



Risk Assessment

Group #6

SUMMARY

The Domestic Violence Death Review Committee (DVDRC) recommendations (2004-2007) recognize the need for the use of and training in risk assessment tools across sectors in assessing aggressors and women who are experiencing intimate partner violence (IPV). Four areas have been identified to further enhance usage of risk assessment in intervention and as a means of safety planning to reduce the potential for lethality.

Intervention by Professionals who work with individuals and families

Recommendations 2004-3, 2004-22, 2004-25, 2005-10, 2005-11, 2005-13, 2006-11, 2006-21, 2006-23, 2007-14, 2007-23, 2007-27, 2007-31

- It is recommended that professionals who come into contact with individuals and families who have experienced intimate partner violence receive the necessary training on the dynamics of domestic violence, the potential risk for lethality and have the necessary tools to assess risk.
- When high-risk cases are assessed it is necessary to provide skilled safety planning.
- Risk assessment should be used as a tool in safety planning.

Police: Identifying and monitoring high-risk cases

Recommendations 2004-16, 2005-12, 2006-20, 2006-25, 2007-12

It is recommended that:

- Police should have a dedicated unit to address domestic violence.
- Police should develop inter-sectoral high-risk case management protocols and strategies.
- All domestic violence cases be screened for lethality.

Police should develop case planning and management strategies.

Use of risk assessment tools by Healthcare professionals

Recommendations 2004-7, 2004-12, 2005-8, 2006-33, 2007-2, 2007-9, 2007-15, 2007-27

- It is recommended that all healthcare providers be taught to be mindful of the dynamics of domestic violence and the potential for lethality, especially when working with patients who have a history of alcohol and/or drug abuse, depression, anxiety, or suicidal ideation.
- When domestic violence is identified in the patient's life, the potential for lethality should be assessed by the healthcare provider or the patient should be referred to others with an expertise in making such assessments.
- Public education should be developed by the healthcare community to address the correlation of high risk individuals and the potential for suicidality and lethality.

Assistance to Front-line professionals who are at risk

Recommendations 2004-9, 2004-10

- It is recommended that a change in the organizational cultures within sectors be initiated to establish a climate conducive to disclose mental health and emotional problems without fear of recrimination or employment restrictions.

Risk Assessment - DVDRRC Recommendations

Intervention by Professionals who work with individuals and families

2004-3

It is recommended that child welfare and protection agencies address the following issues:

- CAS/VAW Collaboration Agreement
- specialized training and education, especially on intervening directly with the offender on risk reduction and containment
- use of assessment reports that examine lethality risk
- quality assurance component
- increase skill and comfort level of workers in dealing with abusers and in supporting women at risk

2004-22

The committee recommends that the provincial policy stating that, upon conviction for a domestic violence offence, the Crown seek an order requiring an offender to attend a batterer intervention program such as Partner Assault response (PAR) as part of a probation term be followed.

2004-25

It is recommended that child welfare and protection agencies screen for domestic violence in all cases. As part of the process, it is necessary for them to locate, interview and assess all partners involved. Where there is evidence of domestic violence, they must take the necessary steps to use their authority under the *Child and Family Services Act* to make appropriate interventions with the abuser to protect the mother and child

2005-10

There is a need to have appropriate assessment tools available to those who work with victims and perpetrators of domestic violence to better assess the potential for lethal violence in their lives. Correspondingly, once the risk is identified, victims and perpetrators of domestic violence need access to appropriate services and programs. The person at risk requires access to:

- a specialized and comprehensive risk assessment by an appropriate agency;
- skilled assistance to engage the victim in developing a safety planning process; and
- risk management, for both the victims and the perpetrator

2005-11

All victims experiencing any form of domestic violence should be referred to and directly involved in a safety planning process whenever abuse is disclosed to social workers/counsellors, shelter, or other services for abused persons, such as physicians, the police, and victim services.

