

USING THE NATIONAL RISK ASSESSMENT PRINCIPLES

Assessing risk and promoting safety forum

Darwin International Tennis Centre, 28 March 2019

Overview

Setting the scene

Prof. JaneMaree Maher
Monash University, Melbourne

**Application of the NRAP in practice
(Northern Territory - West Arnhem Land)**

Bernadette Wombo, Adrian McCann and
Sam Bowden

Morning tea

**Integrated risk management
(Queensland)**

Assoc. Prof. Kathleen Baird
Griffith University, Queensland

**Death review mechanisms and risk assessment
(International perspective)**

Prof. Myrna Dawson
University of Guelph, Ontario, Canada

Lunch

**Application of the NRAP in policy
(Northern Territory)**

Panel discussion with Territory Families

Discussion and questions from the audience

Setting the scene

Professor JaneMaree Maher – Monash University, Melbourne

Toivonen, C., & Backhouse, C. (2018). *National Risk Assessment Principles for domestic and family violence* (ANROWS Insights 07/2018). Sydney, NSW: ANROWS

- Developed for Commonwealth Department of Social Services across 2017
- A national response to on-going work focused on risk assessment in all of the states and territories and internationally
- But there is still plenty to work to be done.

Across the country

- *Common risk assessment frameworks* exist
- They share many common features
- Tools to support those offering services
- Recognise histories of violence, pregnancy, separation as high-risk factors
- **But**
- We know most about heterosexual intimate partner violence
- **And**
- We know too little about different types of domestic and family violence and the different risks that are important

ANROWS projects

Women, disability and violence

- Forms of violence that were specific and different
- Often not recognised by family violence specialist services
- Women knew what they needed but we needed to listen much more

Perpetrator interventions in Australia: judicial views

- Judges and magistrates had really diverse views about their own roles in perpetrator accountability
- This changed the way they considered and used perpetrator interventions

Our on-going risk responses



Using the NRAP: lessons from Gunbalanya

Panel discussion with **Bernadette Wombo** (Coordinator, Gunbalanya Safe House), **Adrian McCann** (Manager, Community Services, West Arnhem Regional Council) and **Sam Bowden** (NGO Project Freelancer)

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GUNBALANYA SAFE HOUSE

2018 NEW FORMS

FORM NUMBER	NAME	SHORT OR LONG	WHEN TO DO IT	INCLUDES
FORM 1	ADMISSION & ISSUE FORM	Short	When the woman first comes in	Consent to collect information Safe House rules agreement Immediate risk questions – woman and Safe House Dependents Mandatory reporting Person causing trouble Sheets, towels, blankets, pillows
FORM 2	EXIT SAFETY PLAN & CASE MANAGEMENT FORM	Long	When the woman feels like talking Revisit each time the woman comes in	Consent to collect information Violence experienced Safety plan Future support needs Dependents Mandatory reporting Person causing trouble Housing, legal, welfare, work, health needs
FORM 3	EVERY DAY FORM	Short	Every day case notes and safety plan	What happened to the woman today ? What did the staff observe today ? How does the woman keep safe today ? What the team needs to do tomorrow ?
BLANK FORM				Use if you run out of room on any forms
SAFE HOUSE RUES				Put up in the house Show woman when she first comes in
OPERATIONS MANUAL				Information about how the Safe House runs Actions list

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GUNBALANYA SAFE HOUSE

FORM 1 (ADMISSION & ISSUE FORM)

DATE & TIME OF INTERVIEW	
WOMAN'S NAME & DOB	
CONSENT TO BE INTERVIEWED	
CHILDREN / RELATIVE'S NAMES	
WORKER'S NAME & SIGNATURE	
EXIT DATE FROM SAFE HOUSE	

CONSENT AND RULES	CLIENT SIGN NAME
Safe House staff collect and store your information in line with the law. Safe House staff will ask me more questions about what happened in the next few days The law says the Safe House has to make sure the police know if you experience DV The law says the Safe House has to make sure the police know if there is child abuse Your information is stored in a locked filing cabinet. Your information will not be shared unless you give us permission or if forced by court/police. You can tell the Coordinator if you don't want some Safe House staff to read your information	
Do you agree for staff to write information about you coming into the Safe House on this paper and in the computer?	
Do you agree to follow Safe House rules?	

WOMAN'S DETAILS	
Woman's address or phone number	
Emergency contact name	
How did you come to the Safe House?	WALKING / NIGHT PATROL / POLICE / CLINIC
Main language you speak at home & language group	
Do you need an interpreter?	YES / NO
Any requests (no phone calls /visitors)	
What do you / kids / relatives need from us right now?	
What do you / kids / relatives need from us tomorrow?	

PERSON OR PEOPLE CAUSING THE TROUBLE	
Name, age, address	
Relationship to you & kids	

RISK QUESTIONS FOR WOMAN AND SAFE HOUSE	
Do you need help from the police right now?	YES / NO
Do you need help from the clinic right now?	YES / NO
Are you pregnant or have a new baby?	YES / NO
Have you broken up with him? If yes, when and why?	
Do you have a DVO against him?	YES / NO
Did he say he is coming to get you from the Safe House? Did he make threats to the Safe House?	YES / NO
Has he done this to you or other women before?	YES / NO
How scared or worried do you feel now?	

