



# Family Violence Risk Assessment and Safety Planning by Child Intervention Staff: An Environmental Scan

This environmental scan was conducted as part of a collaborative research project conducted by Calgary Counselling Centre researchers in partnership with Alberta Human Services: Child Intervention, Family Violence Prevention and Homeless Supports (FVPHS) and The Alberta Centre for Child, Family and Community Research. The methodology used for this scan consisted of conducting a survey of all Child Intervention staff in Alberta, and seven focus groups with participants representing Child Intervention staff, including supervisors and managers and Regional Family Violence Coordinators for Alberta. The literature related to risk assessment and safety planning in child welfare was also reviewed and integrated into this report.

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## Executive Summary

Risk assessment and safety planning are critical elements in work done with families impacted by family violence. Alberta Human Services: Child Intervention (HS:CI) has made protection against family violence a priority. They are continuously seeking to enhance the Casework Practice Model (CPM) used by Child Intervention staff to ensure it reflects best and promising practices in the field. The externally focused portion of this environmental scan examines information regarding risk assessment and safety planning tools and practices found within the professional literature, and electronic data sources obtained from experts in the field. The internally focused portion identifies tools and practices currently utilized within HS:CI. This internal information was collected through an on-line survey, focus groups and consultations with committee members for this project. Information from both external and internal sources is summarized in this document.

A need for risk assessment tools and practices that consider the needs of children exposed to family violence was identified by respondents to the on-line survey and by the participants in the focus groups. In considering the tools reviewed, it is recommended that:

- **The *Child Exposure to Domestic Violence* (Edleson, Shin, Armendariz, 2008) be considered for inclusion in the current Casework Practice Model.**
- **Shlonsky and Friends' (2007) *Child Protection Decision Aid for Cases Involving Domestic Violence* be considered for inclusion in the current Casework Practice Model.**

Safety planning is currently covered in the existing Child Intervention Casework Practice Model and is required to be addressed when using the electronic record keeping system utilized by HS:CI. Nevertheless, the respondents to the on-line survey and the focus group participants raised concern that there is a great deal of inconsistency in how safety planning is currently done with families experiencing domestic violence. They also indicated that this important area of practice needs further

elaboration in the Casework Practice Model and that it requires reinforcement and further expansion in on-going training. Supervision and on-the-job mentoring was considered an important means of ensuring the quality of the work done with family violence clients. The need for collaborative practice was also highlighted. In order to ensure safety planning is adequately addressed in work with families impacted by domestic violence it is recommended that:

- **Given the complexities involved in meeting the needs of families working with HS:CI and the need for collaboration in risk assessment and safety planning, collaborative practice be prioritized in the further development of the Casework Practice Model and emphasized in advanced family violence training for HS:CI personnel.**
- **Safety planning training be included in on-going, mandatory training for HS:CI personnel from all regions. This training should include information and skill building that is transferrable to work with all families in which domestic violence is a concern. However, information relevant to specific family needs and the resources found in the different regions of Alberta should be included in the training.**

Finally, it must be recognized that tools for risk assessment and safety planning, well-defined practice guidelines and electronic records are all important, but are insufficient to ensure the safety of families impacted by family violence. Training alone is not the answer; rather, all of these require the attention of supervisors and managers to support their on-going implementation and continuous improvement. A major lesson learned from the Greenbook Initiative, a nationally-funded program in the United States (US) designed to enhance collaborative services to families experiencing domestic violence, was that while efforts to enhance the knowledge and skills of child welfare staff, domestic violence agency employees and court personnel initially resulted in improved practice (e.g., increased

screening and increased collaboration), these improvements were jeopardized when there were high rates of staff turn-over and inconsistent follow-up (ICF, 2008).

The on-going efforts of HS:CI to improve their risk assessment and safety planning strategies for families experiencing family violence face the same challenges. The work done to date and future initiatives to enhance services to family violence clients need to be reinforced through on-going education and training and through the support of supervisors and managers who are well-trained in working with these families. Finally, collaborative practice, which extends beyond the development of partnerships between service providers to include family and community members, needs to continue to be realized.

