from potential alienation and ensuring an ongoing relationship with the child(ren). There may be a drawn out legal process over months or years to make a final decision about parenting arrangements. Some authors have described the assessment and interventions by different systems (criminal, child protection, child custody) as existing on three different planets because of the difference in the history, culture and understanding of abuse in these systems (Hester, 2011).

4.2 Three points of intervention

Different professionals and agencies may become involved in the assessment of child abuse and domestic violence.

1. The criminal justice system involvement begins with a police intervention and, in most jurisdictions, both a mandated risk assessment in cases of domestic violence and referral to child protection when children are present. On the basis of reasonable and probable grounds, a decision will be made about charges by the police and/or Crown Attorney. In the event of charges being laid, a decision will have to be made on the release of the accused and any restrictions in regards contact with the adult victim and/or child victim/witness. Practice varies widely with restrictions regarding contact with children pending further hearings within the criminal justice system. In some cases, there are no limitations in regards to access to children and any restrictions are dependent on a review of the matter by the family court.
2. The child protection system (CPS) will receive reports directly from parents or police (or other professionals) in regards to child abuse and domestic violence allegations. The CPS response may vary according to provincial legislation and local practices. Many jurisdictions have enhanced their efforts at collaboration between CPS and violence against women agencies including the placement of domestic violence experts within CPS agencies (OACAS, 2010). Nonetheless, CPS may be hesitant to be drawn into what appears on the surface to be a “private family dispute” that could be resolved by the family court without their intervention. There is some worry expressed by CPS agencies that they may be used by one parent or the other to make a case for custody or restricted access on minor or exaggerated allegations.
3. If family law matters need to be resolved (i.e. custody or access), parents may seek a host of resources to help arrange parenting plans including access to a lawyer, support for self-representation, family law information services, mediation services, parent education programs and voluntary or court-ordered custody assessments. Judges may play a role in helping to settle matters in a variety of forums such as settlement conferences or a brief hearing over a child custody motion. In a minority of cases, judges may decide cases after a trial. There is general agreement that legal education on domestic violence and child abuse needs to be a system priority. Education programs on this topic are increasingly available for judges and lawyers through provincial and federal agencies (e.g., National Judicial Institute in Ottawa: <http://www.nji-inm.ca/nji/inm/a-propos-about/index.cfm>). In

some jurisdictions, mandatory training is required for lawyers who practice in this area such as learning about power imbalances prior to undertaking arbitration in Ontario (see <http://www.attorneygeneral.jus.gov.on.ca/english/family/arbitration/screening.asp>). Similarly, new regulations for the Family Law Act in British Columbia were passed in 2012 that included minimum training and practice standards for family dispute resolution professionals (see <http://www.ag.gov.bc.ca/legislation/family-law/>). These are encouraging developments.

Although the three points of intervention may be unique for parents depending on who is seeking assistance and what information gets disclosed, in complex cases that represent risk to children, there may be multiple agencies and courts involved. Sometimes there are efforts to share information and collaborate in an assessment and intervention. Most often there is a lack of information sharing and coordination of services. Complicating these matters are different professionals using different risk assessment tools or no tools at all. There are few documented efforts to red flag cases or develop specialized case management strategies even though the need to do so has been identified repeatedly (e.g. DVDRC Annual Report 2011). Senior judges and lawyers have made repeated calls to family courts to develop a triage function for an initial assessment of a case to determine degree of urgency, needed resources and community referrals. This concept would be essential to ensure safety planning and risk management in domestic violence and child abuse cases (Action Committee on Access to Justice in Civil and Family Matters, 2012).

The experts we interviewed suggested that collaboration within and between systems is essential for an effective response for adult victims and children. They emphasized the following points:

- Good communication is critical amongst service providers based on trust relationships. These relationships can be fostered through joint training which includes an understanding of diverse professionals and agencies mandates as well as an appreciation of the dynamics of family violence.
- Information sharing is often a barrier to risk assessment and management. Many agencies are working within different, and often opposing, mandates and legal frameworks and agencies do not understand what information is allowed to be shared under Freedom of Information and Protection of Privacy Act (FIPPA). Some agencies lack experience with, and therefore appreciation for, the significant benefits that can be achieved through information-sharing and collaboration. Joint meetings or committees can be developed to find creative ways to work with and around the current mandates and legal frameworks these systems are working within in order to share information and ensure the safety of women and children. Structured mechanisms are needed for routine information-sharing such as protocols, formal memoranda of understanding, and provisions in relevant legislation allowing information-sharing for case management/integrated service delivery that is in the best interests of the child/family. One caution raised was that information sharing protocols should be developed that include a restriction on sharing of information relating to risk indicators in assessments when this will increase the risks for further harm to child and mother.
- Professionals and agencies in different systems need a more holistic approach to risk management and safety planning by collaborating on developing and implementing effective safety plans and risk management strategies that include working with the

abuser. Experts point to a need for adopting a more comprehensive risk indicator tool that combines risks to women (information from domestic violence homicides) including what we already know about risk indicators from the ‘adult world’ (e.g., risk indicators used in the risk assessments of male perpetrators of domestic violence and risk assessment used by police and the criminal justice system), with risks from child maltreatment research – ‘child abuse world’ (information from child deaths), and also include risks associated with the deaths of women and children within a separation/child contact situation.

5. Risk assessment strategies and tools

5.1 Assessment process

Since research has indicated that violence does not end with separation or divorce, risk assessment is essential for courts and court-related professionals (Bancroft & Silverman, 2002; Jaffe et al., 2003). In fact, an adult victim and/or child may be at greater risk for future violence during the point of separation (Jaffe, Campbell, Hamilton & Juodis, 2012). Judges and other court-related professionals (e.g., custody evaluators) need a risk assessment to determine the level of risk an abusive parent poses to the safety of the family (ACWS, 2003). The level of risk assessed should help determine child custody and access arrangements that will ensure the safety of the adult victim and the children as well as limit potential opportunities for the abuser to manipulate, control, and further victimize the family. In order to conduct a comprehensive risk assessment that will inform safe custody and access arrangements, an individualized approach needs to be taken with multiple sources and methods being employed (ACWS, 2003).

Jaffe et al. (2008) propose that three basic factors be considered when assessing risk that are relevant to developing parenting plans with families experiencing violence at the point of parental separation or divorce: the potency, pattern, and primary perpetrator of the violence (also known as the PPP assessment). Potency refers to the severity and dangerousness of the violence which includes the threat of future violence, particularly during a separation or divorce when the risk is substantially higher (Jaffe et al.; Geffner et al., 2009). This factor should be the first to be assessed in order to implement immediate safety measures if required. There are several domestic violence risk assessment tools that are used to determine a person’s risk for perpetrating serious and/or lethal violence (see subsection 5.5 for further information). Many of the risk factors identified in section 2 are included in these standardized risk assessment tools. A thorough risk assessment includes a combination of different risk assessment tools, interviews with the family including the perpetrator, adult victim and child, and reliance on the clinical judgment of the assessor.

The second factor to consider is the pattern of coercive control and domination by the perpetrator (Jaffe et al., 2008). Prior incidents of violence can be an important indicator of potential future violence as well as the extent of trauma experienced by the child(ren) and adult victim. The assessed results of this factor can indicate the kind of interventions that are needed for the family (e.g., substance abuse treatment; batterer intervention program; therapy).

The third factor to be considered is whether or not there is a primary perpetrator of the violence as opposed to the violence being mutually instigated by one or the other parent on

different occasions (Jaffe et al., 2008). If one parent is identified as the primary perpetrator, risk management strategies for that parent can be put in place.

Johnston, Roseby and Kuehnle (2009) included two more factors to the PPP assessment making it the P⁵ assessment. The two factors are *parenting problems* and *preferences and perspectives of the child*. Assessing *parenting problems* includes evaluating both parents in terms of their capacity to provide the child with consistency, stability, warmth, and appropriate authority; their responsiveness to their child's needs separate from their own; their ability to reflect on their child's experience as a victim of violence; and their ability to be accountable and repair the damage. The fifth P, *preferences and perspective of the child*, involves including the child's perspective when developing the parenting plan by having the child weigh in on the benefits and risks of the potential plan. However, when including the child's perspective, it is important for professionals to consider if the expressed wishes of the child are reasonable and/or mature, if the wishes are based on experiences with the abusive parent, if the child's fear or anger towards the abusive parent is so severe that the child feels or behaves unsafely, and if the child is inordinately distressed by the potential plan to be put in place (Johnston, Roseby, & Kuehnle, 2009).

There are other key issues to assess when determining custody and access plans in the context of family violence (Geffner et al., 2009). These issues include the perpetrator's level of accountability for the use of violence, including their readiness to change and an understanding of the impacts of violence on the children (Geffner et al., 2009). Some batterer intervention programs use the Transtheoretical Model of behaviour change (TTM; Prochaska, DiClemente & Norcross, 1992) in order to predict change among perpetrators of domestic violence (Scott & Wolfe, 2003).

The TTM model hypothesizes that there are five basic stages of the model that reflect an individual's attitude and behaviour toward change: 1) *precontemplation*, individuals who are resistant or unmotivated to change because they are uninformed about the consequences of their behaviour or they have tried a number of times to change but failed; 2) *contemplation*, individuals are intending to change during this stage and are more aware of the consequences of change; 3) *preparation*, individuals plan to take action in the immediate future and usually have some sort of plan; 4) *action*, individuals make specific modifications; and 5) *maintenance*, individuals work to prevent relapse but do not apply as much change processes as individuals in the action stage (Velicer et al., 1998). Research has found that men, attending a batterer intervention program, who are in the precontemplation stage of change (PC) show little positive change in empathy, communication, or abusive behaviour after program completion compared to men who attended program and who were in the contemplation and action stages (Scott & Wolfe, 2003). However, with appropriately modified and targeted intervention, men in the PC stage can benefit from batterer intervention programs (Scott, King, McGinn, & Hosseini, 2011).

Mental health concerns, substance abuse, trauma, and anger should also be assessed for both parents in order to determine whether these issues impact their capacity to properly care for their children (Geffner et al., 2009). However, it is important to note that adult victims may experience these issues as a result of their abuse and the stress of dealing with the perpetrator in court. A separation from the perpetrator, appropriate supportive interventions, and the resolution of the court proceedings may lead to improvement in overall functioning and parenting behaviours (Jaffe, Crooks & Bala, 2009). It is also important for an assessor to consider the impact of the violence on the adult victim and how it can affect the overall judgment/appearance of the victim during the assessment. Often adult victims may appear

“guarded” or “uncooperative” for a number of reasons including the fear that the violence may be worse after disclosure of abuse allegations as well as a lack of confidence in the court system intervening in a helpful manner (Jaffe et al. 2008).

5.2 False allegations and parental alienation

In some cases of separating couples where there are child custody and access disputes, one or both parents may make allegations of family violence. In a small percentage of cases, a parent may make a false or exaggerated allegation of family violence in order to gain an advantage or seek revenge on their ex-partner. One Canadian study that tracked child maltreatment investigations from the 1998 Canadian Incidence Study of Reported Child Abuse and Neglect found that only 4% of all cases were considered to be intentionally fabricated with this rate being three times higher (12%) in cases that involved a custody or access dispute (Trocme & Bala, 2005). Moreover, only 1.3% of the false allegations were made by a custodial mother against a non-custodial father compared to 21.3% made by a non-custodial father against a custodial mother. Research has indicated that allegations of domestic violence or parental substance abuse are more often substantiated than allegations of child maltreatment. Furthermore, allegations of domestic violence and substance abuse are more likely to be substantiated against fathers than against mothers (Johnston, Lee, Olesen & Walters, 2005).

Mothers who make allegations of domestic violence often have a difficult time substantiating their claims in the court proceedings (Rahman & Track, 2012). This difficulty arises from insufficient corroborating evidence. A victim of domestic violence may present poorly in court because she is suffering from trauma symptoms related to her history of violence and she is presenting as angry, distrustful, suspicious, and uncooperative to the courts (Rahman & Track, 2012).

One common type of allegation made in custody or access disputes between high conflict separating couples is parental alienation. Parental alienation is described as a child’s rejection of a parent with no justification based on the brainwashing of a child by one parent against the other parent (Kelly & Johnston, 2001). Gardner (1987, 1992) originally described parental alienation as a diagnosable disorder in the child that occurs in the context of a custody dispute but the term has not been accepted as a recognized diagnosis (Pepiton, Alvis, Allen & Logid, 2012). The original model of alienation suggested that the mother is usually the parent that brainwashes the child against the father and that mothers also commonly make false allegations of child sexual abuse (Kelly & Johnston, 2001).

A study that examined allegations of child abuse (i.e., neglect, physical/verbal, sexual), domestic violence, and parental drug/alcohol abuse in custody disputes found that allegations against mothers and fathers had almost identical rates of substantiation implying that mothers are no more likely than fathers to allege unsubstantiated abuse against their child’s other parent (Johnston et al., 2005). However, mothers were found to make more substantiated allegations of adult abuse against fathers and fathers were seen to make more substantiated allegations of child abuse against mothers.

When there is a history of domestic violence in child custody and access cases, Jaffe et al. (2008) stated that the abusive ex-partner often attempts to alienate the children from the mother by asserting blame for the separation, sabotaging family plans, and undermining parental authority. A mother who has legitimate concerns about her ex-partner’s abusive behaviours and who is reluctant to agree to liberal access to the child may be seen as alienating the child from

the father, contrary to the general family law principle that each parent should promote the child's relationship with the other parent. Her behavior, however, may be better understood as protecting the child from her ex-partner's volatile and abusive behaviour (Jaffe et al, 2008).

5.3 Who assesses?

Experts who were interviewed for this report identified several agencies and professionals who are best positioned to assess risk: educators; child welfare professionals; psychologists; social workers; healthcare professionals; psychiatrists; shelter workers; victim advocates; agencies that provide interventions for abusive men; family court counsellors; and clergy. Some experts felt that family law lawyers did not have a very good understanding of risk assessment. Other experts felt that most agencies and professionals that come into contact with families experiencing violence should assess risk. The challenge in the field is having an agreement on which tools to use and how different systems communicate risk amongst themselves.

The Alberta Council of Women's Shelters (ACWS) (2003) submitted a report to the Ministry of Children's Services on keeping children safe when dealing with custody and access issues for families affected by domestic violence. The report provided an outline of an approach to domestic violence risk assessment. Within this approach, the ACWS recommended that assessors be trained in the dynamics of domestic violence and that the court/judge should have a responsibility to consider the opinion of the assessor and the authority to expedite their recommendations around parenting arrangements that serve the best interests of the adult victim and the children (ACWS, 2003).

5.4 Assessment tools

Experts who were interviewed for this report felt that risk assessors should use a mix of evidence-based tools that are culturally competent, flexible, and look at the family as a whole including their strengths and protective factors. Some experts felt that child protection tools do not speak to the risks inherent in domestic violence cases and that there needs to be tools developed that assess whether children are being used as pawns in separation cases. Experts highlighted the following tools as particularly helpful:

- Ages and Stages Social-Emotional (AS-SEQ) Questionnaire (<http://eip.uoregon.edu/research/asqse.html>);
- Children Exposed to Domestic Violence Scale (<https://www.mincava.umn.edu/cedv/>);
- Danger Assessment (<http://www.dangerassessment.org/>). Although this assessment tool is mainly used with adult victims, research has indicated when mothers are at risk, children are also at risk (Olszowy et al., 2013).

One stakeholder identified the following website, “The National Child Traumatic Stress Network (NCTSN)” that lists tools, some of which may be suitable for general risk assessment, others for more detailed assessment when exposure to domestic violence is known or suspected:

<http://www.nctsn.org/resources/online-research/measure-review>. The NCTSN was established by the U.S. Congress in 2000 with the purpose of bringing a singular and comprehensive focus to childhood trauma. The mission of the NCTSN is to raise the standard of care and improve access to services for traumatized children, their families and communities throughout the U.S. by raising awareness of the scope and serious impact of child traumatic stress on children and youth; advancing services and interventions by creating trauma-informed developmentally and culturally appropriate programs; working with established systems of care to ensure a comprehensive trauma-informed continuum of accessible care; and fostering collaboration to ensure knowledge and skills become a sustainable national resource. The website provides a database of reviews of tools that measure children’s experiences of trauma.

5.5 Domestic violence tools

Domestic violence risk assessment can be defined as “the process of gathering information about people to make decisions regarding their risk of perpetrating domestic violence” (Kropp, Hart, & Belfrage, 2005). Risk assessments allow professionals to identify persons at risk for perpetrating serious and/or lethal violence with the overall goal of targeting prevention and intervention efforts (Otto & Douglas, 2010; Stith & McMonigle, 2009).