ITEMS FOR ISSUE			
	Number	Signed For	Signed On Return
Sheets			
Pillow			
Rug / doona			
Towel			
Other			



GUNBALANYA SAFE HOUSE

FORM 2 (EXIT SAFETY PLAN & CASE MANAGEMENT)

DATE & TIME OF INTERVIEW	
WOMAN'S NAME & DOB	
CONSENT TO BE INTERVIEWED	
CHILDREN / RELATIVE'S NAMES	
WORKER'S NAME & SIGNATURE	
EXIT DATE FROM SAFE HOUSE	

CONTENTS

CONSTRAINTS	2
STEP 1: PREPARE YOURSELF - STAFF	3
STEP 2: PREPARE THE WOMAN	5
STEP 3: WHAT HAPPENED TO MAKE YOU COME TO THE SAFE HOUSE?	6
STEP 4: PERSON OR PEOPLE CAUSING THE TROUBLE	7
STEP 5: WHAT HE DID TO YOU – HIGH RISK	8
OTHER KINDS OF VIOLENCE	11
STEP 6: CHILDREN, RELATIVES, WELFARE, JUSTICE, HOUSING, HEALTH, WORK	13
STEP 7: MAKE A SAFETY PLAN	15
STEP 8: WRITE THE SAFETY PLAN	17

CONSTRAINTS

This Safety Plan accepts that Aboriginal people are more likely to experience domestic, family and sexual violence than non-Aboriginal people, as illustrated in the following key findings from a 2018 Australian Institute of Health and Welfare report:¹

- Family violence occurs at higher rates in Aboriginal and Torres Strait Islander communities than in the general population.
- Aboriginal and Torres Strait Islander people have increased risk factors for family violence, such as social stressors like poor housing and overcrowding, financial difficulties and unemployment.
- One in 7 (14%) Aboriginal women have experienced physical violence in the previous year. Of these, about 1 in 4 (28%) reported their most recent incident was perpetrated by a cohabiting partner.
- Aboriginal women were 32 times, and Aboriginal men 23 times, as likely to be hospitalised due to family violence as non-Aboriginal women and men.
- Two in 5 Aboriginal homicide victims (41%, or 32 victims) were killed by a current or previous partner, compared with 1 in 5 non-Aboriginal homicide victims (22%, or 94 victims) during 2012–14.
- Aboriginal children were about 7 times as likely as non-Aboriginal children to be the subject of substantiated child abuse or neglect.

This safety plan is in draft form and is to be tested with the WARC Gunbalanya Safe House workforce and, women and children accessing the Safe House.

The safety plan draws from the latest (2018) national research into safety planning and risk assessment for women and children experiencing domestic and family violence, in particular, those with and for Aboriginal women experiencing domestic and family violence, while attempting to be accessible to the Gunbalanya Safe House workforce, and women and children accessing the service.

In particular, this safety plan seeks to meet the 2018 ANROWS National Risk Assessment Principles (NRAP) for Domestic and Family Violence in Australia. Principle six² of the NRAP states that, |

To ensure survivors' safety, an integrated, systemic response to risk assessment and management, whereby all relevant agencies work together, is critical.

This safety plan is restricted to applying the NRAP principles within the funding and operational constraints of Gunbalanya Safe House. In relation to NRAPs Principle Six, the Gunbalanya Safe House operates within a community that lacks a local, integrated and systemic response to DFV.

This safety plan has been developed specifically for the Gunbalanya Safe House. With respect to language in this form and the capacity of staff to administer it, this safety plan reflects recent research in the Northern Territory which found that the majority of Aboriginal adults in the Northern Territory do not have the English Language, Literacy and Numeracy skill levels needed to participate in vocational education, the workforce or higher education.³

¹ Australian Institute of Health and Welfare 2018. [Family, domestic and sexual violence in Australia 2018](#). Cat. No. 8742. Canberra: AIHW, Page 83

² ANROWS [National Risk Assessment Principles](#) July 2018. Page 8

³ [Aboriginal Adult English Language Literacy and Numeracy in The Northern Territory, A Statistical Overview](#) Page 4

STEP 1: PREPARE YOURSELF - STAFF

Ideas to think about before you talk to the woman⁴

- Make sure you have been trained to use the form before you go through it with a woman
- Explain to the woman that part of this form is to make a plan to keep her safe when she leaves the Safe House. The questions come from the ANROWS Safety planning in crisis situations with and for Aboriginal women experiencing domestic and family violence: a practice guide⁵
- Check with the woman and the Coordinator if you are the right person to help to the woman fill out the form, she may feel more comfortable talking to someone else
- When you go through the form with the women, tick the box that applies to the woman and her children about the violence, who did it to them (partner or family) and write in where it happened.
- Support the woman to understand that the risks to her and her children's safety are real
- Women and children are at most risk from bad violence or death from a violent partner after she has broken up with him
- It is important to tell the woman about the risk she is living with. Things **highlighted in orange** indicate high risk factors and lethality (death from partner) of a female by a male only⁶
 1. in a residence that they share
 2. if the woman is a current or former partner of the person using violence against her