## Introduction

This environmental scan was done as part of a collaborative research project conducted by Calgary Counselling Centre researchers in partnership with Alberta Human Services: Child Intervention, Family Violence Prevention and Homeless Supports (FVPHS) and The Alberta Centre for Child, Family and Community Research. The purpose of this research project was to provide information regarding best and promising practices in the areas of risk assessment and safety planning with families dealing with family violence. This information will be utilized in the on-going development of the Casework Practice Model currently used within Alberta Human Services: Child Intervention (HS:CI) and in the development of a framework for advanced family violence training for Child Intervention (CI) staff in Alberta.

Information from sources external to HS:CI was gathered from the Canadian and International literature related to risk assessment and safety planning for family violence clients. Consultations were held with academics and leaders in child protection services in Canada and the United States and information from these consultations was integrated into this report. Internally focused information was gathered from (a) the results of an on-line survey sent to all Child Intervention staff in Alberta, (b) information provided during seven focus groups facilitated in different areas of the province with participants from HS:CI intervention staff, supervisors and managers, and the Regional Family Violence Coordinators for Alberta, and (c) in consultation with members of the Steering Committee for this project and the members of the Child Intervention Advisory Committee.

## Purpose

The purpose of this environmental scan is to provide information from across Canada and from International sources on best and promising practices in the areas of risk assessment and safety planning with families impacted by domestic abuse who have come into contact with a child protection



agency. Information regarding current risk assessment and safety planning practices within Alberta Human Services: Child Intervention (HS:CI) will also be examined. As mentioned, this collective information will inform the on-going development of the current Casework Practice Model used in Alberta and will be considered in the development of a framework for advanced family violence training for Child Intervention staff in this province.

## Methodology

The authors utilized a methodology for this environmental scan that involved gathering information from sources both external to Alberta Human Services: Child Intervention (HS:CI) and internal to HS:CI. The external information was drawn from a literature review which examined information found in professional, peer-reviewed journals; on-line sources including National Family Violence Clearinghouses in Canada and the United States; University webpages which included documents pertaining to the subject; and web-sites featuring specific tools related to domestic violence risk assessment and safety planning practices. External information was also gained from consultations with experts in the field including: Alyce LaViolette, consultant and trainer for child protection workers in Los Angeles and Orange County; Dr. Daniel Saunders, (University of Michigan), academic researcher and consultant who evaluated a 2-day training based on a curriculum authored by Dr. Anne Ganley and Susan Schechter that was related to the Greenbook Initiative; Todd Augusta-Scott, trainer for child welfare workers in Nova Scotia; Dr. Aron Shlonsky (University of Toronto), academic, researcher and consultant involved in the development of the *Child Exposure to Domestic Violence (CEDV)* ; and, Dr. Anne Ganley (University of Seattle), academic, researcher and consultant involved in program development and evaluation in Washington state and co-author of *Social Worker's Practice Guide to Domestic Violence*, written for the Washington State Department of Social and Health Services (2010).

An external Expert Advisory Committee made up of members from across Canada also provided information included in this scan and provided helpful references to external sources of information.

Information regarding the risk assessment and safety planning practices currently being used by HS:CI staff was gathered through a document review of:

- Delegation Training materials, the Safety Assessment (Parts A & B) including the information sheets for Domain A (Child Development Descriptors), Domain B (Parenting Capacity Descriptors), Domain C (Family and Environmental Factors Descriptors) and the Ongoing Assessment document.
- The Screening Aid for Family Violence and other materials relating to domestic violence included in the Delegation Training Materials and
- The recently released Child, Youth and Family Enhancement Guide (June 2012).

Internal information was also collected through an on-line survey and focus groups. The on-line survey was developed by the primary researchers in collaboration with members of the Child Intervention Advisory Committee for this project. HS:CI distributed the survey to all Child Intervention workers in Alberta, and a total of 223 workers responded to the survey. Questions regarding workers' training in the area of risk assessment and safety planning were included in this survey.