2005-13

All front-line professionals that deal with individuals and families in crisis should adopt an appropriate risk assessment process and a mechanism or protocol at a local level to facilitate and enhance communication between agencies and professionals when a person is identified to be at risk. For example, such a protocol should permit any professional evaluating a high risk case to contact the local police service's case manager or domestic violence coordinator to establish a case conference to ensure appropriate tracking and response to the case

2006-11

To the Ministry of Children and Youth Services, and the Ontario Association of Children's Aid Societies (OACAS): It is recommended that a protocol be established to ensure that when Children's Aid Societies (CAS) receive information about domestic abuse from other professionals such as school guidance counsellors, that the information be forwarded in a structured way to all appropriate authorities, including police so that monitoring of such cases should involve and link all appropriate agencies

2006-21

The Ontario Association of Children's Aid Societies and Ontario Family Law Bar Association should jointly develop protocols regarding children who appear to be in danger in the context of parental separations with a history of domestic violence. These children may not qualify for CAS protection because their mother appears to be trying to manage a safety plan as a private family matter. However, the CAS may be in a better position to limit any unsupervised access as a temporary measure pending a thorough assessment by the family court. Rationale: The perpetrator had access to the children without supervision

even after he had put their lives in danger. CAS / police might have considered charging the perpetrator and requesting no access as a term of release, or alternatively making supervised visits with no access as a term of supervision pending a full court hearing

2006-23

To the MCSCS, Policing Standards Division; OACP; and OACAS: Police and CAS training should reinforce that risk assessment is not an end in itself but rather an ongoing process that requires safety planning, risk reduction and coordination of a community plan. (Similar to Recommendation #5/2004)

2007-14

To the Ontario Women's Directorate (OWD):

It is recommended that Community agencies in partnership with Government should explore the creation of an easily accessible, non-threatening mechanism for friends and family to get information and consult with a trained individual regarding situations where they have concerns that a woman is at risk from her intimate partner. This resource could provide direction where they are not sure how to intervene and/or how to help protect the victim's safety. (Similar to recommendation #1/2006)

2007-23

To the Ontario Association of Children's Aid Societies (OACAS):

It is recommended that CAS refer cases with multiple risk factors like alleged child abuse, parental alcoholism and domestic violence to high risk case management. (Similar to recommendation #8/2004)

2007-27

To Healthcare Providers:

As with Case # 2004-2221 above, it is recommended that all healthcare providers must be mindful of the dynamics of domestic violence and the potential for lethality. Where concerns may be raised for the patient's safety, an appropriate screening tool must be considered, as it may assist both the healthcare provider and the patient to better understand the lethality risks, and proactively plan appropriately for safety (i.e. calling the police, going to a shelter or safe place, meeting with a specialist in safety planning). If the patient is reluctant to take these steps on her own, she may need to be accompanied. (Similar to recommendations #2/2006, #12/2004, #7/2004)

2007-31

To the Ministry of the Attorney General (MAG) and Ministry of Community Safety & Correctional Services (MCSCS):

It is recommended that in every domestic violence case, there be a requirement that risk be assessed. If a high-risk case is identified, it needs to be specifically red flagged for further follow up. (Similar to recommendations #10/2002, #17/2004, #27/2004)

Police: Identifying and monitoring high-risk cases

2004-16

It is recommended that police put processes into practice to identify, monitor and manage high-risk cases, and to vigorously enforce bail conditions arising from a violent offence or threat of violence. Further, it is recommended that police services institute a dedicated police unit that has links to community-based experts to deal specifically with high-risk domestic violence cases, to ensure an appropriate case management response in such cases.

2005-12

It is recommended that each police service appoint an appropriate number of officers, specially trained in the issues of domestic violence, as case managers. The case managers' duties would include reviewing all domestic violence cases, identifying—i.e., “red flagging”—any high risk matters, and tracking the cases as they proceed to completion

2006-20

To the Ministry of Community Safety and Correctional Services (MCSCS), Policing Standards Division; and the Ontario Association of Chiefs of Police (OACP): Police services across Ontario as well as Police Colleges should encourage monitoring of high-risk domestic violence perpetrators who could be red-flagged because of the extreme dangers that they pose to their ex-partners and children. This should include a proactive approach to victims and perpetrators without the need for further calls to the police, and may involve a coordinating function with other service providers such as Child Protection Agencies. (Similar to Recommendation #17/2004)

2006-25

To the MCSCS, Policing Standards Division; and OACP: It is recommended that Police Services require responding officers to complete a lethality screen on each and every domestic occurrence, whether or not criminal charges are laid. This lethality screen should be modeled after similar tools in existence such as the Domestic Violence Lethality Assessment Protocol for the Maryland Coordinated Community, or Dr. Jacquelyn Campbell's Danger Assessment tool. (Similar to Recommendation #17/2004