Of note is the lack of evidence available at the time of printing (October 2018) of the risk profile of the presence of child sexual assault in relation to domestic and family violence risk and lethality. This lack of evidence has been raised with ANROWS for consideration in their research work.
- Here are some questions to help you start talking about violence, support the woman to talk about the details as well as general information:

What happened right before you came to the Safe House?
What's been happening over the last few weeks or months leading up to you coming to the Safe House?
When did this happen and when may it happen again? Where?
How do you want your life to be different in the future?
What would you like to happen now, later?
- Questions in this form about the person being violent are about what is happening now or what happened in the past with the same man
- Listen and share knowledge - "Put your heads together"
- Be non-judgemental – don't blame her, it can be hurtful, reduce her self-esteem and hope for the future
- Be kind

⁴ ANROWS [Safety planning in crisis situations with and for Aboriginal women experiencing domestic and family violence: a practice guide](#) 2017

⁵ See above link

⁶ Australian Domestic and Family Violence Death Review Network. [Data Report 2018](#)

- Only talk to other Safe House workers about the woman's plan for the future unless she asks you to tell someone.
- The woman may be very wary or cautious to talk to other services especially government and justice agencies.
- Safety is not everything. As well as safety, you can help the women think about these things:
 - What the woman knows will keep her safe
 - The woman's wishes
 - What she really can do
 - Her future with or without violence
 - Her future relationship with or without the person causing trouble
 - Her hopes for her future, hope for the children's future, hopes for her relationships
 - Cultural obligations
 - Other things she may not have told you about and may never tell you about
- After going through all the questions, write the safety plan on the last page of this booklet and give the women a copy if she wants one
- Check that the safety plan can really happen

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STEP 2: PREPARE THE WOMAN

- Explain who you are and what your role is
- Tell her about her privacy and how you will keep her information private
- Check with the woman that you are the right person to do the form with her, she may feel more comfortable to talk to someone else
- Talk to the woman about how long this form might take a long time to fill out
- Explain you are going to ask questions about sensitive things and different kinds of violence that have happened in you and your family, and where it happened
- Explain she doesn't have to answer any questions if she doesn't want to
- It is important for the woman to understand the risk that she and her children are under
- Listen and share knowledge - "Put your heads together"
- Go slowly, we can take a break at any time
- You can do the form over a few meetings
- When we ask question about the person causing trouble, we mean what he has done this time or what he has done in the past.
- Briefly explain what all the questions are about. We will ask questions about you, your kids or relatives who are with you in the Safe House, what you want for your future, housing / welfare / legal, kinds of violence he does to you
- The most important part of this form are the questions about violence, the safety plan and your future

STEP 3: WHAT HAPPENED TO MAKE YOU COME TO THE SAFE HOUSE?

WHAT HAPPENED TO MAKE YOU COME TO THE SAFE HOUSE?

STEP 4: PERSON OR PEOPLE CAUSING THE TROUBLE

PERSON OR PEOPLE CAUSING THE TROUBLE	
Name, age, address or location	
Relationship to you and kids	
Did you tell the police? If so what is their name and when did you tell them?	
When did you break up and why? Did you break up get back together, like a light switch? Do you want to get back together	
How long have you been together?	Broken up less than 3 months? Less than 1 year? 1 – 10 years? More than 10 years?
Have you broken up with him? If yes, when and why?	
Married? Partner?	
Are you pregnant or have a new baby?	YES / NO
Have they done this to you or other women before?	
Are you scared of them?	
How scared do you feel now?	
How long has the violence been going on?	
Do you think the violence will continue?	
Is the violence getting worse?	
If you are planning to go back to him what would you like to see him change in his behaviour?	
Do you have a DVO against him?	YES / NO
How scared or worried do you feel now?	

STEP 5: WHAT HE DID TO YOU – HIGH RISK

ORANGE HIGHLIGHT MEANS HIGH RISK

KIND OF VIOLENCE	VICTIM			ABUSER	
	WOMAN	KIDS & RELATIVES	PLACE	PARTNER	FAMILY
Separated or trying to? Was he more controlling or violent after you separated? NOTES					
Stalking, harassment, intimidation <u>before / after separation?</u> (circle before, after, both) Sending anyone, asking about you, passing on rough message? NOTES					
Strangulation? Choking you NOTES					
Disrespectful sex? Climb up on top of you when you said no? Hassling you Make you do things you don't want to do, you or with other women? NOTES					
Threats to kill You, himself, others, children, previous partners Kill himself, make you feel guilty to come out of Safe House? Do something or he will kill himself? NOTES					
Violence getting worse? Happening more? Getting worse? NOTES					