Seven focus groups were held in the following locations throughout Alberta: Edmonton (2 focus group with participants from Edmonton and the northern regions and 1 focus group with Regional Family Violence Coordinators); High Prairie (1 focus group with participants from High Prairie, Region 8 and Region 10 Child and Family Services Authorities [CFSAs]; Medicine Hat (1 focus group with participants from Medicine Hat and Lethbridge) and Calgary (1 focus group with participants from Region 3 and 1 focus group with personnel from local DFNAs). The focus group participants represented front-line staff (i.e., intake workers, assessors/investigators, caseworkers, foster care and kinship care

coordinators), supervisors, managers and the Regional Family Violence Coordinators for Alberta. The Regional Family Violence Coordinators are involved in developing the internal and community understanding of family violence and the capacity of HS:CI staff and service providers within the community to effectively meet the needs of families affected by family violence.

## Limitations

Alberta families impacted by family violence reflect the diversities and complexities seen within contemporary society. These diversities include but are not limited to: culture and language, race, religion, sexual orientation, abilities and differences in family structure and composition. Alberta families also live in very different social and environmental contexts. Families living in urban centres have access to different resources than the resources available to those living in rural and remote areas of our province. These diversities reflect the rich social and environmental tapestry of Alberta and are important to consider when working with families impacted by family violence.

Often these families simultaneously face multiple and complex challenges. Family violence co-occurs with mental health issues, primary health concerns, addictions, and financial hardship. Historically family violence was perceived as involving female victims and male perpetrators. Today, it is known that women and men of any age may be victims of family violence. The impact on children exposed to family violence is now an important consideration when considering the impact of family violence on family members. We also know that both men and women choose to use violence within intimate relationships and need to be considered in the systems that hold them accountable for their choices and in the continuum of care available to offenders.

These diversities and complexities are important to consider when working with individuals and families affected by family violence but an in-depth consideration of all of these factors falls outside the scope of this scan. These themes arise throughout the information presented in this document and will

be further elaborated upon in the on-going development of the Casework Practice Model and in the development of advanced family violence training for Child Intervention staff in Alberta.

## Environmental Scan

The authors begin this scan by highlighting the prevalence of the problem of family violence and the importance of risk assessment and safety planning for family violence clients. An overview and summary of the information provided from both the internal and external sources follows, and this report concludes with the presentation of key findings and recommendations relevant to risk assessment and safety planning with families for whom family violence is a concern.

### **Family Violence: The Prevalence of the Problem and the Importance of Risk Assessment and Safety Planning for Families Impacted by Family Violence**

Family violence is a serious social problem which has become an important area of study in recent years. According to the 2008 *Canadian Incidence Study of Reported Child Abuse and Neglect* (CIS-2008) published by the Government of Canada (2010), domestic violence was present in 34% (29,259 cases) of substantiated child welfare investigations. The authors of the CIS-2008 also reported that 46% of the primary caregivers in substantiated investigations were victims of domestic violence. Au Coin (2005) reviewed the Canadian 2004 *General Social Survey* and found that 40% of all victims of spousal abuse had children who witnessed the abuse. Exposure to domestic violence (EDV) and other forms of child maltreatment were found by Canadian and US researchers to co-occur in between 30-60% of child welfare cases (Edleson, 1999; Edleson, Mbilinyi, Beeman, & Hagemester, 2003; Jouriles, McDonald, Slep, Heyman, & Garrido, 2008; Kracke & Hahn, 2008). The majority of incidents of EDV were found to take place in the victim's home (87%), with 29% of the children exposed being under the age of two years. Overall, 61% of the children directly witnessed the incident (Stanley, Miller, Foster, & Thomson,

2011). McGuigan and Pratt (2001) reported that domestic violence preceded other forms of child maltreatment in 46 of 59 cases of co-occurrence (78%). In severe abuse cases (i.e., critical injury or death of a child) domestic violence was identified as a concern in over 40% of these families.

Researchers have also raised concern that prevalence rates under represent the number of children who experience exposure to intimate partner violence and some other form of child maltreatment.

### **Under Identification of Family Violence in Child Maltreatment Investigations**

The under identification of family violence in child welfare investigations has been identified as a concern that needs to be addressed by child protection workers. Kohl, Barth, Hazen, and Landsverk (2005) researched the identification of domestic violence by child welfare workers during investigations of child maltreatment using the *National Survey of Child and Adolescent Well Being*, a study based on data gathered from 36 U.S. states. These researchers found the following:

- *43% of caregivers* reported a lifetime prevalence of *less severe* DV victimization, 19% reported *severe* DV victimization, and 31% of caregivers reported DV *victimization in the past year* on their self-report of domestic violence.
- *Child welfare workers identified domestic violence in only 12% of these cases* (Kohl et al., 2005).
- Under identification was *seven* times more likely when the primary caregiver was identified as abusing substances.
- When the secondary caregiver was identified as abusing substances, the rate of under identifying domestic violence decreased to 29% of the cases.