Generally domestic violence risk assessment tools fall into one of three approaches: unstructured clinical judgment, structured clinical judgment, and the actuarial approach. The unstructured clinical judgment approach involves a professional collecting information and interpreting a level of risk based on their subjective judgment. The structured approach involves professionals following a set of guidelines that include specific risk factors that have been determined by empirical evidence. Finally, the actuarial approach involves obtaining a risk score by conducting an algorithm on the presence of specific risk factors which are assigned a numerical value (Northcott, 2012). As stated earlier, there are approximately 31 domestic violence risk assessment tools utilized by criminal justice personnel across Canada (Millar, 2009). In a meta-analysis of the validity of domestic violence risk assessment tools, the Danger Assessment (DA;

Campbell, 1986), the Ontario Domestic Assault Risk Assessment (ODARA; Hilton et al. 2004), and the Spousal Assault Risk Assessment (SARA; Kropp & Hart, 2004) were identified as notable tools currently being used in Canada (Hanson, Helmus & Bourgon, 2007).

As previously mentioned, there are significant risks for psychological and physical harm for children exposed to domestic violence including the risk for lethality. Reviews of homicides in the context of domestic violence reveal that children may become victims of homicide particularly when there is an actual or pending separation between the couple (Bourget et al., 2007; Jaffe et al., 2012; Marleau et al., 1999). Currently, however, there are no specific tools used in Canada that assess a child's risk for lethality in the context of domestic violence. One study examined the effectiveness of risk assessment tools currently being used with adult victims of domestic violence (DA, ODARA, and B-SAFER) in identifying a child's risk (Olszowy et al., 2013). Domestic homicide cases with child victims only were compared to cases with adult victims only. The findings indicated no significant differences between child domestic homicide cases and adult domestic homicide cases for all three risk assessment tools. This study reiterates the assumption that if the mother is at risk for lethality, children may also be at risk. Unfortunately, research has shown that few cases of domestic homicide showed evidence of any formal risk assessment completed prior to the homicide and even less had a specific assessment of child risk (Hamilton, Jaffe & Campbell, 2013).

5.6 Child maltreatment tools

Child protection services may become involved with separating parents when one of the parents or a third party reports child abuse allegations or domestic violence in the home. Child protection workers will likely investigate. However, some child protection workers may be reluctant to be drawn into a child custody or access dispute because of their suspicions that the allegation is exaggerated to assist the reporting parent in gathering incriminating evidence. Nonetheless, child protection professionals may engage in a risk assessment process. Risk assessment is a key component of child protection practice, with risk judgments informing decisions about the speed of investigation, the nature of service offered to families and the level of intrusiveness of child protective interventions. The history of risk assessment in child welfare is very different from its history in the domestic violence field. Whereas in criminal justice and social services addressing domestic violence, there has been a fairly steady progression towards the development, application, and confidence in risk assessment tools and technologies, in child welfare, there has been no such gradual linear process. Instead, ideas regarding the most effective methods for assessing risk have been heavily debated; escalating at times into what has been described as "risk assessment wars" (Bauman, Law, Sheets & Graham, 2005; 2006; Johnson 2006a; 2006b). Given ongoing controversy, it is difficult to pinpoint and describe best practices in child abuse risk assessment. Nevertheless, some review of historic and current risk assessment tools and technologies is warranted.

As in the criminal justice field, work in child abuse risk assessment was originally prompted by cognitive psychology research on the errors and problems that result when relying on clinical judgment. Accordingly, in the 1980's and 1990's a number of child abuse risk assessment measures were developed. These measures are generally classified in the literature as either theoretically or empirically-guided approaches (also called consensus-based approaches), where risk is assessed based on an established set of risk factors but combined into an overall assessment of risk based on clinician judgment or actuarial approaches. A number of "hybrid"

measures were also developed. Some of the most prominent measures developed were the Washington Risk Assessment Matrix (WRAM), and the California Family Risk Assessment model (CFRA). These measures involve rating items classified into various domains and then using domain scores to make a clinical judgment about level of risk. For example, on the WRAM, social workers rate 37 items (scale of 0 to 6) that fit within seven theoretical domains: child characteristics; severity of abuse/neglect; chronicity of abuse/neglect; caretaker characteristics; caretaker/child relationship; socio-economic factors; and perpetrator access, and then tabulate an overall score by adding ratings. The California Family Risk Assessment has 23 social worker rated items that fit within five theoretical domains: precipitating incident; child assessment; caregiver assessment; family assessment; and family-agency interaction. Once again, ratings are summed and the social worker uses these summed scores as a guide for deciding the overall level of risk. Fewer actuarial instruments gained attention in the literature, with one notable exception being the Structured Decision Making (SDM) risk assessment tool developed by the Children's Research Center (CRC). The SDM is an actuarial assessment, which consists of two subscales each of 10 items. On this measure, each item is scored as a 0, 1 or 2 and summed to classify the family into a low, moderate, high or very high-risk category. This measure is used across many Canadian provinces, US states and also across much of Australia (Ontario Ministry of Children and Youth Services, 2007).

There has been ongoing research on the reliability and validity of the above-described measures. Although studies have established that the use of either a consensus-based or an actuarial system to guide decision-making improves predictive validity over worker judgment alone (generally for re-referral), rates of false positives and negatives¹ are still quite high. Moreover, reviewers have concluded that the overall predictive performance of risk instrument models is disappointing, with less than a third of the variance in maltreatment recurrence explained by the factors included in such measures (Baird & Wagner, 2000; Camasso & Jagannathan, 2000; Knoke & Trocme, 2005). In addition, significant problems have been documented in inter-rater reliability, construct validity (i.e., the degree to which the tool measures what it claims to be measuring) and implementation (Knoke & Trocme, 2005; Lyons, Doueck & Wodarski, 1996). Slightly better predictive validity results have been shown for actuarial instruments, and in particular the frequently used Structured Decision Making tool (Baird et al., 1999; D'Andrade et al., 2005; Stewart & Thompson, 2004).

Another significant issue for the development and adoption of risk assessment instruments in child protection practice has been debate about appropriate outcomes (Cicchinelli, 1995). There are many complex decisions made in child welfare services over the life of a case, including assessing immediate and longer-term risk, making substantiation decisions, prioritizing cases, determining the type of services needed and determining critical points in the case such as child removal and case closure (Doueck et al., 1993; Wald & Woolverton, 1990; English & Pecora, 1994). Shlonksy & Wagner (2005) have suggested that such assessments represent at least two distinct, but inter-related processes: assessing the level of risk of future harm for particular children and a contextual assessment of child and family functioning to inform casework decisions and service planning. In reflection of these multiple needs, risk assessment instruments developed in more recent years have evolved from a focus on a single matrix or scale to a model that includes screening criteria at intake, safety assessment, risk assessment, needs assessment and guidelines and/or processes related to ongoing case planning including

¹ predicting that someone *will* offend or re-offend who doesn't or predicting that someone *will not* offend or re-offend who goes on to do so

transition and reunification assessments. The Ontario Ministry of Children and Youth Services, for example, has among its required tools a Safety Assessment, a Family Risk Assessment, a Family and Child Strengths and Needs Assessment, a Family Risk Reassessment Tool, and a Reunification Assessment Tool (Ministry of Children and Youth Services, 2007).

These multi-component, multi-purpose risk assessment systems in use today have been subject to less research on their predictive validity than the individual scales discussed earlier. Instead, research on these systems has tended to focus on either smaller components of assessment (such as an empirically tested tool that is embedded within a series of tools) or on issues with implementation. Numerous problems have been documented. For example, on the basis of a study of the Ontario system, Regehr et al. (2010) found that there was considerable variability in worker ratings of risk on the assessment instruments given the same scenarios. Other implementation research has found that risk assessment tools are often completed after the assessment decisions have been made, and function as the system of documentation rather than a system for guiding decision making (Fluke, 1993). Other recently published studies and commentaries have argued that utilization of risk assessment measures fit with organizational needs for accountability, but function to promote a culture where professional practice is being excessively controlled and proceduralized, and resulting in an undermining of the development of expertise in front line workers (Gillingham & Humphreys, 2010; Munro, 2010).

In summary, the history and development of risk assessment instruments in child protection differs significantly from that in the domestic violence services. Moreover, there is not a set of generally accepted and implemented tools with levels of reliability and validity that are deemed acceptable by the field. There are ongoing calls in the child protection field for further development and testing of risk assessment instruments; however, given ongoing controversy around risk assessment in child protection, any new instrument is likely to be highly scrutinized prior to acceptance.

5.7 Choosing a risk assessment tool

As discussed above, there are several tools to assess risk in the context of family violence. However, empirical research has found several limitations to specific tools or has not been able to identify whether one tool is better than another (Northcott, 2012). Therefore, professionals need to decide which risk assessment tool is most appropriate to use for their intended purposes. Some factors for professionals to consider when determining which assessment tool to use include:

- The goal of the assessment (e.g., to predict recidivism, to prevent violence);
- Whether the assessment is victim-centred or offender-centred in order to implement a safety plan, risk management strategies, or both;
- The time it takes to complete the assessment particularly if a quick response is required;
- The skill and experience of the professional conducting the assessment and their comfort with the specific risk assessment tool being used;
- The information required to complete a thorough assessment (e.g., interviews with the victim and children);
- The recognition and acceptance of the tool in certain professional settings (e.g., family court); and
- What the research literature has stated about the strengths and limitations of the tool (Northcott, 2012, pg. 13).

5.8 Overlapping assessment for child maltreatment and exposure to domestic violence

There has yet to be a tool that assesses risk for both child maltreatment and exposure to domestic violence. Most tools used by child protection assess for overall maltreatment and do not identify whether the maltreatment occurred in the context of domestic violence (Shlonsky & Friend, 2007). Child protection risk assessment instruments often ask questions about a history of domestic violence in the home; however if child maltreatment is not identified in families experiencing domestic violence, domestic violence itself may not be seen as a serious risk factor for children except in extreme cases where there is lethal violence or the children are suffering from severe neglect and emotional distress. Furthermore, tools used by child protection workers do not consistently assess for current or historical incidents of domestic violence in the home (Shlonsky & Friend, 2007).

Similarly, domestic violence risk assessment tools do not assess the risk posed to children. Most tools include a single question on whether or not the abuser has threatened to harm the children (DA; Campbell, 1986; ODARA; Hilton et al. 2004; SARA; Kropp, Hart, Webster, & Eaves, 1995). However, the purpose of identifying the presence of this factor is that it has shown to signify an increased risk for the adult victim, not the child.

According to Shlonsky and Friend (2007), there are multiple challenges when combining risk assessment for child maltreatment and exposure to domestic violence. Frontline workers may question who their client is: the child, the abused parent, the abusive parent, or all three? The answer to the question may depend on the mandate of the professional or agency responding to abuse allegations as well as their interpretation of their child abuse reporting responsibilities. There may also be some debate in defining when domestic violence becomes child abuse and when exposure to domestic violence is reportable to child protection services. There are considerable tensions amongst child protection services and violence against women agencies about who is at risk and what interventions are required. There is little agreement about what risk assessment tools should be utilized. Nonetheless, there is agreement that there is a large overlap with exposure to domestic violence and child maltreatment and each dimension of risk needs to be looked at independently to properly assess the potential harm that children face in these circumstances (Shlonsky & Friend, 2007). To date, there has only been one known tool (Domestic Violence Risk Identification Matrix) that attempts to assess the risk to children in the context of domestic violence within a child protection framework which is described in the section below.

5.9 One approach to understanding risk and developing interventions

In 2002, the Ontario government supported the development of Children's Aid Societies (CAS)/Violence Against Women (VAW) Collaboration Agreements in order to increase collaboration and communication between the VAW and CAS sectors. Since that time, progress has been made in both sectors on working to bridge the differences in philosophy, mandate and approach to service delivery; supporting activities between the two sectors; committing to mandatory training; providing domestic violence intake teams within CAS organizations to create more effective communication; developing a team approach to abused women; and developing a collaborative service plan with abused women and their children (Ministry of Community & Social Services, 2011). However, in 2010, representatives from Children's Aid

Societies and Violence Against Women sectors provided feedback on the CAS/VAW collaboration agreements to the Ministry of Community and Social Services (see <http://www.oaith.ca/assets/files/Publications/Government%20Documents/VAWCAS-consultation-report-FINAL-%20Feb-2011.pdf>) and recommended some strategies for improvement. One suggested strategy was to develop a common risk assessment process to be used by both CAS and VAW sectors that is also appropriate for use in Aboriginal and non-Aboriginal communities. Although this idea has not been actualized in Canada, there is one model practice that is being used in the United Kingdom. This assessment strategy, called Barnardo's Domestic Violence Risk Identification Matrix (DVRIM), assesses risk for children exposed to domestic violence, and risk for adult victims experiencing domestic violence, and outlines when CAS interventions are required. This strategy is used by both the CAS and VAW sectors and is an example of CAS/VAW collaboration within risk assessment.

The Barnardo's Domestic Violence Risk Identification Matrix (DVRIM) was developed and implemented in the United Kingdom. The DVRIM is the only known tool that assesses risk for children exposed to domestic violence and provides appropriate interventions based on the level of risk assessed. Principles guiding this model include: making child protection a priority; protecting the non-abusing parent (usually the mother) helps to protect the children; providing resources and supports will help protect and care for the children; need to hold perpetrators accountable for their abusive behaviours; and respecting the rights of the non-abusing parent to direct their life without placing their children at risk for further abuse (Healy & Bell, 2005, p. 3). Evidence of domestic violence, risk/vulnerability and protective factors are identified within the matrix tool and combined to produce one of four thresholds and corresponding interventions. The thresholds identified are: Moderate – the children and family likely need targeted support from a single practitioner; Moderate to Serious – the children and family likely need integrated support by more than one agency which should be coordinated by a lead professional; Serious – children's social services should consider conducting a more in-depth core assessment to determine what other types of services are necessary to assist the child and family, safeguarding procedures may be initiated if the threshold of significant harm is reached; and Severe – children are suspected to suffer significant harm and a child protection plan will be implemented if concerns are substantiated (HM Government, 2013; Stanley et al., 2011).

To determine the threshold or risk level the child and adult victim are in, assessors need to examine how the risk factors are clustered (e.g., if a cluster of risk factors fall under the 'serious' and/or 'severe' thresholds, the child and adult victim will require child protection services and safety plans). The DVRIM incorporates specific child risk factors and factors related to adult victims of domestic violence based on empirical research and evidence from child death reviews. The overall objectives of the DVRIM are to: assist multi-agency and social services staff to identify risks to children exposed to domestic violence; assist multi-agency and social care staff in deciding if a case is in need of a protection response or family support; help staff make appropriate interventions for children, the non-abusing parent and the perpetrator; provide a specific domestic violence risk assessment format with initial and core assessments within social care; and provide a model of safety intervention for women and children (Bell, n.d.).

