IDENTIFYING THE RISK FACTORS THAT SHOULD INFORM ASSESSMENT PRACTICES
Child exposure to domestic violence is related to a range of negative effects on children.

Effects vary depending on child age (younger is worse), chronicity (longer is worse) and severity (events that have traumatic impact are worse).

Separation/divorce may mitigate or aggravate harm to children:
- Increased security, reduced exposure, opportunity to begin to heal versus
- Increased abuse, heightened risk, extended period of conflict and litigation.
Domestic violence and child maltreatment are highly interrelated

- Overlap in men’s perpetration of DV and child physical abuse
- Excellent documentation of how DV can negatively impact mothering (LaPierre)
- DV among top risk factors for child maltreatment (Stith et al., 2009)
- Maltreatment cases with co-occurring DV tend to result in more serious and long-term harm
In the few studies we have of father-perpetrated, lethal child abuse, domestic violence appears as a consistent risk indicator:

- Cavanagh, Dobash & Dobash (2007)
- Yampolskaya and Greenbaum (2009)
- Coohey (2006)

Canadian study of child homicide in the context of adult risk for domestic violence (Olszowy et al., 2013) finds no significant differences in risk assessment between child domestic homicide cases and adult domestic homicide cases.
A reasonable starting point for assessing risk to children in the context of DV and separation is to assess men’s level of risk to mothers of repeat domestic violence.
Risks associated with history of domestic violence

- more frequent and severe past violence
- presence of a past incident of domestic violence or threat of past violence that involves a credible threat of death
- perpetrator disregard of authority (e.g., violation of court orders)
- recent escalation of violence
- extreme control, extreme minimization/denial
- attitudes supporting to use of violence (e.g. jealousy)
KEY RISK FACTORS FOR DOMESTIC VIOLENCE

- Risks associated with perpetrator’s psychosocial adjustment
  - general criminality
  - unemployment
  - substance use problems
  - mental health problems, depression/hopelessness especially a concern for lethality
  - separation
KEY RISK FACTORS FOR DOMESTIC VIOLENCE

- Risks associated with victim vulnerability
  - mental health problems, poverty, other factors that increase isolation and reduce the personal resources women have available to them

- Think also about traumatic impact of victimization
Relatively little literature specific to understanding risk of father-child maltreatment; however, some general lessons that can be drawn from the literature on both risk for DV and child maltreatment

1. Risk factors associated with men’s history and pattern of violence towards children
2. Risk factors associated with child vulnerability
3. Additional parent risk factors
4. Contextual vulnerabilities that aggravate risk
MEN’S HISTORY OF MALTREATING A CHILD

- Previous abuse or neglect of a child
  - maltreating a child in the past
  - having seriously injured a child in the past
  - previous involvement of the child/family with child protection services

- Incidents of domestic violence that involve children
  - reasonable to assume that if men have used or involved children in incidents of domestic violence in the past, there is a correspondingly greater chance that they will be at risk for involvement in the future

- Incidents of domestic violence that are focused on mothering
  - more speculative risk factor
  - children may be at greater risk because, given the focus of violence, men might be more likely to involve children directly in violent incidents
  - Also more at-risk because, when violence is focused on mothering, women’s ability to intervene to protect might be compromised
Perpetrator access to child
- Father-focused item that is perhaps most commonly included in child protection risk assessment systems

Child Age
- Younger children at greater risk due to their increased dependency, physical vulnerability and lower capacity to anticipate, avoid and escape from potentially abusive situations

Non-Biological Relationship (unmarried partner of primary caregiver)
- Established risk factor for abuse and neglect
- Established risk factor for fatal child abuse (e.g. Weekes-Shackelford and Shackelford (2004))
**Risk Factors Associated with Child Vulnerability**

- **Child who Presents Greater than Average Challenge to Parent: Disability and delinquency/temperament**
  - at greater risk because of the increased care demands put on their parents and because of their decreased physical and cognitive abilities
  - May only be relevant when combined with negative parental characteristics such as poor coping skills, poor ability to empathize with child, or low emotion regulation

- **Access to Intervention**
  - Where experiences of abuse can be discussed and plans for safety can be created

- **Impact of violence on child**
ADDITIONAL PARENT RISK FACTORS

- Pulled from Structured Decision Making® (SDM) model for child protection (combined neglect and abuse)

  - Age of primary caregiver
  - Primary caregiver has/had a mental health problem
  - Primary caregiver lacks parenting skills
  - Primary caregiver blames child or justifies abuse (investigated incident)