One of the implications of this research is the indicated need for more consistency in identifying and assessing family violence in families involved with Child Intervention services. Research further

indicates inconsistency in how child welfare personnel respond in cases where family violence has been substantiated.

## **Response of Child Welfare Workers to Family Violence and Child Maltreatment**

Canadian child welfare workers' responses to cases involving exposure to domestic violence (EDV) have been found to vary depending on whether the violence occurs in isolation or with another form of child maltreatment (Black, Trocmé, Fallon & MacLaurin, 2008). Black et al. (2008) further found that maternal caregivers and children involved in investigations in which exposure to DV was substantiated were indicated to be *less* symptomatic than in cases involving other forms of maltreatment. Black and colleagues raised an important question regarding these findings. Were maternal caregivers and children exposed to domestic violence actually less symptomatic OR were the caseworkers more intent on substantiation than assessment? These researchers also found that cases in which domestic violence had been substantiated had the lowest rate of on-going provision of child welfare services and the children were also less likely to be removed from their homes when compared to children experiencing only other forms of maltreatment. Families in which EDV and other forms of child maltreatment co-occurred were also more likely to be provided services for a longer period of time (Black et al., 2008). These variances in response to families in which family violence was a concern also raised the question:

- What assessment criteria are used to determine the safety planning and continuum of care implemented with families in which DV is a concern?

When this variance in response to substantiated cases of exposure to family violence is considered in light of the under identification of family violence in child maltreatment investigations, the need for effective risk assessment and safety planning practices in these cases is amplified.

## A Need for Further Training

Child welfare workers' responses to family violence and child maltreatment vary depending on (a) the workers' understandings of these phenomenon, (b) the worker's knowledge and skill in assessing the presence of family violence and child maltreatment and the associated risks to family members and(c) the worker's knowledge and skill in developing appropriate safety plans and providing differentiated services according to the needs of the various family members. Child welfare workers recognize their need for further education and training in each of these areas (Button & Payne, 2009).

## Risk Assessment Tools and Safety Planning Practices

Three types of risk assessment that may be used in cases where there is concern regarding the co-occurrence of child maltreatment and exposure to domestic violence are: (a) a clinical assessment, (b) an actuarial assessment, and (c) an actuarial risk scale (Holder 2008). A brief description of each of these types of risk assessments follows.

A clinical assessment, also known as professional judgement, is derived from subjective opinions of the professionals involved. Even though this form of assessment is guided by a practice base, training, education, and experience, research has shown that this approach results in inaccuracies in assessment (Holder, 2008; Shlonsky & Friend, 2007).

Actuarial instruments make predictions about risk based on the measured relationship between identified outcomes and different objectively measured variables (Holder, 2008). A problem with actuarial instruments is that those without a theoretical basis examine mostly historical and unchangeable risk factors (i.e., early family experience or educational attainment) making them less comprehensive (Holder, 2008).

The third type of assessment is actuarial risk scales. These scales are considered to be more dynamic as they can be used to explore the context and environment of the violence, which have

potential to be altered (e.g. drug use, financial stability, or attitudes and beliefs), while still assessing static variables (Holder, 2008). There is however an assumption that practitioners will use tools in their intended ways, which may not always be the case, and thus tools cannot be used to entirely replace the expertise of well-trained, experienced professionals (Gillingham & Humphreys, 2010).

Shlonsky and Friend (2007) identify two additional types of assessments including: safety assessments, which are made up of consensus-based lists of factors thought to be related to the likelihood of immediate harm; and structured contextual assessments, which are detailed appraisals of individual and family functioning. These tools allow caseworkers to (a) more reliably assess whether the child may be safe if left in the home (safety assessment), (b) generate more reliable and valid predictions of the likelihood of future harm (actuarial risk assessment), and (c) to compile a detailed file that can be used to develop an individualized case plan (contextual assessment) (Shlonsky & Friend, 2007).