6. LINK BETWEEN RISK ASSESSMENT AND RISK MANAGEMENT

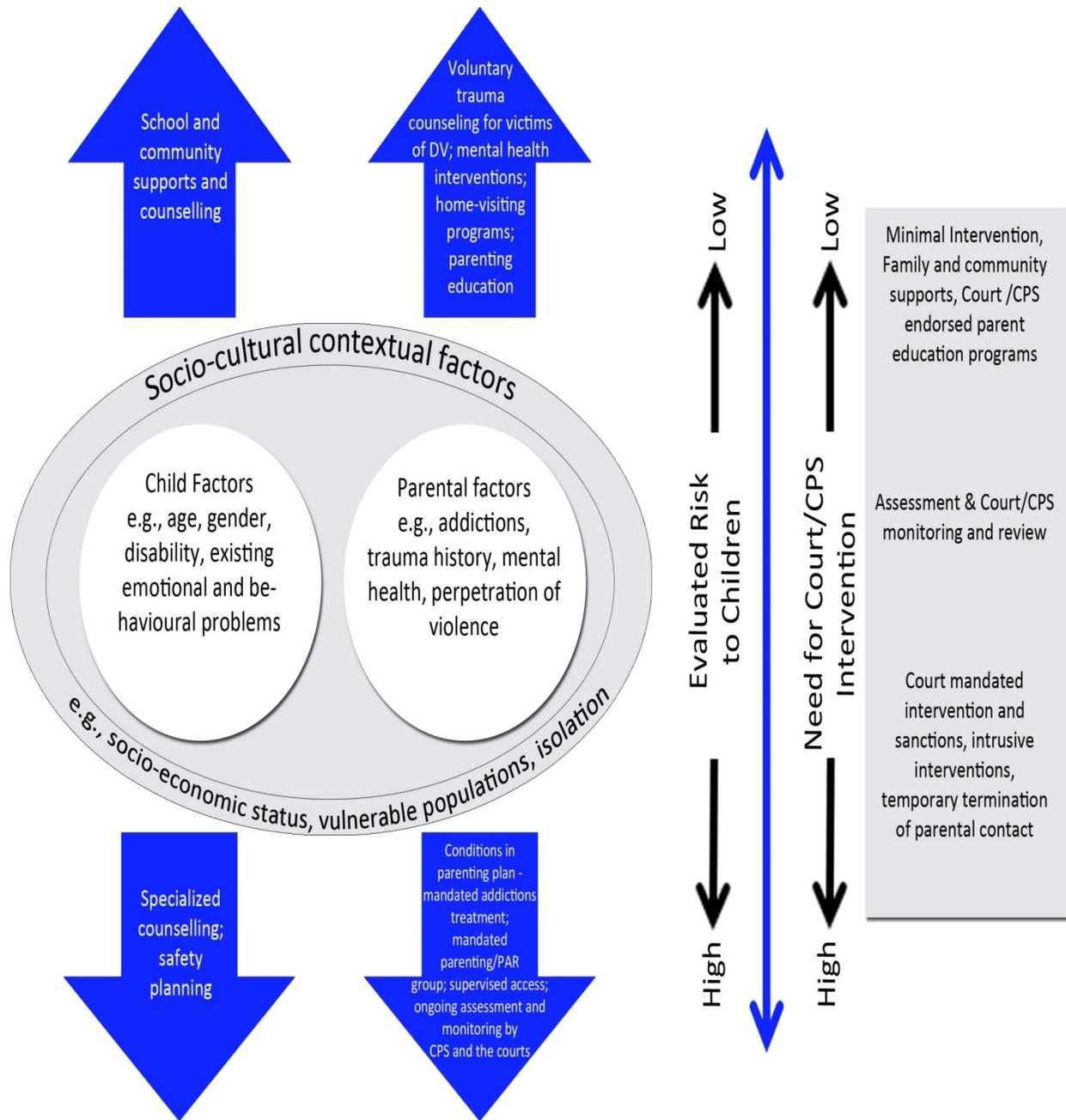
When identifying children at risk in the context of separation, professionals and agencies require knowledge of potential red-flags for utilizing specific assessment tools. The assessment process should not be an end in itself but a step towards safety planning and risk management efforts in regards to the child victim and parents. There needs to be a match between the level of risk assessed and the resources provided by the court and community. The higher the risk, the greater the need for mandatory interventions as opposed to voluntary services.

Chart 1 identifies the links between level of risk and appropriate interventions as identified in the literature review and consultation with Canadian experts in the field. Risk factors are considered within the dimensions of child and parental factors within a socio-cultural context. The risk management strategies are conceptualized as interventions for the child and parents and may vary along a dimension of voluntary versus court-mandated interventions. Chart 1 provides a framework with which decisions can be made to match child risk after parental separation with various court and community interventions. These decisions can be made on a consultative basis with parents and community professionals at lower risk levels. At higher child risk levels, the court would order a protective plan for the child and parent-victim within the context of family law, child protection law or criminal court jurisdiction. This framework could provide the basis for further studies to evaluate its merits in predicting child and family outcomes by those working in the field.

This chart reflects the importance of considering the socio-cultural context (e.g., socio-economic status; vulnerable populations and communities; isolation) of the family when determining appropriate interventions. Socio-cultural factors may make it difficult for adult victims and children to access resources; therefore it is important for the courts and community services to assist families in accessing financial support, employment, housing, and culturally competent counselling services alongside appropriate interventions that minimize the risk for future violence. A lack of resources should not be used as an excuse by community services or courts to inadvertently endanger children. For example, if children require a supervised access centre and are not able to access this resource, the result should not be unsupervised access that may lead to further maltreatment.

In considering socio-cultural factors, it is important to recognize that these factors do not exist in isolation from each other and often victims and children may find themselves living with multiple challenges. These intersecting diversity issues impact risk and responses to domestic violence and child abuse. The risks may be more severe for aboriginal, immigrant, and refugee women. Factors that increase risk may include minority status, language/cultural challenges, sponsorship threats, poverty/lack of access to services, disabilities, social and geographic isolation, and lack of services/lack of access to services (Martinson, 2013). Awareness of these intersecting diversity issues should inform the court and those that complete independent parenting assessments (Martinson, 2013).

Chart 1: The Link between Level of Risk and Appropriate Intervention



There are a number of challenges in finding appropriate interventions to assist in safety planning and risk management for adult and child victims living with family violence. Aside from securing resources, there is also the question on how these interventions are mandated when a parent refuses to admit their problems or to seek help and support. Some interventions can be ordered as a condition of probation within a criminal context or a condition of children's access to a parent within a child protection context. Within a child custody dispute framework, interventions and progress reports on completion of treatment may be a condition for either custody or access to children. There is also an ongoing debate on which interventions have demonstrated best outcomes in research on treatment effectiveness. This debate is beyond the scope of this paper other than to indicate the current thinking in the field revolves around a coordinated approach to the treatment of family violence. For example, treatment of domestic violence perpetrators is most effective when the intervention program is embedded in an overall coordinated community plan which includes ongoing monitoring and review by the justice system to ensure compliance and protection of victims (Gondolf, 2012).

Keeping up with Canadian research and promising practices in this area can be a difficult undertaking because so many important reports and resources are published and developed through ministries and community agencies without a central hub whereby to share them publicly. One new project that will help Canadians stay abreast of the research and practices in this area is the Canadian Domestic Homicide Prevention Initiative (CDHPI) (www.cdhpi.ca) developed by the Centre for Research & Education on Violence against Women & Children at Western University, and the Centre for the Study of Social and Legal Responses to Violence at the University of Guelph. The CDHPI is an online Canadian-focused centralized repository of information on domestic homicide review and prevention that can be accessed by professionals and the general public. The website contains reports, educational materials, and key findings developed through research, inquests, and domestic violence death reviews. The CDHPI provides information on vulnerable populations including children killed in the context of domestic violence.

7. PROMISING PRACTICES

Experts provided examples of model projects or promising practices that need to be shared across Canada to promote children's safety in family violence circumstances or are specific to children's safety in the context of parental separation and divorce. Below are the major themes of promising practices with a brief description of a program that exemplifies this theme. A more detailed account of these programs is available in Appendix D.

7.1 Parenting programs to prevent family violence

Parent education programs are aimed at helping parents develop more appropriate expectations of their children, develop empathy and nurturance for their children, use positive discipline instead of physical punishment, and address parental social and behavioural problems that increase the risk for violence (Barth, 2009). Many parenting programs are aimed at abusive mothers or mothers experiencing domestic violence such as home visitation programs, parent-child interaction therapy or psychotherapy. Some programs help parents of children who are at risk of developing, or who have already developed, significant behaviour or conduct problems.

However, few of these programs include families who have reported child abuse and neglect (Barth, 2009). The Ministry of Children and Youth Services has guided and funded several programs for children exposed to domestic violence that are implemented through children's aid societies or children's mental health agencies across the province of Ontario. These programs are directed at preventing family violence from the perspective of intervening with mothers and their children. Examples of these programs can be found at the Child Development Institute (<http://www.childdevelop.ca/programs/family-violence-services/group-programs>).

There are relatively few parenting programs aimed at abusive fathers and particularly fathers who expose their children to domestic violence (Scott & Crooks, 2007). One example program for abusive fathers, which was recognized by experts, is Caring Dads (www.caringdads.org). Caring Dads is an intervention program for fathers, who have physically abused, emotionally abused or neglected their children, or exposed their children to domestic violence or who are deemed to be at high-risk for these behaviours.

7.2 Secondary responder programs for perpetrators of domestic violence

Secondary responder programs for domestic violence began in the late 1980's with the aim of providing immediate short-term interventions to help victims of abuse protect themselves from subsequent victimization (Scott et al., in press). Programs included home visits, follow-up phone contact, or contact with victim witness programs that provided women with information and accessibility to counselling support, legal assistance, and other services as well as immediate safety planning. However, these second responder programs have not been provided to perpetrators of domestic violence except to contact perpetrators to remind and warn them about the consequences of engaging in further abusive behaviours.

One potential model for a perpetrator-based secondary responder program is the Risk, Needs, Responsivity (RNR) model of intervention (Andrews, Bonta & Wormith, 2011; Polaschek, 2012). The RNR model suggests that more intense intervention be targeted towards high risk perpetrators of domestic violence and that a focus of intervention should be placed on those needs most closely related to men's offending (e.g., men's responses to a recent separation; financial stress or unemployment; substance abuse; depression). The model also specifies that interventions should be tailored to the learning style and motivational profile of the participants (Scott et al., in press). An example project identified by experts is the "High-Risk Domestic Violence Men's Outreach Initiative". This pilot project was initiated in London, Ontario. The Outreach initiative was a secondary responder project for high risk perpetrators of domestic violence that utilized the RNR model of intervention. The results of the project showed a dramatic reduction in re-offending and criminal behaviour in general.

7.3 Integrated court for families

Research has indicated that legal responses to domestic violence often fail because the different court systems (i.e., criminal, family, civil, child protection, immigration) operate separately while pursuing different goals (Neilson, 2012). The priorities of the criminal justice system with a focus on public safety may not always align with the priorities of the family law system with a focus on the best interests of the child which creates inconsistencies, confusion, and safety issues for families experiencing violence. Often there is a failure in communication and coordination between the criminal and family courts which can result in concurrent proceedings that occur in isolation and may result in duplicate or conflicting safety and

protection orders (Judicial Council of California, 2008; Aldrich, Kluger & Judy, 2010; Martinson, 2012). This failure in communication and collaboration between court systems is seen as a “dangerous disconnect” that increases risk for women and children (Martinson & Jackson, 2012). Concurrent proceedings can cause delays, drain financial resources of the families, exhaust the limited resources to assist families, and increase conflict and the risk of harm to children (Martinson, 2012). Families may have to choose which court orders to follow, take matters into their own hands in terms of protecting children, or not have their issues resolved effectively leading to future risk of violence.

One promising practice identified by experts is the Ontario’s Integrated Domestic Violence Court (IDV Court) (<http://www.ontariocourts.ca/ocj/integrated-domestic-violence-court/>) which was launched in June 2011 in Toronto. The IDV Court takes a “one family, one judge” approach where families experiencing violence appear before a single judge who has extensive experience dealing with family and criminal law matters involving domestic violence in order to deal with all issues that impact the family. Integrated domestic violence courts have the potential to facilitate case management and communication between agencies, enhance protection for victims, reduce inconsistency in orders, and improve outcomes for children by providing a coordinated approach to multiple issues related to families experiencing violence (Martinson, 2012).

7.4 Advocacy for abuse victims and their children dealing with the family court

Navigating through the court system can be a daunting task for adult victims of domestic violence especially during separation, and custody and access disputes where the safety of the child is paramount. Advocacy helps to empower victims of violence and assist them in receiving appropriate and effective services and supports (Victim Services and Crime Prevention Division, 2010). The experts identified two best practices of advocacy for victims navigating through the family court system: 1) Luke’s Place, Oshawa, ON (www.lukesplace.ca) and 2) Jared’s Place Legal Advocacy and Support Program, Hamilton, ON (<https://intervalhousehamilton.org/legal-support>). Both of these programs were created in response to the murder of a young child by their father during a court-ordered unsupervised access visit. Both of the families had a history of domestic violence.

8. SUMMARY

Children face many risks to their psychological and physical well-being in the context of family violence and separating parents. These risks must be well understood to inform the development of enhanced policy and practices in regards to risk assessment, management and collaboration amongst court-related professionals and community agencies such as child protection services.

Separation and divorce can be seen as an opportunity to end the violence and protect the children but only if the risks are properly assessed, adequate custody and access arrangements are made, and resources are provided to the family. This report describes the prevalence and impact of family violence on children and identifies factors that increase a child’s risk of harm during parental separation and divorce. We also identify potential protective factors that should

be considered when conducting risk assessments, risk management, and safety planning. Of particular note are risk assessment strategies for children in separating and divorced families experiencing violence as well as critical points of intervention during separation and divorce.

We propose a model to guide judges, lawyers and court-related professionals to consider when looking at potential harm to children based on their vulnerabilities as well as the risks that parents may present. Findings of risk can lead to court mandated interventions and safeguards in determining parental access to their children. This analysis requires consideration of barriers to required services such as language and cultural barriers as well as poverty.

Our review highlights the many factors that increase children's risk of harm to their psychological and physical well-being (e.g., exposure to domestic violence; history of maltreatment; parental stress; social isolation of the family; inadequate resources and support) in the context of family violence and separating parents. These risks must be well understood to inform the development of enhanced policy and practices in regards to risk assessment, management and collaboration amongst court-related professionals and community agencies. The implications of our findings are best understood as an approach that promotes safety for children across Canada living with violence and abuse in their home and dealing with parental separation. These strategies address some of the challenges in the field including a lack of awareness of the impact of family violence on children which requires enhanced professional education on child risk – especially on the impact of domestic violence and links between domestic violence and child abuse across all service sectors including the justice system and court-related services.

There are also challenges in developing guidelines to identify major child risk factors and red-flag cases within criminal justice, child protection and family law proceedings. There is often a lack of coordination across sectors and even within the justice system to address the risks that children face. Innovative practices are developing to triage family violence cases before the family court to prioritize child safety, interim parenting plans and community treatment or interventions. There are promising practices and models in the justice system such as an integrated domestic violence court which provides a higher level of judicial case management through a “one family – one court” approach to deal with all family and criminal court proceedings. Promising practices need to be better evaluated and expanded across Canada.

This literature review and consultation with experts across Canada suggest that a major challenge rests with competing ideas on appropriate risk assessment tools to assess child risk for psychological and physical harm including child homicide. The domestic violence and child abuse areas have unique histories that led to the development of different risk assessment tools that may fall short in assessing both child and adult risk of lethal violence. To address these issues, there is a need for more research on assessment strategies, promising case management strategies as well as information sharing and collaboration between criminal courts and family courts. There is a good foundation for progress in this field in our finding that there is a network of academic, community and government partners willing to move this agenda forward across Canada as reflected by our experts. As an example, 30 academic, government, and community agencies partnered together to create the Canadian Domestic Homicide Prevention Initiative (www.CDHPI.ca) to ensure that updated information on domestic homicide, including children killed in the context of domestic violence, is shared on a national and international level.

The authors hope that the framework presented in this paper will stimulate enhanced training, research and practice across Canada to reduce child risk in the context of separation and

family violence. Progress in this field will require a renewed commitment to pursue these challenges issues across disciplines and service providers.

References

- Abrahams, H. (2007). *Supporting Women after Domestic Violence: Loss, Trauma and Recovery*. London: Jessica Kingsley.
- Action Committee on Access to Justice in Civil and Family Matters. (2012). *Meaningful change for family justice: Beyond wise words*. Retrieved July 10, 2013 from: <http://www.cfcj-fcjc.org/sites/default/files/docs/Report%20of%20the%20Family%20Law%20WG%20Meaningful%20Change%20April%202013.pdf>.
- Affifi, T.O. & MacMillan, H.L. (2011). Resilience following child maltreatment: a review of protective factors. *Canadian Journal of Psychiatry*, 56(5), 266-272.
- Alberta Council of Women's Shelters (ACWS). (2003). *Domestic Violence: Child Custody, Access and Recommendations for Reform*. Edmonton, AB: Author. Retrieved November 1, 2013 from: <https://www.acws.ca/sites/default/files/documents/DVChildCustodyandAccess.pdf>.
- Aldrich, L., Kluger, H., & Judy, J. (2010). New York's One Judge-One Family Response to Family Violence. *Juvenile and Family Court Journal*, 61(4), 77-86.
- Alhusen, J. L., Lucea, M. B., Bullock, L., & Sharps, P. Intimate partner violence, substance use, and adverse neonatal outcomes among urban women. *The Journal of Pediatrics*, (0) doi: <http://dx.doi.org.proxy2.lib.uwo.ca/10.1016/j.jpeds.2013.01.036>
- Allagia, R. & Maiter, S. (2006). Domestic violence and child abuse: Issues for immigrant and refugee families. In Vines, C. & Allagia, R. (eds.), *Cruel But Not Unusual: Violence in Canadian Families*, Waterloo, ON: Wilfrid Laurier University Press, pp. 99-126.

