CRITICAL CONNECTIONS
WHERE WOMAN ABUSE AND CHILD SAFETY INTERSECT
A Practical Guide for Child Welfare Professionals in Ontario
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DEDICATION

This Practice Guide is dedicated to women who have been abused by men, children who have been exposed to violence, and men who are responsible for and need to be held accountable for the trauma their families have sustained.

This Practice Guide is also dedicated to the child welfare professionals, violence against women (VAW) advocates and community partners who provide essential protective, supportive and clinical services to families in which woman abuse is occurring.

Our Voice, Our Children, Our Lives:
On December 21, 2009, 23 women from the Women at the Centre organization convened at the Ontario Association of Children’s Aid Societies (OACAS) to share their stories. As female survivors of woman abuse, they emphatically stated, “This is not about hoping it ends;” they collectively agreed that there needs to be a will to end woman abuse. This practice guide is one step for child welfare to change how it interfaces with women, children and men and how it creates alliances with community partners to put an end to woman abuse. In the poignant words of a female survivor, “The impact of [children’s aid society (CAS)] involvement is a permanent memory. The decisions you make today have implications for decades and years down the line.”
# TABLE OF CONTENTS

**ACKNOWLEDGEMENTS** .................................................................................................................. 6

**PREFACE** ........................................................................................................................................ 7

**PURPOSE** ......................................................................................................................................... 10

**UNDERLYING PRINCIPLES** ............................................................................................................. 11

**USING THIS GUIDE** ........................................................................................................................... 12

Anti-oppressive Practices ...................................................................................................................... 13
Overlap Between Woman Abuse and Child Protection ......................................................................... 14

**DEFINING WOMEN ABUSE** ............................................................................................................ 16

Gender-Based Analysis .......................................................................................................................... 16
Dispelling the Myth of Mutual Battering ............................................................................................... 16

**PREVALENCE OF WOMAN ABUSE** ............................................................................................... 18

**HOLDING MEN ACCOUNTABLE** ....................................................................................................... 20

**DYNAMICS OF WOMAN ABUSE** ...................................................................................................... 22

What Constitutes Woman Abuse? .......................................................................................................... 22
Impact on Women .................................................................................................................................. 22
Impact on Parenting Practices .............................................................................................................. 24
Impact on Children ............................................................................................................................... 29
When Children Require Alternate Care ............................................................................................... 32
Obstacles to Leaving .............................................................................................................................. 33
Compounding Factors .......................................................................................................................... 37
Woman Abuse in Aboriginal Communities ............................................................................................ 37
Woman Abuse and Immigrant Women .................................................................................................. 39
Woman Abuse in Rural or Remote Communities .................................................................................. 40
Women with Physical and Other Disabilities ...................................................................................... 41

**UNDERSTANDING HOW WOMAN ABUSE OCCURS** ...................................................................... 42

Dynamics of Men Who Abuse ............................................................................................................... 42
Abusive Behaviour Typology ................................................................................................................ 44
Cultural Considerations .......................................................................................................................... 44
The Cycle of Abuse .................................................................................................................................. 45
Power and Control Wheel ...................................................................................................................... 47
The Equality Wheel ............................................................................................................................... 48

**ENGAGEMENT AND ASSESSMENT** ................................................................................................. 50

A Woman-Centred Approach ............................................................................................................... 50
Universal Screening ............................................................................................................................... 51
Differential Assessment ......................................................................................................................... 52
One-Time Incidents ............................................................................................................................... 52
Engaging Women ................................................................................................................................... 53
Engaging Men Who Abuse .................................................................................................................... 56
Safety Planning ....................................................................................................................................... 59
Engaging Abusive Men in Safety Planning Within the Context of Child Protection ........................... 61
Risk Assessment and Risk Management ............................................................................................... 63
Risk Assessment Tools ........................................................................................................................... 65

ONGOING INTERVENTION AND SERVICE PLANNING ........................................ 69
Effective Intervention ................................................................. 69
Stages of Change ....................................................................... 70
Service Planning for Children ...................................................... 72
Service Planning with Abused Women ......................................... 73
Service Planning with Abusive Men .............................................. 74
Assessing the Abusive Man’s Progress in Treatment ...................... 76
Potential Risks to Children from Men who Abuse ......................... 78
Access Planning ........................................................................ 78
LEGAL INTERVENTIONS ................................................................. 80
Child Protection Interventions ...................................................... 80
Alternative Dispute Resolution (ADR) Methods ............................ 82
Criminal Court ........................................................................... 84
Ontario’s Domestic Violence Court Program ............................... 84
MEASURABLE OUTCOMES, SUCCESS INDICATORS, & EVIDENCE-BASED
PRACTICE .................................................................................. 86
Evidence-Based Practice (EBP) ..................................................... 88
NEXT STEPS .............................................................................. 90
RESOURCES ............................................................................. 92
REFERENCES ............................................................................ 95
APPENDICES ........................................................................... 105
Appendix ‘A’: Sample Safety Plan for Children Exposed to Woman Abuse ........................................................................ 105
Appendix ‘B’: Sample Personal Safety Plans for Women Who Are Abused .................................................................... 106
ACKNOWLEDGEMENTS

The OACAS gratefully acknowledges the contributions of the dozens of professionals from across sectors in Ontario who have collaborated at various junctures over the past three years in the creation of this Practice Guide.

The original working committee convened in 2006 and conducted a comprehensive literature review and developed a curriculum outline that provided the foundation upon which this Practice Guide was built. The working committee was comprised of the following child welfare professionals:

• Brigitte Wentlandt, Peel CAS
• Rosanne Biocchi, Catholic CAS of Toronto
• Deborah Sinclair, Project consultant
• Linda Nothing-Chaplin, Tikinagan Child and Family Services
• Rhonda Hallberg, London CAS
• Domenica DiNicolantonio, Catholic CAS of Toronto
• Lisa Tomlinson, Toronto CAS
• Mary Juric, Peel CAS

The invaluable and enduring contributions of Brigitte Wentlandt and Rosanne Biocchi are especially acknowledged. They were members of the original working group that secured funding from the Ministry of Children and Youth Services (MCYS) that would lead to the creation of a practice guide and curriculum to guide child welfare and VAW professionals in collaborative interventions with families in which woman abuse was a predominant factor. Brigitte and Rosanne invested an inordinate amount of time in enhancing the original Practice Guide outline, and have remained unwavering in their commitment to ensuring that the Practice Guide would become a reality.

In 2009, the OACAS convened a new working group comprised of professionals from the child welfare and VAW sectors to continue the developmental process initiated by the original working group. Generous thanks are extended to the members of the working group and advisory committee for their time, commitment and provision of feedback that helped to bring the Practice Guide to fruition.

Special thanks are extended to Hannah McIntyre and Lina Perrone, OACAS, for the direction and leadership they have provided throughout the developmental process.

Deb Cantrell, Ed.D., had the privilege of working with the aforementioned individuals in documenting the collective efforts of the past and current collaborators, the result of which is this Practice Guide.
PREFACE

In December 2004, the Ontario government launched a domestic violence action plan (DVAP) with the broad goal of helping women and children affected by domestic violence through a long-term, comprehensive and collaborative approach. The province funded numerous initiatives: public education campaigns designed to change attitudes and mobilize communities to stop violence before it happens; early prevention and early intervention strategies such as training, research and conferences in key sectors to help abused women get the information and support they need; and, strengthening the justice system to better protect women and children and hold abusers accountable for their behaviour. A fundamental underpinning of these initiatives was the critical importance of cooperation and collaboration among community groups and between professionals who work tirelessly with families in which domestic violence occurs.

The child welfare and VAW sectors seized upon the opportunity to engage in dialogue, establish common ground, participate in cross-training, and promote inter-agency and cross-sector approaches to collaborating in the protection of women and children. It was recognized that both sectors have much to offer each other, and working together would encourage a much broader understanding of respective mandates and the development of protocols to foster mutual cooperation and interventions with shared goals and desired outcomes. A working group comprised of representatives from the child welfare and VAW sectors sanctioned a comprehensive literature review. The literature review provided a framework within which collaborative interventions, preferred practices, and the critical intersections between child welfare and woman abuse were illuminated. A practice guide was envisioned as a next step in articulating and reinforcing child welfare interventions that were congruent with and complementary to VAW interventions. The practice guide was also conceived to be reflective of collaborative, strengths-based practices that give voice to women’s experiences, including their protective capabilities.

As the initial practice guide outline was refined, the working group that has overseen the development of this guide engaged in many critical discussions at every step of the development process about what the guide could and could not include. Thoughtful dialogue ensued about key issues such as what constitutes woman abuse, whether exposure to woman abuse constitutes child maltreatment, how abused women can be supported in keeping their children safe, and the importance of engaging abusive men at every stage of the intervention process. It became apparent through these discussions that the guide could not address all the issues salient to both sectors in the comprehensive manner that each deserves and requires. This recognition required re-focusing on what child welfare professionals need to know most, at this time, in order to work collaboratively and across sectors to help families in which woman abuse is a presenting dynamic, while at all times remaining focused on the safety of children.
The working group chose to focus exclusively on woman abuse by intimate male partners while fully recognizing that other types of domestic violence do occur. The working group also recognized the importance of producing a practice guide that was engaging, reader-friendly, and not complicated by comprehensive theories that distracted from purposeful and practical interventions. While it was tempting to evolve the guide into a 'how to' document, it was ultimately decided that the practice guide needed to be a source of information about preferred practices informed by recent research; the how to's would be (and are) included in the training curriculum, that has at its foundation the practices espoused in the guide.

As you read this guide, the advisory committee asks that you view it as a work in progress; it is one step in a collective journey towards making the lives of children and women safer, while at the same time engaging abusive men in a change process that holds the promise of safer, non-violent families.

**Collaboration between people with seemingly vast differences can yield powerful and original results.**

-Tharp, 2009
PURPOSE

The purpose of the guide is to evolve readers’ understanding of the complexities of child protection and woman abuse, and promote collaborative, strategic interventions that create safety for women and their children while holding men who are abusive towards women accountable for their behaviours.

While recognizing that other types of domestic violence exist, this practice guide will focus on the ongoing, power and control dynamics of woman abuse.

Emphasis is placed on understanding the etiology and dynamics of woman abuse including the importance of gender-based analysis and the effects of power imbalance; the effects of abuse on women’s parenting; differential assessment of the effects of exposure to woman abuse on children; lethality; safety planning for women and children; and, integrated, collaborative case planning and treatment interventions. Strategies for engaging men who abuse women in assessment and treatment interventions are also emphasized. Critical connections between child welfare and other service sectors are reinforced and the intervention points along the continuum of violence are examined.

SPECIFIC OBJECTIVES OF THE GUIDE ARE TO:

• Explain how child maltreatment and woman abuse overlap and intersect;

• Recognize common myths about woman abuse;

• Illuminate the etiology and dynamics of woman abuse;

• Demonstrate how the dynamics of culture, race, ethnicity, ethnic identity, geographic location, socioeconomic status, and oppression intersect with gender to shape the experiences of women in abusive relationships, reduce access to appropriate services and increase risks for women and children;

• Illustrate how child safety is enhanced with women’s safety;

• Reinforce an integrated approach for meeting the safety needs of children while providing supportive services to women so that women’s safety remains a parallel consideration throughout child protection involvement;

• Illustrate the challenges of mothering in the context of woman abuse and the effects of exposure to woman abuse on children;

• Promote differential assessment and intervention planning for women who are abused, men who abuse women, and children who are affected by exposure to woman abuse;

• Provide a framework for considering lethality;

• Reinforce strategies for engaging women, children and men who abuse women in safety planning;
• Promote the benefits of interagency collaboration in planning and implementing treatment interventions for women, children and men who abuse women;

• Demonstrate a strengths-based approach to holding men who abuse women accountable for the effects of their abusive behaviour on women and children.

UNDERLYING PRINCIPLES

The following guiding principles underlie approaches to responding to families in which woman abuse has occurred:

1. The ongoing safety of children is at all times paramount.

2. Children have a right to live lives free of violence and the emotional harm that results from exposure to woman abuse.

3. Children’s safety, protection and well-being is enhanced by increasing the safety of their mothers/caregivers.

4. Men who use violence are responsible for, and therefore must be held accountable for, their abusive behaviour.

5. Woman abuse is a community problem that requires the healing of individual members in the context of healing families and communities.

6. The safety of women and children is optimized when child protection authorities work collaboratively with community partners to provide services and interventions to the woman, the abusive partner and the children.

7. Interventions by child protection authorities are most effective when rooted in gender analysis anti-racist, anti-oppressive practices that are accessible and equitable, and address issues of power and control within families and communities.

8. The provision of child protection services to abused immigrant women are sensitive to and respectful of the diverse cultural practices, histories and life experiences of this especially vulnerable female population.

9. Child protection authorities acknowledge that woman abuse in Aboriginal families and communities has been impacted by historical and ongoing cultural oppression, racism, poverty and the legacy of the residential school experience.

10. Child protection interventions are enhanced by evidence informed practices undertaken according to the understandings set out in Violence Against Women – Children’s Aid Society protocols agreements.
USING THIS GUIDE

Whether you are a new or seasoned child welfare professional, this guide will enhance your understanding of woman abuse within the context of the child protection casework process. Based on the philosophy that an effective way of keeping children safe is to keep mothers safe, this guide demonstrates ways to assess threat, manage risk and implement measures of accountability for men who choose woman abuse. This guide highlights the importance of a critical analysis of woman abuse using an anti-racist, anti-oppressive, gender-based framework that will encourage differential assessment, better decision making and positive outcomes throughout the life of a case.

At the end of each topic section, readers are challenged to consider how they can evolve collaborative interventions that seek to keep children and their mothers safe while at the same time preserving meaningful relationships for children.

TERMINOLOGY

This guide is written in easy-to-understand language that is uncomplicated by complex terms and concepts. Where reference is made to a term or concept that is not "common" in everyday use, a definition is provided.

CLARIFICATION OF TERMS USED IN THIS GUIDE

**Woman Abuse:** The term woman abuse as used in this guide refers to violence perpetrated by men against women, which can include but is not limited to: physical, emotional, sexual and/or financial acts meant to harm, control and cause fear in a woman. Where terms such as spousal abuse, domestic violence, wife abuse, intimate partner violence, partner abuse, and wife battering appear in this document, it is because they are cited as such in the literature and must be retained in their original form.

It is recognized that a woman can be the victim and the perpetrator of abuse in same-sex, transsexual and heterosexual relationships, and each form of abuse is in need of appropriate interventions and supports. In the vast majority of relationships, however, it is women who are abused by men. Research and the homicide rate demonstrates that male violence towards women is the most prevalent and the most lethal and life threatening/harming to children and their mothers.

**Abuser / Abusive Man:** In this document the terms 'abuser' and 'abusive man/men' refer to a male person whose attitudes and behaviours are directed to cause harm, control and fear in a woman with whom he has a relationship.

ACRONYMS

Throughout the guide, a number of acronyms are used for purposes of brevity and simplicity. For example:

**ARAO** refers to anti-racism and anti-oppression

**CAS** refers to a children's aid society
CFSA refers to the *Child and Family Services Act*

PAR(s) refer to the Partner Assault Response programs funded by the Ministry of the Attorney General of Ontario and developed for men who are violent or abusive towards women

VAW refers to Violence Against Women

REFERENCES

Where research or specific information is attributed to specific individuals, full references appear at the end of the practice guide.

**ANTI-RACISM AND ANTI-OPPRESSION (ARAO)**

Anti-racism and anti-oppression (ARAO) acknowledge that historical and current beliefs and institutional practices create inequalities between members in society. ARAO demonstrates that individuals are affected by the degree to which they are valued or devalued and/or included or excluded. The development of a sense of positive identity or value by the individual and/or the community is influenced by external social conditions, current laws, policies and practices. ARAO maintains that human rights violations, barriers and inequalities between members in society are established and are continually practiced.

**ANTI-RACIST AND ANTI-OPPRESSIVE (ARAO) PRACTICE**

ARAO practice is concerned with eradicating human rights injustices, socially structured inequalities and the devaluing of individuals and communities on the basis of such factors as: gender, race, ethnicity, colour, culture, religion, language, geographical location, sexual orientation, ability, age and socio-economic status. Historically, services and systems have not been responsive to women whose primary language is not English, women from visible minority and/or religious groups, women with disabilities, and poor women.

ARAO practice requires a woman-centered and empowering approach to working with women to protect their children that includes sensitivity to the following factors:

- Discrimination of women based on race, ethnicity, gender, age, sexual orientation, class, religion, ability and/or any other bias
- The history of colonization
- Language and cultural barriers
- Immigration and refugee status
- Financial considerations and/or fear of poverty
- Geographic isolation
- Physical and mental health issues
- Previous negative experiences with institutions, systems and services
- Inadequate responses by major social institutions
- Re-victimization
- Issues of power and control
- Issues of social location and privilege
What we know…

- Woman abuse is different than marital conflict; the hallmark of woman abuse is coercive control.
- Woman abuse involves the ongoing, instrumental use of coercive control tactics against a woman by her partner to meet his needs.
- The controlling tactics used by violent men are reinforced by societal and cultural stereotypes and institutions that historically have given more status and power to men.
- Oppression and racism continues to impact the experiences of, and service provision to, individuals and their communities.

Ideas on which child welfare professionals can build…

- Identifying appropriate and accessible responses and services must form an integral part of the child welfare system’s response to woman abuse.
- Developing an awareness of communities who have experienced racist or oppressive practices and building collaborative relationships will enhance assessments, interventions and outcomes.

OVERLAP BETWEEN WOMAN ABUSE AND CHILD PROTECTION

Research suggests that in 30 to 60 percent of families where woman abuse or child maltreatment is identified, it is likely that both forms of abuse exist (Edleson, 1999a). In recent years, significant research such as the Domestic Violence Action Plan, Domestic Violence Death Review Committee reports, Domestic Violence Advisory Council’s report and inquest in Ontario and Canada, have all suggested that in order to provide more safety to women and children who experience violence services, there is a need to develop better assessment, interventions and collaborative strategies. Child welfare and VAW services understand their services are just one of many that are inextricably linked when it comes to woman abuse and child protection. The development of a differential response will help lead to better outcomes for women, children and men.