## **Risk Assessment Tools**

Numerous assessment tools used with individuals experiencing domestic violence were identified in the literature. Many of these tools were developed for use by professions other than child welfare including police services, justice, primary and mental health service providers and domestic violence agencies. Thus, many of the risk assessment tools focus on assessing violence experienced by adult victims and/or predicting the potential for offenders to re-offend. Table 1 identifies a range of risk assessment tools used within child welfare agencies in Canada and the United States. The tools identified as having the most promise for integration into the current Casework Practice Model (CPM) used in Alberta Human Services: Child Intervention (HS:CI) are marked with an asterisk in the table. The criteria used for considering a tool as having potential for inclusion in the CPM are identified below:



- The tool was designed for use within child welfare agencies OR had been used extensively within child welfare agencies.
- The instrument’s psychometric properties had been normed using a child welfare sample.
- The tools had been empirically evaluated and had been identified as having utility for child welfare personnel.

## Risk Assessment Tools Referred to in the Literature

**Table 1.** External environmental scan of risk assessment tools

<b>California Family Risk Assessment</b> (Wagner & Johnson, 2003, as cited in Shlonsky & Friend, 2007)	
<b>Description</b>	-Designed to objectively assess child or family functioning in various areas (substance abuse, mental health, physical health, family relationships, housing, and social support) (Shlonsky & Wagner, 2005).
<b>Strengths</b>	-Reliable psychometric properties. -Designated use of the tool transfers well to daily practice in the field. -Clearly differentiates level of risk for re-substantiation <sup>1</sup> , subsequent child placement, and child injury. -Allows for agency and clinical override so workers can upgrade the risk level in order to respond to information that may not have been accounted for by the tool. (Shlonsky & Friend, 2007)
<b>Limitations</b>	-Not specifically designed to assess children’s exposure to domestic violence (EDV) (Shlonsky & Friend, 2007). -Unable to predict maltreatment recurrence at acceptable levels if it is constrained to simply predicting whether or not maltreatment will occur. -Rate of false positives was found to be exceedingly high. (Shlonsky & Wagner, 2005)
<b>Considerations for use in HS:CI</b>	-This tool transfers well to the field, but users must receive proper training regarding its use. -Even though it is not specifically designed to assess a child’s EDV, it is useful when used in conjunction with instruments and processes more specific to assessing children’s EDV. -Use clinical overrides sparingly, because on average, clinical overrides result in less accuracy (Shlonsky & Friend, 2007). -Not intended to be the sole source for decision making (used to simply assign a level of risk relative to other cases) (Shlonsky & Wagner, 2005).