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KIND OF VIOLENCE	VICTIM			ABUSER	
	WOMAN	KIDS & RELATIVES	PLACE	PARTNER	FAMILY
What kind of fighting? Knife, stick? Hit you with something?					
NOTES					
What kind of fighting? Hit you, fist, open hand, kicking, slap, shaking, pushing, spitting, pulling hair?					
NOTES					
Verbal and emotional abuse? Does he talk rubbish way to you? Rubbishing you? Frighten you? Tell you you're no good? Yelling, scaring you? Threat to burn Safe House?					
NOTES					
Forced isolation? Locking you, locking you inside the house? Kidnapping Keep you away from family or work?					
NOTES					
Coercive control <ul style="list-style-type: none"> • Verbal abuse • financial abuse • psychologically controlling acts • isolation • Ongoing, getting worse, happening for a long time and regular • Getting more scared Take / hold your money (him or family)? Asking where you are going. What you doing? Where you going? Who you going with or hanging around? Don't let you go out? Happens all the time and gets worse?					

NOTES					
Homicide? Jail for killing anyone, kill someone else, finish someone else, make someone pass away					
NOTES					
Alcohol? Does he drink outside grog? How often does he go to the club?					
NOTES					

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OTHER KINDS OF VIOLENCE

KIND OF VIOLENCE	VICTIM			ABUSER	
	WOMAN	KIDS & RELATIVES	PLACE	PARTNER	FAMILY
Child Sexual Assault					
NOTES					
Children witness him be violent or yell at you?					
NOTES					
Threats? How he been talking you? Complaining about burn clothes? Says he will hurt you / kids / family if you don't do something?					
NOTES					
Blaming? Your fault, blame from him and his family to put him in jail? Your fault he hurt you?					
NOTES					
Economic abuse? Take / hold your money (him or family)?					
NOTES					
Controlling movements, whereabouts? Asking where you are going. What you doing? Where you going? Who you going with? Doesn't let you be free?					
NOTES					
Damage to property? Damages power box, smash windows, motor car, smashes up the house?					
NOTES					

Threats to pets? Kill dog, kill pet pig, cat					
NOTES					
Drugs? If he smokes ganja will he be aggravated once he runs out?					
NOTES					

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STEP 6: CHILDREN, RELATIVES, WELFARE, JUSTICE, HOUSING, HEALTH, WORK

CHILDREN / DEPENDENTS RELATIVES (can be adults they are caring for)				
Name	M/F	Age	Relationship	Medication

WELFARE	
<p>Do you have any children that are living with welfare? Kids with welfare?</p>	
<p>Do you want any help with welfare? Understand the order, see kids, know where kids are living, help with welfare, NAFLS, Legal Aid, NAALG?</p>	
<p>If yes, how many and what are their names and ages, DOB?</p>	

HOUSING	
<p>Do you want any help with housing? Repairs, reference housing application, trouble paying rent, fines to Territory Housing?</p>	
<p>NOTES</p>	

HEALTH	
<p>Do you or kids or relatives need help to get anything from the clinic?</p>	

Do you need help looking after yourself?	
Do you need help with a disability? ADHD, slow, wheelchair, can't hear or see properly?	
Do you need help with your mental health or feelings?	
Do you want to talk to someone?	
head problem feeling worried, stressed, hearing or seeing things others can't hear or see, sadness, anger, suicidal	
Do you want help with alcohol or drugs?	
Do you want help stop playing cards?	
Do you have any problems with money you want help with?	
Pay back big money somewhere?	
Do you owe money some here?	
Want help to deal with it?	
Do you have any problems with the law, corrections or police that you want help with?	
NOTES	

WORK AND INCOME	
Do you want help to get work or learn new things?	
Do you want help to check you are on the right Centrelink payments?	
Do you need help with crisis payments	
Do you need help to get ID? Or do paperwork	
NOTES	

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STEP 7: MAKE A SAFETY PLAN

Use these questions to ask the woman what she will do when she leaves the Safe House.

The first few questions are to help you start talking to the woman about safety for her and her children.

She may have already told you some of these things, if she has, fill it out in before you talk to her and then check with her.

After you fill this in, go to **STEP 8**, make it into a safety plan for the future with the woman, and give her a copy if she wants one.

Make a separate list in her **EVERY DAY FORM** for what the workers will do to help her and her kids.

Safe Spaces Where do you feel safe? When?	
Supporters (house, family, community) Who speaks up for you? Who is there for the kids? Who will speak to him (and has the authority to do so)? Who doesn't support you?	
Relationships How can you keep relationships in the family and community?	
Fears and worries What are your fears and worries? What went wrong in the past when you tried to stay safe?	
DVOs Check if still current Apply for new one	
Accommodation Where can you go at any time to feel safe? What happens to the kids or other people you look after? Where else is safe in the community? Do you need to leave the community? Can you stay longer at the Safe House?	
Children How much do the kids understand what's happening? What do the kids need to be safe? What do you need to do if the kids need to get out of the way? What if child protection get involved?	
Phone Do you have a safe phone and Facebook?	