2007-12

To the Ministry of Community Safety & Correctional Services (MCSCS):

It is recommended the MCSCS review their current procedures for assessing risks posed by domestic violence perpetrators to assist in case planning and management and that they ensure adequate funding is in place for batterer intervention programs. (Similar to recommendations #16/2004, #17/2004, #20/2006)

Use of risk assessment tools by Healthcare professionals

2004-7

It is recommended that all healthcare providers be taught to be mindful of the dynamics of domestic violence and the potential for lethality, especially when working with patients who have a history of alcohol and/or drug abuse, depression, anxiety, or suicidal ideation. When domestic violence is identified in the patient's life, the potential for lethality should be assessed by the healthcare provider or the patient should be referred to others with an expertise in making such assessments

2004-12

The Committee recommends that healthcare providers use risk assessment tools to assess the potential for domestic violence/abuse, suicide and/or homicide

2005-8

Physicians require further education about the dynamics of domestic violence and the potential lethality, particularly where alcohol abuse, depression, anxiety, or suicidal ideation is present and diagnosed

2006-33

It is recommended that the College of Physicians and Surgeons of Ontario caution psychiatrists offering an opinion on child custody and access arrangements for separating parents that the opinion should be based on assessment of both parents and children as well as having collateral sources of information. Furthermore, the Ontario Psychiatric Association should provide and/or promote continuing medical education regarding the dynamics of domestic violence and the risk factors for lethality associated with separation, divorce, custody and access issues. (Similar to Recommendation #8/2004)

2007-2

To the College of Family Physicians of Canada, Canadian Pediatric Society, Society of Obstetricians and Gynecologists, College of Midwifery of Ontario:

It is recommended that organizations involved in educating health professionals, such as the College of Family Physicians of Canada, Canadian Pediatric Society, the Society of Obstetricians and Gynecologists, and the College of Midwifery of Ontario, promote educational programs that explore the dynamics and/or warning signs of domestic violence and the potential for lethality, especially when working with patients who have depression and/or anxiety. In addition, such programs need to highlight for practitioners caring for women and/or their children that IPV can lead to and/or exacerbate an underlying depression. (Similar to recommendation #12/2004 & #12/2006 & #15/2006)

2007-9

To Healthcare Providers:

It is suggested that healthcare providers take a more proactive stance, particularly when working with patients in crisis situations, to ask those patients if there are any safety concerns in their intimate relationships. If the provider senses there are concerns, we recommend they use a such danger assessment tool, which will assist both the healthcare provider and the patient to better understand if there is a risk of lethality.

2007-15

To the Ontario Women's Directorate (OWD), College of Family Physicians of Canada, Ontario & Canadian Psychiatric Associations:

There must be more public education regarding the risk that suicidality poses, not only to the suicidal person but also to others involved with him/her. Within the Health Care system, men who are in relationships and who threaten or attempt suicide should consistently be screened for abusive behaviour

in their relationships. Part of this screening process must involve some contact with the female partner to offer information and support regarding disclosure of abuse, services and supports available, etc.

2007-27

To Healthcare Providers:

As with Case # 2004-2221 above, it is recommended that all healthcare providers must be mindful of the dynamics of domestic violence and the potential for lethality. Where concerns may be raised for the patient's safety, an appropriate screening tool must be considered, as it may assist both the healthcare provider and the patient to better understand the lethality risks, and proactively plan appropriately for safety (i.e. calling the police, going to a shelter or safe place, meeting with a specialist in safety planning). If the patient is reluctant to take these steps on her own, she may need to be accompanied. (Similar to recommendations #2/2006, #12/2004, #7/2004)

Assistance to Front-line professionals who are at risk

2004-9

Persons working in occupations with access to firearms, such as police, may experience barriers in the workplace to the disclosure of mental health and emotional problems. It is recommended that a change in the organizational culture be initiated to establish a climate conducive to such disclosure without fear of recrimination or employment restrictions.

2004-10

It is recommended that where feasible and practical, police services should give consideration to supervised control of issue firearms when officers are off duty