The above mentioned reports demonstrate that protection and safety increase when all woman abuse servicing agencies adopt similar goals and desired outcomes such as:

- To end violence against children and child maltreatment
- To increase the safety of children
• To protect mothers for their own safety and so that they can keep their children safe

• To build supportive services and linkages, which will help women increase resiliency, strengths and parenting capacities

• To ensure that systems hold the abuser responsible for change and accountable for his violent behaviour

• To preserve the mother-child unit in the aftermath of violence

What we know…

• In families where woman abuse is occurring, support from both the child welfare and VAW sectors is required to address the impacts.

Ideas on which child welfare professionals can build…

Key to successful collaborations between the sectors are:

• Establishing “common ground”.

• Understanding the roles of each service system, including the constraints and pressures under which they operate.

• Recognizing the critical importance of working with men who are abusive towards women and understanding professionals’ need for support.

• Providing opportunities to cross-train.
DEFINING WOMAN ABUSE

The United Nations (UN) declaration on the Elimination of Violence Against Women defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (UN General Assembly, 2006, p.16). This means that violence against women/woman abuse must be viewed within the context of a woman’s life, her social location (ARAO practice) and include the individual, community and social factors that are impacting on a woman and the violence she experiences.

GENDER-BASED ANALYSIS

Gender-based analysis refers to the variety of methods and processes used to understand the relationships between men and women, their access to resources, their activities, and the constraints they face relative to each other. Gender-based analysis provides information which recognizes that gender, and its relationship with race, ethnicity, culture, class, age, disability, and/or other status, is important in understanding the different patterns of involvement, participation, behaviour and activities that women and men have in economic, social and legal structures (CIDA, 2009).

In addition, men and women are socialized differently due to the patriarchal values within our society. Adult social roles are not equal; men still have more power than women. The concept of a gender-based power imbalance is important for the understanding of woman abuse because traditionally men have been more powerful in society. “In all societies there are institutions, beliefs and practices that undermine women’s autonomy and contribute to gender-based violence” (Fernandes, 2009, p. 4).

DISPELLING THE MYTH OF MUTUAL BATTERING

Research tells us that 85–95 percent of victims of abuse are women (UN General Assembly, 2006). The number of women who suffered physical injuries or died at the hands of their husbands or common-law partners is five times higher than the number of men who suffered physical injury or death at the hands of their female partners (Statistics Canada, 2002). In addition, a 1999 General Social Survey (GSS) on victimization conducted by Statistics Canada (2002) found that when compared with men, women were:

- six times more likely to report being sexually assaulted;
- five times more likely to report being choked;
- five times more likely to require medical attention as a result of an assault;
- three times more likely to be physically injured by an assault;
- more than twice as likely to report being beaten;
- almost twice as likely to report being threatened with a gun or knife, or having a gun or knife used against them;
• much more likely to fear for their lives, or be afraid for their children as a result of the violence;
• more likely to have sleeping problems, suffer depression or anxiety attacks, or have lowered self-esteem as a result of being abused;
• more likely to report repeated victimizations;
• four times more likely to report being threatened or harmed, or having someone close to them threatened or harmed;
• four times more likely to report being denied access to family income;
• more than twice as likely to report having their property damaged or their possessions destroyed;
• found that women were reporting a higher incidence of being isolated from family and friends; and,
• found that women were reporting a higher rate of name calling and put downs.

How then can battering be mutual? Power and control, and the strategies employed to maintain power, argue against any notion that the relationship is mutual.

Between 2002 and 2007, there were a total of 166 domestic violence death cases that resulted in 230 deaths involving 142 women, 23 children, and 65 men. The majority of male deaths were suicides by the perpetrator.
- Office of the Chief Coroner, 2008, p.3
PREVALENCE OF WOMAN ABUSE

Violence against women is a major health and human rights concern. In 2009, the World Health Organization (WHO) released the results of a 10-country study on women’s health and domestic violence. In each country, between 15 and 71 percent of women reported having experienced physical or sexual violence by an intimate partner in their lifetime (WHO, 2009).

Whether in Canada, the United States or elsewhere on the globe, woman abuse “continues to be one of the most life-threatening and traumatic family and public health problems in all societies. Recent estimates have indicated that a woman is battered by a current or former intimate partner every 9 seconds” (Roberts & White, 2007, p. xvii).

“One of the most common forms of violence against women is that performed by a husband or an intimate male partner. This is in stark contrast to the situation for men, who in general are much more likely to be attacked by a stranger or acquaintance than by someone within their close circle of relationships” (WHO, 2002, p. 89).

Ontario Context of Domestic Violence Homicides

Over a period of five years (2002-2007), 142 women, 23 children, and 65 men were killed in incidents of domestic homicide. Suicide was most often the cause of death for men in these cases (Office of the Chief Coroner, 2008, p. 3).

Table 1 –Domestic Homicide-related Deaths in Ontario 2002-2007

<table>
<thead>
<tr>
<th>Year</th>
<th>Incidents</th>
<th>Deaths</th>
<th>Women</th>
<th>Children</th>
<th>Men</th>
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<td>22</td>
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</tr>
<tr>
<td>Total</td>
<td>166</td>
<td>230</td>
<td>142</td>
<td>23</td>
<td>65</td>
</tr>
</tbody>
</table>

Table 2 –Adult Victim, Perpetrator, and Bystander Deaths in Ontario Domestic Homicides from 2002-2007

<table>
<thead>
<tr>
<th>Women</th>
<th>Men</th>
</tr>
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<tbody>
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<td></td>
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<tr>
<td>Year</td>
<td>Victims</td>
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<td>2003</td>
<td>22</td>
</tr>
<tr>
<td>2002</td>
<td>21</td>
</tr>
<tr>
<td>Total</td>
<td>136</td>
</tr>
</tbody>
</table>
What we know…

• Many women do not seek help or report violence when it occurs (WHO, 2009). Underreporting may be due to a number of factors, such as dependency of the victim on the perpetrator, lack of knowledge about available help and fear of repercussions. Statistics and research findings on prevalence and severity of abuse may, therefore, be underestimated.

• Other forms of inequality and oppression including poverty, colonization, racism, heterosexism, and able-ism, intersect with gender and impact on the prevalence and severity of impact on a woman and her community. In addition, it may create barriers for her to access or trust institutions and organizations designed to help.

Ideas on which child welfare professionals can build…

• In developing innovative assessment and intervention plans, child welfare and all other services must employ an anti-racist, anti-oppressive gender-based analysis to its work.

• Many forms of inequality intersect with gender to shape the experiences of women in abusive relationships. It is not enough to say that women of all backgrounds experience violence, or to attempt to identify “higher risk” groups of women; it is also important to understand the ways in which different inequalities intersect in women's lives to compound their experiences of violence.

• Child welfare and law enforcement involvement in family life has the potential to escalate the violence perpetrated by men against women. It is, therefore, important that child welfare and other professionals are able to identify and differentiate the different types or patterns of woman abuse and the implications of these for treatment and legal interventions.

• Many women do not seek assistance from the official services or systems that are available to them. Expanding the informal sources of support through neighbourhood networks and networks of friends, religious and other community groups, and workplaces is therefore vital (WHO, 2002, p. 112).
HOLDING MEN ACCOUNTABLE

Historically, child protection research, services and legal interventions have focused almost exclusively on women and children; men who abuse women are virtually invisible in child welfare practice, policy and discourse (Strega, 2009; Edleson et al., 2007). Men’s invisibility has meant that great emphasis is placed on mothers’ and children’s reactions to violence committed by men, and on the woman’s role in protecting or failing to protect her child(ren).

By maintaining a focus on mothers and their behaviours, abusive men are inadvertently ‘let off the hook’ because interventionists are focused more on the behaviour of mothers than on the abusive behaviours of the men. By starting with engaging men, child welfare professionals will have made a monumental shift in how woman abuse issues are addressed within the context of the family and community.

What we know...

• When child welfare professionals and others learn how to hold men who use violence accountable for their actions and how to direct them to appropriate resources (i.e. how to provide both sanctions and support), they are much better equipped to find real, long-term solutions to complex problems and have a better opportunity to increase safety and improve the well-being of children, women, families and communities.

• Neighbours and co-workers often witness woman abuse and are affected directly or indirectly, however, they may not understand the significance or potential danger.

Ideas on which child welfare professionals can build...

• It is essential for child welfare managers, supervisors and workers to recognize the impact that fear of violent men may have on child welfare caseworkers. This may manifest itself in reluctance or lack of initiative in scheduling and conducting interviews and in service plans that are too lenient, restrictive or insufficiently assertive.

• Build strong and comprehensive networks with available programs that hold men accountable and responsible for their change (e.g. Probation/Parole, Partner Assault Response (PAR) programs and Caring Dads).

Ninety-five percent of deaths reviewed in the annual Domestic Violence homicide report are women.

–Office of the Chief Coroner, 2008, p. 6
• Continued education on how to assess for coercive and controlling behaviours of abusers will enhance assessment, planning and intervention strategies. Some abusers will not resort to physical acts of violence until their coercive and controlling behaviours are unable to control the woman or systems.

• Building partnerships between and among governments, public services, advocacy groups, community organizations, educational institutions, neighbours, friends, families and others will help to improve public understanding and help change attitudes and behaviours that lead to violence against women (DVAC, 2009).
DYNAMICS OF WOMAN ABUSE

WHAT CONSTITUTES WOMAN ABUSE?

Woman abuse is about the control and coercion of women by men. It is characterized by a pattern of male behaviour in which power and control tactics are predominate. Woman abuse can be physical (choking, punching, kicking, stabbing, mutilating), sexual (forced, unwanted sexual acts including forced exploitation and prostitution), verbal (repeated insults intended to demean and degrade; threats of harm or death to self, children, pets, friends and extended family), psychological (destruction of cherished items, forced isolation, denying access to telephones, destroying personal mail, threats of further violence or deportation, threats of loss of children), financial (withholding access to family funds, confiscating pay cheque), and it can include stalking (following and spying, monitoring of mail, telephone and e-mail accounts).

Woman abuse is not about isolated acts of physical or sexual violence by men, but rather a constellation of acts, behaviours and attitudes, which are utilized by a male to intimidate, humiliate, frighten, and ultimately, control his female partner.

Woman abuse knows no boundaries; it is inflicted on women of all ages, and across all racial, cultural, socio-economic, educational, occupational and religious groups.

IMPACT ON WOMEN
Adapted from Godard, Cory, & Ali-Jaoude (2008)

The impact of violence and abuse on women can be acute, chronic, far reaching and is forever life changing. Abusive men's behaviours are manipulative, coercive and controlling in nature and can appear at first as innocuous and/or isolated acts even to the woman. It often takes a woman, her family, community and service providers time, continuous threat assessment and risk management, and education to see the complexity of the abuse as more than isolated acts and/or to see the dangerousness he poses to the woman and her child(ren).

“Most women are abused in multiple ways, all of which contribute to a cumulative effect, leaving them feeling trapped and ineffective in either addressing the abuse or fleeing the abusive relationship” (Vallée, 2007, p. 34). The impact of violence on women manifests itself in what Leslie Tuttty and other researchers refer to as a “cluster of symptoms” similar to those experienced by victims of other types of violence (Ibid). These symptoms are consistent with post traumatic stress disorder (PTSD) and include recurrent nightmares, anxiety, flashbacks, sleep and eating disorders, hyper-vigilance, and increased startle responses. Women who have experienced severe abuse over a long period of time may display panic attacks, harbour thoughts of suicide, and/or abuse alcohol or drugs. In severe instances, such reactions could imply that an abused woman is “mentally unbalanced and in need of psychiatric help” when in fact such reactions are also, by definition, “normal responses to abnormal events in her life” (Ibid).
The high levels of stress and anxiety experienced by abused women over long periods of time can trigger or exacerbate a variety of health conditions, including: cardio-vascular conditions, migraine headaches, reproductive disorders, asthma and some autoimmune diseases. Physical and emotional ill-health not only intensifies the abused woman's dependence on her partner but as well, can compromise her ability to parent.

The body of empirical knowledge about the prevalence of gender-based violence and the devastating impacts of traumatic life experiences on women with mental ill health and/or substance use issues continues to grow. Research shows that:

- Women in community samples report a lifetime history of physical and sexual abuse ranging from 36 – 51 percent, while women with substance use issues report a lifetime history of abuse ranging from 55 – 99 percent.
- As many as two-thirds of women with substance use issues have a concurrent mental health problem (e.g., PTSD, anxiety, depression).
- Fifty percent of women in psychiatric settings have been sexually abused as children.
- Prevalence rates of depression among women with experiences of abuse are 38 – 83 percent compared to the general population of women rated at 10 percent.

What we know…

- The impact of abuse on women is significant: isolation, degradation of self, fear, and loss of autonomy – all of which further entrap women in the abusive relationship.
- There is evidence to suggest that woman abuse triggers substance use and mental health issues. At the same time, women with mental ill health or substance use issues are more vulnerable to abuse.
- The greatest danger women face is when they try to leave, or otherwise challenge their partner's authority.

Ideas on which child welfare professionals can build…

- The important need for cross-service collaboration and partnerships is evident when considering all of the evidence and acknowledging that service providers may not feel adequately equipped to support women and children with compounded and intersecting issues.
IMPACT ON PARENTING PRACTICES

“The empirical evidence clearly states that the quality of parenting and ability of both parents to meet their child’s needs are compromised in domestic violence households” (Holt, Buckley & Whelan, 2008, p. 800).

Research on Mothers’ Parenting Practices

Many researchers, including feminist, anti-racist and anti-oppressive critical social workers, have highlighted the social stigma and increased expectations placed on women when it comes to parenting.

Bell (2003) questions why mothers often attract as much if not more anger and blame than the abuser himself, while both Mullender et al. (2002) and Margolin et al. (2003) found evidence that women do make considerable efforts to protect their children, and may in fact employ more authoritarian parenting tactics to ensure their children are well-behaved, to avoid aggravating the abuser.

Epstein believes that these gendered parenting expectations arise from three maternal stereotypes against which women are valued and judged: (a) the all-sacrificing mother, (b) the all-knowing mother, and (c) the nurturing mother/breadwinning father (as cited in Johnson & Sullivan, 2008). In this structure, it is expected that the all-sacrificing mother will overcome any obstacle, no matter how impossible, to protect her young. The all-knowing mother will intuitively know everything about her children and, therefore, be held to a higher standard of blame than her male partner, whom society accepts as ignorant in the ways of children. In the nurturing mother/breadwinning father dyad, the mother is expected, as her sole activity, to raise children, and the father is expected to provide the resources needed to sustain the family. These stereotypes hold women to a higher standard of caregiving responsibility than their male partners and generally place them in no-win situations when it comes to caring for their children.

The stresses and strains of mothering are compounded as abused women struggle to protect themselves and their children from physical and other dangers created by abusive men. On a day-to-day basis, abused mothers’ attempts at appropriate parenting are consistently undermined by the abusive partner, whose inconsistent and unpredictable rules and behaviours create angst and confusion. Some children and youth become verbally and physically abusive towards their mothers, and abusive men use these behaviours to further diminish the woman’s parenting confidence.

It would be presumptuous to assume that all abused women show greater deficiencies in parenting than their non-abused counterparts. Research highlights, however, that a perpetrator’s ability to invoke fear can impact on a woman’s confidence and security in parenting her children’s developmental transitions. The perpetrator’s behaviour can also impact on a child’s sense of basic trust and security that is the foundation of healthy emotional development (Levendosky, Lynch, & Graham-Bermann, 2000; Levendosky & Graham-Bermann, 2001; Holt, Buckley & Whelan, 2008).

Woman abuse does create stress in parenting for mothers, and in some cases compromises the emotional energy and time that abused mothers devote to their children. Studies
have shown, however, that in many instances abused women over-compensate for the abuser’s poor parenting by being more empathetic, caring, protective and engaging with their children (Levendosky et al., 2003).

Abused women often report they are placed in a ‘no-win’ situation when confronted by child welfare authorities. Some child welfare authorities may view the mothers’ actions as a failure to protect their children by ‘allowing’ their children to be exposed to woman abuse; by ‘choosing’ not to leave the abusive relationship; and not uncommonly, by returning to the relationship.

Women living with abusive men must consider all the barriers, impacts on her children and associated risks should she decide to leave the abusive relationship. For example, finding money to feed, clothe and house her family; dealing with child welfare professionals if her partner threatens to report her; finding a lawyer to represent her in custody and access proceedings; finding work and securing child care; managing hyper-vigilance if her partner has threatened to kidnap the children; and maintaining a never-ending watchfulness if her partner has threatened to seriously injure or kill her or the children. A woman must also consider that many abusive men escalate their violence and control tactics when women attempt to leave, thus placing women and their children at much greater risk of harm.

When examining the mothering practices of women who are abused, it is important for professionals working with mothers in woman abuse situations to reconcile the socially constructed notions of parenting and maintain an awareness of how these ideals influence practice.
What we know…

• Mothers are judged against many stereotypes. The stereotypes of parenting and the ways in which service providers interact with and place expectations on parents based on these stereotypes must be deconstructed.

• A woman’s capacity to fully parent may or may not be compromised in woman abuse situations.

• Women’s assessment of lethality and risk needs to be respected and validated. Intervention into a family situation can escalate the risk.

• A woman and child face an increased risk of further harm, including homicide, just prior to separating or within six months of leaving. “Research evidence shows that intimate partner abuse continues when a woman becomes pregnant - indeed, it may even escalate” (Gazmararian, 2000; Mezey, 1997 as cited in Ramsay et al., 2009).

Ideas on which child welfare professionals can build…

• Create allies and increase protective factors by fostering strong community partnerships with other violence against women organizations.