- Alaggia, R., Regehr, C. & Rishchynski, G. (2009). Intimate partner violence and immigration laws in Canada: How far have we come? *International Journal of Law and Psychiatry*, 32, 335-341.
- Allen, B., & Johnson, J. (2012). Utilization and implementation of trauma-focused Cognitive–Behavioral therapy for the treatment of maltreated children. *Child Maltreatment*, 17(1), 80-85. doi: 10.1177/1077559511418220
- Anderson, S.A., & Cramer-Benjamin, D.B. (2010). The impact of couple violence on parenting and children: An overview and clinical observations. *The American Journal of Family Therapy*, 27, 1-19.
- Appel, A.E., & Holden, G.W. (1998). The co-occurrence of spouse and physical child abuse: A review and appraisal. *Journal of Family Psychology*, 12, 578-599.
- Ammerman, R.T., Kolko, D.J., Kirisci, L., Blackson, T.C., & Dawes, M.A. (1999). Child abuse potential in parents with histories of substance abuse disorder. *Child Abuse & Neglect*, 23(12), 1225-1238.
- Amnesty International Canada. (2004). *Stolen sisters: Discrimination and violence against Indigenous women in Canada*. Ottawa: Amnesty International.
- Andrews, D. A., Bonta, J., & Wormith, J. S. (2011). The risk-need-responsivity (RNR) model: Does adding the good lives model contribute to effective crime prevention? *Criminal Justice and Behavior*, 38(7), 735-755. doi: 10.1177/0093854811406356.
- Avanci, J., Assis, S., Oliveira, R., & Pires, T. (2012). Childhood depression: Exploring the association between family violence and other psychosocial factors in low-income Brazilian school children. *Child and Adolescent Psychiatry and Mental Health*, 6, 26-34.

- Babcock, J. C., Green, C. E., & Robie, C. (2004). Does batterers' treatment work? A meta-analytic review of domestic violence treatment. *Clinical Psychology Review, 23*(8), 1023-1053.
- Baird, C., & Wagner, D. (2000). The relative validity of actuarial- and consensus-based risk assessment systems. *Children and Youth Services Review, 22*(11/12), 839-871.
- Baird, C., Wagner, D., Healy, T., & Johnson, K. (1999). Risk assessment in child protective services: consensus and actuarial model reliability. *Child Welfare, 78*(6), 723-748.
- Bancroft, L. & Silverman, J.G. (2002). *The Batterer as Parent: Addressing the Impact of Domestic Violence on Family Dynamics*. Thousand Oaks, CA: Sage.
- Bancroft, L., Silverman, J.G., & Ritchie, D. (2012). *The Batterer as parent: Addressing the impact of domestic violence on family dynamics*. Second Edition. Thousand Oaks, CA: Sage.
- Baralic, I., Savic, S., Alempijevic, D.M., Jecmenica, D.S., Sbutega-Milosevic, G. & Obradovic, M. (2010). Child homicide on the territory of Belgrade. *Child Abuse & Neglect, 34*(12), 935-942.
- Barnett, O.W., & Fagan, R.W. (1993). Alcohol use in male spouse abusers and their female partners. *Journal of Family Violence, 8*(1), 1-25.
- Barth, R.P. (2009). Preventing child abuse and neglect with parent training: Evidence and opportunities. *Preventing Child Maltreatment, 19*(2), 95-118.
- Bauer, N. S., Herrenkohl, T. I., Lozano, P., Rivara, F. P., Hill, K. G., & Hawkins, J. D. (2006). Childhood bullying involvement and exposure to intimate partner violence. *American Academy of Paediatrics, 118*, 235–242.
- Baumann, D. J., Law, J., Sheets, J., Reid, G., & Graham, J. (2005). Evaluating the effectiveness

- of actuarial risk assessment models. *Children and Youth Services Review*, 27(5), 465–490.
- Baumann, D. J., Law J., Sheets, J., Reid, G., & Graham, J. (2006). Remarks concerning the importance of evaluating actuarial risk assessment models: A rejoinder to Will Johnson. *Children and Youth Services Review*, 28(6), 715–725.
- 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
- Bell, M. (n.d.). *Unraveling the Assessment Highway in Domestic Violence*. Barnardo’s Northern Ireland. Powerpoint Presentation.
- Bogat, G.A., DeJonghe, E., Levendosky, A.A., Davidson, W.S., & von Eye, A. (2006). Trauma symptoms among infants exposed to intimate partner violence. *Child Abuse & Neglect*, 30(2), 109-125.
- Bossy, J., & Coleman, S. (2000). *Womanspeak: Parliamentary Domestic Violence Internet Consultation*, Bristol: Women’s Aid Federation of England.
- Bourget, D. & Gagné, P. (2002). Maternal filicide in Québec. *Journal of the American Academy of Psychiatry and the Law*, 30, 345-51.
- Bourget, D., Grace, J., & Whitehurst, L. (2007). A review of maternal and paternal filicide. *The Journal of the American Academy of Psychiatry and the Law*, 35, 74-82.
- Brennan, S. (2011). *Violent Victimization of Aboriginal Women in the Canadian Provinces, 2009*. Ottawa, ON: Statistics Canada.

- Browne, K., & Saqi, S. (1988). Approaches to screening for child abuse and neglect. In Browne, K., Davies, C., & Stratton, P. (eds.), *Early Prediction and Prevention of Child Abuse*, Chichester, NY: Wiley. Pp. 57-85.
- Brownridge, D.A. (2006). Violence against women post-separation. *Aggression and Violent Behavior, 11*, 514-530.
- Buchholz, E.S., & Korn-Bursztyn, C. (1993). Children of adolescent mothers: Are they at risk for abuse? *Adolescence, 28*, 361-382.
- Burch, R.L. & Gallup, G.G. (2000). Perceptions of paternal resemblance predict family violence. *Evolution and Human Behavior, 21*, 429-435.
- Camasso, M. J., & Jagannathan, R. (2000). Modeling the reliability and predictive validity of risk assessment in child protective services. *Children and Youth Services Review, 22*(11/12), 873-896.
- Campbell, J. C. (1986). Nursing assessment of risk of homicide for battered women. *Advances in Nursing Science, 8*, 36-51.
- Campbell, J.C., Glass, N., Sharps, P.W., Laughon, K., & Bloom, T. (2007). Intimate partner homicide: Review and implications of research and policy. *Trauma, Violence & Abuse, 8*, 246-269.
- Campbell, M., Neil, J.A., Jaffe, P.G., & Kelly, T. (2010). Engaging abusive men in seeking community intervention: A critical research and practice priority. *Journal of Family Violence, 25*, 413-422.
- Campbell, J.C., Webster, D.W., & Glass, N. (2009). The Danger Assessment: Validation of a lethality risk assessment instrument for intimate partner femicide. *Journal of Interpersonal Violence, 24*, 653-674.

- Campbell, J.C., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M.A., Laughon, K. (2003). Risk factors for femicide in abusive relationships: Results from a multisite case control study. *American Journal of Public Health*, 93(7), 1089-1097.
- Canadian Children's Rights Council. (2013). Child Abuse and Neglect – Canadian Statistics. Ottawa, ON: author. Retrieved September 4, 2013 from:
http://www.canadiancrc.com/Child_Abuse/Child_Abuse.aspx.
- Casanueva, C., Goldman-Fraser, J., Ringeisen, H., Lederman, C., Katz, L. & Osofsky, J.D. (2010). Maternal perceptions of temperament among infants and toddlers investigated for maltreatment: Implications for services need and referral. *Journal of Family Violence*, 25(6), 557-574. DOI: 10.1007/s10896-010-9316-6
- Cavanagh, K., Dobash, R. E., & Dobash, R. P. (2007). The murder of children by fathers in the context of child abuse. *Child Abuse & Neglect*, 31(7), 731-746.
- Cavanaugh, M.M. & Gelles, R.J. (2005). The utility of male domestic violence offender typologies: New directions for research, policy, and practice. *Journal of Interpersonal Violence*, 20(2), 155-166. DOI: 10.1177/0886260504268763
- Chan, Y.C. (1994). Parenting stress and social support of mothers who physically abuse their children in Hong Kong. *Child Abuse & Neglect*, 18, 261-269.
- Chimbos, P.D. (1998). Spousal homicides in contemporary Greece. *International Journal of Comparative Sociology*, 39(2), 213-223. DOI:
<http://dx.doi.org/10.1163/002071598X00143>
- Cicchinelli, L. (1995). Risk assessment: expectations and realities. *The APSAC Advisor*, 8(4), 3-8.

- Clarke, A., & Wydall, S. (2013). 'Making safe': A coordinated community response to empowering victims and tackling perpetrators of domestic violence. *Social Policy and Society*, 12(3), 393-406.
- comScore, Inc. (2012). *Canada Digital Future in Focus 2012*. Toronto, ON: author. Retrieved November 20, 2013 from: <http://www.scribd.com/doc/84335235/Canada-s-Digital-Future-in-Focus>.
- Coohey, C. (2006). Physically abusive fathers and risk assessment. *Child Abuse & Neglect*, 30, 467-480.
- Coulton, C.J., Crampton, D.D., Irwin, M., Spilsbury, J.C. & Korbin, J.E. (2007). How neighborhoods influence child maltreatment: A review of the literature and alternative pathways. *Child Abuse & Neglect*, 31, 1117-1142.
- Cox, C.E., Kotch, J.B., & Everson, M.D. (2003). A longitudinal study of modifying influences in the relationship between domestic violence and child maltreatment. *Journal of Family Violence*, 18(1), 5-17.
- Cunningham, A., & Baker, L. (2004). *What about me! Seeking to understand a child's view of violence in the family*. London, ON: Centre for Children & Families in the Justice System.
- Cunningham, A., & Baker, L. (2007). *Little eyes, little ears: How violence against a mother shapes children as they grow*. London, ON: Centre for Children & Families in the Justice System.
- Curtis, G. C. (1963). Violence breeds violence—perhaps? *American Journal of Psychiatry*, 120, 386-837.

- Daly, M. & Wilson, M. (1996). Violence against stepchildren. *Current Directions in Psychological Science*, 5(3), 77-81.
- Daly, M., & Wilson, M. (1998). *The truth about Cinderella: A Darwinian view of parental love*. London: Yale.
- Daly, M., & Wilson, M. (2001). An assessment of some proposed exceptions to the phenomenon of nepotistic discrimination against stepchildren. *Annales Zoologici Fennici*, 38, 287-296.
- D'Andrade, A., Benton, A., & Austin, M. (2005). Risk and safety assessment in child welfare: Instrument comparison. *Journal of Evidence-Based Social Work*, 5(1/2), 31-56. doi: 10.1300/J394v05n01_03.
- Dawson, M. & Gartner, R. (1998). Differences in the characteristics of intimate femicides: The role of relationship state and relationship status. *Homicide Studies*, 2(4), 378-398.
- DeGue, S. & DiLillo, D. (2009). Is animal cruelty a “red flag” for family violence? Investigating co-occurring violence toward children, partners, and pets. *Journal of Interpersonal Violence*, 24(6), 1036-1056.
- DeKeseredy, W. S., & Rennison, C. M. (2013). Comparing female victims of separation/divorce assault across geographical regions. *International Journal for Crime, Justice and Social Democracy*, 2(1), 65-81.
- Doherty, D. (2012). Domestic homicide in New Brunswick: An overview of some contributing factors. *Atlantis: Critical Studies in Gender, Culture & Social Justice*, 30(3), 4-14.
- Dong, M., Anda, R.F., Felitti, V.J., Dube, S.R., Williamson, D.F., Thompson, T.J., et al. (2004). The interrelatedness of multiple forms of childhood abuse, neglect, and household dysfunction. *Child Abuse & Neglect*, 28, 771-784.
- Doueck, H. J., English, D. J., DePanfilis, D., & Moote, G. T. (1993). Decision-making in child

- protective services: A comparison of selected risk-assessment systems. *Child Welfare*, 72(5), 441-452.
- Dubowitz, H., Black, M.M., Kerr, M.A., Hussey, J.M., Morrel, T.M., Everson, M.D., & Starr, R.H. (2001). Type and timing of mothers' victimization: Effects on mothers and children. *Pediatrics*, 107, 728-735.
- Dutton, M., Goodman, L., Lennig, D., Murphy, J., & Kaltman, S. (2006). *Ecological Model of Battered Women's Experience over Time*. Washington, DC: National Institute of Justice Office of Justice Programs.
- Edleson, J.L., Mbilinyi, L.F., Beeman, S.K., Hagemester, 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.
- Eiden, R.D., Chavez, F., & Leonard, K.E. (1999). Parent-infant interactions among families with alcoholic fathers. *Development and Psychopathology*, 11(4), 745-762.
- Eiden, R.D., Edwards, E.P., & Leonard, K.E. (2002). Mother-infant and father-infant attachment among alcoholic families. *Development and Psychopathology*, 14(2), 253-278.
- Emanuel, L. (2004). Some thoughts about the impact of domestic violence on infants and young children. *Journal of Child and Adolescent Mental Health*, 16(1), 49-53.
- English, D. J., & Pecora, P. J. (1994). Risk assessment as a practice method in child protective services. *Child Welfare*, 73(5), 451-473.
- Ewing, C.P. (1997). *Fatal families: The dynamics of intrafamilial homicide*. Thousand Oaks: Sage.
- Famularo, R., Kinsherriff, R., & Fenton, T. (1992). Parental substance abuse and the nature of child maltreatment. *Child Abuse & Neglect*, 16(4), 475-483.

- Faver, C.A., & Strand, E.B. (2003). To leave or to stay? Battered women's concern for vulnerable pets. *Journal of Interpersonal Violence*, 18, 1367-1377.
- Felson, R. B., & Lane, K. J. (2010). Does violence involving women and intimate partners have a special etiology? *Criminology*, 48(1), 321-338.
- Fujiwara, T., Okuyama, M., & Izumi, M. (2012). The impact of childhood abuse history, domestic violence and mental health symptoms on parenting behaviour among mothers in Japan. *Child Care, Health and Development*, 38(4), 530-537.
- Finkelhor, D. & Ormrod, R. (2001). *Homicides of Children and Youth*. Juvenile Justice Bulletin. Rockville, MD: Office of Juvenile Justice and Delinquency Prevention.
- Finkelhor, D., Ormrod, R.K. & Turner, H.A. (2007). Poly-victimization: A neglected component in child victimization. *Child Abuse & Neglect*, 31(1), 7-26.
- Fluke, J. (1993). Evaluation of the Pennsylvania approach to risk assessment. In T. Tatara (Ed.) *Seventh national roundtable on CPS risk assessment: Summary of highlights*. Washington, DC: American Public Welfare Associations.
- 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, 311-324.
- Fox, G.L., Sayers, J. & Bruce, C. (2002). Beyond bravado: Redemption and rehabilitation in the father accounts of men who batter. *Marriage & Family Review*, 32(3-4), 137-163. DOI: 10.1300/J002v32n03_08
- Francis, K.J. & Wolfe, D.A. (2008). Cognitive and emotional differences between abusive and non-abusive fathers. *Child Abuse & Neglect*, 32(12), 1127-1137.
- Friedman, S.H., Horwitz, S.M. & Resnick, P.J. (2005). Child murder by mothers: a critical

- analysis of the current state of knowledge and a research agenda. *American Journal of Psychiatry*, 162, 1578-87.
- Friedman, S.H. & Resnick, P.J. (2007). Child murder by mothers: patterns and prevention. *World Psychiatry*, 6(3), 137-141.
- Gardner, R.A. (1987). *Parental Alienation Syndrome and the differentiation between fabricated and genuine child sex abuse allegations*. Creskill, NJ: Creative Therapeutics.
- Gardner, R.A. (1992). *The Parental Alienation Syndrome*. Creskill, NJ: Creative Therapeutics.
- Geffner, R., Conradi, L., Geis, K. & Aranda, M.B. (2009). Conducting child custody evaluations in the context of family violence allegations: Practical techniques and suggestions for ethical practice. *Journal of Child Custody*, 6(3-4), 189-218.
- Gerwartz, A.H., & Edleson, J.L. (2007). Young children's exposure to intimate partner violence: Towards a developmental risk and resilience framework for research and intervention. *Journal of Family Violence*, 22, 151-163.
- Gillingham, P., & Humphreys, C. (2010). Child protection practitioners and decision-making tools: Observations and reflections from the front line. *British Journal of Social Work*, 40(8), 2598-2616. doi: 10.1093/bjsw/bcp155.
- Goldblatt, H. (2003). Strategies of coping among adolescents experiencing interparental violence. *Journal of Interpersonal Violence*, 18(2), 532-552.
- Goldblatt, H., & Eisikovits, Z. (2005). Role taking of youths in a family context: Adolescents exposed to interparental violence. *American Journal of Orthopsychiatry*, 75, 644-657.
- Goldman, J., Salus, M.K., Wolcott, D., & Kennedy, K.Y. (2003). A coordinated response to child abuse and neglect: The foundation for practice. *U.S. Department of Health and*

Human Services. Retrieved from

<https://www.childwelfare.gov/pubs/usermanuals/foundation/>

Gondolf, E. W. (2002). *Batterer intervention systems: Issues, outcomes, and recommendations*.