Is your phone safe? Check the location tracker is off	
Police Alerts, statement, report Do you want help from the police?	
Other services Referrals, money, leaving the community Permission to talk to other services about the violence	
Emergency Accommodation, food, transport and financial assistance	
Security Can your house be made safer?	

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Integrated risk management

Associate Professor Kathleen Baird – Griffith University and Gold Coast University Hospital, Queensland

Acknowledgement of Country

I would like to pay my respects and acknowledge the Traditional Custodians of the land on which we are meeting today, and pay my respects to Elders, past and present

Integrated service responses in Queensland

1. Background and perspective
2. Overview of integrated service responses in Queensland
3. Successes, challenges and next steps

Background and perspective

- Joint appointment:
 - Associate Professor in Midwifery, School of Nursing and Midwifery, Griffith University, and
 - Director of Midwifery and Nursing Education, at the Gold Coast University Hospital
- Member of Domestic and Family Violence Implementation Council
- Deputy Chair of Domestic and Family Violence Death Review and Advisory Board
- Independent bodies – not representing the Queensland Government

Overview of integrated service response in Queensland

- *Not Now, Not Ever* report (2015) recommended trial of integrated service responses to domestic and family violence in three different settings:
 - urban
 - regional with rural and remote outreach
 - discrete Indigenous community.

Not Now, Not Ever recommendations cont.

- Development of best practice common risk assessment framework
- Establishment of model for inter-agency response to high risk cases
- Legislation to allow information sharing between agencies and accompanying guidelines
- Evaluation of trial sites

Integrated service response locations

Integrated service responses:

- Logan/Beenleigh (urban)
- Mount Isa (regional with rural/remote outreach)
- Cherbourg (discrete Indigenous community)

Additional high risk teams:

- Brisbane
- Ipswich
- Cairns
- Caboolture and Mackay (soon to commence)

Queensland's Domestic and Family Violence Common Risk and Safety Framework

- Three-tiered approach:
 - Level 1 – routine asking and referral
 - Level 2 – domestic violence risk assessment and safety planning (using level 2 tool)
 - Level 3 – multi-agency complex risk assessment and safety management planning (using level 3 tool)

Facilitating integrated service responses

- Legislation – information sharing amendments to *Domestic and Family Violence Protection Act 2012* and accompanying guidelines facilitate information **without consent** in certain circumstances
- Technology – Domestic and Family Violence Prevention Client Management System
- Training – implemented across all high risk team locations

Successes, challenges and next steps

Successes

- Integrated responses – common approach to addressing domestic and family violence in trial sites
- High risk teams – victim safety, perpetrator responses, collaboration, information sharing
- First use of level 3 type tool in Australia
- Consistent data reporting

Successes, challenges and next steps

Challenges

- Consistency in understanding and use of framework and tools
- 'Risk' vs 'high risk' – referral to high risk teams
- Consent – impact on safety management planning
- Validation and evaluation

Successes, challenges and next steps

Next steps

- Early outcomes evaluation – supporting continuous improvement and further roll-out
- Domestic and Family Violence Death Review and Advisory Board insights

Acknowledgements

We honour the voices of those who have lost their lives to domestic and family violence, and extend our sympathies to the loved ones who are left behind, their lives forever changed by their loss. Our efforts remain with ensuring that domestic and family violence deaths do not go unnoticed, unexamined or forgotten.

Death reviews and risk assessment

Prof. Myrna Dawson – University of Guelph, Ontario, Canada



**Centre for the Study of
Social and Legal Responses to Violence**

Using Death Reviews to Inform Risk and Safety

**Myrna Dawson
Centre for Study of Social and Legal Responses to Violence
University of Guelph**

**ANROWS
Assessing Risk and Promoting Safety Forum
Darwin, NT
March 28, 2019**

**UNIVERSITY
of GUELPH**

International DVDRC movement



- **1990:** First initiative in United States; 175-200 teams operating at state/city/county level
- **2002:** Canada established first team in Ontario; 5 more provinces in recent years, others pending.
- **2008:** New Zealand established review team.
- **2009:** Victoria established the first team; currently, 5 states and Northern Territory.
- **2011:** United Kingdom introduced legislation for multi-agency domestic homicide reviews.
- **2017:** Portugal Equipa de Análise Retrospectiva de Homicídio em Violência Doméstica