• Build on strengths, resiliencies and protective factors of the woman, increase collaborations with a wide range of providers to reduce risk and increase safety and supports for the woman and child(ren).

• In developing a plan to rebuild the parenting capacity of the woman and safety of children, it is essential to explore and address the impacts of violence, including a mother’s health (depression, anxiety, PTSD, substance abuse), social location and social determinants, barriers, fears, threats made toward her and/or her child(ren), and her resiliency.

Research on Fathers’ Parenting Practices

A provocative issue for many child welfare professionals, VAW workers and others who work with abused women and their children is determining the role that abusive men should have as parents or caregivers. Many assert legitimate concerns about the safety of children and their mothers – concerns that can only begin to be mitigated when abusive men take responsibility for their abusive behaviour and make a commitment to change.

This commitment to change begins with active participation in a PAR program. Child welfare professionals can and should require abusive men to participate in a provincially approved PAR program before allowing unsupervised visits with children and before terminating CAS involvement in cases in which woman abuse is confirmed.
Historically, research focusing on the parenting behaviours of men who abuse women has been minimal. Clinical and empirical reports that have emerged in recent years attribute a consistent group of characteristics and behaviours to abusive men as fathers:

- They are less likely to use positive parenting practices compared to their non-violent counterparts, more likely to use negative child-rearing practices such as spankings, and more often angry with their children compared to non-violent fathers (Holden et al., 1998).
- They are inclined to assert power and control through authoritarian behaviour, are neglecting and under-involved with their children, and systematically undermine and interfere with the abused mother’s parenting in multiple ways, often continuing to do so post-separation (Bancroft & Silverman, 2002a).
- In observed interactions with their children, abusive men tend to use more power assertion, and display less warmth, nurturance and support than do non-abusive fathers (Margolin & John, 1999).
- Many abusive men display a sense of entitlement, almost ownership, with regard to their children that affects how they respond to their children’s behaviour (Crooks et al., 2006).

Despite these negative findings, there is evidence that children maintain an emotional attachment to their fathers that is possible in part by the children’s ability to view their abusive fathers in two contradictory ways, as the ‘good, loved father’ and as the ‘bad abusive father’ (Peled, 2000; Groves, Van Horn & Lieberman, 2007). Children’s perception of their father’s violence towards their mothers can play a significant role in the nature of the relationship children have with their fathers. Children often feel anxious, scared and angry when they witness violence. At the same time, many children also feel affection, loyalty, and love for the abuser. It is common for children to experience ambivalent feelings towards their fathers and this can be difficult for them to resolve.

The 2008 report of the Ontario Domestic Violence Death Review Committee recommends that provincial child protection standards should be revised to reflect that children’s aid societies will require abusive men “to be involved in specific provincially approved batterer intervention programs before allowing unsupervised visits with children or terminating CAS involvement in a case” (p.48).
Many researchers agree that constructive father involvement is very important for and beneficial to children; however, men who abuse women need direct parenting intervention if they are to have a positive and safe presence in their children's lives (Peled, 2000; Edleson & Williams, 2007).

What we know…

• Contact between abusive men and their children or parenting partners should only occur when it is safe and appropriate (i.e. contact does not compromise the physical and emotional safety of mothers and children, or undermine a mother’s parenting role, or subtly reinforce the abusive relationship pattern).

• Men’s understanding of the damaging effects of their abuse of women on children, can be a powerful motivator for renouncing violent behaviour.

• Intervention into a family situation can escalate the risk and impact on parenting dynamics. Pending or recent separation is an extremely high risk point for a fatality to occur.

Ideas on which child welfare professionals can build…

• Interventions with fathers who have used violence must be implemented with awareness of the cultural context in which parenting happens.

• The father’s undermining of the mother’s role and authority must be addressed within the context of treatment for the abusive man.

• Collaboration between child welfare professionals and PAR(s) is essential for assessing the extent to which the abusive man has changed his behaviour and the degree to which abusive men pose a risk to their children.

IMPACT ON CHILDREN

The negative effects of childhood exposure to woman abuse have been presented in numerous studies and meta–analyses (Edleson, 1999a; Kitzmann et al., 2003; Wolfe et al., 2003), however, the field is only beginning to understand the complexities of the effects of exposure to woman abuse on children.

Concern from the community, VAW sector and child welfare sector about children exposed to woman abuse has resulted in changes to child welfare legislation in Ontario and in many other provinces. These recent changes allow for child protection intervention when a child is considered at risk due to domestic violence.
At issue is whether children exposed to woman abuse are in need of protection and the means by which this is determined. The term ‘exposure’ covers such a wide range of circumstances that include hearing a violent event, visually witnessing the event, intervening, being used as a human shield while a violent event is taking place, and experiencing the aftermath of a violent event. Many children who are exposed to woman abuse show comparable levels of emotional and behavioural problems as do children who were the direct victims of physical or sexual abuse (Jaffe, Wolfe, & Wilson, 1990).

The past three decades have witnessed an unprecedented interest in the scope and consequences of children’s exposure to domestic violence, resulting in a depth of empirical knowledge about its prevalence and impact on its youngest victims (Holt et al., 2008; Buckley, Holt & Whelan, 2007; Baker & Cunningham, 2004b; Edleson et al., 2007; Fantuzzo & Fusco, 2007; Geffner, Jaffe, & Sudermann, 2000; Peled, Jaffe, & Edleson, 1995).

Studies indicate that in 30 to 60 percent of the cases of either woman abuse or child abuse, both forms of violence exist. It is well understood and accepted that the presence of woman abuse increases the likelihood of child maltreatment (Jaffe, Crooks, & Bala, 2005).

The empirical evidence suggests that growing up in a home environment where woman abuse is occurring, can critically jeopardize the developmental progress and personal ability of children, the cumulative effect of which may be carried into adulthood and can contribute significantly to the cycle of adversity and violence.
Exposure to violence may have a varied impact at different stages with early and prolonged exposure potentially creating more severe problems because it affects the subsequent chain of development (Holt et al., 2008).

The impact of violent environments on very young children suggests that permanent negative changes in the child’s brain and neural development can occur, such as altering the development of the central nervous system, predisposing the individual to more impulsive, reactive, and violent behaviour (Perry, 1997).

In adolescence, exposure to woman abuse is associated with drug and alcohol abuse, truancy, violent dating relationships and involvement in the juvenile justice system (Buel, 2002).

Childhood exposure to woman abuse is associated with significant problems in adult social adjustment (Henning et al., 1996). Research supports the hypothesis that children from violent families are more likely to carry violent and violence-tolerant roles to their adult intimate relationships (Edleson, 1999b).

**Behavioural Manifestations in Children**

Children who have been exposed to woman abuse in their homes may manifest the following behaviours with more frequency than children who have not. The intensity with which these behaviours present depends upon a number of variables including the child’s age, development stage, and temperament.

- Sleeplessness, fears of going to sleep, nightmares, dreams of danger
- Psychosomatic complaints such as unexplained headaches and stomach aches
- Anxiety about being hurt or killed, hypervigilance
- Fighting with others, hurting other children or animals
- Frequent or severe temper tantrums, especially outside developmental expectations
- Withdrawal from other people and activities
- Listlessness, depression, or little energy for life
- Feelings of loneliness and isolation
- Suicide attempts or engaging in dangerous behaviour
- Fears of going to school or of separating from mother and/or truancy
- Stealing or other conduct issues

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**Watching, hearing or learning of a parent being abused by a partner threatens a child’s sense of stability and security typically provided by their family.**


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**The number of children harmed or at risk of harm due to exposure to domestic violence increased by an astonishing 319 percent during the decade between 1993 and 2003.**

- Trocmé et al., 2005
Protective and Mediating Factors

**Protective factors** refer to those aspects of children’s lives that enable them to overcome the damaging effects of living with woman abuse. Protective factors such as social competence, intelligence, high self-esteem, outgoing temperament, strong sibling and peer relationships, and a supportive relationship with an adult, are thought to be important variables that help protect children from the adverse effects of exposure to woman abuse (Carlson, 2000; Edleson, 1999b; Hughes, Graham-Bermann & Gruber, 2001).

“**Mediating factors** are those aspects of the child’s environment and life that work to buffer risk” (Duguay, Lehman & Simmons, 2008). These include the nature of the violence; the age of the child; gender; the child’s coping strategies and skills; length of time since exposure; and the presence of child abuse.

Children’s risk levels and reactions to woman abuse exist on a continuum where some children demonstrate enormous resiliency, while others show signs of significant maladaptive adjustment. For this reason, researchers caution against holding a unilateral position that exposure to woman abuse constitutes child maltreatment or warrants child protection involvement.

Child welfare professionals must screen every report for woman abuse and refer to specific criteria set out in the Ontario Child Protection Standards (2007) to determine if the referral warrants further investigation.

Referrals to community services, regardless of the investigation outcome, should be considered as part of the case planning process. Children may not be in need of protection but they may be in need of support.

What we know…

- Woman abuse has the potential to affect every domain of a child’s functioning; however, the impact on the individual child will vary greatly and may be related to a host of risk and protective factors (Jaffe et al., 2005).

- Every child is unique: research suggests that children respond differently to exposure to woman abuse depending on their age, gender, temperament, stage of development, relationship with their mother, relationship with their father, and the extent to which they have protective factors present in their lives.
Ideas on which child welfare professionals can build...

• Siblings exposed to the same level and type of violence might respond quite differently; therefore, differential assessment from the child’s perspective is essential for informing intervention and service planning activities.

• Consult with community partners concerning the risks for the child before access visits and especially if there is a pending or recent separation.

• Careful assessment of the risks and protective factors in every family is necessary before drawing conclusions about the risks and long-term harm to children exposed to woman abuse.

WHEN CHILDREN REQUIRE ALTERNATE CARE

It is paramount to be aware of and respond to the debilitating factors affecting parenting that can lead to an increased risk of harm to a child. In accordance with all child welfare legislation and standards, if the measures are met and it is determined that a child is in need of protection and cannot be safely cared for by any caregivers, alternate care may be necessary. Every effort will be made to support the parents to change and develop clear plans for change.

A decision to place the child in alternate care may occur in the event that:

• The abuser is resistant to change, escalates or continues to harm and exposes the child while the mother and father live together.

• The provision of daily care and protection for the child are compromised because of other complicating factors such as, but not limited to, pronounced mental health and substance abuse.

Child welfare professionals need to collaborate between systems to support the mother’s and child’s safety and well-being while the woman lives with the abuser and after separation. This may include, but is not exclusive to, working or consulting with High Risk teams, if available.

When developing a service plan, key considerations include:

• The mother’s resiliencies, strengths and strategies she used to minimize the child’s exposure to harm
• The extent to which the abuser prevented or used the children to further harm the mother
• The extent of stalking, harassing, and intimidating behaviours by the man
• The barriers and fears facing the woman
• The resistance and barriers to change for the abuser
• Outcomes of risk assessment and risk management

Seventy-five percent of women killed by partners or ex-partners are murdered while attempting to leave or after leaving the relationship.
- Brown, 2002
Some additional questions for the child welfare professional to consider are:

- What are the safety issues that must be considered for both the woman and the children?
- What services and resources are required to address the safety issues and complicating factors?
- Who needs to be involved in the provision of services?
- How will contact between children and their mother be facilitated?
- To what services has the man been referred?
- Has the violent man been assessed for risks during visits?

Ideas on which child welfare professionals can build...

- If alternate placement of children is necessary, services should be provided in a manner that protects children, recognizes and builds upon the mother’s strengths, supports her safety, and holds men accountable and responsible for change.

OBSTACLES TO LEAVING

Excerpted with adaptations from Bragg (2003)

The most commonly asked question in cases of woman abuse is ‘why does she stay?’ Family, friends, co-workers and community professionals alike often feel mystified and frustrated in trying to understand why abused women do not leave their abusive partners. Even more puzzling for those struggling to understand is why abused women who leave, return – sometimes again and again. The reasons for staying in a violent relationship are many, and vary for each person.

Brian Vallée, author of The War on Women (2007), sums up women’s reasons for staying (and returning) with one word: fear. Fear is the overwhelming reason why most abused women stay in abusive relationships: fear of being harmed or killed while in the process of leaving; fear of being hunted down and killed afterwards; fear that court-ordered justice will not protect them; and fear that they may lose custody of their children.
The reality of these beliefs is that women in violent relationships are forced into marginal, inferior and subservient positions because challenging an abuser’s sense of centrality, superiority and deservedness can increase the risks for women (Cory & McAndless-Davis, 2008).

To understand the complex nature of terminating a violent relationship, it is essential to look at the barriers and risks faced by women when they consider or attempt to leave. Individual, systemic, and societal barriers faced by abused women include:

**Isolation:** Isolating women from any support system (family, friends, co-workers) is one effective tactic abusers use to establish control over abused women. As a consequence, some abused women are unaware of services or people that can help, and many believe they are alone in dealing with the abuse. This isolation deepens when society labels them as “masochistic” or “weak” for enduring the abuse. Abused women often separate themselves from friends and family because they are ashamed of the abuse or want to protect others from the abuser’s violence.

**Financial dependence:** Some abused women do not have access to any income and have been prevented from obtaining an education or employment. Abused women who lack viable job skills or education, transportation, affordable daycare, and safe housing face very limited options. Poverty and marginal economic support services can present enormous challenges to abused women who seek safety and stability. Often, abused women find themselves choosing between homelessness, living in impoverished and unsafe communities, or returning to their abusive partner.

**Guilt and shame:** Many abused women believe the abuse is their fault. The abuser, family, friends, and society sometimes reinforce this belief by accusing the woman of provoking the violence and blaming her for not preventing it. Abused women rarely want their family and friends to know they are abused by their partner and are fearful that people will criticize them for not leaving the relationship. Abused women often feel responsible for changing their partner’s abusive behaviour or changing themselves in order for the abuse to stop.

**Emotional and physical concerns:** Men who abuse often use a series of psychological strategies to break down the woman’s self-esteem and emotional strength. In order to survive, some abused women begin to perceive reality through the abuser’s paradigm, become emotionally dependent, and believe they are unable to function without their partner. The psychological and physical effects of woman abuse also can affect a victim’s daily functioning and mental stability. This can make the process of leaving and planning for safety challenging for women who may be depressed, physically injured, or suicidal. Abused women who have a physical or developmental disability are extremely vulnerable because the disability can compound their emotional, financial, and physical dependence on their abusive partner.

**Individual belief system:** The personal, familial, religious, and cultural values of abused women are frequently interwoven in their decisions to leave or remain in abusive relationships. For example, abused women who hold strong convictions about the sanctity of marriage may not view divorce or separation as an option. Their religious
beliefs may tell them divorce is “wrong.” Some abused women believe that their children
still need a father and that divorce will be emotionally damaging to them.

**Hope:** Like most people, abused women are invested in their intimate relationships
and frequently strive to make them healthy and loving. Some abused women hope the
violence will end if they become the person their partner wants them to be. Others
believe and have faith in their partner’s promises to change. Abusive men are not “all bad”
and have positive as well as negative qualities. The abuser’s “good side” can give abused
women reason to think their partner is capable of being nurturing, kind, and non-violent.

**Community services and societal values:** For abused women who are prepared to leave
and want protection, there are a variety of institutional barriers that make escaping abuse
difficult and frustrating. Communities that have inadequate resources and limited victim
advocacy services and whose response to woman abuse is fragmented, punitive, or
ineffective cannot provide realistic or safe solutions for abused women and their children.

**Cultural:** The lack of culturally sensitive and culturally competent services for abused
women from culturally diverse minority groups and those who are non-English
speaking pose additional barriers to leaving violent relationships. Cultural values and
customs influence women’s beliefs about the role of men and women, interpersonal
relationships, and woman abuse. Examples of culturally competent services include:
offering written translation of woman abuse materials; providing interpreters in woman
abuse programs; and implementing intervention strategies that incorporate cultural
values, norms, and practices to effectively address the needs of abused women, their
children and abusive men. The lack of culturally competent services that fail to
incorporate issues of culture and language can present obstacles for abused women who
want to escape abusive relationships and for effective interventions with men who abuse
women. Well-intended family, friends, and community members also can create
additional pressures for abused women to “make things work.”

**What we know…**

- An overwhelming sense of fear for their own physical safety and that of their
  children is what prevents the majority of abused women from leaving abusive
  relationships. Leaving can be dangerous.

- For many women, leaving an abusive relationship is a process, not an event.
  Women have many barriers to face and decisions to make, not the least of
  which is how they will feed, clothe and support themselves and their
  children. Women report higher quality of life and better outcomes when they
  are supported through the change process and have supports to help them in
  navigating complicated systems and barriers.

- Women who have experienced abuse have developed an enormous capacity for
  creative problem solving, safety strategies, and crisis management.
• Studies show that receiving formal or informal support from their workplace helped almost 75 percent of women experiencing abuse to keep their jobs. Between 84 and 87 percent also reported that the supports helped them to cope with the violence at home (Swanberg & Macke, 2005).

**Ideas on which child welfare professionals can build...**

• Being aware of the risks and difficulties that a woman and her children face in leaving an abusive relationship can assist child welfare professionals in recognizing her strengths and developing service plans that reflect the complexity of her situation.

• Developing trust with a woman can occur if time is taken to listen to and respect her perspective, validate her concerns and reduce her many fears. Building this rapport will create a positive relationship for the woman, empowering her to make safety decisions and increasing her support structure.