Thousand Oaks, CA: Sage.

Gondolf, E. W. (2012). *The future of batterer programs: Reassessing evidence-based practice*.

Lebanon, New Hampshire: University Presses of New England.

Goodkind, J. R., Sullivan, C. M., & Bybee, D. I. (2004). A Contextual Analysis of Battered

Women's Safety Planning. *Violence Against Women, 10*(5), 514-533.

Greenfield, E. A., & Marks, N. F. (2010). Sense of community as a protective factor against

long-term psychological effects of childhood violence. *Social Service Review, 84*(1), 129-

147.

Guterman, N.B., & Lee, Y. (2005). The role of fathers in risk for physical child abuse and

neglect: Possible pathways and unanswered questions. *Child Maltreatment, 10*, 136-149.

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), 41-62.

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*, 179-189.

Hanson, R.K., Helmus, L., & Bourgon, G. (2007). *The validity of risk assessments for Intimate*

partner violence: A meta-analysis. Public Safety Canada.

Hardesty, J.L., & Chung, G.H. (2006). Intimate partner violence, parental divorce, and child

custody: Directions for intervention and future research. *Family Relations, 55*, 200-210.

- Hardesty, J.L., Khaw, L., Chung, G.H., & Martin, J.M. (2008). Coparenting relationships after divorce: Variations by type of marital violence and fathers' role differentiation. *Family Relations, 57*, 479-491.
- Harding, H.G. & Helweg-Larsen, M. (2009). Perceived risk for future intimate partner violence among women in a domestic violence shelter. *Journal of Family Violence, 24*(2), 75-85.
- Harrison, C. (2008). Implacably hostile or appropriately protective? Women managing child contact in the context of domestic violence. *Violence Against Women, 14*, 381-405.
- Harry, J. (1989). Parental physical abuse and sexual orientation in males. *Archives of Sexual Behavior, 18*(3), 251-261.
- Hartley, C.C. (2002). The co-occurrence of child-maltreatment and domestic violence: Examining both neglect and child physical abuse. *Child Maltreatment, 7*(4), 349-358.
- Healy, J. & Bell, M. (2005). *Assessing the risks to children from domestic violence: Findings from two pilot studies using the Barnardo's Domestic Violence Risk Assessment Model*. Ireland: Barnardo's. Retrieved July 10, 2013 from:
http://www.barnardos.org.uk/pp_no_7_assessing_the_risks_to_children_from_domestic_violence.pdf.
- Hensley, D., & Dunbar, J. (2011). Speaking for themselves: A pilot program balancing children's rights and best interests in high- conflict families. In S. Anand (Ed.), *Children and the law: Essays in honour of Professor Nicholas Bala* (pp. 224–237). Toronto: Irwin Law.
- Herrenkohl, T.I., Sousa, C., Tajima, E.A., Herrenkohl, R.C., & Moylan, C.A. (2008). Intersection of child abuse and children's exposure to domestic violence. *Trauma, Violence, & Abuse, 9*(2), 84-99.

- Hertzman, C., Clinton, J. & Lynk, A. (2011). Measuring in support of early childhood development. *Paediatric Child Health*, 16(10), 655-7.
- Hester, M. (2011) The Three Planet Model: Towards an understanding of contradictions in approaches to women and children's safety in contexts of domestic violence, *British Journal of Social Work*, 41(5), 837–853.
- Hester, M., Pearson, C., & Harwin, N. (2000). *Making an impact: Children and domestic violence: A reader*. London: Jessica Kingsley Publications.
- Hetzel-Riggin, M., & Meads, C. (2011). Childhood violence and adult partner maltreatment: The roles of coping style and psychological distress. *Journal of Family Violence*, 26(8), 585-593.
- Hibbard, R.A., Desch, L.W., Committee on Child Abuse and Neglect, & Council on Children with Disabilities. (2007). Maltreatment of children with disabilities. *Pediatrics*, 119(5) 1018-1025.
- Hilton, N. Z., Harris, G. T., Popham, S., & Lang, C. (2010). Risk assessment among incarcerated male domestic violence offenders. *Criminal Justice and Behavior*, 37(8), 815-832.
- Hilton, N.H., Harris, G.T., Rice, M.E., Lang, C., Cormier, C.A., & Lines, K.J. (2004). A brief actuarial assessment for the prediction of wife assault recidivism: The Ontario Domestic Assault Risk Assessment. *Psychological Assessment*, 16, 267-275.
- HM Government. (2013). *Working together to safeguard children. A guide to inter-agency working to safeguard and promote the welfare of children*. United Kingdom: Department for Education. Retrieved July 10, 2013 from:
<http://media.education.gov.uk/assets/files/pdf/w/working%20together.pdf>.

- Holden, G.W. (2003). Children exposed to domestic violence and child abuse: Terminology and taxonomy. *Clinical Child and Family Psychology Review*, 6(3), 151-160. DOI: 10.1023/A:1024906315255
- Holden, G.W., Geffner, R. & Jouriles, E.N. (eds.). (1998). *Children Exposed to Marital Violence: Theory, Research, and Applied Issues*. Washington, DC: American Psychological Association.
- Holt, S. (2013). Post-separation fathering and domestic abuse: Challenges and contradictions. *Child Abuse Review*.
- Holt, S., Buckley, H., & Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse & Neglect*, 32(8), 797-810.
- Hoyle, C. (2008). Will she be safe? A critical analysis of risk assessment in domestic violence cases. *Children and Youth Services Review*, 30(3), 323-337.
- Humphreys, C. & Thiara, R.K. (2003). Neither justice nor protection: women's experiences of post-separation violence. *Journal of Social Welfare and Family Law*, 25(3), 195-214.
- Hunt, R. & Roberts, C. (2004). *Child contact with non-resident parents. Family Policy Briefing*, 3. Oxford, UK: Department of Social Policy and Social Work, University of Oxford.
- Huth-Bocks, A. C., Levendosky, A. A., Theran, S. A., & Bogat, G. A. (2004). The impact of domestic violence on mothers' prenatal representations of their infants. *Infant Mental Health Journal*, 25(2), 79-98.
- Jaffe, P.G., Ashbourne, D. & Mamo, A. (2010). Early identification and prevention of parent-child alienation: A framework for balancing risks and benefits of intervention. *Family Court Review*, 48(1), 136-152.

- 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.
- 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*, 6(3-4), 169-188.
DOI: 10.1080/15379410903084517
- Jaffe, P.G., Johnston, J.R., Crooks, C.V & Bala, N. (2008). Custody disputes involving allegations of domestic violence: Toward a differentiated approach to parenting plans. *Family Court Review*, 46(3), 500-522.
- Jaffe, P.G. & Juodis (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.
- Jaffe, P.G., Lemon, N.K.D., & Poisson, S.E. (2003). *Child custody and domestic violence: A call for safety and accountability*. Thousand Oaks, CA: Sage.
- Jaffe, P.G., Poisson, S.E., Cunningham, A. (2001). Domestic violence and high-conflict divorce: Developing a new generation of research for children. In S. A. Graham-Bermann & J. L. Edleson (Eds), *Domestic violence in the lives of children: The future of research, intervention, and social policy*. Washington, DC: American Psychological Association.
- Jaffe, P.G., Wolfe, D.A., & Campbell, M. (2012). *Growing Up With Domestic Violence: Assessment, Intervention, and Prevention Strategies for Children and Adolescents*. Cambridge, MA: Hogrefe Publishing.
- Jaffe, P.G., Wolfe, D.A., & Wilson, S.K. (1990). *Children of Battered Women*. Newbury Park, CA: Sage.

- Jarvis, K.L., Gordon, E.E. & Novaco, R.W. (2005). Psychological distress of children and mothers in domestic violence emergency shelters. *Journal of Family Violence*, 20(6), 389-402.
- Johnson, M. (2008). *A Typology of Domestic Violence: Intimate Terrorism, Violent Resistance, and Situational Couple Violence. (Northeastern Series on Gender, Crime, and Law.)* Lebanon, NH: Northeastern University Press.
- Johnson, W. (2006a). The risk assessment wars: A commentary response to “Evaluating the effectiveness of actuarial risk assessment models” by Donald Baumann, J. Randolph Law, Janess Sheets, Grant Reid and J. Christopher Graham, *Children and Youth Services Review*, 27, pp. 465-490. *Children and Youth Services Review*, 28(6), 704-714.
- Johnson, W. (2006b). Post-battle skirmish in the risk assessment wars: Rebuttal to the response of Baumann and colleagues to criticism of their paper, “Evaluating the effectiveness of actuarial risk assessment models”. *Children and Youth Services Review*, 28(9), 1124-1132.
- Johnston, J.R., Lee, S., Olesen, N.W., & Walters, M.G. (2005). Allegations and substantiations of abuse in custody-disputing families. *Family Court Review*, 43(2), 283-294.
- Johnston, J. R., Roseby, V. and Kuehnle, K. (2009). *In the name of the child: A developmental approach to understanding and helping children of conflicted and violent divorce.* New York, NY: Springer.
- Jones, A. (2009). *Women who kill.* New York, NY: Feminist Press.
- Jouriles, E., Norwood, W., McDonald, R., Vincent, J., & Mahoney, A. (1996). Physical violence and other forms of marital aggression: Links with children’s behavior problems. *Journal of Family Psychology*, 10, 223-234.

Judicial Council of California (2008). *Unified Courts for Families: Improving Coordination of Cases Involving Families and Children*. San Francisco, CA: Administrative Office of the Courts. Retrieved November 1, 2013 from:

<http://www.courts.ca.gov/documents/ImprovingCoordination.pdf>.

Kajese, T.M., Nguyen, L.T., Pham, G.Q., Pham, V.K., Melhorn, K., & Kallail, J. (2011).

Characteristics of child abuse homicides in the state of Kansas from 1994 to 2007. *Child Abuse & Neglect*, 35(2), 147-154.

Kauppi, A., Kumpulainen, K., Karkola, K., Vanamo, T. & Merikanto, J. (2010). Maternal and paternal filicides: A retrospective review of filicides in Finland. *Journal of the American Academy of Psychiatry and the Law*, 38, 229-238.

Kaufman, J., & Zigler, E. (1993). The intergenerational transmission of child abuse. In D.

Cicchetti & V. Carlson (Eds.), *Child Maltreatment: Theory and research on the causes and consequences of child abuse and neglect* (pp. 129-152). Cambridge, UK: Cambridge University Press.

Kauppi, A., Kumpulainen, K., Karkola, K. Vanamo, T. & Merikanto, J. (2010). Maternal and paternal filicides: A retrospective review of filicides in Finland. *Journal of the American Academy of Psychiatry and the Law*, 38, 229-38.

Kellerher, K., Chaffin, M., Hollenberg, J., & Fischer, E. (1994). Alcohol and drug disorders among physically abusive and neglectful parents in a community-based sample.

American Journal of Public Health, 84(10), 1586-1590.

Kelly, J.B. & Emery, R.E. (2003). Children's adjustment following divorce: Risk and resilience perspectives. *Family Relations*, 52(4), 352-362.

- Kelly, J. B., & Johnson, M. P. (2008). Differentiation among types of intimate partner violence: Research update and implications for interventions. *Family Court Review*, 46(3), 476-499.
- Kelly, J.B. & Johnston, J.R. (2001). The alienated child: A reformulation of parental alienation syndrome. *Family Court Review*, 39(3), 249-266.
- Kerig, P.K. (1996). Assessing the links between interparental conflict and child adjustment: The Conflicts and Problem-Solving scales. *Journal of Family Psychology*, 10, 454-473.
- Kernic, M. A., Wolf, M. E., Holt, V. L., McKnight, B., Huebner, C. E., & Rivara, F. P. (2003). Behavioral problems among children whose others are abused by an intimate partner. *Child Abuse & Neglect*, 27, 1231-1246.
- Kinard, E.M., & Klerman, L.V. (1980). Teenage parenting and child abuse: Are they related? *American Journal of Orthopsychiatry*, 50(3), 481-488.
- Klein, A. R., & Tobin, T. (2008). A longitudinal study of arrested batterers, 1995-2005 career criminals. *Violence Against Women*, 14(2), 136-157.
- Knocke D., & Trocmé, N. (2005). Reviewing the evidence on assessing risk for child abuse and neglect. *Brief Treatment and Crisis Intervention*, 5(3), 310-327. doi: 10.1093/brief-treatment/mhi024.
- Koenen, K.C., Moffitt, T.E., Caspi, A., Taylor, A., & Purcell, S. (2003). Domestic violence is associated with environmental suppression of IQ in young children. *Development and Psychopathology*, 15(2), 297-311.
- Koenen, M.A. & Thompson, J.W. (2008). Filicide: Historical review and prevention of child death by parent. *Infant Mental Health Journal*, 29(1), 61-75.

- Korteweg, A.C. (2012). Understanding honour killing and honour-related violence in the immigration context: Implications for the legal profession and beyond. *Canadian Criminal Law Review*, 16(2), 33-58.
- Kress, V., Adamson, N., Paylo, M., 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.
- Kropp, P. R., & Hart, S. D. (2000). The Spousal Assault Risk Assessment (SARA) Guide: Reliability and validity in adult male offenders. *Law and Human Behavior*, 24(1), 101–118.
- Kropp, P.R. & Hart, S.D. (2004). *The Development of the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER): A Tool for Criminal Justice Professionals*. Ottawa, ON: Family Violence Initiative; Department of Justice Canada.
- Kropp, P.R., Hart, S.D., & Belfrage, H. (2005). *Brief Spousal Assault Form for the Evaluation of Risk: User manual*. Vancouver, B.C.: ProActive Solutions.
- Kropp, P. R., Hart, S. D., Webster, C.W., & Eaves, D. (1995). *Manual for the Spousal Assault Risk Assessment Guide, 2nd ed.* Vancouver, BC: British Columbia Institute on Family Violence.
- Krulewitch, C.J., Roberts, D.W., & Thompson, L.S. (2003). Adolescent pregnancy and homicide: Findings for the Maryland Office of the Chief Medical Examiner, 1994-1998. *Child Maltreatment*, 8(2), 122-128.
- Lee, C.K., & Lathrop, S.L. (2010). Child abuse-related homicides in New Mexico: A 6-year retrospective review. *Journal of Forensic Sciences*, 55(1), 100-103. DOI: 10.1111/j.1556-4029.2009.01253.x

- Levendosky, A.A., Huth-Bocks, A. & Semel, M.A. (2002). Adolescent peer relationships and mental health functioning in families with domestic violence. *Journal of Clinical Child & Adolescent Psychology*, 31(2), 206-218. DOI: 10.1207/S15374424JCCP3102_06
- Levendosky, A.A., Leahy, K.L., Bogat, G.A., Davidson, W.S., & von Eye, A. (2006). Domestic violence, maternal parenting, maternal mental health, and infant externalizing behavior. *Journal of Family Psychology*, 20, 544-552.
- Levendosky, A. A., Lynch, S. M., & Graham-Bermann, S. A. (2000). Mother's perceptions of the impact of woman abuse on their parenting. *Violence Against Women* 6(3), 247-271.
- Leventhal, J.M. (1996). Twenty years later: We do know how to prevent child abuse and neglect. *Child Abuse & Neglect*, 20, 647-653.
- Liem, M. & Koenraadt, F. (2008). Filicide: A comparative study on maternal versus paternal child homicide. *Criminal Behavior and Mental Health*, 18(3), 166-176. DOI: 10.1002/cbm.695
- Lucas, M. B. (2002). *Sibling support as a protective process for children exposed to domestic violence*. (Doctoral dissertation). Available from ProQuest Dissertations and Theses.
- Lundy, M., & Grossman, S. F. (2005). The mental health and service needs of young children exposed to domestic violence: Supportive data. *Families in Society*, 86(1), 17-29
- Lupri, E. (1990). Male violence in the home. In C. McKie & K. Thompson (Ed.), *Canadian Social Trends* (pp. 170-172). Toronto: Thompson Educational Publishing.
- Lyons, P., Doueck, H. J., & Wodarski, J. S. (1996). Risk assessment for child protective services: A review of the empirical literature on instrument performance. *Social Work Research*, 20(3), 143-156.