  - Either caregiver has a history of domestic violence
  - Either caregiver has/had an alcohol or drug problem during the last 12 months
  - Either caregiver employs harmful and/or developmentally inappropriate discipline
  - Either caregiver’s parenting style is over-controlling
  - Either caregiver was abused as a child
  - Either caregiver has a history of criminal involvement in the last 12 months
CONTEXTUAL VULNERABILITIES

- Number of children in the home
- Poverty
- Neighbourhood variables
- Vulnerable populations (Aboriginal, newly immigrated)
- Lack of access to resources
In batterer intervention, come to understand that men’s response to intervention (e.g., denial, disregard of authority, inability to comply with intervention) is an important risk factor for future assault.

How can we understand men’s and women’s responses to the process of separation/divorce?

- What current assumptions are there about such responses? (use of family court and child welfare system for ongoing abuse)
- What might need to be done to investigate the veracity of these assumptions?
- How might a more “static” risk assessment be used in conjunction with this “dynamic” information?
We should be most concerned about children when:

- Risk for domestic violence is high
- Risk for child abuse is high
- With greater intertwining of DV and CM (speculative)
- Children are more vulnerable (age, biological relationship)
- Population/context is more vulnerable
Starting Point: Critical Reminder

- It is critical that sufficient time be taken at the beginning of the case to ensure an accurate assessment and analysis. If the record is not set straight early on, it can take years to undo the damage of an inaccurate assessment. This further damages the mother and children and does not assist the abuser to take responsibility for past behavior, nor assist him to live up to his potential for change if he gets access to effective intervention.
ASSESSING THE ABUSER

- Assess history of domestic violence in previous relationships.
- Assess the frequency and severity of past violence -- this shows you what the abuser is capable of.
- Assess for the abuser’s level of denial and minimization.
- Does he blame her for everything? Does he see himself as the victim? Is he bitter, revengeful, depressed, does he believe his life is over without her?
- Is he obsessed with the victim? What degree of sexual jealousy exists? Is he convinced she's having an affair? Is he refusing to end the relationship?
- Assess existing stressors in the abusers life and past patterns with these stressors, i.e. history of employment, finances, substance abuse, etc.
WORKING WITH THE SURVIVOR OF ABUSE

- Gather your evidence carefully; get a complete and full account of her experience with the abuser, particularly anything that may be used to discredit her at a later date.

- Assess for the impact of cumulative trauma – document of all historical abuse.

- Assess for her level of fear and intimidation of the abuser – how worn down is she by his tactics? Identify in detail the abusive tactics used against her.

- Get the results of any risk assessment that has already been done by others.

- Use Dr. Campbell's Danger Assessment tool in collaboration with your client- share the results with her- level of risk, strategies for safety, imminent harm vs longer term risks.
WORKING WITH THE SURVIVOR OF ABUSE

- Gather medical records or any other documentation that may be helpful in her case - letters from her advocates/counselor, priest/Elder, family members, friends, and neighbors/any allies, existing journal/diary entries well before any abuse was ever reported, legal pleadings by both parties if available.

- Interview independently, witnesses who know about the pattern of mistreatment throughout the relationship.

- Have your client document ongoing experiences of abuse -- include dates, times and details written in ink as short a time after the incident as possible/dated and signed. Have any witnesses do the same.

- Gather items that were damaged and document the damage. Take photographs, wherever possible. Advise client to make a police report as soon after an incident as possible -- physical abuse, threats, stalking, criminal harassment. Request police reports, 911 tapes, and SOCO (Scene of Crime Officer) photos as soon as possible after the incident. If still living with the abuser have these stored at an alternative address.
ASSESSING THE IMPACT OF CUMULATIVE TRAUMA/DV ON THE CHILDREN

- Assess what the children have been exposed to.
- Assess their level of fear and intimidation.
- How much do they know or have observed?
- Have they been directly physically or sexually abused (30 to 60% of kids in DV families have been direct victims of violence).
- Identify the tactics that the abuser has used on the children.
- Have the children aligned with the abuser? -- do they mistreat the mother, bully younger siblings, and use the abuser’s tactics they have learned.
- Have the children aligned with the mother? – do they believe her, support her in getting away, do they want contact with their father, or they fearful of contact with their dad.
ASSESSING THE ABUSIVE FATHER’S STATE OF MIND

JACA Elements

J  perceived Justification (for violence)
A  perceived Alternatives (shrinking)
C  perceived Consequences (acceptable)
A  perceived Ability (to execute plan)