• In addition to collaborating with a woman’s informal supports and network, having a strong rapport with many community services (VAW, police, education, employment, etc.) will assist the child welfare professional to make referrals and help to build a wall of supports around her.
COMPONDING FACTORS

The experiences of women involved in abusive relationships are based on gender inequalities and can be further compounded by various forms of racist and oppressive practices and inequities they face in their lives. These are especially acute for the following populations:

- Aboriginal women
- Racialized women
- Immigrant and refugee women
- Women with physical and other disabilities
- Women who are poor
- Older women
- Younger women
- Women with limited literacy skills
- Women with substance addiction
- Women living in remote and isolated communities
- Women living in rural communities

Historically, legal and other institutions have perpetuated an imbalance of power based on race, economic status, gender, sexual orientation, national origin, and age. For example, the sanctity of the home (private) is institutionally defended against the intervention of state (public) protection agencies. Men’s authority in the family as disciplinarians, decision-makers, and breadwinners is commonly upheld by religious and cultural institutions. Legal institutions (e.g. police, courts) are viewed not as avenues of help by many people but as obstacles to justice, particularly for marginalized groups such as Aboriginal women, immigrant women, racialized women, and women who are poor and disabled.

WOMAN ABUSE IN ABORIGINAL COMMUNITIES

Aboriginal Peoples view family violence “as a consequence to colonization, forced assimilation, and cultural genocide, the learned negative, cumulative, multi-generational actions, values, beliefs, attitudes and behavioural patterns practiced by one or more people that weaken or destroy the harmony and well-being of an Aboriginal individual, family, extended family, community or nationhood” (The Aboriginal Family Healing Joint Steering Committee in PHAC, 1993).

Today, the incidence of woman abuse among Aboriginal Peoples is three times greater than in the general population. Violence perpetrated against women, and all forms of inter-personal violence are attributed to the devastating impact of European contact, which included the loss of Aboriginal economies, political structures and family systems. For Aboriginal Peoples, violence is a reflection of the intense frustration, anger and resentment that First Nation communities feel so deeply as a result of the Nation-to-Nation betrayal, theft and oppression over the past 500 years that continues to prevail today. This oppression has been internalized by many Aboriginal Peoples and is manifested in self-destructive behaviours such as substance abuse, suicide, family violence.

Rates of spousal homicide were highest among younger women in the 15 to 24-year-old age group.
- Statistics Canada, 2009

Aboriginal women are three times more likely to experience woman abuse than non-Aboriginal women and to suffer double discrimination: as women and as Aboriginal Peoples.
- Statistics Canada, 2006
and criminal behaviour. Systemic oppression continues today, adding to the frustration, anger and despair among Aboriginal Peoples. Woman abuse – indeed violence of every kind – is considered one of the symptoms of these broader issues.

**Holistic Healing, Forgiveness and Reconciliation**

In many Aboriginal communities, there is a strong emphasis on community involvement in responding to situations of family violence and on healing and reconciliation. Thus, effective interventions in situations of woman abuse must be provided in collaboration with extended family, First Nation leadership and Elders, and must include healing for the abusive man, family healing and the development of community support networks.

Solutions to woman abuse must be community-driven, and must acknowledge the impact of the past, as well as the ongoing systemic oppression of Aboriginal families and communities.

**What we know…**

- The effect of trauma passed from one generation to the next, known as historic trauma transmission (HTT), is now understood as one of the causes of social problems among First Nations, Inuit and Métis (Clarke, 2007). People who have been traumatized pass the effects of trauma on through their parenting. When trauma is ignored and there is no support for dealing with it, the trauma will be passed from one generation to the next.

**Ideas on which child welfare professionals can build…**

- It is important for those working with Aboriginal women and their families to understand that they have strengths, which are individual and collective, historical and contemporary, to counter the impact of historic trauma transmission.

- Generic intervention models are less effective in Aboriginal communities than holistic models, which have healing, forgiveness and reconciliation at their core. This includes looking at the individual in the context of the family; the family in the context of the community; the community in the context of the larger society, as well as the relationship of all things to one another.
WOMAN ABUSE AND IMMIGRANT WOMEN

Immigrant women are more likely to suffer physical and psychological abuse by their partners and are less likely to report it than any other sector of the female population in Canada (Smith, 2004). Barriers that immigrant and refugee women face in revealing their abuse include:

- Fear of being deported
- Fear of losing their children
- Fear of their partner being charged, going to jail, and/or being deported, especially if he is in the country illegally
- Fear of homelessness and poverty
- Fear of being shunned by the new community in which they are seeking acceptance
- Fear their children will be shunned
- Fear of police and authority figures in general
- The inability to communicate due to lack of proficiency in the English language and/or limited or no access to ongoing professionally trained interpreters
- Fear of racist treatment of their partners/families
- Denial of access to passport or essential immigration papers
- Fear of loss of sponsorship (in some situations, where women do not have approved sponsorship, this threat may be real)
- Not knowing where to turn for help
- Isolation resulting from partners who dominate and/or limit their communication with the outside world

Immigration workers report that in many close-knit newcomer communities, pressure on women not to make abuse public or report to police is particularly strong. There is social pressure not to shame or bring negative attention on the community. Many women fear a backlash from community members, many of whom they relied upon for support as newcomers to Canada.
Use of Interpreters
The use of professional interpreters who have an understanding of woman abuse and will not blame the woman is critical. The use of family or friends as interpreters is not appropriate unless the abused woman identifies an individual with whom she feels especially comfortable and trusts. Children should never be used to interpret for the mother or the abusive man.

What we know…

• The fear that prevents abused women from leaving an abusive relationship is many times greater for immigrant women.

Ideas on which child welfare professionals can build…

• Ask a woman who may need an interpreter if she feels safe and comfortable using an interpreter from her own community.

• Collaborate with ethno cultural community partners to better understand the patterns and determinants of male violence against immigrant women and to ensure that child welfare interventions are sensitive to and respectful of diverse cultural practices, histories, life experiences and immigration laws.

WOMAN ABUSE IN RURAL OR REMOTE COMMUNITIES

The isolation that abused women experience is especially profound for women who live in rural areas. Their geographic location places them at great distance from services and support networks, and lack of adequate and inexpensive transportation accentuates the isolation they feel. Moreover, the socio-cultural context of small towns and rural communities increases women’s vulnerability to stigmatization and exclusion. Lack of anonymity and confidentiality significantly impact on women’s ability to access services for fear that information about the abuse will be widely communicated, and likely result in spousal reprisal and community backlash. Community denial and victim blaming exacerbate the situation for women wanting to leave abusive relationships.

Familiarity with service providers also compromises confidentiality and contributes to women’s reluctance to seek help from agencies and institutions. In some cases, women are deliberately moved to remote areas by their partners in order to sever their ties to families and friends. At the mercy of the dominating and controlling behaviour of their partners, these women face limited options.

Abused women living in remote, fly-in communities to which there is no road access feel especially trapped and vulnerable. Faced with exorbitant air fares, and few connections in the ‘outside’ world, these women hold little hope of living a violence-free life. Not surprisingly, rates of alcohol abuse and suicide are many times greater for abused women living in remote communities than for abused women living anywhere else.
WOMEN WITH PHYSICAL AND OTHER DISABILITIES

Abused women with disabilities identify particular obstacles to revealing their abusive circumstances. For example, the woman's abuser might also be her primary caregiver and upon whom she is quite dependent. In many situations, the woman is unable to give free and informed consent; and, because of her dependency on others for her daily needs, the woman may fear the consequences of reporting the abuse. Some disabled women also fear they will not be considered adequate mothers if professionals learn of the abuse.
UNDERSTANDING HOW WOMAN ABUSE OCCURS

DYNAMICS OF MEN WHO ABUSE
Adapted from Bragg (2003)

To better understand how woman abuse occurs, child welfare professionals must undertake a gender-based analysis and adopt an anti-racist, anti-oppressive lens to fully appreciate the dynamics of abusive relationships and abusive men.

Men who abuse women come from all socio-economic, racial, ethnic, occupational, educational, and religious groups.

From a behavioural perspective, abusive men have in common a consistent pattern of coercive control that they exert over their female partners. Men who abuse may exhibit some of the following patterns:

• Psychological abuse
• Intimidation and emotional abuse
• Social/religious isolation
• Excessive and unprovoked fits of jealousy
• Physical and/or sexual abuse
• Sexual assault/sexual humiliation/withdrawal from sexual relationship
• Financial control
• Stalking/harassment
• Threats of harm to self (suicide) and others
• An inflated sense of self-entitlement and ownership of woman and child(ren)
• Narcissism, emotional immaturity

Coercive control tactics can become evident in the ways in which abusive men interface with women and include, but are not limited to the following:

Abusing Power and Control: The abusive man's primary goal is to achieve power and control over his female partner. This is achieved by planning and utilizing patterns of coercive tactics that are aimed at instilling fear, shame and helplessness in women. Men who abuse also randomly change the rules or expectations the woman must meet to avoid abuse. Abusive men's incessant degradation, intimidation, and demands on women are effective in establishing fear and dependence. Not all abusive men act in a planned or systematic way; some engage in impulsive acts of violence.

Different Public and Private Behaviours: Usually, people outside the immediate family are not aware of and do not witness the man's abusive behaviour. Abusive men who maintain an amiable public image accomplish the important task of deceiving others into thinking they are loving, 'normal', and incapable of abusing a woman. This allows abusive men to escape accountability for their abusive behaviours and reinforces the woman's fears that no one will believe her.
**Projecting Blame:** Abusive men often engage in an insidious type of manipulation that involves blaming the woman for the violence. The man may accuse the woman of ‘pushing buttons’ or ‘provoking’ the abuse. By diverting attention to the woman’s actions, the abusive man avoids taking responsibility for his abusive behaviour. In addition to projecting blame on the woman, the abusive man might also attribute his behaviour to alcohol or stress.

**Claiming Loss of Control or Anger Management Problems:** It is commonly believed that woman abuse is the result of poor impulse control or anger management problems. Abusive men routinely claim that they ‘just lost it’, suggesting that the violence was an impulsive and rare event beyond control. Woman abuse is not typically a single incident nor does it simply involve physical attacks. It is a deliberate set of tactics where physical abuse is used to solidify the abusive male’s power in the relationship. In reality, only an estimated five to 10 percent of abusive men have difficulty controlling their aggression – most do not assault others outside the family.

**Minimizing and Denying the Abuse:** Abusive men rarely view themselves or their actions as violent or abusive. As a result, they often deny, justify, and minimize their behaviour. For example, the man might forcibly push the woman down a flight of stairs, and then tell others that she tripped. Abusive men also rationalize serious physical assault, such as punching and choking, as ‘self-defense’. Men who refuse to admit that they are harming their partners present enormous challenges to persons who are trying to intervene. Some abusive men do acknowledge to the woman that their behaviour is wrong, but then plead for forgiveness or make promises that ‘it will never happen again’. Even following dangerous and potentially lethal situations such as these, the abusive man commonly minimizes the severity or impact of the violence.
ABUSIVE BEHAVIOUR TYPOLOGY

Over the past decade, a growing body of empirical research has demonstrated the existence of different types of intimate partner violence and a typology of abusive men based on their patterns of behaviour (Kelly & Johnson, 2008).

While there is no universal screening tool that can predict which men will pose the greatest risk, there are common factors associated with cases of fatality. The Office of the Chief Coroner (2008) provides the following risk factors for consideration:

- Actual or pending separation
- History of domestic violence
- Obsessive behaviour displayed by perpetrator (e.g., stalking)
- Perpetrator depressed in the opinions of professionals (e.g., physician, counselor) and/or non-professionals (e.g., family, friends, etc.)
- Escalation of violence

A careful risk assessment process can provide a strong foundation for determining whether contact between abusive men and their children is appropriate, what safeguards are necessary, and what types of parenting plans are likely to promote healthy outcomes for children and for parent-child relationships.

CULTURAL CONSIDERATIONS

The assumption that men from certain cultural and racial minority populations have higher levels of woman abuse and are more dangerous may arise when men attempt to use their culture as an excuse for their abusive behaviour. Their hope is that this explanation or justification for their behaviour will be believed and they will not be held accountable. “Field experience has shown that if child protection personnel accept the idea that violent behaviour is normal in certain cultures, the men’s potential for change may be overlooked and women will unfairly become the focus of all attention” (Mederos, 2004, p. 17).

What we know…

- There is no one psychological profile or typology that is universal to men who use violence towards women and children; however, there are common risk factors that should be considered.

- Through specialized, collaborative interventions, community services, and sanctions, some abusers can change and become non-violent (Bennett & Williams, 2001; Edleson, 1996; Gondolf, 2002).

- Using an ARAO gender-based analysis will ensure that child welfare and other professionals do not reinforce discriminatory beliefs or stereotype men from specific racialized, ethnic, cultural, religious, or socio-economic status groups as being more violent than others. Woman abuse has not been eliminated in any
community; it continues to be a universal human rights problem.

• Child welfare professionals encounter a tremendous diversity of families in which woman abuse is present. Effective social work practice challenges supervisors and child welfare professionals to intervene strategically and knowledgeably with men whose patterns of abusive behaviour are influenced by a range of cultural backgrounds and life experiences.

Ideas on which child welfare professionals can build...

• Interventions using an ARAO gender-based analysis will help child welfare professionals to strategically and knowledgeably work with men in order to develop an appropriate assessment and treatment plan.

• It is important to review the attitudes, beliefs, current stresses and life events of men who abuse women when assessing risk. PAR facilitators complete risk assessments and partner contacts. Child welfare professionals can utilize specialized services to assist in completing a risk assessment.

THE CYCLE OF ABUSE
Adapted from Cory & McAndless-Davis (2008)

First introduced by Lenore Walker in the 1970s, the three-phase cycle was based on the idea that woman abuse is characterized by a predictable repetitious pattern of abuse, whether emotional, psychological or physical. The concept of a cycle of abuse is widely accepted; however, critics have argued that Walker’s model a) does not accurately or completely describe all abusive relationships, and b) paints a picture of women experiencing abuse as helpless and powerless.

The cycle has evolved over the years, however, and is a framework used by PAR(s) to highlight the cyclical nature of men’s behaviours and women’s thoughts and feelings as the cycle progresses. The cycle is presented here to illustrate the pattern of abuse and to dispel the myth that abuse only occurs during the Explosive phase or as a single episode. All three phases of the cycle are abusive and men are in control of and responsible for the cycle.

The cycle of abuse begins (and ends) with the Honeymoon Phase (or what some writers refer to as the phase of entrapment). At the outset of the relationship the woman is ‘romanced’ by the man with displays of affection, love, and compassion often accompanied with gifts. Emerging behaviours of possessiveness and obsession are interpreted as his attraction to her, and his efforts to isolate her from friends and family are interpreted by her as his desire for them to spend more time together alone. In this phase the abuse is focused on creating a dependency on him, rather than fear.
In the second phase, Tension Building, the woman feels like she is ‘walking on eggshells’. This phase is characterized by his sudden mood changes, fault finding, verbal attacks and criticism. She doesn't feel she ‘can do anything right’, and the harder she tries to please him the more demanding and critical he gets. Women try to keep things ‘on an even keel’ and this includes keeping the children quiet, out of sight and under control.

The Explosive phase follows the tension building phase. The explosion can take a variety of forms from verbal, physical and sexual violence to verbal threats and intimidation to the silent treatment. Women are at greatest risk during this phase as he has the most explicit control over her.

When the Explosion has ended the Honeymoon phase resumes.

The Cycle of Abuse Model can be an effective tool in helping abused women to recognize and understand the cyclical nature of woman abuse, and the ways in which abusive men are in control of and responsible for the cycle. By framing questions that illuminate behaviours and re-occurring events, child welfare professionals can collaborate with abused women to recognize and anticipate an abusive man's behaviour. The Model may be of preventative value in this regard.

**POWER AND CONTROL WHEEL**

Whereas the Cycle of Abuse demonstrates that men have control over their abusive behaviour and that all phases of the cycle are abusive, the Power and Control Wheel, developed by the Domestic Abuse Intervention Project in Duluth, Minnesota, contains examples of behaviours that violent men use to maintain their power and control over women.

The Power and Control Wheel was developed by women in Duluth who had been abused by their male partners and were attending women's education groups sponsored by the women's shelter. The Wheel has gained international acceptance as a tool for helping women recognize and understand their male partner's behaviours. The Wheel is also used in many treatment programs to help abusive men understand the implications of their behaviour.
THE EQUALITY WHEEL

The Equality Wheel was developed to describe the changes needed for men to move from being abusive to a non-violent partnership. For example, the “emotional abuse” segment on the Power and Control Wheel is contrasted with the “respect” segment on the Equality Wheel. The Wheels can be used together as a way to identify and explore abuse, then encourage non-violent change.

What we know...

• Women cannot prevent abuse because they are not in control.

Ideas on which child welfare professionals can build...

• The Cycle of Abuse, and the Power and Control Wheel, help to differentiate between distasteful and disconcerting behaviour and behaviour that is abusive, patterned and intentional, and used by men who abuse women to maintain power and control through fear tactics and intimidation.
The Power and Control Wheel can be used in the earliest stages of intervention as an engagement and assessment tool by helping women to put words to and identify the type and nature of abusive behaviours she has endured. The Wheel can be used similarly with men to illuminate their abusive behaviours. Used in conjunction with the Equality Wheel, abused women and abusive men can be helped to recognize and differentiate between healthy and unhealthy behaviours, and the effects of these on relationships.

The Power and Control Wheel has been translated into over 40 languages. The Creator Wheel is an Aboriginal version of the Power and Control Wheel developed by Mending the Sacred Hoop, a Native American non-profit social change agency working to eliminate violence against Aboriginal women in the United States. It is available online at: http://www.theduluthmodel.org
ENGAGEMENT AND ASSESSMENT

A WOMAN-CENTRED APPROACH
Adapted from Ministry of Children and Family Development (2004)

A woman-centred approach to working with families in which woman abuse has occurred or is occurring, recognizes that the empowerment and safety of women can be an important factor in women’s capacity to protect their children and keep their children safe. Understanding women’s experience of abuse in relationships is fundamental to providing appropriate, supportive, strengths-based and safe responses for women and their children. Key aspects of a woman-centred approach include but are not limited to:

- Recognizing and building on a woman’s existing strengths
- Recognizing that women use many strategies to keep themselves and their children safe
- Developing a trusting and respectful relationship
- Respecting women’s ability to make choices within legal limits
- Empowering women through collaborative decision making, respecting choices, sharing knowledge and information
- Providing services that are accessible from a woman’s perspective of: culture, ethnicity, race, ability, sexual orientation/gender identity, language, religion, will enhance engagement and reduce marginalization and barriers
- Building resources with women and the larger community
- Engaging in a collaborative approach with violence against women organizations and other systems to ensure a coordinated community response to end violence against women and their children

It is important to understand how a woman’s past experiences with child welfare professionals or other legislative/authority systems may influence the way she interacts with current child welfare professionals. Some women may have experienced neglect or abuse as children and may have been placed in residential schools or out-of-home care. These experiences, if negative, can contribute to mistrust and fear of people in positions of power and authority such as child welfare professionals, counselors, police, and health care providers.