- Ma, J., Van Wert, M., Lee, B., Fallon, B. & Trocmé, N. (2013). Non-English/non-French speaking caregivers involved with the Canadian child welfare system: Findings from the Canadian incidence study of reported child abuse and neglect (CIS-2008). *International Journal of Child and Adolescent Resilience*, 1(1). Retrieved July 10, 2013 from: <http://www.is-car.ca/ijcar/issues/vol1/jan2013/16.html>.
- Margolin, G. & Gordis, E.B. (2003). Co-occurrence between marital aggression and parents' child abuse potential: The impact of cumulative stress. *Violence and Victims*, 18(3), 243-258. DOI: <http://dx.doi.org/10.1891/vivi.2003.18.3.243>
- Marleau, J. D., Poulin, B., Webanck, T., Roy, R., & Laporte, L. (1999). Paternal filicide: a study of 10 men. *Canadian Journal of Psychiatry*, 44(1), 57–63.
- Marshall, A.D., Panuzio, J., & Taft, C.T. (2005). Intimate partner violence among military veterans and active duty servicemen. *Clinical Psychology Review*, 25, 862-876.
- Martin, S. G. (2002). Children exposed to domestic violence: Psychological considerations for health care practitioners. *Holistic Nursing Practice*, 16(3), 7–15.
- Martinson, D. (2012). *Judicial Coordination of Concurrent Proceedings in Domestic Violence Cases*. Vancouver, BC: The FREDA Centre. Retrieved November 1, 2013 from: http://fredacentre.com/wp-content/uploads/2012/11/MartinsonPaper_5e.pdf.
- Martinson, D. & Jackson, M. (2012). *Judicial Leadership and Domestic Violence Cases – Judges Can Make a Difference*. Prepared for the NJI National Judges Conference: Managing the Domestic Violence Case in Family and Criminal Law, October 29 – November 2, 2012. Vancouver, B.C.

- McCrary, E.J., DeBrito, S.A., Sebastian, C.L., Mechelli, A., Bird, G., Kelly, P.A. & Viding, E. (2011). Heightened neural reactivity to threat in child victims of family violence. *Current Biology*, 21(23), 47-48. DOI: 10.1016/j.cub.2011.10.015
- McDonald, R., Jouriles, E. N., Tart, C. D., & Minze, L. C. (2009). Children's adjustment problems in families characterized by men's severe violence toward women: does other family violence matter? *Child Abuse & Neglect*, 33(2), 94-101.
- Millar, A. (2009). *Inventory of Spousal Violence Risk Assessment Tools Used in Canada*. Ottawa, ON: Department of Justice Canada.
- Milner, J.S., & Gold, R.G. (1986). Screening spouse abusers for child abuse potential. *Journal of Clinical Psychology*, 42, 169-172.
- Ministry of Community & Social Services. (2011). *CAS/VAW Collaboration Agreements Stakeholder Consultation. Summary Report*. Retrieved September 24, 2013 from: <http://www.oaith.ca/assets/files/Publications/Government%20Documents/VAWCAS-consultation-report-FINAL-%20Feb-2011.pdf>.
- Meier, J. (2009, January). *Parental Alienation Syndrome and Parental Alienation: Research Reviews*. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence. Retrieved September 14, 2013, from: <http://www.vawnet.org>.
- Moore, T., & Pepler, D. J. (1998). Correlates of adjustment in children at risk. In G. W. Holden, R. A. Geffner, & E. N. Jouriles (Eds.), *Children exposed to marital violence: Theory, research, and applied issues* (pp. 157–184). Washington, DC: American Psychological Association.
- Munro, E. (2010). Conflating risks: Implications for accurate risk prediction in child welfare

- services. *Health, Risk & Society*, 12(2), 119-130.
- Neilson, L. C. (2012). *Enhancing Safety: When Domestic Violence Cases are in multiple legal systems: A Family Law, Domestic Violence Perspective*. London, ON: Centre for Research & Education on Violence against Women & Children. Retrieved November 1, 2013 from:
http://www.learningtoendabuse.ca/sites/default/files/Enhancing_Safety.pdf.
- Netto, G., Pawson, H. & Sharp, C. (2009). Preventing homelessness due to domestic violence: providing a safe space or closing the door to new possibilities. *Social Policy and Administration*, 43(7), 719– 35.
- Nishith, P., Mechanic, M.B., & Resick, P.A. (2000). Prior interpersonal trauma: The contribution to current PTSD symptoms in female rape victims. *Journal of Abnormal Psychology*, 109(1), 20-25.
- Northcott, M. (2012). *Intimate Partner Violence Risk Assessment Tools: A Review*. Ottawa, ON: Department of Justice Canada.
- Nurius, P. S., Macy, R. J., Bhuyan, R., Holt, V. L., Kernic, M. A., & Rivara, F. P. (2003). Contextualizing Depression and Physical Functioning in Battered Women: Adding Vulnerability and Resources to the Analysis. *Journal of Interpersonal Violence*, 18(12), 1411-1431.
- 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, 1-22.

- Olver, M. E., Stockdale, K. C., & Wormith, J. S. (2011). A meta-analysis of predictors of offender treatment attrition and its relationship to recidivism. *Journal of Consulting and Clinical Psychology, 79*(1), 6.
- Ontario Association of Children's Aid Societies (OACAS) (2010). *Critical Connections: Where Woman Abuse and Child Safety Intersect – A Practice Guide for Child Welfare Professionals in Ontario*. Toronto, ON: Ministry of Children and Youth Services.
- Ontario Domestic Violence Death Review Committee (Ontario DVDRC). (2012). *Annual report to the Chief Coroner*. Toronto, Canada: Office of the Chief Coroner.
- Ontario Ministry of Child and Youth Services. (2007). *Ontario child protection tools manual*. Queen's Printer for Ontario.
- Ontario Ministry of Labour. (2010). *Developing Workplace Violence and Harassment Policies and Programs: What Employers Need to Know*. Occupational Health and Safety Council of Ontario (OHSCO). Retrieved September 4, 2013 from: http://www.labour.gov.on.ca/english/hs/pdf/wvps_guide.pdf.
- Ontario Native Women's Association, (1989). *Breaking free: A proposal for change to Aboriginal family violence*. Thunder Bay, Ontario: the Association.
- Osofsky, J. D. (1999). The impact of violence on children. *The Future of Children, 9*(3), 33–49.
- Otto, R.K. & Douglas, K.S. (2010). *Handbook of violence risk assessment*. New York: Taylor & Francis Group.
- Pandya, V. & Gingerich, W.J. (2002). Group therapy intervention for male batterers: A microethnographic study. *Health & Social Work, 27*(1), 47-55. DOI: 10.1093/hsw/27.1.47

- Pepiton, M. B., Alvis, L. J., Allen, K., & Logid, G. (2012). Is parental alienation disorder a valid concept? Not according to scientific evidence. A review of parental alienation, DSM-5 and ICD-11 by William Bernet. *Journal of Child Sexual Abuse, 21*(2), 244-253.
- Perel, G. & Peled, E. (2008). The fathering of violent men: Constriction and yearning. *Violence Against Women, 14*(4), 457-482. DOI: 10.1177/1077801208314846
- Perry, I. (2009). Violence: A public health perspective. *Global Crime, 10*(4), 368-395.
- Pittman, J.F. & Buckley, R.R. (2006). Comparing maltreating fathers and mothers in terms of personal distress, interpersonal functioning, and perceptions of family climate. *Child Abuse & Neglect, 30*(5), 481-496.
- Plazaola-Castaño, J., Ruiz-Pérez, I., & Montero-Piñnar, M.I. (2008). The protective role of social support and intimate partner violence. *Gaceta Sanitaria, 22*, (6), 527-533.
- Polaschek, D. L. (2012). An appraisal of the risk-need-responsivity (RNR) model of offender rehabilitation and its application in correctional treatment. *Legal and Criminological Psychology, 17*(1), 1. doi: DOI: 10.1111/j.2044-8333.2011.02038.x
- Porter, T. & Gavin, H. (2010). Infanticide and neonaticide: A review of 40 years of research literature on incidence and causes. *Trauma, Violence, and Abuse, 11*(3), 99-112. DOI: 10.1177/1524838010371950
- Prochaska, J.O., DiClemente, C.C., & Norcross, J.C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist, 47*, 1102-1114.
- Proulx, J. & Perrault, S. (eds). (2000) *No place for violence: Canadian Aboriginal alternatives*. Halifax, NS: Fernwood Press.
- Public Health Agency of Canada. (2010). *Canadian Incidence Study of Reported Child Abuse and Neglect – 2008*. Ottawa, ON: author.

- Radford, L., Hester, M., Humphries, J. & Woodfield, K.-S. (1997). For the sake of the children: The law, domestic violence, and child contact in England. *Women's Studies International Forum*, 20, 471-482.
- Rahman, S. & Track, L. (2012). *Troubling Assessments: Custody and Access Reports and their Equality Implications for BC Women*. Vancouver, BC: West Coast LEAF Women's Legal Education and Action Fund.
- Reeve, K., Casey, R. & Goudie, R. (2006). *Homeless Women: Still Being Failed Yet Striving to Survive*, London: Crisis, <http://www.crisis.org.uk/publications-search.php?fullitem=182>. Retrieved June 27, 2013.
- Regehr, C., LeBlanc, V., Shlonsky, A., & Bogo, M. (2010). The influence of clinicians' previous trauma exposure on their assessment of child abuse risk. *The Journal of Nervous & Mental Disease*, 198(9), 614-618.
- Renner, L.M., & Slack, K.S. (2006). Intimate partner violence and child maltreatment: Understanding the intragenerational and intergenerational connections. *Child Abuse & Neglect*, 30, 599-617.
- Resnick, P.J. (1969). Child murder by parents: a psychiatric review of filicide. *American Journal of Psychiatry*, 126, 325-34.
- Saini, M. & Birnbaum, R. (2007). Unraveling the label of 'high conflict': What factors really count in divorce and separated families. *Ontario Association of Children's Aid Societies Journal*, 51(1), 14-20.
- Saunders, D.G., Tolman, R.M., & Faller, K.C. (2013). Factors associated with child custody evaluators' recommendations in cases of intimate partner violence. *Journal of Family Psychology*, 27(3), 473.

- Schaeffer, C.M., Alexander, P.C., Bethke, K. & Kretz, L.S. (2005). Predictors of child abuse potential among military parents: Comparing mothers and fathers. *Journal of Family Violence*, 20(2), 123-129. DOI: 10.1007/s10896-005-3175-6
- Scott, K. L., & Crooks, C. V. (2006). Intervention for abusive fathers: promising practices in court and community. *Juvenile and Family Court Journal*, 57(3), 29-44.
- Scott, K. L., & Crooks, C. V. (2007). Preliminary evaluation of an intervention program for maltreating fathers. *Brief Treatment and Crisis Intervention*, 7(3), 224-238.
- Scott, K.L., Heslop, L., Wiggins, K. & Kelly, T. (In press). Intervening to prevent repeat offending among moderate to high-risk domestic violence offenders: A second responder program for men. *International Journal of Offender Therapy and Comparative Criminology*.
- Scott, K. L., King, C., McGinn, H. & Hosseini, N. (2011). Effects of motivational enhancement on immediate outcomes of batterer intervention. *Journal of Family Violence*, 26, 139-149.
- Scott, K.L. & Lishak, V. (2012). Intervention for maltreating fathers: Statistically and clinically significant change. *Child Abuse & Neglect*, 36, 680-684.
- Scott, K.L. & Wolfe, D.A. (2003). Readiness to change as a predictor of outcome in batterer treatment. *Journal of Consulting and Clinical Psychology*, 71(5), 879-889.
- Sedlak, A.J., & Broadhurst, D.D. (1996). *Third-national incidence study of child abuse and neglect (NIS-3)*. Washington, DC: U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect.
- Shadigian, E.M. & Bauer, S.T. (2004). Screening for partner violence during pregnancy. *International Journal of Gynecology & Obstetrics*, 84(3), 273-280.

- Shah, P. S., & Shah, J. (2010). Maternal exposure to domestic violence and pregnancy and birth outcomes. A systematic review and meta analyses. *Journal of Women's Health, 19*(11), 2017-2031.
- Shalev, I., Moffitt, T.E., Sugden, K., Williams, B., Houts, R.M., Danese, A., Mill, J., Arseneault, L., & Caspi, A. (2012). Exposure to violence during childhood is associated with telomere erosion from 5 to 10 years of age: a longitudinal study. *Molecular Psychiatry, 1*-6.
- Sheehan, K., Thakor, S., & Stewart, D. (2012). Turning points for perpetrators of intimate partner violence. *Trauma, Violence, & Abuse, 13*(1), 30-40.
- Shelton, J.L., Corey, T., Donaldson, W.H. & Dennison, E.H. (2011). Neonaticide: A comprehensive review of investigative and pathologic aspects of 55 cases. *Journal of Family Violence, 26*(4), 263-276. DOI: 10.1007/s10896-011-9362-8
- Shlonsky, A., & Friend, S. (2007). Risk assessment in the context of child maltreatment and domestic violence. In D. W. Springer & A. R. Roberts (Eds.), *Handbook of forensic mental health with victims and offenders: Assessment, treatment and research* (pp. 25–51). New York, NY: Springer.
- Shlonsky, A., & Wagner, D. (2005). The next step: Integrating actuarial risk assessment and clinical judgment into an evidence-based practice framework in CPS case management. *Children and Youth Services Review, 27*(4), 409-427.
- Sidebotham, P., & Golding, J. (2001). Child maltreatment in the “children of the nineties”: A longitudinal study of parental risk factors. *Child Abuse & Neglect, 25*, 1177-1200.
- Sidebotham, P., Bailey, S., Belderson, P., & Brandon, M. (2011). Fatal child maltreatment in England, 2005-2009. *Child Abuse & Neglect, 35*(4), 299-306.

- Silber, S., Bermann, E., Henderson, M. & Lehman, A. (1993). Patterns of influence and response in abusing and nonabusing families. *Journal of Family Violence*, 8, 27-38.
- Silvergleid, C.S. & Mankowski, E.S. (2006). How batterer intervention programs work: Participant and facilitator accounts of processes of change. *Journal of Interpersonal Violence*, 21(1), 139-159. DOI: 10.1177/0886260505282103
- Smith, C., Ireland, T., Park, A., Elwyn, L., & Thornberry, T. (2011). Intergenerational continuities and discontinuities in intimate partner violence: A two-generational prospective study. *Journal of Interpersonal Violence*, 26(18), 3720-3752.
- Stanley, N., Miller, P., Foster, H.R. & 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.
- Statistics Canada. (2001). *Juristat: Spousal violence after marital separation*. Ottawa, ON: Canadian Centre for Justice Statistics. Retrieved September 4, 2013 from: <http://www.statcan.gc.ca/pub/85-002-x/85-002-x2001007-eng.pdf>.
- Statistics Canada. (2011). *Family violence in Canada: A statistical profile. January 27, 2011*. Retrieved August 19, 2013 from <http://www.statcan.gc.ca/pub/85-224-x2010000-eng.pdf>.
- Statistics Canada. (2012). *Family violence in Canada: A statistical profile, 2010*. May 22, 2012. Retrieved August 28, 2013 from <http://www.statcan.gc.ca/pub/85-002-x/2012001/article/11643-eng.pdf>
- Statistics Canada. (2013). *Family violence in Canada: A statistical profile, 2011*. June 25, 2013. Retrieved August 28, 2013 from <http://www.statcan.gc.ca/pub/85-002-x/2013001/article/11805-eng.pdf>.

- Stewart, A., & Thompson, C. (2004). *Comparative evaluation of child protection assessment tools*. South East Queensland, Australia: Griffith University.
- Stith, S.M. & McMonigle, C.L. (2009). Risk factors associated with intimate partner homicide. In D. Whitaker & J.R Lutzker (Eds.), *Preventing partner violence: Research and evidence-based intervention strategies* (pp.67-93). Washington, DC: American Psychological Association.
- Stith, S.M., Liu, T., Davies, L.C., Boykin, E.L., Alder, M.C., Harris, J.M., Som, A., McPherson, M., & Dees, J.E.M.E.G. (2009). Risk factors in child maltreatment: A meta-analytic review of the literature. *Aggression and Violent Behavior*, 14(1), 13-29.
- Straus, M.A., & Smith, C. (1990). Family patterns and child abuse. In Straus, M.A., and Gelles, R.J. (eds.). *Physical Violence in American Families*, New Brunswick, NJ: Transactions, 507-525.
- Strega, S. (2006). Failure to Protect: Child Welfare Interventions when men beat mothers. In R. Alaggia & C. Vine (Eds.), *Cruel but not Unusual: Violence in Canadian Families* (pp. 237-266). Waterloo, ON: Wilfrid Laurier Press.
- Terr, L. (1991). Childhood traumas: An outline and overview. *American Journal of Psychiatry*, 148(1), 10-20.
- Trocmé, N. M., Fallon, B., MacLaurin, B., et al. (2011). *Canadian incidence study of reported child abuse and neglect, 2008 major findings / Ottawa, Ont.: Public Health Agency of Canada, 2010.*
- Trocmé, N. & Bala, N. (2005). False allegations of abuse and neglect when parents separate. *Child Abuse & Neglect*, 29, 1333-1345.