Common Review Functions

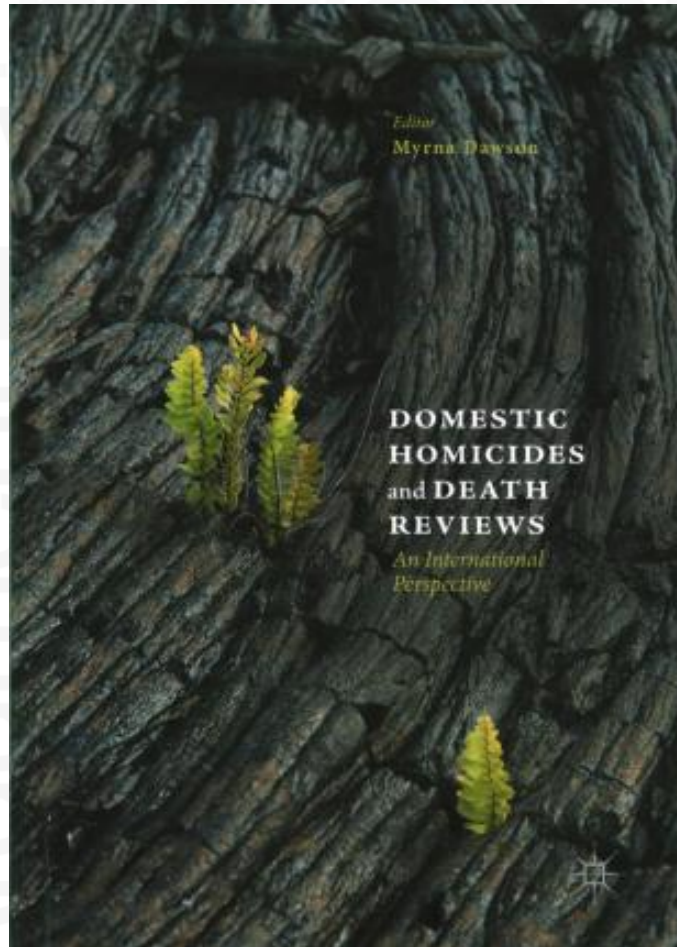


- 1) Compile descriptive data to identify risk factors;
- 2) Develop a chronology of system contacts and potential points of intervention;
- 3) Highlight gaps in service delivery, policy inadequacies as well as strategies for system and legislative reform.
- 4) Make recommendations to facilitate system change

(For more information, see Dawson, 2017; Bugeja, Dawson, McIntyre & Walsh 2013)



Two key outcomes of DVDRCs



- 1) The systematic documentation of risk factors; and,
- 2) The identification and development of recommendations for system improvement and change.

....reflection on original goals and next steps required if DVDRCs are to achieve their full potential.



RISK FACTORS:

2 key findings

1



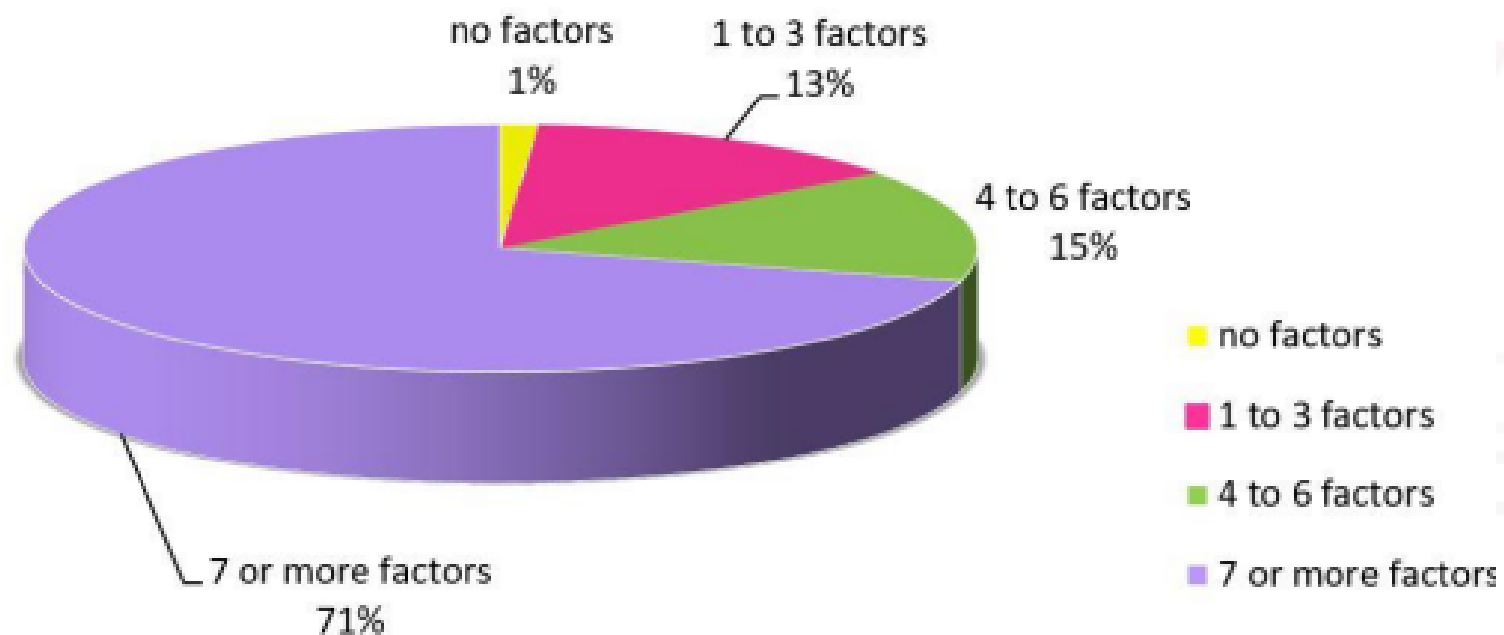
Risk factors are frequently present in cases of domestic and family-violence related deaths