A woman-centred approach encourages relationship building, respect and collaboration between women experiencing abuse, child welfare services, VAW services, and other community service providers to achieve safety for women and their children.

What we know…

- A woman’s past experiences of neglect, abuse, harassment, discrimination and intimidation may have an effect on how she interacts with people in positions of power.
• Supporting mothers in a way that recognizes their race, ethnicity, culture, language, ability, gender identity, sexual orientation and builds on their existing strengths will enhance engagement and safety outcomes.

• The safety and well-being of children is often dependent on the safety of their mothers. Wherever possible, supportive services should be provided to the mother in order to enhance her ability to care safely for her child(ren).

Ideas on which child welfare professionals can build...

• Recognizing and attending to a woman's life situations, social location and fears will increase the woman's engagement in the process of pursuing safety for herself and her child(ren).

• Each woman is unique and is the expert on her own life: ask her what she needs, don't assume. "The first step is to listen, respectfully and without judgment" (Fernandes, 2009, p. 36).

UNIVERSAL SCREENING

Identification of woman abuse is a first step in improving positive and safe outcomes for women and their children. Woman abuse has been identified as a potential lethal risk, thus universal screening has been implemented in Ontario as a first response to proper assessment.

The role of children’s aid societies is to intervene where adult behaviour or victimization has a direct or observable impact on a child’s safety and well-being, where the child has either been harmed or is at risk of being abused physically, sexually, emotionally or neglected because of woman abuse. This is not to suggest that reports and referrals of children exposed to woman abuse should be disregarded, but rather that the presence of woman abuse should be considered a risk factor. It may signal the need for a more comprehensive assessment and intervention either by the child protection agency if the child is in need of protection, or by another community service provider.

Screening for woman abuse requires that child welfare professionals have knowledge of the dynamics of woman abuse including an understanding of gender-based power and control behaviours, and the impact that exposure to woman abuse has on children's safety, well-being and development.
DIFFERENTIAL ASSESSMENT

Differential assessment on every front is essential for determining imminent and future risk of harm to abused women and their children.

As stated earlier, research on children exposed to woman abuse reveals that children’s experiences can vary tremendously based on the child’s age, stage of development and temperament. Siblings exposed to the same level and type of violence might respond quite differently, therefore differential assessment from the child’s perspective is essential for informing service planning and interventions. A child’s response to conflict in the home, whether it is a single violent incident or a pattern of violence/conflict in the home, is highly individualized (Baker & Cunningham, 2004a).

While many children who are exposed to violence do not develop problems or are not abused, for some children exposure to violence is a known risk factor for negative child outcomes, up to and including child maltreatment (Edleson, 2004; Jaffe, Crooks & Wolfe, 2003). A number of factors influence the way a child experiences, interprets, predicts and copes with violence in the home. The child welfare professional must assess both the impact of exposure to violence on the child and the presence of protective elements.

In working with abused women, care must be taken not to overlook the individual, contextual, and socio-cultural variables in the response to abuse. The determination of what efforts a particular woman has made to protect, avoid, confront, or escape the abuse, in addition to the variables that influence her ways of coping, are important components of a comprehensive assessment of her situation.

Assessing a woman’s situation and facilitating her decision making, problem solving, and healing processes is more effective when service providers analyze woman abuse within the context of the dynamics of oppression, gender, race, ethnicity, class, and age among other factors, and in a framework of male power and dominance over women. In this way, women’s ways of coping with abuse are viewed as a process, and contextualized in the abusive situation and the patriarchal society in which it occurs.

ONE-TIME INCIDENTS

A differential assessment of the type and nature of violence against women is critical to intervention and treatment planning in families where a ‘one-time’ or ‘first-time’ incident of woman abuse has occurred.

Prior to determining if this is a one-time event, ask about the woman’s fears and her own assessment of danger, and consider risk factors such as pending separations, or loss of job. A one-time incident of violence by a man against a woman that is highly uncharacteristic of the man’s behaviour and occurs under unusual and highly stressful circumstances is different from a larger pattern of coercion, intimidation, and violence. In one-time incidents, the elements of power and control are not present, and the man who committed the assault freely admits and takes full responsibility for his behaviour (Frederick, 2001).
Ideas on which child welfare professionals can build…

• “A key question is whether the available information provides documentation of a behavioural pattern of coercive control directed at women and children. Does the information provide the basis for a reasonable conclusion that there is an on-going pattern of intimidation, psychological abuse, intrusive and inflated self-entitlement, and physical abuse?” (Mederos, 2004)

ENGAGING WOMEN

Creating an environment of trust, respect and open, honest communication from the onset is critical to engaging and empowering abused women. To better understand, assess and facilitate women’s processes for decision making, problem solving, healing and protecting themselves and their children, child welfare professionals must endeavour to engage women by:

• Being respectful and non-judging
• Validating their feelings
• Recognizing and building on women’s histories, experiences, coping strategies and strengths
• Understanding women’s feelings about the abuse and the abusers
• Supporting and advocating for self-protection and safety planning

Women need to be able to tell their own story in their own words without being pressured to make immediate decisions. The child welfare professional’s non-judgmental acceptance and understanding of the difficulty a woman may be having in putting words to her experiences is essential.

In their own words - lessons learned:

• CAS worker must listen first, then understand, then probe. No ‘why’ questions.
• Show respect and empathy; walk in her shoes
• Trust building relationship
• “How do you feel” – uncover coping mechanisms
• Stop mother-blaming
• Do not interview the children in front of the abuser
• Lesbian relationships need to be recognized and respected

If you can’t bring me water, don’t bring me gasoline.  
– Participant, Women at the Centre, Woman Abuse Focus Group, 2009
Women may express feelings of humiliation, anger, grief, sadness, fear, impotence, guilt, insecurity, and loneliness among others, during the abusive incidents. The feelings expressed by women experiencing abuse may be ambivalent and contradictory; however, it is important that child welfare professionals identify, accept, and validate women’s feelings toward the abuse and the abuser.

Child welfare professionals may be surprised or confused to meet an angry, uncooperative woman when they were expecting a scared, passive individual desperate for help. Often, there are legitimate explanations for an abused woman’s reluctance to work with child welfare professionals. Fear of losing her children, fear of retaliation or fear of further violence by the abuser are common reasons why a woman can become defensive, protective or difficult to engage. Child welfare professionals who recognize and attend to these fears will increase their ability to engage the woman's participation in pursuing safety for herself and her children.

Approaches to strengths-based assessment and planning with women include but are not limited to:

- Interviewing the abused woman alone
- Creating a climate of trust by explaining her rights and the role of the service professional
- Being sensitive and patient, as the woman may be discussing the abuse she has endured for the first time
- Exploring how to help her navigate or connect with other service systems; including referrals to VAW shelters and counseling supports, legal advocates, family, criminal, or immigration systems
- Avoiding asking questions or making statements that cast blame. ‘Why’ questions should be avoided.
- Collaborating with VAW agencies when assisting a woman to complete a risk assessment
- Exploring her beliefs about relationships and the context of her relationship
- Exploring if she has any fears
- Exploring her thoughts on who are her social and cultural supports
- Exploring cultural, linguistic, religious, ability, identity, socio-economic needs and how these impact on her views of the current situation
- Exploring the strategies she has used to protect her child(ren)
Interventions with Abused Women: The Advocacy Wheel

This model, sometimes called the Empowerment Wheel, illustrates basic principles guiding intervention with abused women.

Within an environment of trust and respect, the child welfare professional will be able to empower the woman to develop a safety plan for herself and her children, and to gather the necessary information to identify any immediate safety threats.

When safety threats have been identified the child welfare professional joins with the woman in a safety planning process and begins to place accountability measures on the abuser. It is the child welfare professional’s responsibility to be proactive in this process, which may include ensuring that the plan is realistic and that the woman has what she needs to carry out her plan. The child welfare professional may take a leadership role in facilitating a safety planning conference which would include the woman, VAW services and other members of her support system. The child welfare professional may also assist the woman to access resources and support by advocating for her and removing barriers.
What we know…

- Engagement and collaboration with the mother is critical to the effectiveness of safety planning. Many women do not want to leave the relationship but they do want the violence to stop.

- The mother is the person who has decision-making power over her life and may consider the benefits and dangers of leaving a violent relationship.

Ideas on which child welfare professionals can build…

- Child welfare professionals must not assume that separation is the safest solution for the mother and the children. In fact, the period after separation can be the most dangerous for the woman and the children.

- It is imperative to explore the implications of the options the woman has for protecting herself and her children (staying, going to a shelter, going to a family member or friends), as either staying or leaving may increase the risk to her and her child(ren).

ENGAGING MEN WHO ABUSE
Adapted from Mederos (2004)

Engaging abusive men in the casework process is a necessary and essential component of good casework practice. “When standard case management does not include engaging with these men, the tendency is to focus on the [abused] woman and place all responsibility for creating safety and ending the abuse on her. This often sets off an escalating spiral of demands and pressure on [women], which culminates in declaring her a case of ‘failure to protect’” (Mederos, 2004, p. 44).

The greatest potential barrier to effective work with abusive men is the common belief that they do not want to change. If service providers believe that abusive men can change, they are more likely to effectively engage and work with them.

Female survivors of woman abuse have reported that they often feel women are not believed but men are. Despite a woman reporting abuse, men often try to replicate abusive patterns with workers by stalling important decisions, refusing interventions, bullying or manipulating workers and continuing their threatening behaviour.
Key strategies for effectively engaging abusive men have at their foundation the following principles:

- Safety
- Respect
- Rapport
- Prudence
- Accountability
- Limit-setting, and
- Positive visions of fatherhood and culture

**Safety** of the children, the abused woman and the service provider is paramount. Safety is enhanced by information gathering, consultation with the abused woman, risk assessment, risk management, careful preparation for interviews, and cross-sector collaboration.

**Respect** for someone who has inflicted harm on others is difficult, but possible. Abusive men often anticipate that they will be perceived and treated as bad people. Service providers must focus on the damaging behaviours, bad choices and responsibility of the man rather than judge his character. Recognizing strengths and good intentions is important.

**Rapport** refers to a sense of comfort between two people that facilitates connection, positive interaction and a working relationship. Rapport is not always possible, however, if there is a level of rapport, there is a better chance that the abusive man will make a connection, listen, and take into account the service provider’s recommendations.

**Prudence** when interviewing abusive men means minimizing the potential for escalating violence while sustaining efforts to establish rapport, obtain information, and communicate some basic ideas about the unacceptability of violence against women.

**Accountability** means maintaining a firm emphasis on the concept that violence and abuse are not justified, no matter what the circumstances, and that it’s up to the abusive man to get help and stop his abusive behaviours. Doing this in a supportive manner without blaming or engaging in pressured argument, creates the basis for an alliance framed in respect and responsibility. The abusive man’s harmful behaviours must be addressed, and limits need to be set that provide safety and opportunities for effective change.

**Limit-setting** is about maintaining an environment where the child welfare professional can converse with the man without being subject to intimidation, threats or disruptive behaviour.

**A positive vision of fatherhood and culture** is based on the belief that interventions with abusive men should have the goal of motivating men to move toward what they love. These motivations include a vision of non-violence in relationships as a good model for positive parenting, and gender equality-based cultural models that support positive male/father role modeling.
Can abusive men change?
It is important to remember that abusive men are not a uniform group. Some are very violent, very dangerous and very resistant to change; others are less violent, less dangerous, have more strengths, and have greater capacity for change. One of the most widely reported studies on abusive men's capacity to change was conducted by Gondolf (2002), who followed several large samples of men over a four-year period. The men were court-ordered to attend one of four different batter intervention programs. Some of the significant findings from this study included the following:

- The majority of abusive men who completed the program stopped being violent. The levels of violence decreased as the program progressed and importantly, kept decreasing after the program's conclusion.

- A sizable minority of men (approximately 20 percent) resumed their abusive behaviour. Recidivism was associated with substance abuse, prior history of woman abuse and lifestyle instability (e.g., unemployment).

- Gondolf concluded that systemic collaboration and monitoring is an important requirement of the change process.

What we know…

- Female survivors' experiences suggest that men often appear as “prince charming” and often come out of interviews as “super stars,” while the women are harshly judged. Child welfare professionals need to avoid such dichotomies in woman abuse services.

- Engaging abusive men in ways that may increase their motivation to seek help and change is more than just good casework practice; it is also an essential component of safety planning with women and children.

- It is not uncommon for child welfare professionals and other service providers to feel challenged by these men and skeptical about their ability to change. The behaviour of some abusive men can also be off-putting: they can be avoidant (miss appointments), superficially co-operative, hostile, intimidating, threatening, accusatory, and intent on shifting blame and responsibility.

- Child welfare professionals who become proficient at interviewing and establishing relationships with abusers find that there is a complex reality behind the daunting behaviour of many men. Many of them are fearful and apprehensive; expect to be viewed as monsters or sick people; are fearful of being called bad fathers or failures and of being the one who caused their children to be removed.
• Child welfare professionals have also found that many men harbour hopes of being good fathers and are motivated to change their behaviour and seek help as a way of improving their fatherhood. This has become an emerging area of focus both in child welfare practice and in PAR(s).

Ideas on which child welfare professionals can build…

• Child welfare professionals who understand the complex interplay of fear overlaid by aggressiveness and the desire to improve as fathers have a better chance of engaging with men in a positive fashion.

• Use community partnerships to assist with the engagement of and accountability for men, such as specialized programs, PAR(s) or making connections with spiritual Elders.

• Be aware of risk of suicide or recent and/or past trauma and loss.

• Collaborate with multiple services to hold him accountable and responsible to change; this is especially important if the man is resistant to change or if there is a concern about escalation of violence. These services can include, but are not limited to: police, probation/parole, PARs, Caring Dads (if available), mental health, family physician, board of education, immigration, or family courts.

SAFETY PLANNING

Well-developed and effective safety plans require collaboration among a wide range of trained professionals including child welfare professionals, VAW counselors, mental health workers, shelter staff, police, Crown attorneys and the members of the judiciary. They also illuminate the availability of specific family members, friends, neighbours and others to whom women and children can turn.

Safety planning begins at the point of first contact and continues until a case is closed. The plan includes strategies that reduce the risk of physical violence and harm by the abusive man, and that enhance the protection of the abused woman and child(ren).

Many women who have survived abuse have developed strategies to keep themselves and their child(ren) safe. It is important to identify and understand these strategies. Information about the mother’s efforts to keep herself and her child(ren) safe, and strengths such as employment, lack of addictions, and presence of supports, are necessary to complete a full assessment. This will ensure the development of a plan that is sustainable and respects the unique situation for the woman and her child(ren).
Safety plans will vary depending on whether the woman has separated from the abuser, is thinking of leaving, or is returning to or remaining in the relationship.

Engaging the woman in the development of the safety plan is essential if she is to feel invested in its implementation. Safety planning includes:

• Exploring with the woman the options that are available to keep her and her children safe. This includes determining what the woman has done in the past to keep herself and her child(ren) safe.

• Exploring the benefits and any disadvantages of specific options, and creating individualized solutions for each family

• Collecting and gathering important documents and personal items that will be needed for relocation of the woman and child(ren)

• Determining who to call, where to go, and what to do if a violent situation is threatening or is occurring

• Developing a security plan for the residence

• Informing friends, co-workers, children’s school teachers, and neighbours that a restraining order is in place

• Developing a written list of key contacts and supports

It is important that a safety plan is in place for each child and according to each child’s level of development and vulnerability. Facilitating a discussion about safety planning between the mother and children is encouraged. A child’s safety plan does not suggest that the child would intervene in a violent incident but rather, would seek their own safety and whenever possible call police or seek help. Children need to be informed of the resources available to them, such as school and friends, to help them deal with the issues stemming from the violence.

Vital to the child’s safety and that of the mother is an assessment of the child’s self-protective capacity at the point of first contact, at regular intervals and throughout the life of the case. This process will help monitor the plan and identify any necessary changes.
A safety plan will help the woman manage risk and the escalation of risk but ultimately, a safety plan is temporary. Reducing her risk and increasing her safety is dependent on how well systems hold the abuser accountable to change his behaviours. Focused safety planning by service professionals must include a comprehensive assessment of the man with continuous monitoring for change and open communication with the woman.

ENGAGING ABUSIVE MEN IN SAFETY PLANNING WITHIN THE CONTEXT OF CHILD PROTECTION

Interviews with the abusive man are an important and key element to developing and sustaining a child protection safety plan. The interview provides an opportunity to assess his ability to accept responsibility for his violent behaviour, engage with service providers and comply with a safety plan. If it is believed that an interview with the abusive man will create a substantial risk to any family member or to the interviewer, then developing an alternative investigation plan is essential. Depending on the level of risk the man poses, police, probation or legal avenues may have to be considered. It is critical to remember, however, that the woman cannot be responsible for an alternative plan for intervening with her partner.

Factors that contribute to child safety include but are not limited to the following:

- The abusive man acknowledges his violence and/or his attempts to control the mother and begins the steps to change. Steps may include enrolling and participating in any court mandated programs and/or if there is no police involvement, engages in specific anti-domestic violence programs on his own accord.

- The abusive man and/or the woman is active in mental health or addiction programs, if needed.