- UNICEF. (2003). A league table of child maltreatment deaths in rich nations. *Innocenti Report Card No.5*. Florence: UNICEF Innocenti Research Centre. Retrieved November 1, 2013 from: <http://www.unicef-irc.org/publications/pdf/repcard5e.pdf>.
- Ursel, J., (2006) "Over Policed and Under Protected: a question of Justice for Aboriginal women". In Hampton, M. & Gerrard, N. (Eds). *Intimate Partner Violence: Reflections on experience, theory and policy*. Toronto, ON: Cormorant Press.
- Van Horn, P., & McAlister Groves, B. (2006). Children exposed to domestic violence: Making trauma-informed custody and visitation decisions. *Juvenile and Family Court Journal*, 57(1), 51-60.
- 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.
- Velicer, W.F., Prochaska, J.O., Fava, J.L., Norman, G.J., & Redding, C.A. (1998). Smoking cessation and stress management: Applications of the Transtheoretical Model of behavior change. *Homeostasis*, 38, 216-233. Retrieved November 7, 2013 from: <http://www.uri.edu/research/cprc/TTM/detailedoverview.htm>.
- Victim Services and Crime Prevention Division. (2010). *Domestic Violence Response: A Community Framework for Maximizing Women's Safety*. Vancouver, BC: Ministry of Public Safety and Solicitor General. Retrieved November 11, 2013 from: <http://www.pssg.gov.bc.ca/victimservices/publications/docs/domestic-violence-response.pdf>.
- Wald, M. S., & Woolverton, M. (1990). Risk assessment: The emperor's new clothes? *Child Welfare*, 64(6), 483-511.

- Wallace, H., & Roberson, C. (2011). *Family violence: Legal, medical and social perspectives* (6th Ed.). Boston, MA: Pearson.
- Walsh, C., MacMillan, H. & Jamieson, E. (2002). The relationship between parental psychiatric disorder and child physical and sexual abuse: findings from the Ontario Health Supplement. *Child Abuse & Neglect*, 26, 11-22.
- Walton-Moss, B.J., Manganello, J., Frye, V., & Campbell, J.C. (2005). Risk factors for intimate partner violence and associated injury among urban women. *Journal of Community Health*, 30, 377-389.
- Wathen, N. (2012). *Health Impacts of Violent Victimization on Women and their Children*. Ottawa, ON: Department of Justice Canada. Retrieved November 7, 2013 from: http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12_12/rr12_12.pdf.
- Watson, L.B., & Ancis, J.R. (2013). Power and control in the legal system: From marriage/relationship to divorce and custody. *Violence Against Women*, 19(2), 166-186.
- Websdale, N. (1999). *Understanding domestic homicide*. Boston: Northeastern University Press.
- Websdale, N. (2010). *Familicidal hearts*. New York: Oxford University Press.
- Weekes-Shackelford, V.A. & Shackelford, T.K. (2004). Methods of filicide: Stepparents and genetic parents kill differently. *Violence and Victims*, 19(1), 75-81. DOI: <http://dx.doi.org/10.1891/vivi.19.1.75.33232>
- Weisz, A. N., Tolman, R. M., & Saunders, D. G. (2000). Assessing the risk of severe domestic violence: The importance of survivors' predictions. *Journal of Interpersonal Violence*, 15(1), 75-90.
- Wendt, S. (2009). Constructions of local culture and impacts on domestic violence in an Australian rural community. *Journal of Rural Studies*, 25(2), 175-184.

- Whipple, E.E., & Webster-Stratton, C. (1991). The role of parental stress in physically abusive families. *Child Abuse & Neglect*, 15(3), 279-291.
- Williams, R. & Clinton, J. (2011). Getting it right at 10 months: In support of an enhanced well-baby visit. *Paediatric Child Health*, 16(10), 647-50.
- Wilson, S.R., Rack, J.J., Shi, X., & Norris, A.M. (2008). Comparing physically abusive, neglectful, and non-maltreating parents during interactions with their children: A meta-analysis of observational studies. *Child Abuse & Neglect*, 32(9), 897-911.
- Wolfe, D.A., Crooks, C.V., Lee, V., McIntyre-Smith, A. & Jaffe, P.G. (2003). The effects of children's exposure to domestic Violence: A meta-analysis and critique. *Clinical Child and Family Psychology Review*, 6(3), 171-187.
- Wolfe, D. A., Wekerle, C., Scott, K., Straatman, A., & Grasley, C. (2004). Predicting abuse in adolescent dating relationships over 1 year: The role of child maltreatment and trauma, *Journal of Abnormal Psychology*, 113, 406-415.
- Yampolskaya, S., Greenbaum, P.E. & Berson, I.R. (2009). Profiles of child maltreatment perpetrators and risk for fatal assault: A latent class analysis. *Journal of Family Violence*, 24(5), 337-348. DOI: 10.1007/s10896-009-9233-8
- Zielinski, D.S. & Bradshaw, C.P. (2006). Ecological influences on the sequelae of child maltreatment: A review of the literature. *Child Maltreatment*, 11(1), 49-62.

Appendix A

Name and affiliation of experts in the field who were interviewed on risk factors that children face in the context of family violence and parental separation or divorce

Maddie Bell	<i>Children's Domestic Violence Consultant, Barnardo's Northern Ireland and London</i>
Rachel Birnbaum	<i>Associate Professor, Cross-Appointed with Childhood Studies (Interdisciplinary Program) and Social Work, Kings College, Western University, London, ON</i>
Judy Childs	<i>Parent Group Facilitator, Dalhousie Place, Simcoe, ON</i>
Pamela Cross	<i>Legal Director, Luke's Place Support and Resource Centre, Oshawa, ON</i>
Deborah Doherty	<i>Executive Director, Public Legal Education and Information Service of New Brunswick, Fredericton, NB</i>
Lisa Heslop	<i>Supervisor, Family Consultant Victim Services Unit, London Police Service, London, ON</i>
Simon Lapierre	<i>Associate Professor, School of Social Work, University of Ottawa, Ottawa, ON</i>
Gordon Phaneauf	<i>Chief Executive Officer, Child Welfare League of Canada, Ottawa, ON</i>
Maureen Reid	<i>Social Work Consultant, London, ON</i>
Valya Roberts	<i>Executive Director, Dalhousie Place, Haldimand Norfolk Supervised Access Centre, Simcoe, ON</i>
Janice Shaw	<i>Coordinator & Social Worker, Changing Family Program & Woman Abuse Team, Jewish Family and Child Services, Toronto, ON</i>
Nico Trocmé	<i>Philip Fisher Chair in Social Work, School of Social Work, McGill University, Montreal, QC</i>
Wendy Verhoek-Oftedahl	<i>Family Violence Prevention & Community Development Coordinator, PEI & Adjunct Assistant Professor, Brown University Providence, Rhode Island</i>
David Wolfe	<i>Senior Scientist, CAMH Centre for Prevention Science, London, ON</i>

Appendix B

A detailed overview of the impacts of exposure to family violence on children at each developmental stage

It is recognized that not all children will be affected in the same way by violence. Individual, relational and contextual resiliency factors also play a role in understanding children's developmental trajectories. Moreover, children who have more chronic, frequent and severe experiences of abuse and adversity in childhood (e.g., victimized by more than one person; experience several forms of abuse) will tend to be more negatively impacted than those with fewer and less chronic abuse experiences (Finkelhor, Ormrod & Turner, 2007). It is important to note that children exposed to family violence, regardless of developmental stage, may experience physical injuries from either being the target of the abuse or attempting to intervene in a domestic violence incident between parents (Wathen, 2012; Fantuzzo et al., 1997; Jaffe & Juodis, 2006).

Pregnancy. Experiences of family violence throughout pregnancy not only result in negative implications for the mother, but the infant as well. In comparison to mothers who have not been victimized by family violence, mothers who have suffered family violence while pregnant have infants who are at a higher risk for infant childhood mortality, preterm birth, and low birth weight (Alhusen, et al., 2013; Shah & Shah 2010). Where mothers use drugs and alcohol to cope with the violence, adverse neonatal outcomes may also result (Alhusen, et al., 2013). Alhusen and colleagues (2013) completed a study investigating the adverse outcomes of domestic violence during pregnancy. The results concluded that out of the sample of 166 low income pregnant women, one in five reported experiencing physical abuse during their pregnancy. Of the women who experienced domestic violence, 63% reported using marijuana during their pregnancy. Moreover, pregnant women who experience family violence are at a greater risk for becoming victims of domestic homicide (Campbell et al., 2003; Krulewitch, Roberts, & Thompson, 2003; Shadigian & Bauer, 2004). Consequently, as a result of this heightened risk to pregnant mothers, unborn children are also at an increased risk for mortality.

Infants, Toddlers, and Preschoolers (ages 0-3). Infancy is a critical time for child development, as it is the time in which children are developing attachments to their parents (Emanuel, 2004). The emotional state of the parent impacts the attachment formed between them and their child. For example, a parent who is experiencing domestic violence and is in a state of heightened anxiety and stress may not be able to form a healthy attachment with her child due to the unpredictability of her emotions and actions (Emanuel, 2004). This may ultimately impact the child's normal development, and emotional regulation (Levendosky, et al., 2006). Furthermore, children who experience family violence and/or child maltreatment are more likely to develop behavioural problems, social difficulties, post-traumatic stress symptoms, and have difficulty with empathy and verbal abilities (Holt, Buckley, & Whelan, 2008; Huth-Bocks et al., 2004). These children may also experience excessive irritability, aggression, temper tantrums, sleep disturbances, emotional distress, and resisting comfort (Holt, Buckley, & Whelan, 2008; Osofsky, 1999; Lundy & Grossman, 2005). Adverse psychosomatic effects are also observed

amongst children exposed to family violence such as headaches, stomachaches, asthma, insomnia, nightmares, and sleep walking (Martin, 2002).

Research has shown that environmental stress, such as domestic violence, can negatively impact young children's neurocognitive development. Exposure to domestic violence can lead to IQ suppression and delayed intellectual development for children (Koenen et al., 2003). As well, exposure to domestic violence and physical abuse can elicit heightened neural activity in children's brains similar to that of soldiers exposed to violent combat situations (McCrory et al., 2011). Another study found that exposure to violence in childhood (i.e., exposure to two or more types of violence including domestic violence, physical abuse, bullying) is associated with accelerated telomere (protective cap at the end of DNA chromosome) erosion leading to age-related diseases in adulthood (Shalev et al., 2012).

Recognition of the impact violence has on early child development has led to some good examples of a comprehensive system of monitoring early childhood outcomes in order to provide timely intervention (Hertzman, Clinton, & Lynk, 2011). In 2009, Ontario initiated an enhanced 18-month well-baby visit with physicians recognizing that this would be the last regularly scheduled primary care encounter before the child begins school. It was recommended by an expert panel, which included the Ontario College of Family Physicians and the Ministry of Children and Youth Services, that standardized tools (e.g., the Rourke Baby Record; Nipissing District Developmental Screen) be used during this visit to facilitate a broader discussion with parents about child development, parenting, access to programs and services that promote healthy child development and learning, and promoting early literacy (Williams & Clinton, 2011).

School-Age Children (ages 4–12). School-age children have often developed increased emotional awareness and cognitive abilities, which is attributed to their tendency to better understand the family violence (Holt et al., 2008). This understanding often occurs in the form of developing reasoning for the abuse, and based on that, attempts to predict and prevent the abuse (Holt et al., 2008). These children are at a heightened risk for developing anti-social rationales for abusive behaviour, as they have a tendency to rationalize the behaviour of the parent by engaging in self-blame (Cunningham & Baker, 2004; Holt et al., 2008). Children who engage in self-blame may be doing so in order to cope with the violence; however, as a result of the self-blame they often experience internalizing behaviours of humiliation, shame, guilt, mistrust, and low self-esteem (Avanci et al., 2012). Moreover, these children are often in a state of anxiety and fear due to disorganized family life as an aftermath of family violence (Jaffe et al, 2012). The children may not be certain when to seek security from their family versus when to withdraw in case violence occurs.

School-age children who experience child maltreatment typically have increased difficulties with social skills, which in turn may result in inappropriate reactions to social situations, either overly aggressive or passive (Bauer et al, 2006; Cunningham & Baker, 2004). Unfortunately, these anti-social reactions can also lead to externalizing and internalizing behaviours such as difficulty adhering to school rules, negative peer relations, acting out, depression, and bullying (Avanci et al., 2012; Lundy & Grossman, 2005). According to Moore and Pepler (1998), academically, children experiencing child maltreatment are typically found to present in one of two ways. Either their academic abilities are compromised due to their inability to focus, lack of energy, and absenteeism, or they apply themselves completely to school in efforts to distract themselves or avoid going home. Most importantly, every child is different;

therefore their displays of internalizing and externalizing behaviours may vary. Not all children experiencing child maltreatment develop behaviours that warrant clinical intervention (Kernic et al., 2003).

Adolescents (ages 13-19). Compared to school-age children, adolescents are at an age of heightened independence and personal choice. To an extent, they have the freedom to make a number of positive or negative decisions for themselves, including moving out of the violent home, turning to other family members for support, engaging in anti-social activities with peers or running away from home. However, despite their newly acquired freedom, adolescents from violent homes are often tied down by similar, if not exacerbated, restraints found amongst school-age children. These include feelings of depression, suicidal ideation, anxiety, worry, aggression, and social withdrawal (Avanci et al., 2012; Holt et al., 2008; Jaffe et al., 2012).

Adolescents enter a period in life where the impact of a history with domestic violence and child maltreatment enters into their personal and social life. As previously mentioned, experience with family violence can result in maladaptive attachment styles. Most commonly observed amongst adolescents who have experienced family violence is an avoidant attachment style (avoiding parents; not rejecting attention but not seeking it out either; treating the caregiver/parent similarly to a stranger) (Levendosky, Huth-Bocks, & Semel, 2002). As a result of this attachment style, these adolescents have a difficult time forming and maintaining healthy intimate relationships. Growing up with family violence may result in a distorted view of intimate relationships, as well as the development of a lack of trust in intimate relationships (Levendosky, Huth-Bocks, & Semel, 2002). Not only do these adolescents experience a lack of trust, they are also at a heightened risk for engaging in violent behaviours by acting out toward peers or romantic partners (Wolfe, Wekerle, Scott, Straatman, & Grasley, 2004). Moreover, adolescents who have experienced child maltreatment are often unsure of their capacity to control themselves, doubting their ability to remain non-violent in romantic relationships (Goldblatt, 2003). There may be great variability in outcomes depending on whether they identify with a parent who is a perpetrator of violence or the parent in the victim role.

In order to cope with their experiences of violence, adolescents may turn to alcohol and illicit drugs, or withdraw themselves from the violent situations either physically or by mentally disengaging (Cunningham & Baker, 2004; Jaffe et al., 2012). Alternatively, adolescents may develop an intense anger toward the situation and attempt to prevent it or intervene (Hester, Pearson, & Harwin, 2000; Holt et al, 2008). The adolescent may typically engage in one of two behaviours: either they will attempt to reduce conflict by distracting or calming down those involved, or they will engage themselves physically to protect the victims (Goldblatt & Eisikovits, 2005; Jaffe et al., 2012). Although the actions of the adolescent may provide immediate relief to the victims; long-term results may include severe emotional distress as the adolescent was forced to become a responsible adult early on, therefore losing out on some normal stages of childhood development (Holt et al., 2008).

Adults. The longstanding theory of the intergenerational transmission of violence posits that maltreated children may become future perpetrators of violence in their own families (Curtis, 1963). Smith and colleagues (2011) began a longitudinal study in 1987 to evaluate the theory of intergenerational transmission of violence by studying close to 1000 adolescents. The results concluded that those who were exposed to domestic violence throughout adolescence had

increased odds of perpetrating relationship violence in early adulthood. Also, those who experienced relationship violence in early adulthood were at increased risk for experiencing partner violence later in life. Escape avoidance coping styles (disengaging or staying away from a stressful situation) are used by a number of children experiencing family violence. Those who continue to use those coping styles throughout life are at an increased risk for experiencing partner violence in adulthood, as they may not have developed adaptive mechanisms for problem solving (Hetzel-Riggin & Meads, 2011).