2

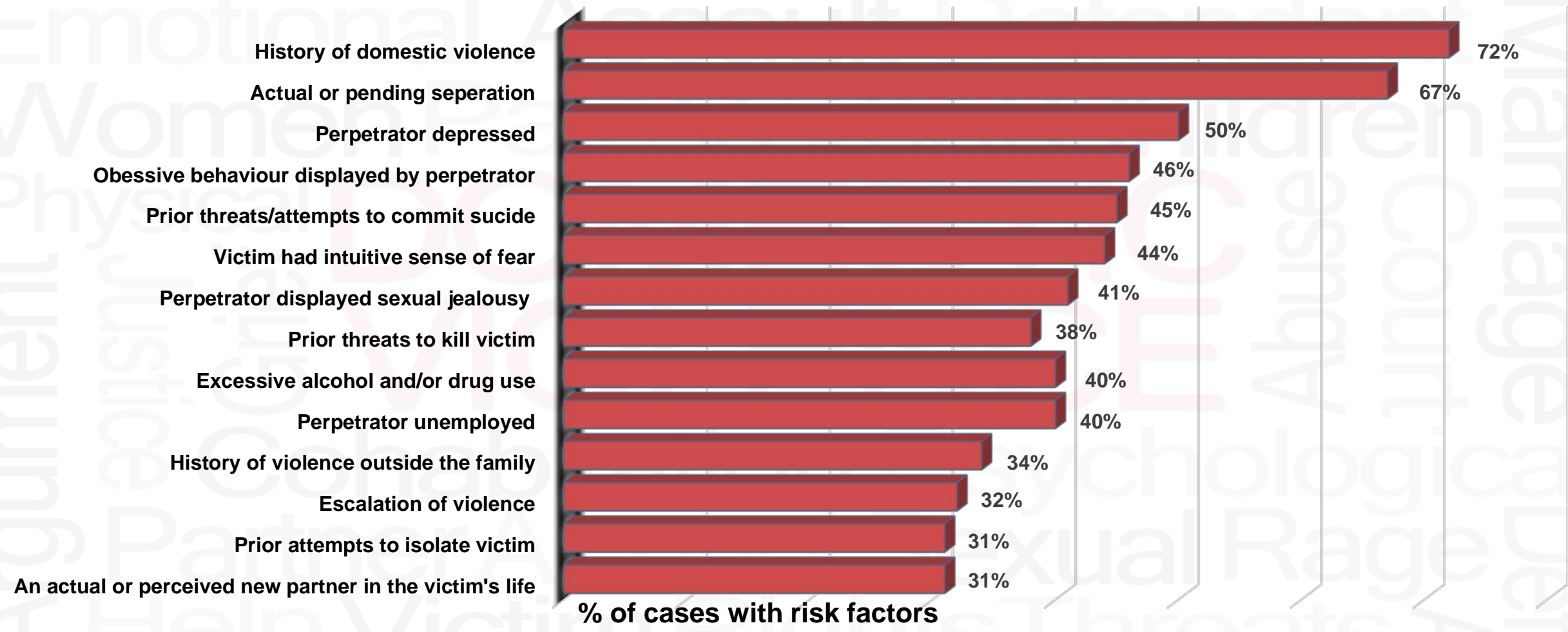


Some risk factors more common than other risk factors.

**% of cases based on number of risk factors per case
All DVDRC cases reviewed (2003-2017)**



Frequency of Common Risk Factors in DVDRC Cases Reviewed (N=311; 2003-2017)



RISK FACTORS: CHALLENGES

- ① Aggregate documentation of risk factors often precludes in-depth, case-based analysis
- ② Risk factors are not linked to larger context.
- ③ How various risk factors work together not well understood.
- ④ Risk factors more relevant to more vulnerable groups not adequately captured.
- ⑤ Review emphasis remains on (micro) individual and relationship risk factors.



Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations



- Development of information about effective risk assessment, risk management, and safety planning strategies to prevent domestic violence and homicides, ***focusing on vulnerable populations.***
- How we will do this:
 - 1) To conduct research on domestic homicides;
 - 2) To identify protocols/strategies to reduce risk, particularly among vulnerable and/or marginalized groups;
 - 3) To improve access to risk assessment, risk management and safety planning;
 - 4) To share knowledge with/learn from wider community.



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



www.cdhpi.ca

Domestic homicide is defined as killing of a current or former intimate partner, their child(ren), and/or other third parties.

- An intimate partner can include people who are in a current or former married, common-law, or dating relationship.
- Other third parties can include new partners, other family members, neighbours, friends, co-workers, helping professionals, bystanders, and others killed as a result of the incident.



Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations



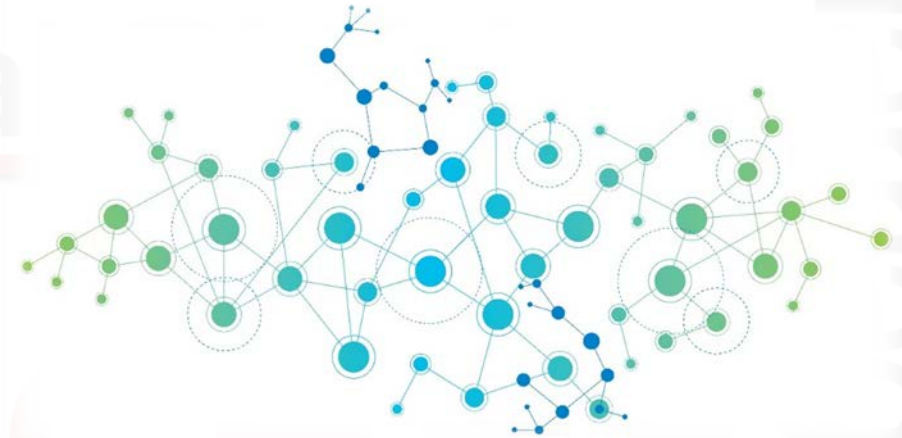
- **Indigenous populations** (First nations, Métis, Inuit): Indigenous women 8 times more likely to experience domestic homicide than non-Indigenous women. Legacy of colonization a key contributor.
- **Rural/remote and northern communities:** Higher risk of domestic homicide for women in these groups. Research identifies potential contributing factors such as seasonal employment, unemployment, role of guns.
- **Children killed in context of domestic violence:** Child abuse, separation, custody and access issues identified as risk factors.
- **Immigrant and refugee populations:** Limited data, but existing research shows these groups face additional barriers that increase their risk such as language, discrimination/racism, economic vulnerability.



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



- 14** Co-investigators
 - 46** Collaborators
 - 37** Partner organizations
 - 23** Research assistants
 - 4** Management team members
- and counting...**



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



www.cdhpi.ca

Project Activities:

- Literature review
- Homicide database
- Online survey of professionals across sectors
- Key informant interviews
- Survivor/Proxy interviews
- Knowledge mobilization: conference, briefs, newsletters

Updated information on these projects available at www.cdhpi.ca



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



www.cdhpi.ca

Main goal: To understand risk and safety from perspectives of those who were most involved with victims, perpetrators and their families, and more importantly, from the perspective of those who continue to be most at risk.

- 1) Understanding how risk and safety for various groups may be linked to the broader context in which they live;
- 2) Understanding what risk factors are more relevant to the experiences of some groups more than others;
- 3) Emphasizing indirect and direct community- and society-level risk and safety concerns that may be missed in individual level focused reviews.



#2: Recommendations for Change



Recommendations are second most tangible products of DVDRCs

Current knowledge gaps:

1. The content/prevention focus of recommendations;
2. The existence and process of implementation;
3. The impact or outcome of the implementation of recommendations.



UNDERSTANDING PREVENTION FOCUS



Five starting questions about recommendations:

1. What is the frequency of recommendations?
2. What is type or nature of recommendations?
3. What are general and specific content areas?
4. What are primary groups whose environment/behaviour is targeted?
5. What sectors/groups identified as responsible for ensuring implementation occurs?

TYPES OF RECOMMENDATIONS



Changing organizational practices (34%)



Educating providers (25%)



Promoting community education (17%)



Influencing policy and legislation (14%)



Strengthening individual knowledge and skills (3%)



Mobilizing neighbourhoods and communities (1%)



Findings of International DVDRC Comparison



- 1) Not all of the teams targeted their recommendations to specific organizations or agencies all of the time, or even some of the time;
- 2) Of those that did, only two appeared to mandate that agencies respond;
- 3) Few teams, if any, had concrete mechanisms in place for tracking and assessing impact of recommendations.

(For more information, see Dawson, 2017; Bugeja, Dawson, McIntyre & Walsh 2013)

Moving Forward...



In practice and in research:



01 Examine how risk factors work in combination and at multiple levels; more focus on community- and societal-levels.



02 Examine frequency/nature of recommendations to identify prevention potential, locally and globally.



03 Collaborate with sectors to monitor implementation process and outcomes of recommendations.



In doing so, concluding thoughts...



Aggregate data important to identify patterns, but in-depth, case-based analyses need to be emphasized to inform risk and safety goals and identifying system improvements, particularly for vulnerable groups.



Deaths reviews need to prioritize the expertise and knowledge sharing of multiple groups, including those most directly affected.



Community- and societal level change requires an understanding of how risk factors at this level directly impact risk and safety as well as indirectly through their impact on individual and relationship-level factors.



Thank You

Email:

mdawson@uoguelph.ca

Twitter:

@DawsonMyrna

@csslrV @CAN_Femicide @cdhpi

Websites:

www.violenceresearch.ca

www.femicideincanada.ca

www.cdhpi.ca

USING THE NATIONAL RISK ASSESSMENT PRINCIPLES

Assessing risk and promoting safety forum

Darwin International Tennis Centre, 28 March 2019