- The parents give consent for all systems to openly communicate.

- Full collaboration and coordination between legal and service systems, who understand their roles and responsibilities as well as threat assessment and risk management strategies.

- The abusive man is involved in family court and he is not displaying any ‘legal bullying tactics’ such as not abiding by court agreements including restraining orders, orders to not harass, stalking or indirect contact.

- The abusive man’s risk factors are decreasing and there are no new losses or life stresses.

- The abusive man is demonstrating responsibility for his behaviour and is actively engaged in a PAR program (or its equivalent).

- The abusive man is open to communicate about any new relationships he may be in.
• The abusive man has a strong family and community support system that is actively engaged in his change process (many family members will continue to support or minimize his violence/risk factor/barrier to change).

• The abusive man understands that his relationship problems are not due to the woman or anger management problems.

• The abusive man actively acknowledges that his behaviours caused harm to the woman and child(ren).

• The mother voices reduction in fear and does not report escalation of violence.

• The mother is open and engaged in the planning process.

• Issues such as substance abuse and mental health issues do not pose threats of harm.

• The mother has supportive and safe extended family and/or community supports who are able to assist in caring for the child(ren) and keep them safe.

• The mother and children are in a shelter or other safe location that can ensure their safety.

• The abusive man’s access to the child(ren) and to the woman is restricted by external controls such as terms of release, a no contact order, terms of probation, and/or he is in jail.

• There is a safe adult that the child(ren) can access or confide in, if necessary.

• A child has a plan to seek a safe location when there is a violent incident and has the ability to carry out the plan.

What we know…

• Safety planning must be individualized.

• The goal of safety planning is to keep children safe and reduce risks, not to predict when violence may occur.

• A woman is an expert on her life and owns her safety plan.

• No one agency or individual has all the information needed to keep mothers and their children safe, therefore dialogue with VAW and PAR services and others with whom the abused woman and abusive man are involved is needed.
Ideas on which child welfare professionals can build…

• Safety planning with the woman, instead of for her, will empower the woman to make choices for the safety of herself and her children.

• Collaboration with multiple service sectors are key to holding men accountable and responsible for changing.

• Risk assessment and risk management strategies must be reviewed continuously with the woman and then separately with the man. Risk is not static, but can change dramatically with losses and stresses.

• Anticipate that change is possible for abusive men, and look for shifts in behavioural interactions, not just words.

RISK ASSESSMENT AND RISK MANAGEMENT

Throughout the child protection casework process, it may be necessary to assess the level of risk posed by the abusive man to the abused woman and her children. In cases where the man continues to exhibit threatening, controlling and intimidating behaviours, is not complying with court orders, or, is threatening homicide or kidnapping, convening a High Risk Committee meeting is advised, if available in your community. The High Risk Committee engages the woman and her significant support system along with representatives from the criminal justice system (e.g. police and the Crown attorney) to review salient risk markers and to develop strategies to ensure the safety of the abused woman and her child(ren).

Researchers have identified a number of factors that are associated with increased risk of lethality and dangerousness, however, we cannot predict with absolute certainty the effect(s) that the presence of these factors will have on an abusive man’s future behaviours. For this reason, a thorough, ongoing risk assessment is essential in assessing the degree of threat he may pose to the woman and child(ren). In high-risk cases, collaboration with all sectors is critical to ensure safety and reduce risk of lethality.

Dangerousness is defined as the capacity to continue inflicting severe violence.
- Mederos, 2004
Considerations in the Assessment of Risk
Adapted from Mederos (2004)

For the past two decades law enforcement authorities, social scientists, and other experts have researched ‘lethality factors’ – indicators of future risk of individuals and situations. One of the challenges in assessing risk concerns the acquisition of information about the abusive man’s behaviour. Abusive men tend to distort, deny, minimize or give misleading information about their abusive behaviour, therefore information should be sought from a variety of sources including the following:

- Police arrest reports (including reports for non-abusive incidents)
- Police records of 911 calls pertaining to the abused woman and/or her child(ren)
- The abusive man’s criminal record
- The abusive man’s mental health record
- Any statements provided to the police by the abused woman
- Any affidavits provided by the abused woman in past child protection proceedings
- Information provided by probation or parole officers
- Information provided by the abusive man, the child(ren) and other family members who may have knowledge about the abusive man’s pattern of behaviours
- Information provided by the abusive man

Information that may reveal indicators of risk can be obtained from sources both inside and outside of the immediate family.

Indicators of risk identified from information obtained from non-family collateral sources include:

- The use of and access to weapons including use of martial arts and related training
- A history of violent offenses including violations of protective and parole orders (e.g., breach of ‘no contact’ orders)
- A history of motor vehicle violations involving alcohol intoxication
- A history of severe violence with women and children including previous partners
- Previous participation in a PAR program that did not result in cessation of violence
- A history of suicide attempts or ideation

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1 The abusive man’s consent to a release of information is required to obtain any health-related information.
2 This information is best obtained through signed consent forms for release of information to the child protection worker.
Indicators of risk obtained from information provided by immediate and extended family members include:

- The abused woman's report of history in the relationship and her fear of further violence
- Severe and irrational jealousy
- Threats to injure or punish the abused woman, the child(ren) or her family if she leaves, as well as threats of suicide, are strong indicators of risk, even in the absence of previous physical abuse
- Severe and persistent monitoring and stalking
- Severe isolation
- Situations where the abusive man fears he may lose his partner can trigger the risk of increased violence
- Recent instability resulting from loss of employment
- Substance abuse when other indicators are present

What we know…

- Assessing risk is not a one-time event; it is an ongoing process.
- Assessing risk is a critical component in child protection cases where woman abuse is evident. Certain events can have a ‘triggering’ effect and require that safety planning be intensified.

Several “trigger” events should prompt intensified safety planning. For example, if the woman asks for a separation, if she gets a restraining order, if child welfare professionals remove a child, or if the woman files for divorce or has a new boyfriend.

- Mederos, 2004

RISK ASSESSMENT TOOLS

To address the primary concern of the safety of women and children, child welfare professionals and other service providers must continuously assess and manage risk in families where woman abuse is occurring. Over the past few decades a number of risk assessment tools have emerged and research to support the validity and reliability of these tools is ongoing.

One of the biggest challenges with lethality assessment instruments is that they purport to use “lethality indicators” that are, in fact, characteristics of many relationships in which woman abuse is occurring, the vast majority of which do not end in death.
Several researchers have studied the predictive value of a variety of tools and although some key factors that are commonly associated with risk have been identified, researchers caution against using any one particular tool for predictive purposes (Laing, 2004).

Gondolf (2002) identified four risk markers that consistently present in cases where a high level of dangerousness is evident and/or a lethal event has occurred. These are: excessive alcohol use, severe psychological problems, several prior arrests, and being abused or neglected.

Gondolf notes, however, that “the predictive power of these factors, even when they are combined, is very weak. That is, the risk markers incorrectly identify a lot of men. Many men who do not re-assault are identified as re-assaulters or high risk (false positives), and many men who do re-assault are identified as non-re-assaulters or low risk (false negatives)” (Ibid, p. 168).

The importance of including women’s perceptions of dangerousness was one of the most significant findings in Gondolf’s study: women’s perceptions of safety and the likelihood of re-assault emerged as the most consistent and strongest risk marker.

Campbell et al. (2003) undertook one of the most comprehensive studies to date that attempted to identify factors that place women at risk of homicide. They found that the abuser’s unemployment, the presence of a step-child in the home, use of a gun, use of illicit drugs, and a recent separation after a period of cohabitation were associated with increased risk of lethality. On the basis of these findings, the researchers suggest that preventive efforts should focus on increasing employment opportunities, preventing substance abuse and restricting abusive men’s access to guns.

Since 2003, the province of Ontario has convened an annual Domestic Violence Death Review Committee (DVDC). The purpose of this committee is to assist the Office of the Chief Coroner in the investigation and review of deaths of persons that occur as a result of domestic violence, and to make recommendations to help prevent such deaths in similar circumstances. The DVDC uses a risk factor coding form to help evaluate each case that it reviews. A link to this form is included in the Resources section of this guide.

Consistent with past reports, the most common risk factor identified by the DVDC is an actual or pending separation. This finding speaks to the critical importance of educating professionals, the public, and women to the risk of separation and how to separate safely.

The DVDC Report urges the use of a standardized risk/danger assessment tool that child welfare professionals can use in all cases where domestic violence is present.
Risk and lethality assessment tools can:

- Assist the child welfare and VAW sector to work with abused women and their children to develop realistic safety plans
- Assist abuser treatment programs in selecting the amount and type of treatment
- Help the criminal justice system to identify abusive men who need close supervision
- Be used as a tool for educating service providers about woman abuse

What we know…

- Abused women and their children are at greatest risk of serious injury or death when she is considering leaving the violent relationship and when the separation is occurring.
- Assessment tools have preventative value and can be useful in intervention planning and services delivery across all sectors.
- No one tool is appropriate for use in all communities. For example, tools that reference the presence of guns in a home as a risk factor would not be appropriate for use in communities with a strong hunting tradition. The presence of guns/cross bows or weapons used in hunting must be considered when developing a risk management strategy, however.

Ideas on which child welfare professionals can build…

- The ideal risk assessment is a well-validated instrument or method specific to the type of violence being assessed, applied by a clinician who has specialized training and expertise. The risk assessment process involves discussing and obtaining information from the abused woman and incorporating her perceptions into the assessment. Two parallel processes may be necessary in this regard: one designed to assess the risk of recidivism using an instrument designed specifically for that process, and another designed for safety planning.

- Use of a well-regarded risk assessment tool with abused women can inform safety planning. Reference to a danger assessment rating scale for which no specialized training is necessary, and that can be used by women who fear for their safety, can be found in the Resources section of this guide. In addition to its self-assessment value, scales such as these can be used to help women better grasp the seriousness of their circumstances.
“Service providers can contribute to women’s safety by asking women about the abuser’s level of controlling behaviours, his employment status, the presence of step-children in the home and threats to kill the women” (Campbell et al., 2003, p. 1095).

The purpose of each risk assessment tool must be clearly understood by all involved service providers: Is it meant to assess risk of re-abuse, or, to assess risk of dangerousness and/or lethality?

The Resources section of this guide includes reference to an ‘Inventory of Spousal Violence Risk Assessment Tools Used in Canada’ that provides a brief explanation about the tools currently being used across the country. Contact information about how to obtain the tools and any specialized training that may be required for use of the tools is outlined in the inventory. Child welfare professionals are encouraged to consult with their local shelters and police officials to determine what tools they use for risk, safety and lethality assessment purposes.
ONGOING INTERVENTION AND SERVICE PLANNING

EFFECTIVE INTERVENTION

An understanding of the dynamics of woman abuse and the importance of collaboration with community partners is essential for effective child protection intervention.

Effective intervention is guided by the following caveats:

1. The abuser must be held accountable for the violence, not the woman.

2. Abusers often escalate the frequency and lethality of violence when women try to leave or to use outside intervention.

3. Most abusive men present as being non-violent outside of their intimate relationships which demonstrates that they have the ability to control their behaviour. This demonstrated ability to control behaviour is why anger management courses are not an appropriate intervention with most abusive men.

4. Women may be apprehensive about providing information to a child welfare professional if they are fearful that their child(ren) will be removed.

5. If child welfare professionals determine that children cannot be kept safe in their mother’s care because the abusive man is unable or refuses to change his behaviour, service planning should focus on engaging mothers in planning for their own safety and that of their children.

6. Both parents are responsible for the well-being of their children, therefore they deserve support and treatment in addressing this need.

Collaborative Interventions

When children are in need of protection or at risk to being in need of protection, services are provided within a strengths-based paradigm that places strong emphasis on family engagement and collaborative services provision. Collaboration between children’s aid societies, VAW services and other community service organizations is especially critical when woman abuse is present.

A children’s aid society’s paramount concern is the safety and well-being of children. When woman abuse is a presenting dynamic, child welfare professionals, in collaboration with other formal and informal services providers, strive to help women protect their children and themselves. Programs and organizations with a mandate to help abused women, and programs that undertake violence prevention initiatives with men, can be especially instrumental in ameliorating the risk of harm to women. Service programs can ensure the safety of children and achieve the long-term safety and well-being of all members of the family.
**Integrated Service Planning**

Individualized intervention/treatment plans should be developed for women who have been abused, their children and abusive men and then integrated into one service plan. The integrated service plan addresses the safety needs of a family. The detailed safety plans for the abused woman and children are prepared as separate and/or confidential documents to ensure their integrity is not compromised if the abusive man gains access to these.

Separate intervention/treatment plans for abusive men should be in place regardless of whether the partners intend to stay together or separate.

The Family and Child Strength and Needs Assessment Tool and the Child Emotional Wellbeing Screen that are included in the Ontario Child Protection Tools Manual should be included in the integrated service plan. These tools contribute to service planning but are not the sole assessments upon which service planning is based.

**STAGES OF CHANGE**

Adapted from Fernandes (2009)

A key consideration in the provision of ongoing services with abused women and abusive men is assessment of their readiness to change. Ongoing assessment of their progression through several stages of the change process will cumulate, ideally, in an individual’s desired outcome. The Stages of Change model was originally developed in the late-1970s by James Prochaska and Carlo DiClemente (1982) to address drug and alcohol addiction. Over the past decade, the model has been revised and utilized as an effective framework within which to engage and support abused women and abusive men throughout the change process.

The key underpinning of the Stages of Change Model is that behavioural change does not happen in one step and is not a linear process; rather, individuals tend to progress through a series of stages on their way to making successful change. The Model consists of five stages and has developed specific tools for interventions/strategies that support each step. Application of the Model to a woman who is leaving an abusive relationship could look like this (Fernandes, 2009):

- **Pre-contemplation**: At this stage, the woman sees no need to make a change and/or does not desire to make a change. Service providers can provide information and help to raise the woman’s awareness of her options, however, prescribing or giving advice may have an alienating effect.

- **Contemplation**: At this stage, the woman expresses awareness that a problem exists. She may state that she has considered making change but rejects the idea of leaving or remains ambivalent about what she wants to do. Service providers can help tip the balance in favour of making a change by helping the woman envision the benefits if she leaves the relationship and potential consequences if she does not.
• **Determination**: At this stage, the woman asserts her desire to 'do something' and talks about the 'what ifs'. Supporting the woman in developing a change strategy that is realistic, achievable and effective is important at this stage.

• **Action**: At this stage, the woman takes steps to make the change. She may, for example, begin to put aside funds, or gather together important documents that she will one day take with her. The service provider's role is to be an advocate and to support the woman's efforts towards her ultimate goal.

• **Maintenance**: At this stage, the desired goal is achieved and maintained: the woman has left the abusive relationship and begun to re-establish her life. This does not mean, however, that the change will be maintained. A woman who leaves an abusive relationship may return. Helping the woman to identify the possibility of 'relapse' and strategies for preventing relapse is critical.

The Stages of Change Model has also proven to be a useful tool for helping abusive men and those who work with abusive men determine the extent to which the men are ready for, committed to, and demonstrating change in their abusive behaviour. The value of this model is that it focuses on individuals and their strengths, recognizes the non-linear path of behaviour change and the complexity of the process, and does not dictate specific behaviours.

**What we know…**

• Change does not happen in one step. It consists of cumulative stages, each of which is characterized by behaviours and actions that attest to an individual's investment in the change process.

• Recognizing the degree of readiness to change is essential to the change process and will either impede or facilitate change in a positive direction.

• Women should not be held responsible to change a man's violence.

**Ideas on which child welfare professionals can build…**

• The Stages of Change Model provides a simple paradigm within which child welfare professionals can engage abused women and abusive men in an exploration of their readiness and ongoing commitment to making change.
SERVICE PLANNING FOR CHILDREN

Children who have been exposed to woman abuse are in need of specialized interventions and supports that address their experiences of exposure and create networks of safety and support for them and their mothers. The immediate goals of service planning with children are to:

- Assess safety threats to them and develop ways for them to be safer
- Assure children that the violence and intervention are not their fault
- Identify and heal the effects of the violence
- Support healthy relationships between the children and both parents
- Strengthen the children’s bond with their mother when the abusive man is known not to be the children’s father and not to have assumed a parenting relationship with the children while involved with their mother

Longer-term goals are to assess whether the child’s exposure to woman abuse suggests the need for more intensive mental health and other supportive services.

Sometimes it is difficult to find appropriate services for children. Asking community partners about where supportive help has been obtained in the past may be helpful. For example, if the child is of school age, teachers or other school-based resources may have information about services for children. Discussions with the child and mother may also yield information about other adults with whom the child has a trusting relationship and to whom the child can reach out for safety and support. These individuals may have a role in the child’s safety plan and/or, with the consent of the mother, can be included in the service plan for the child.

Children absorb and work through their experiences in different ways. The types of services that may be of therapeutic benefit to children will depend on the child’s age and developmental stage. Children may benefit from play therapy, drawing, story-telling, and opportunities to talk with a supportive, caring adult with whom the child can form a trusting relationship.

Some helpful services include:

- Play therapy
- Children’s groups
- Parent-child counseling
- Individual counseling
- Therapeutic recreational services

What we know…

- Every child’s experience of exposure to woman abuse is unique.
Ideas on which child welfare professionals can build…

• Understanding the child’s perspective of exposure to woman abuse separate from and together with the child’s mother will strengthen the mother-child bond and inform ongoing treatment planning with both mother and children.

SERVICE PLANNING WITH ABUSED WOMEN

Solution-focused service planning is an example of a strengths-based model that has been found to be relevant to service planning with abused women (Roberts & White, 2007). Instead of building treatment strategies built solely on an understanding of the problem of woman abuse, a solution-focused approach suggests an expanded view: that positive change in women can occur by focusing on solutions, strengths, and competencies instead of focusing on problems, deficits, and pathology. The overall goals of this approach are establishing safety, empowerment, and healing.