Individuals who were victims of family violence throughout their childhood and adolescence are also more likely to develop symptoms such as depression, anxiety, dissociation, and post-traumatic stress in adulthood (Fijiwata, Okuyama, & Izumi, 2012; Hetzel-Riggin & Meads, 2011). The depressive and dissociative symptoms of adult survivors of childhood maltreatment are found to be associated with a decrease in parenting quality (Fijiwata et al., 2012). Specifically, as a result of their mental health problems, mothers who experienced childhood maltreatment were less likely to praise their children, than women who did not experience such violence. Furthermore, exposure to child sexual abuse is associated with impairment in interpersonal functioning, education, and criminal behaviour (Wathen, 2012). Other long-term physical health impairments can include liver disease, sexually transmitted diseases and heart disease (Wathen, 2012).

Filicide. Filicide (a parent killing their child) occurs in a small proportion of family violence cases. Fathers perpetrate filicide at an equal or slightly higher rate than mothers. Filicide is associated with high rates of suicide, significant life stressors, lack of social support, social isolation and a history of childhood maltreatment (Bourget, Grace, & Whitehurst 2007). Although similar in terms of some risk factors present, fathers and mothers differ in the type of filicide they are most likely to commit. The most common category of fatal child maltreatment is severe physical abuse leading to death (UNICEF 2003; Baralic et al. 2010; Lee & Lathrop 2010; Kajese et al. 2011; Sidebotham et al. 2011). Such deaths are typically caused by a head injury resulting from a violent assault (e.g., shaking, impact-injuries) but also include beatings, stabbings, and strangulation where there was no obvious intent to kill. Fathers predominate as perpetrators of this form of filicide. Fathers also commit about half of the cases of deliberate filicides (Baralic et al., 2010; Sidebotham et al., 2011). Familicide (attempts to kill multiple members of the family) and retaliating filicide (deliberate murder of a child to cause harm and suffering to the other parent) are both specific classes of filicide much more commonly perpetrated by fathers and occur in the context of domestic violence (Finkelhor and Ormrod, 2001a; Liem and Koenraadt, 2008). In Ontario between 2002 and 2007, there were 23 father perpetrated child homicides that occurred in the context of domestic violence (DVDRC, 2008). Although research has indicated that many of these types of filicides are perpetrated in retaliation against the other parent (Ewing, 1997; Jaffe et al., 2012), some child deaths may occur indirectly as a result of the child attempting to protect the other parent during a violent incident or the child death may be part of a familicide where a parent, most often a father, kills multiple family members in an effort to maintain control and prevent a rupture of the family unit (Jaffe et al., 2012; Jaffe & Juodis, 2006; Websdale, 1999). Furthermore, in domestic homicide cases where the child is not the victim, they still suffer the emotional, psychological, and physical repercussions of losing one or both parents and being exposed to horrific violence (Hamilton, Jaffe, & Campbell, 2013).

Mothers, in contrast, predominate as perpetrators of infanticide (killing of children less than 1 year of age) (Liem & Koenraadt, 2008). There appear to be two major profiles of risk for infanticide in developed nations. The first involves unplanned and unwanted pregnancies in young, single women who lack family support and who have complicated and problematic developmental histories (Porter & Gavin 2010; Shelton et al., 2011). A second group of infanticides is perpetrated by mothers with relatively few of the risk factors associated with the first group, but more profound mental health problems. Elevation in risk for a range of mental health illnesses (e.g., post-partum depression, bipolar disorder) in women in the days and months immediately following childbirth is thought to play an important role in many of these infant deaths.

Appendix C

A detailed description of protective factors

Child developmental level

Although generally only considered in terms of risk, the developmental stage of a child can be a protective factor when considering the ability of the child to access external social supports, manage their internal affective states during times of family stress, and develop effective coping strategies. In addition, resilience literature suggests that having a higher IQ may be helpful to some children but it is not yet clear how that manifests itself – whether the child is more cognitively able to make sense of his/her surroundings, or whether it is the success in academics that creates an avenue for self-esteem and social support.

Safe parents, safe children

The greater protection a mother who is the victim of family violence experiences, the greater the protection her children may experience. Many victims who experience family violence go to extreme lengths to ensure the safety of their children (Haight et al., 2007). Women who experience abuse from their partners have been found to “mobilize their resources to respond to the violence on behalf of their children” (Levendosky, Lynch, & Graham-Bermann, 2000, p. 266), in particular by being sensitive and responsive to the needs of their children (Levendosky et al., 2000). Common immediate strategies include physically separating the children from the perpetrator, calling a relative or friend for assistance, using developed signals to warn children in times of danger, and using calming techniques or attempting to physically restrain the perpetrator (Haight et al., 2007). In some cases mothers realize the risk of harm their children are subjected to and will employ long-term strategies, such as sending their children to live with relatives or contacting the legal system for assistance (Haight et al., 2007). In other circumstances, some women feel that staying with an abusive partner allows them to be more protective, rather than engender further risk to the child that could come from unsupervised access that may be granted during separation (Walker, 1992 as cited in Strega, 2006; Varcoe & Irwin, 2004). Focusing solely on what is perceived as protective behaviours of mothers, however, when women do not in fact have control over abusive partners, is misdirected, as research indicates that in these cases the protective behaviour of mothers does not actually predict recurrence of child maltreatment (Coohey, 2006).

It is recognized that it may be difficult for a woman to leave an abusive relationship. Therefore, a number of support agencies work from a harm reduction model, such that they provide the victim with strategies and support to increase their safety (Hoyle, 2008). The most common strategy taught is the creation of a safety plan. A safety plan is a pre-determined arrangement of how to escape or hide from an abusive partner or parent when in a situation of imminent danger (Hoyle, 2008; Kress et al., 2012). The plans typically include creation of an escape route, having an alternate place of safe refuge, and creating and maintaining social supports. It is essential to create these plans in order to reduce panic in the moment, while enhancing one’s own safety, as well as that of the children. Safety plans can also include precautionary measures to be taken to reduce risk of harm, which are most commonly used by mothers who have successfully left their abusive partner, such as changing locks, installing security system, changing routine, changing children’s school, and avoiding places frequently visited by the perpetrator (Hoyle, 2008; Kress et al., 2012). Although these plans can reduce victimization, they also have the potential to increase alternative risks for the victim such as

poverty (Hoyle, 2008). In order to remain safe and independent it is essential for a victim to become financially independent. However, in many cases this is extremely difficult or impossible, as the abuser may have taken over the finances or is the only source of income for the family. It is also critical to consider safety on a continuum and as a dynamic concept that frequently changes and is often not within the victim's control. An important study that focused on safety planning determined that situational context was critical as there were no universally effective strategies for managing safety; cautioning that what may reduce the risk for one woman may increase the risk for another (Goodkind et al, 2004). Not surprisingly, women who engaged in the most safety planning continued to remain at highest risk because of characteristics of their abusers. Even more concerning, however, are findings that women's emotional well-being is often linked to their appraisals of their own vulnerability and powerlessness. In particular, the more a woman has to restrict her personal autonomy to stay safe, the more likely she is to experience depression (Goodkind et al., 2004; Nurius et al., 2003).

Family and social supports

For the Child. Depending on the age of the child, it may be difficult for them to seek out social supports on their own. Therefore, children experiencing maltreatment may seek support from their siblings (Lucas, 2002). Siblings who are exposed to domestic violence provide companionship and comfort to each other in many ways, such as through protecting one another from psychological and physical damage, acting as caregivers for each other, and being a source of emotional, verbal and tactile support. They may also ally together against the family violence in an effort to prevent violent incidents, protect their mother, or attempt to cope with the trauma by avoiding involvement and using one another as a source of distraction from the trauma they experience. Resiliency is key in reducing the risk of harm from exposure to violence (Afifi & MacMillan, 2011; Lucas, 2002). Additional factors influencing resiliency include the presence of a good relationship with one parent, the child's proximity to the events, as well as their relationship with the perpetrator. Support systems available within their family have been shown to encourage and reinforce coping efforts of the child (Afifi & MacMillan, 2011; Allen & Johnson, 2012; Lucas, 2002). A child characterized as being resilient has typically had an opportunity to establish a close relationship with at least one emotionally stable and competent family member who is supportive of their needs.

For the Child Victim in Adulthood. Children who experience family violence are at an increased risk for experiencing psychological distress in adulthood (Fijiwata, Okuyama, & Izumi, 2011; Hetzel-Riggin & Meads, 2011). However, adults who develop a sense of community, through accessing social supports or seeking assistance from loved ones, are less likely to experience psychological distress regardless of their experiences with violence (Greenfield & Marks, 2010). Moreover, women who have experienced abuse in the past, and have since developed strong social supports, are less likely to be abused by another partner in the future, ultimately further protecting their children (Plazaola-Castaño, Ruiz-Pérez, & Montero-Piñnar, 2008).

For the Perpetrator. Despite the harmful actions and behaviours perpetrators engage in, they are no exception to the positive impact of social relationships (Pandya & Gingerich, 2002; Sheehan, Thakor, & Stewart, 2012; Silvergleid & Mankowski, 2006). Perpetrators report the development of social relationships, as well as the fear of losing their family, as turning points for their behaviour change (Pandya & Gingerich, 2002; Silvergleid & Mankowski, 2006). In some cases,

perpetrators are reluctant to seek help from informal and formal supports. The lack of help seeking behaviours can be influenced by gender stereotypes, such as appearing weak or fragile, uncertainty of where to seek help, difficulties trusting and confiding in others, as well as having few individuals to talk to who have an understanding or training in domestic violence (Campbell et al., 2010). However, some perpetrators may decide to seek assistance on their own when they realize the impact of their behavior on their partner and their children. Other perpetrators may be ordered into treatment by the court as a term of probation if their conduct has resulted in a criminal conviction. There is some evidence to support the notion that a coordinated approach to family violence may be most effective if a batterer intervention program is combined with ongoing monitoring and review by the court (Gondolf, 2002).

There are also emerging programs that target the perpetrator's role as a father. One example is the Caring Dads program (www.caringdads.org). Caring Dads is an intervention program designed for fathers who have maltreated their child(ren) and/or exposed them to the abuse of their mother. The program is targeted at changing the father's unhealthy behaviour and beliefs about parenting, their abusive parenting strategies, as well as their understanding of the impact of abuse on children (Scott & Crooks, 2007). An evaluation of the program indicated that fathers who attended and completed Caring Dads had considerable changes in their over-reactivity to children's misbehavior and their respect for the commitment and judgment of their children's mothers (Scott & Lishak, 2012).

Community supports

Family violence is recognized as an issue impacting society as a whole. Parents and children affected by family violence have an increased need for access to community supports, in order to obtain and maintain their safety. A major concern for women and children is having access to community supports when making their decision to leave an abusive partner (Clarke & Wydall, 2013; Reeve, Casey & Goudie, 2006; Netto, Pawson, & Sharp, 2009). In order for women to leave an abusive partner they must have the ability to obtain suitable and affordable accommodations. Unfortunately, these housing issues are a primary reason why women either decide not to leave their abusive partner, or return to their partner after attempting to leave (Bossy & Coleman, 2000; Clarke & Wydall, 2013). Housing opportunities for women and children are available Canada-wide, providing temporary support and shelter for the victims of family violence. Unfortunately, the living conditions are often not ideal and this can increase the victims' levels of stress, as well as potentially relocate them further from existing social and family supports (Abrahams, 2007).

Building relationships within the community can decrease one's likelihood of re-victimization (Clarke & Wydall, 2013; Dutton et al., 2006). A key factor may include building positive relationships with advocacy supports, as well as obtaining stable employment, which ultimately enhances one's sense of independence and extended community support. Developing a sense of community is equally important for child victims of maltreatment, as it provides them with supports to aid in coping with traumatic events. Children are able to develop this sense of community through building positive relationships with supportive individuals including: teachers, school counsellors, mental health workers, and neighbours (Afifi & MacMillan, 2011; Allen & Johnson, 2012; Lucas, 2002).

Appendix D

A detailed description of promising practices

1) Parenting programs to prevent family violence

Caring Dads (www.caringdads.org)

Caring Dads is an intervention program for fathers (including biological, step, common-law) who have physically abused, emotionally abused or neglected their children, or exposed their children to domestic violence or who are deemed to be at high-risk for these behaviours. The program consists of a 17-week, empirically-based, group parenting intervention for fathers, systematic outreach to mothers to ensure safety and freedom from coercion, and ongoing, collaborative case management of fathers with other professionals involved with men's families.

The group component of Caring Dads combines elements of parenting, fathering, battering and child protection practice to enhance the safety and well-being of children. Program principles emphasize the need to enhance men's motivation, promote child-centered fathering, address men's ability to engage in respectful, non-abusive co-parenting with children's mothers, recognize that children's experience of trauma will impact the rate of possible change, and work collaboratively with other service providers to ensure that children benefit (and are not unintentionally harmed) as a result of father's participation in intervention.

Caring Dads was first developed in London, Ontario in 2003. Since its development, many community agencies that represent the interests of children have supported the program (i.e., child protection, probation services, partner assault response agencies). Caring Dads is available in several locations in Southwestern Ontario as well as Ottawa, Thunder Bay, and the province of Alberta. It has also been adopted in several locations in the United States and Europe.

2) Secondary responder programs for perpetrators of domestic violence

High-Risk Domestic Violence Men's Outreach Initiative

This project is based on the premise that victims are safer when their partners are provided with support to target those dynamic risk factors which contribute to creating heightened risk. Forty men charged with a domestic violence related offence who were not incarcerated or eligible for early intervention with a PAR program were contacted prior to attending any batterer intervention program to provide them with services, counselling, and community supports to minimize their risk of re-offending. Results indicated that one year later negative police involvement with project participants dramatically reduced; men in the project had significantly less charges and arrests; and the number of violent and administration of justice crimes (e.g., breach of a recognizance or failure to attend court) dramatically reduced.

Due to the success of the High-Risk Domestic Violence Men's Outreach Initiative, the London police department will receive \$270,000 in provincial funding in 2014 to introduce the program in Woodstock, Sudbury, and Ottawa.

3) Integrated court for families

Ontario's Integrated Domestic Violence Court (IDV Court)

(<http://www.ontariocourts.ca/ocj/integrated-domestic-violence-court/>)

The Toronto Integrated Domestic Violence Court provides a single judge to hear both the criminal and the family law cases (excluding divorce, family property and child protection cases) that relate to one family where the underlying issue is domestic violence. The goals of this court are a more integrated and holistic approach to families experiencing domestic violence, increased consistency between family and criminal court orders and quicker resolutions of the judicial proceedings. An evaluation of this pilot project is underway.

4) New Family Court Orders When New Criminal Charges

Supervised access centres provide a neutral space where a third party can oversee visits and exchanges between a parent and child. These centres are often used by separated parents who have perpetrated family violence and require supervised exchanges or visits in order to keep the children safe. Supervised access centres receive family court orders that outline the visitation and exchange arrangements that were determined by the courts after charges were laid, management strategies were put in place and risks to the child were properly assessed. However, if the abusive parent is charged with a new criminal offense and receives a new bail order, the risk of harm to the child may increase. The central issue is the lack of coordination between the criminal court and family court proceedings. Work is ongoing to establish a protocol whereby when any new criminal charges and bail conditions are made, a new family law order related to child access provisions also be made. As of December 2013, the Ontario Ministry of the Attorney is drafting the templates to be used by the courts in order to implement this new practice. The intent of the practice is to force communication between criminal and family courts in order to minimize the risk posed to children during supervised access or supervised exchanges.

5) Advocacy for abuse victims and their children dealing with the family court

Luke's Place, Oshawa, ON www.lukesplace.ca

Luke's Place was constructed in response to the 1997 murder of a three-year old boy, Luke, by his father during his first unsupervised access visit. The courts had allowed unsupervised access to Luke's father despite the pleas from Luke's mother to allow supervised access only. Luke's Place helps to provide a specialized response to support abused women and their children as they proceed through the family law process. Luke's Place provides individual service and group support; a resource manual and training process for staff and volunteers; emergency motions toolkit; and training for shelter staff, lawyers, and other social service professionals. The vision of Luke's Place is for a family court system that responds efficiently to end domestic violence and effectively provides for the safety, emotional and financial needs of abused women and their children after leaving a situation of abuse.

Jared's Place Legal Advocacy and Support Program, Hamilton, ON

<https://intervalhousehamilton.org/legal-support>

Jared's Place was developed in honour of a young boy, Jared, who was murdered in 2006 by his father during a court-ordered unsupervised access visit. Jared's Place provides free information, referrals and support to women who have experienced violence in order to help them navigate through the legal system. Jared's Place offers information and support; referrals and advocacy;

safety planning and risk assessment; court preparation and accompaniment; access to the Resource Centre and Drop-in Services; and education and training. Through research and advocacy, Jared's Place is working towards systemic and policy change.