Solution-focused service planning supports women as the “knower” and the “expert” of her unique experiences, realities, and aspirations and is therefore congruent with a woman-centred approach. It encourages women to visualize a future without violence in intimate relationships, directing their attention to helpful things that they are doing in realizing the desired change, and emphasizing their strengths and resourcefulness. Solution-focused therapy thus becomes a validating process that helps women to co-construct a violence-free reality and rediscover the resources they have to achieve that end.

Child welfare professionals and other service providers can promote solution-focused service planning by learning how to ask specific types of questions that are the cornerstone of solution-focused interventions. Well-constructed ‘exception’, ‘outcome’, ‘coping’ and ‘scaling’ questions can be very helpful in reinforcing women’s strengths and coping skills. For example, exception questions can focus on the times when the woman is better able to protect herself and her child(ren); to resist, avoid, escape, and fight against violence.

Outcome questions ask women to frame goals positively rather than negatively; for example, the presence rather than the absence of something. Coping questions help women to realize their resources in times of turmoil and despair. Scaling questions can be especially helpful in helping the woman and her service providers to assess risk and lethality. For example, by asking a woman, “On a scale from 1 to 10 with 1 meaning not safe at all and 10 meaning completely safe, how would you rate the level of safety for yourself…for your children”, the woman and the child welfare professional may better understand the extent of safety experienced by the woman. The child welfare professional is then able to move to another question, ‘what can you do differently so that you can move from a 3 or 4 to a 7?”
Solution-focused service planning challenges service providers to keep women focused on solutions and not to be overwhelmed by the array of problems that indisputably characterize the lives of abused women and their children.

A key consideration in service planning with abused women is an assessment of their readiness to change.

What we know…

• A solution-focused approach, or other models that place the woman as the ‘knower’ of her experiences and centres on her abilities to change, can be empowering for abused women in service planning.

Ideas on which child welfare professionals can build…

• To optimize the success of solution-focused service planning, the child welfare professional must be able to recognize and respect women’s strengths.
• Cultural traditions and ceremonies may have importance in service planning.
• Once a woman has left an abusive situation, the service plan must be re-evaluated because the risk to her safety has greatly increased.

SERVICE PLANNING WITH ABUSIVE MEN

Service plans are a way of creating a framework and accountability measure for assessing and reviewing the abusive man’s change process. They are also a way to measure the abusive man’s willingness to take steps to change his behaviour. Because working with men who have been violent towards women can be stressful and potentially confusing, clinical supervision is essential for mitigating dynamics that, if left unattended, have the potential to cause service providers to be overly lenient or overly stringent and demanding.

Service plans that hold men accountable for their behaviour and promote safety for women and children include the following components (Mederos, 2004):

• Participation in [an anti-woman abuse intervention/group treatment program (i.e., PAR program)] for a minimum of 6-12 months
• Individual counseling treatment in addition to anti-woman violence groups/individual programs
• Participation in a substance abuse treatment program, if applicable and in addition to anti-woman abuse interventions
• Participation in psychological evaluations (and signing consents to release of information to child welfare professionals and other collateral service providers)

• Random testing for alcohol and/or drug use

• Confidentiality waivers between all service providers – this is pivotal to the abusive man’s asserted and demonstrated commitment to change

• Permission for child protection and judicial personnel to obtain criminal, mental health and medical records

• Supervised visitations or visitation at a supervised visitation centre (where contact is allowed between the abusive man and the children)

• Compliance with all child protection and criminal protective orders (e.g., restraining orders)

• Cessation of physical and psychological abuse and intimidation with partner and children

• Attending parenting classes and working with parenting ‘coaches’ during visitations with children

• Demonstrating capacity to cooperate is essential in joint custody arrangements

• Learning about the effects of exposure to woman abuse on children and taking steps to remedy these effects and heal relationships with children when appropriate

• Cessation of psychological abuse and intimidation of child welfare professionals and other service providers

• When participating in an anti-woman abuse intervention/group treatment program, the abusive man signs consent forms to allow service providers to contact his partner and assess the safety of the woman

Access to children whether supervised or not should be contingent on the abusive man’s active participation in a treatment program.
Behaviours that support the abusive man’s commitment to accountability, responsibility, and safety include:

- Accepting responsibility for his choice to be violent
- Actively participating in appropriate intervention
- Complying with no-contact and restraining orders
- Agreeing to and following through with safe levels of contact
- Understanding the effect of his abuse of women on the children
- Continuing financial support without using it as manipulation or a bargaining tool
- Signing consent waivers in order for all service providers to communicate with each other

**ASSESSING THE ABUSIVE MAN’S PROGRESS IN TREATMENT**

Just because an abusive man attends an intervention program does not mean he will change his beliefs and behaviours. Stopping the physical violence is not enough if the threat of violence remains. Listening to men talk with their partners, observing their interactions with women and children, and talking with others who have listened to and observed men is an essential component of ongoing assessment and treatment.

The following questions will help to inform initial and ongoing risk assessments of the family, and will be useful in evaluating whether or not the abusive man is making positive and potentially enduring change.

- Has the man stopped all use of physical force against person or property?
- Has he stopped threatening to remove or harm the children?
- Has the man stopped other acts of intimidation (e.g., reckless driving, display of weapons)?
- Has he stopped monitoring, harassing, or stalking the woman?
- Does he support the woman’s friendships and activities outside the family?
- Does he support his partner’s parenting?
- When the man is angry or upset, does he act in ways to reassure the woman that he will not be abusive (e.g., take time-outs, sit down when discussing the conflict, speak without yelling)?
- Does he accept his partner’s right to place limits on their relationship or to say, “No” to him?
- Does he acknowledge that his abusive behaviour was harmful and is no longer acceptable?
• Has he stopped using other forms of power and control such as economic abuse (e.g., withholding money, child support)?

• Is the woman able to make independent decisions and be involved in activities without him?

• Does he acknowledge he is not “cured” and that change is a life-long process?

What we know…

• Communication with treatment providers, evaluators and others is essential to measure the man’s compliance with the service plan.

• Assessment of the man’s ability to remain safely involved in the family, whether in the home or through visitation, is a continuous process. This includes the man’s compliance with the safety plan.

Ideas on which child welfare professionals can build…

• “It is important to consistently attempt to hold all abusive men accountable for stopping abusive behaviour and to avoid displacing responsibility for the man’s behaviour onto his partner. If an abusive man says something equivalent to, “This is what all men from my culture do,” it is important to understand that he is trying to avoid responsibility for his conduct and that he is presenting a distorted and self-serving picture of his culture. Child protection supervisors and workers have a responsibility to familiarize themselves with the cultural backgrounds of their clients so that they can resist such arguments” (Mederos, 2004, p. 17).

• Historically, treatment interventions with abusive men have focused on holding men accountable for their behaviour. Although this remains a primary and essential element in any treatment intervention with men, researchers have found that engaging men in the process of their own healing will have better outcomes for women and children.
POTENTIAL RISKS TO CHILDREN FROM MEN WHO ABUSE

The abusive man's role as a father and parent presents complex issues. Although he may not have been physically abusive to his children, the climate of male violence against women can be traumatic for both the mother and the children. In addition, the tactics of manipulation and control may be present in the abusive man's relationship with his children. At the same time, the children may be strongly attached to their father and need to continue a relationship with him.

Children exposed to woman abuse can benefit tremendously when professionals have knowledge of the range of risks that abusive men present to children, and when a systematic risk assessment tool is applied by child protection services and family courts. The Ontario Family Risk Assessment Tool (2007) can be very helpful in this regard.

A critical analysis of information obtained from the children's mother, members of the extended family system, and professional collaborators enables child welfare professionals to make informed decisions for protecting children. A careful assessment of the risks children face is critical to children's short-term and long-term well-being. These include risks of:

- Exposure to threats or acts of violence toward their mother
- Undermining the mother-child relationships
- Physical or sexual abuse of the child by the abusive man
- Children having an abusive man as a father/role model
- Rigid, authoritarian parenting
- Neglectful or irresponsible parenting
- Psychological abuse and manipulation
- Abduction
- Exposure to violence in their father's new relationships

ACCESS PLANNING

Very often, separating or separated parents look to the courts to settle disputed custody and access issues. Bancroft and Silverman (2002b) urge service providers and family court judges to consider 13 factors when making decisions about custody and access, visitations and parenting planning:

- Level of physical danger to the mother
- History of physical abuse toward the children
- History of sexual abuse or boundary violations toward the children
- Level of psychological cruelty to the mother or the children
- Level of coercive or manipulative control exercised during the relationship
- Level of entitlement and self-centeredness
- History of using the children as weapons, and of undermining the mother's parenting
- History of placing children at physical or emotional risk while abusing their mother
• History of neglectful or severely under involved parenting
• Refusal to accept the end of the relationship, or to accept the mother's decision to begin a new relationship
• Level of risk to abduct the children
• Substance abuse history
• Mental health history

“In collecting and evaluating evidence regarding these indicators of risk, evaluators should pay particularly close attention to the knowledge and perceptions of the battered mother; we find that failure to do so is one of the most common weaknesses in risk assessments in domestic violence cases, particularly in custody and visitation evaluations” (Ibid). Child welfare professionals working with abused women need to build trust in their relationships with women, and to listen to their fears to be able to make appropriate safety decisions about ongoing access between children and their fathers.

What we know…

• As stated earlier, a strong motivation for many men who stay in treatment and make necessary changes is their desire to have positive and healthy relationships with their children.

• It is a myth that a man's abusive behaviour toward a woman can be separated from the impact of that behaviour on his children.

Ideas on which child welfare professionals can build…

• Children's desire for contact with the abusive man, while important, is not the primary determining factor in access planning; the fathers must be able to provide safe and positive access, and access must be meaningful and beneficial to the child.

• Amendments to the Occupational Health and Safety Act to be proclaimed in June 2010 will require agencies to have policies and procedures in place that address support to victims of woman abuse in the workplace.
LEGAL INTERVENTIONS

There are a number of legal interventions that child welfare professionals can use to support abused women and their children and keep them safe. The legislation or laws that sanction these interventions are numerous, only a few of which are referenced here.

CHILD PROTECTION INTERVENTIONS

Children’s aid societies are sanctioned to protect children who have been maltreated or who may be at risk of maltreatment. Definitions of what constitutes a child in need of protection are contained in the Child and Family Services Act (CFSA). Exposure to woman abuse and other types of domestic violence is not referenced in the CFSA.

Expanded definitions including criteria for determining whether alleged maltreatment warrants protective intervention are detailed in the Ontario Child Welfare Eligibility Spectrum (2006). All referrals to a CAS are screened for domestic violence. “A referral in which the only allegation is exposure to domestic violence is currently not a stand-alone form of child maltreatment and does not meet the definition of a child in need of protection under the CFSA. The role of CAS is to intervene where adult behaviour or victimization has a direct or observable impact on a child’s safety and well-being, and/or where the child has either been harmed or is at risk of being abused physically, sexually, emotionally or neglected because of domestic violence” (OACAS, 2006, p. 51).
The Child Protection Standards in Ontario promote consistency in service delivery to children, youth and their families receiving child protection services from children’s aid societies across the province. The standards also provide the mandatory framework within which child protection services are carried out.

The standards make clear that exposure of children to various types of domestic violence does not in and of itself meet the definition of a child in need of protection under the CFSA. When a child is determined to have sustained harm from exposure to woman abuse, child welfare professionals will attempt to engage the family in bringing about voluntary change, that will address immediate safety issues and reduce the risk of future harm. When voluntary engagement is not achieving the desired outcome (safety of children), the CAS can ask the courts for a finding that a child is in need of protection. There are a variety of court orders that a judge can make, all of which are intended to keep children safe from future harm. These include but are not limited to:

- Allowing a child to remain in the care of one or both parents subject to specific terms and close supervision by the CAS;
- Placement of the child in the care of an extended family with or without CAS supervision;
- Placement of the child in the CAS’s care for a temporary period of time during which the child will reside in a foster home or kinship home;
- Placing the child in the CAS’s care until permanency for the child can be achieved through adoption or other form of permanent, long-term care.

Use of Restraining Orders
In cases of woman abuse, and where the safety of the child and mother is threatened by the presence of an abusive man, the court can issue a restraining order that is designed to prevent the abusive man from having contact with or being in physical proximity of the child and mother. In most instances, the abusive man is required to live outside the family home while the mother and children remain in the home.

Restraining orders are not a guarantee that the woman and child will be kept safe; they are, however, a tool that allows for prompt police intervention in the event the restraining order is breached. A breach of an order will lead to additional criminal intervention and could lead to a denial of bail, due to risk.

Restraining orders can also be issued by family courts to protect children placed in alternate care pursuant to a court order, from an abusive father or father-figure who is deemed dangerous.
ALTERNATIVE DISPUTE RESOLUTION (ADR) METHODS

In 2006, amendments to the CFSA introduced Alternative Dispute Resolution (ADR) methods as a mechanism to reduce delays in child welfare proceedings and reduce the volume of child welfare cases that go to trial.

ADR methods require relatively equal bargaining power between parties. A key component of ADR is negotiation, a concept that is alien to abusive, manipulative and controlling men. In cases involving woman abuse, there is an extreme power imbalance and women are not always in equal negotiating positions.

Care must be taken by child welfare professionals to ensure that women in abusive situations do not participate in ADR processes out of fear of appearing “uncooperative”, so that the voluntary nature of ADR becomes more form than substance. Care must also be taken to ensure that women are clear that ADR is an empowering process and that they do not feel as though they must “trade away” their legal rights to protect their children and themselves in order to reach an agreement that leaves them feeling vulnerable.

Some samples of ADR methods are child protection mediation and family group conferencing or family group decision making. Aboriginal restorative justice models, including healing circles, are also a recognized method of ADR.

Child Protection Mediation

If child protection mediation is the selected alternative dispute resolution method, the qualified child protection mediators need to be knowledgeable about the dynamics of woman abuse and skilled in using the “shuttle mediation” model developed by woman abuse mediators.

“Shuttle mediation” has the same principles and objectives as those in face-to-face mediation. The primary difference is that the mediator goes back and forth exchanging information and ideas for possible solutions between the parties who are in separate locations. The use of this model may mitigate the power imbalance between the woman and man and reduce the use of any intimidation and control tactics by the man. Caution should always be exercised in high risk situations. Not all VAW sectors would advocate the use of child protection mediation. Child protection mediation should only be used if the woman feels safe, and is not being pressured or bullied to agree.

Family Group Conferencing (FGC) or Family Group Decision Making (FGDM)

FGC is a process designed to give the family group (nuclear family, extended family, friends, etc.) a voice in the decision-making process to ensure the safety and well-being of children who are at significant risk of or in need of protection from abuse and/or neglect. The method provides opportunities for extended family members to join with the parent(s) to plan for the needs of the child(ren). FGC can provide greater safety for women and their child(ren) if, after being informed of any violence and threats made to the woman and her child(ren), extended family members are prepared to help keep them safe.
Aboriginal ADR Methods
Talking circles, healing circles, and other restorative justice approaches that are used in some First Nation communities are designed to achieve the same objectives of family group conferencing and family group decision making.

Family-Centred Conferencing
Family-centred conferencing is a child-focused and family-centred approach to service planning grounded in collaborative practice. It recognizes that families are the experts of their own lives and is designed to increase the family’s engagement in service planning for their children. The process is aimed at empowering the family in recognizing their strengths and in rallying services and informal community supports to address the family’s needs. The Ontario Child Protection Standards require family-centred conferencing on a prescribed basis as part of ongoing child protection services.

Family-centered conferencing must be used with caution when working with families in which woman abuse is present because the women’s participation in the conference along with the abuser’s participation may compromise her safety and that of the children. Safety concerns can be mitigated by ensuring that pre-conference planning addresses any safety concerns for the woman and child(ren). If strategies to address safety concerns in anticipation of the conference do not allay the woman’s concerns about her safety and that of her child(ren), alternative methods for collaborative service planning should be pursued. These might include obtaining the man’s participation via telephone or video conferencing or engaging the man in a private meeting. Family-centred conferencing should only be used if the woman agrees; she should never be pressured or faulted for not agreeing.

Lucy Salcido Carter (2003a) outlines some approaches to facilitate the abusive man’s participation in a family-centred conference without his being physically present. These include:

- Conducting two separate conferences, one with the woman, her children and their support system, if appropriate, and another with the man

- Representation by a service provider who has worked with the man and attends the conference as his representative and with his permission

- Obtaining written input from the man in response to the questions being asked in the conference, and then presented by his representative

- A videotaped presentation of the man responding to the questions being asked in the conference
CRIMINAL COURT

It is a crime in Canada to be violent toward a woman or to threaten, harass, or stalk her. In Ontario, and many other jurisdictions in Canada, law enforcement officials have a “mandatory charge” policy in response to calls in which it is alleged that a woman has been assaulted, threatened, harassed or stalked by her intimate partner. This policy requires that a police officer who has reasonable grounds to believe that a person has committed a crime related to domestic violence must charge the alleged offender.

A man who is violent toward a woman can be charged with a number of offences under the Criminal Code of Canada depending on the type and nature of the violence committed. The existence of previous charges or convictions, reports of violence, as well as the severity and nature of the violence will determine whether the man is held in custody pending a trial, or, released on bail, usually with conditions requiring him not to contact his partner.

ONTARIO’S DOMESTIC VIOLENCE COURT PROGRAM

Adapted from Ministry of the Attorney General (2007)

Ontario’s Domestic Violence Court (DVC) program is the most extensive DVC program in Canada. There is a Domestic Violence Court Program in each of the province’s 54 court jurisdictions. The DVC program facilitates the prosecution of domestic assault cases and early intervention in abusive domestic situations, provides better support to victims and increases offender accountability (Ministry of the Attorney General, 2007).

“Teams of specialized professionals work together to help stop the cycle of domestic violence, improve support for victims and investigate and prosecute cases more efficiently” (Ministry of the Attorney General, 2007). DVC Teams work together to ensure priority is given to the safety and needs of domestic assault victims and their children.

DVC teams include:

- Police
- Crown attorneys
- Victim/Witness Assistance Program (VWAP) staff
- Probation services
- PAR(s) staff
- Other community agencies

An operational DVC includes the following components:

- A Domestic Violence Court Advisory Committee
- Specially trained domestic violence Crown attorneys, VWAP staff, and interpreters
- Specialized evidence collection and investigation procedures by police
- Case management procedures to coordinate prosecutions and ensure early intervention
- A PAR intervention program
- Expanded training for police, Crowns attorneys, VWAP staff, court staff, Probation and Parole staff, and interpreters
What we know…

- Restraining orders can be an effective deterrent to an abusive man’s contact with his partner and children; however, they do not guarantee safety.

- Researchers have found that men who are charged with committing an offense against women have lower instances of recidivism than men who are not charged.
MEASURABLE OUTCOMES, SUCCESS INDICATORS, & EVIDENCE-BASED PRACTICE

Over the past decade, the child welfare and other social service sectors have increasingly turned their attention to evaluating outcomes of interventions with children and families. Where outcomes have been desired or positive, researchers have begun to examine practices that have led to these; conversely, where outcomes have been negative, the focus has been on ‘why?’

Increasingly, child welfare professionals look to the literature for direction on ‘what works’ and ‘what does not’. On the basis of these explorations, changes in philosophy and practice have emerged. Researchers caution child welfare professionals, however, against believing in ‘absolute cause and effect’ and similarly caution against the notion that there is only one ‘best practice’, rather, there is more likely to be several effective approaches or practices, the success of each dependent on the individual and their circumstances.

Service plans consist of measurable goals and objectives and the tasks required to achieve these. Goals and objectives are linked to desired outcomes, and the service plan includes a way to measure the family’s progress. In child protection cases where woman abuse has occurred, the child welfare professional and the family identify intervention strategies and services that will assist in the reduction and/or elimination of risk, and will increase the safety and well-being of the children. Objectives in a safety plan are straightforward, and the desired outcomes clearly stated (for example, safety and well-being of children, safety and empowerment of the mother, renunciation of violence by the abusive male). Child welfare professionals are challenged, however, to consider how ‘safety’ will be measured, how a child’s well-being will be evaluated, and in the case of the abusive male, indicators that he has renounced violence. There is also the matter of short-term versus long-term and enduring change: How do we know for example, that the application of X (treatment/intervention) will result in Y (desired outcome) and that Y will endure in the long term?

Research into the effectiveness of specific interventions with children exposed to woman abuse, abused women, and abusive men has intensified in recent years. For every study that purports positive outcomes as a result of a specific treatment strategy, however, there are corresponding studies that advise caution or challenge some or all of these findings. This presents a dilemma for child welfare professionals and other service providers who are dependent on emerging research to inform service planning. Notwithstanding this dilemma, child welfare professionals are encouraged to critically assess the needs of their specific service users and to select those interventions based on the ‘best available evidence’ that these interventions are more likely than anything else to produce the desired outcomes.

Group treatment is the most common treatment of choice for children who have been exposed to woman abuse, for women who have been abused by their male partners, and for men who are abusive to their female partners. Research into the effectiveness of group treatment with each service group is lacking; however, this is not to suggest that group treatment does not ‘work’. Researchers cannot say with any real certainty that specific components of a group treatment program will lead to specific outcomes in individuals.

Evidence attests to the importance of children’s appraisals of woman abuse and suggests that children exposed to woman abuse require help to accurately understand and respond to events that occur around them. This helps to minimize their distress and the
subsequent problems they manifest as a result of this distress. Children especially need to be helped to understand who is to blame for the violence. Children often perceive themselves to be in some way responsible for conflict or violence that occurs between parents, particularly if the topic of the conflict is child related. Children's appraisals of self-blame are in turn related to their feelings of shame and sadness. Feeling responsible for the occurrence of woman abuse contributes to children’s motivation to directly intervene in an attempt to diffuse the situation or protect their mother from harm. Helping children to understand why conflict is occurring may help them to make more accurate attributions of cause and responsibility. From the best available evidence, it is believed that “children who do not internalize blame for the abuse, can appropriately and accurately attribute blame, and who develop helpful coping strategies (e.g., reaching out for help) will probably have the best outcomes” (Baker & Cunningham, 2004c). A primary objective in group treatment is therefore to increase children’s knowledge about woman abuse and to enhance children’s repertoire of coping skills to be drawn upon in times of subsequent violence.

According to Mullender et al., (2002), “It matters a great deal to children that they can tell their story at their own pace and voice their concerns” (p. 214). Group treatment affords the opportunity for children to do this and more; however, the extent to which group treatment is effective in this regard remains largely unsubstantiated by empirical research. Baker and Cunningham (2004a) for example, discovered only a handful of evaluations of children’s treatment programs for exposure to woman abuse and none addressed treatment effectiveness.

The literature is clear in recommending group treatment for abused women, however, evaluations of the effectiveness of group treatment have been minimal. Critics of the current treatment approaches for women who have been abused by men (group therapy and referrals to shelters in particular) argue that Western feminist ideology has been the driving force behind the menu of services offered to abused women, but this has been done without adequate evaluation that these approaches do in fact lead to enhanced safety (Mills, 2003).
Group treatment with abusive men remains one of the most recommended and relied upon treatment strategies. Although the research on the outcomes of PAR(s) is mixed, most researchers agree that, at the very least, programs have a modest positive effect on men who are abusive towards women (Aldarondo & Mederos, 2002). Research conducted by Gondolf (2002) suggests that, in fact, the long-term positive effects of treatment programs for abusive men can be very significant. In their examination of literature on treatment approaches with abusive men, Cavanaugh and Gelles (2005) identified abuser typologies and the outcomes of group treatment with specific types of abusers. They caution of the danger in mismatching different types of abusers with treatment interventions. This approach may, for example, result in some types of abusers completing requisite treatment programs without having their needs addressed.

Research on the effectiveness of treatment programs for men as with treatment programs for abused women and children, is complicated by the fact that the philosophies and designs of the programs can vary widely. These can range from purely educational to almost totally process-oriented, and from models based on heavy confrontation (in the case of abusive men) to designs guided by compassion for the participants. Moreover, discrepancies in outcome measures might have more to do with research methodologies than with actual program effectiveness.

EVIDENCE-BASED PRACTICE (EBP)

Evidence-based practice (EBP) “is the integration of current best evidence, clinical expertise, and client state and preferences. This integration is achieved through the process of posing a question, querying a data base to find current best evidence, evaluating evidence found, and applying it to client and client context. EBP is more than simply the application of an intervention that has some evidence of effectiveness. Rather, it is a process that allows agencies and practitioners truly to take account of what is known about both the clients and the challenges they face” (Roberts & White, 2007, p. 236-37).

Evidence-based practices with children exposed to woman abuse, women who have been abused, and men who abuse women, are based on what we know to date about what works and what does not work in ensuring the safety of children and their mothers. Child welfare professionals, VAW workers and other service providers need to collaborate in service planning and ongoing evaluation of services, in order to better understand and respond to children exposed to woman abuse and their families.

What we know...

- Understanding children’s perspectives on woman abuse and helping them to understand and make sense of what they have experienced is essential to their well-being.
- Keeping children with their non-abusing mothers in a safe environment is linked with positive outcomes for children.
- Supporting mothers, without blaming them, and valuing their unique awareness of their own situation, is linked to good outcomes.
- Treatment programs for abusive men are an important component of the
service plans developed to keep women and children safe, provided that they do not work in isolation from other service sectors.

Ideas on which child welfare professionals can build...

• Pre- and post-treatment evaluation of children’s emotional and cognitive processes will aid in our understanding of the particular mechanisms that explain why some children appear resilient to the trauma of exposure to woman abuse while others go on to develop long-term clinically significant problems.

• Family preservation models appear to be ideally suited to working with women and their children who are in or recovering from an abusive relationship, because they focus on strengths within the family and empowering the family to use those strengths to change. Articulating the desired type and intensity of change will inform ongoing research into the short-term and long-term effectiveness of these programs.
**NEXT STEPS**

As you read these last pages of the Practice Guide it is anticipated that you will take time to reflect on and consolidate your learnings. If you are left with more questions than answers, the advisory committee will have achieved one of the objectives of this Guide: to stimulate thinking about what you can do differently with the children, women and men whose lives are affected by woman abuse. These final suggestions are offered:

- Think about what you have learned about working with abused women, children exposed to woman abuse and men who abuse women, and how this new information can enhance your interventions with these service users;

- Think about how the information you have acquired can make a difference in how your agency intervenes with families in which woman abuse is occurring;

- Become familiar with local protocols and processes for assessing risk and managing high risk cases;

- Consider how you interface with the VAW and criminal justice sectors in your community and how you can engage them in collaborating to make the lives of women and children safer, and in engaging abusive men to make positive changes;

- Consider the desired outcomes of your interventions, both those undertaken individually and those undertaken collectively, and how you will measure these;

- Read more about resiliency and the critical factors that enable many children to remain immune from the trauma of witnessing woman abuse. The OACAS members’ website (www2.oacas.org) is steeped in excellent articles that can be downloaded;

- Visit a local women’s shelter and learn first-hand about the resources that are available for abused women and children in your community who require a safe place to live;

- Read more about promising practices with abusive men that have motivated many men to change their behaviour in order to have safer and more fulfilling relationships with their children;

- Learn more about ARAO practices and how these can be of empowering and therapeutic value to abused women, children, and men who abuse women; and,

- Review the agency’s policy about supporting woman abuse victims in the workplace. For resources on this topic, please refer to the Ministry of Labour’s website: http://www.ontario.ca/labour

There is no doubt that working with abused women, children who witness woman abuse, and men who abuse women, is highly challenging. This is all the more reason to collaborate with community partners in making children’s lives and those of their mother safer, and in holding men who abuse women accountable and responsible for making positive change.
The journey of a thousand miles begins with the first step…
RESOURCES

WEB ACCESSIBLE RESOURCES

The Centre for Children and Families in the Justice System
(formerly called the London Family Court Clinic)
www.lfcc.on.ca

The Centre for Children and Families in the Justice System is known around the world for its innovative approach to understanding children exposed to woman abuse and other forms of domestic violence, supporting their mothers, and creating resources for service deliverers. A range of resources is available to assist students, front-line professionals, volunteers, educators, and mothers who themselves have survived woman abuse. Three documents by Baker and Cunningham are referenced in this guide and available from this site, which child welfare professionals and others will find especially helpful:

3. Little Eyes Little Ears: How Violence Against a Mother Shapes Children As They Grow (2007)

Canadian Council on Social Development
www.ccsd.ca

The document ‘Nowhere to Turn? Responding to Partner Violence Against Immigrant and Visible Minority Women’, can be downloaded at no charge from this site.

National Clearing House on Family Violence
www.phac-aspc.gc.ca/ncfv-cnivf

This site has a wealth of information about every aspect of family violence in Canada. All documents can be downloaded at no charge and are available in both French and English. Among the many documents are directories of services across Canada and fact sheets with summaries of the latest research.

A sample of the documents that can be downloaded at no charge from this site:

• Family Violence in Canada: A Statistical Profile, 2008
• Aboriginal Women and Family Violence
• Transition Houses and Shelters for Abused Women in Canada
• Canada’s Treatment Programs for Men Who Abuse Their Partners
Intimate Partner Violence Risk Assessment

www.dangerassessment.org

Campbell’s Danger Assessment scale can be downloaded from this website. It is available in English, French, Spanish and Portuguese.

Inventory of Spousal Violence Risk Assessment Tools Used in Canada


This 26-page document provides a list of spousal violence risk assessment tools currently being used by criminal justice personnel in Canada.

Examples of Safety Plans Used in Canada

www.shelternet.ca

Shelternet.ca was created to provide reliable and up-to-date information for abused women, their family, friends, and colleagues in Canada.

Neighbours, Friends and Families is a public education campaign to raise awareness of the signs of woman abuse so that those close to an at-risk woman or an abusive man can help.

www.neighboursfriendsandfamilies.ca

Domestic Abuse Intervention Program (Home to the Duluth Model)

www.theduluthmodel.org

The Power and Control Wheel, the Equality Wheel, and other woman abuse prevention resources can be found on this site.

National Online Resource Center on Violence Against Women

www.vawnet.org

The Internet offers an abundance of information about violence against women, including millions of websites, blogs, and other online resources. Sifting through web content and finding accurate and useful information can be time-consuming, however. This website provides excellent tips on search strategies and information management, starting points to begin searches, critical questions for evaluating the credibility, validity, and quality of resources.
Violence Against Women On-Line Resources

www.vaw.umn.edu/

Violence Against Women Online Resources provides materials on domestic violence, sexual assault, and stalking for criminal justice professionals, sexual assault and domestic violence victim advocates, and other multi-disciplinary professionals and community partners who respond to these crimes. The materials on this site were developed by organizations with expertise in violence against women who provide technical assistance for grantees funded.

Ontario Domestic Violence Death Review Committee (DVDRC) Risk Factor Coding Form


In each case reviewed by the DVDRC, a risk factor coding form is completed. This form, combined with definitions for each risk factor, is included in Appendix B of the 2008 DVDRC Report.

Other Resources

Transforming our Communities, A Report from the Domestic Violence Advisory Council for the Minister Responsible for Women's Issues. Issued in July 2009 by the Ontario Minister Responsible for Women's Issues. The Report presents recommendations in five priority areas: access and equity; education and training; child welfare; legal response; and threat assessment and risk management.

http://www.citizenship.gov.on.ca
REFERENCES


APPENDICES

APPENDIX ‘A’: SAMPLE SAFETY PLAN FOR CHILDREN EXPOSED TO WOMAN ABUSE

1. When my mom and I are not safe, I will NOT try to stop the fighting. I will go to my room or to my next-door neighbour’s home.

2. Other places I could go where I would be safe are ____________________.

3. If I call the police for help, I will dial 911 and tell them:
   - My name is ________.
   - I need help.
   - Send the police.
   - Someone is hurting my mom.
   - My address is ____________________.

4. I will remember not to hang up until the police get there.

5. A code word for “help” or “I’m scared” is __________. If my mom says ‘____’ I know that this means I must go ________________.

6. I will practice this with my mom every night.
APPENDIX ‘B’: SAMPLE PERSONAL SAFETY PLANS FOR WOMEN WHO ARE ABUSED

Adapted from Personalized Safety Plan, Office of the City Attorney, City of San Diego, California, April 1990. Available online at: http://www.mincavu.umn.edu/documents/hart/hart.html#id2375503

Sample Personal Safety Plan for a Woman

Although I do not have control over my partner’s violent behaviour, I do have a choice about how to respond to him and how best to keep myself and my children safe.

I, _____________________, can do the following to pursue safety prior to and during a violent incident:

1. I can have my purse and car keys ready and place them _______ so that I can leave quickly.

2. I can tell my neighbours about the violence and ask that they call the police if they hear yelling, screaming, or loud noises coming from my house.

3. I can teach my children how to use the telephone to call 911 and provide our address and phone number.

4. I will use “______” as the code word with my children, relatives, and friends so they can call for help.

5. If I have to leave my home, I will go to the shelter for battered women or my friend’s home.

6. When I expect we are going to have an argument, I will try to move to a space that is lowest risk such as the foyer or back hall where the doors are located.

7. I will tell my children to go to their room or to my neighbour’s home. I will tell them NOT to intervene when we are arguing or if a violent incident occurs.

Date created _______________________

Safety plan variations have been adapted
Sample Personal Safety Plan For A Woman Who Is Preparing To Leave the Relationship

While I am in the process of preparing to leave I can use some or all of the following safety strategies:

1. I will leave money and an extra set of keys with ________________________ so I can leave quickly.

2. I will keep copies of important documents or keys in/at ____________________.

3. I will open a bank account by_________________ at ____________ to increase my independence.

4. Other things I can do to increase my independence include (list):

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

5. The local women’s crisis number is ________________________________

6. I can seek shelter by calling this number ____________________________

7. I can keep change for phone calls and/or a prepaid phone card on me at all times. (I understand that to keep my telephone communications confidential, I must either use coins or prepaid phone card. If I use a telephone credit card, my abuser will be able to tell what numbers I have called when he receives the telephone bill).

8. I will check with the following people/places to see who would be able to let me stay with them or lend me some money.

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

9. I can leave extra clothes and personal items with ________________________.

10. I will sit down and review my safety plan every ______________________ in order to plan the safest way to leave the residence.

11. ______________________ (name of supportive person) has agreed to help me review this plan.

12. I will rehearse my escape plan and, as appropriate, practice it with my children.
Sample Personal Safety Plan For A Woman Who Has Left and Lives Alone With Her Children

There are many things that a woman can do to increase her safety in her own residence. It may be impossible to do everything at once, but I can do these things step by step.

Safety measures I can use at my home include:

1. I can change the locks on my doors and windows.

2. I can replace wooden doors with steel/metal doors.

3. I can install security systems including additional locks, window bars, poles to wedge against doors, an electronic alarm system, etc.

4. I can purchase rope ladders to be used for escape from second floor windows.

5. I can install smoke detectors and purchase fire extinguishers for each floor in my house/apartment.

6. I can install an outside motion sensitive lighting system that comes on when a person is coming close to my house.

7. I will teach my children how to use the telephone to make a collect call to me and to the following other people in the event that my partner takes the children.
   - (friend) ______________
   - (relative) ______________
   - (clergy) ______________

8. I will tell people who take care of my children which people have permission to pick up my children and that my partner is not permitted to do so. The people I will inform about pick-up permission include:
   - School principles
   - School teachers
   - Day care staff
   - Babysitter
   - Minister / Rabi / Other spiritual/religious leader
   - Others

9. I can inform the following people that my partner no longer resides with me and they should call the police if they see him near my residence.
   - neighbours
   - friends
   - building superintendent
   - postal courier
   - relatives