<b>*Child Exposure to Domestic Violence (CEDV)</b> (Edleson, Shin, & Armendariz, 2008)	
Note: User's Manual available at <a href="http://www.mincava.umn.edu/cedv/cedvmanual.pdf">http://www.mincava.umn.edu/cedv/cedvmanual.pdf</a>	
<b>Description</b>	<ul style="list-style-type: none"> <li>-46-item child self-report scale.</li> <li>-Focuses on the types of violence to which a child is exposed, how the child is exposed to each form, how the child is involved in violent incidents, and information on other forms of victimization, as well as risk and protective factors.</li> <li>-Six subscales: 1) Level of violence in the home, 2) Exposure to violence in the home, 3) Involvement of violent events at home, 4) Exposure to violence in the community, 5) Presence of other risk factors, and 6) Forms of child victimization (Edelson et al., 2008).</li> </ul>
<b>Strengths</b>	<ul style="list-style-type: none"> <li>-Psychometrically tested (reviewed by an international panel of experts and pilot tested with 65 children ages 10 to 16).</li> <li>-Found to be a useful instrument in assessing children in child welfare cases for future risk of EDV.</li> <li>-Can be incorporated in a variety of ways (LaLibetre et al., 2010)</li> </ul>
<b>Limitations</b>	<ul style="list-style-type: none"> <li>-Concern regarding child welfare workers using information from the assessment in court, placing children in difficult or unsafe positions.</li> <li>-Concern regarding the implementation of the use of the instrument by child welfare workers in daily practice (LaLibetre et al., 2010)</li> </ul>
<b>Considerations for use in HS:CI</b>	<ul style="list-style-type: none"> <li>-Clear protocols and guidelines on use of the CEDV are imperative for child welfare workers in order to address concerns of the tool use.</li> <li>-When used with children fitting the instrument's criteria, it is an effective and comprehensive measure of assessing children's EDV.</li> </ul>
<b>Children's Perception of Interparental Conflict Scale</b> (Grych, Seid, & Fincham, 1992)	
<b>Description</b>	<ul style="list-style-type: none"> <li>-Measure that assesses multiple dimensions of marital conflict.</li> <li>-Derived from a theoretical framework for investigating the relation between conflict and adjustment.</li> <li>-4 subscales describe dimensions of marital conflict (frequency, intensity, resolution, and content), 4 other subscales describe children's reaction/interpretation to/of conflict (self-blame, threat, coping, efficacy, and perceived stability of the causes of conflict), and finally 2 other subscales attempt to understand the stressfulness/conflict for children, its predictability, and the likelihood of it involving the child ("triangulation")(Grych, Seid, &amp; Fincham, 1992)</li> </ul>
<b>Strengths</b>	<ul style="list-style-type: none"> <li>-Useful tool in measuring the emotional and behavioral consequences of a child's EDV (Edleson et al., 2007).</li> <li>-High internal consistency.</li> <li>-Significant relationship between child perceptions of conflict</li> </ul>

	(measured by the scale), and their adjustment. Children who report higher levels of frequent, intense, and poorly resolved conflict between parents evidence higher levels of internalizing and externalizing problems. -High inter-rater reliability (Grych et al., 1992).
<b>Limitations</b>	-Does not give adequate information about the child's actual exposure to such experiences (more about their subjective experience or interpretation of the conflict) (Edleson et al., 2007).
<b>Considerations for use in HS:CI</b>	-Should not be used as a sole indicator of children's EDV. -Can be used alongside other assessment tools indicating the types of violence children are exposed to, and the levels of EDV. -Children may have difficulty providing valid descriptions of conflict that are distinct from their subjective response to the conflict, so these reports should be interpreted cautiously (Grych et al., 1992).
<b>Conflict Tactics Scale (CTS)</b> (Straus, 1979)	
<b>Description</b>	-18-item measure of verbal and physical aggression between spouses (spouses rate how often they and their partner have engaged in various behaviours during disagreements in the past 6 months). -List of behaviours includes examples of nonaggressive resolution, verbal aggression, and physical aggression (Grych et al., 1992). -3 subscales: 1) Reasoning scale (use of rational discussion, argument, and reasoning to approach the dispute), 2) Verbal Aggression scale (use of verbal and nonverbal acts that symbolically hurt the other, or the use of threats to hurt the other), 3) Violence scale (the use of physical force against another as a means of resolving the conflict) (Straus, 1979).
<b>Strengths</b>	-Widely used to study aggression in marital conflict. -Adequate psychometric properties. -High reliability of coefficients for the 'Verbal Aggression' and 'Violence' subscales (Straus, 1979).
<b>Limitations</b>	-Low reliability of coefficients for the 'Reasoning' subscale. -Only 3 items on the 'Reasoning' subscale. -Can only be used by adults (Straus, 1979).
<b>Considerations for use in HS:CI</b>	-Non-adapted versions of the CTS should not be used with children. The measure is specific for spousal violence rated by the spouses themselves.

<b>Conflict Tactics Scale (CTS) Adapted</b> (Developed by Kolbo, 1996 and cited in Edleson et al., 2007)	
<b>Description</b>	<ul style="list-style-type: none"> <li>-Parental report for children ages 8 to 11 that assesses children’s levels of EDV.</li> <li>- 80-item questionnaire (7-point Likert scale).</li> <li>-19 questions specifically regarding violent and non-violent tactics used in conflict.</li> <li>-Adapted from Straus’ (1979) Conflict Tactics Scales. Parents or caregivers rate how often the child was exposed to each conflict tactic used in the original CTS. Also asks how often each conflict tactic occurred and how often the child witnessed it being used.</li> <li>-Assesses type, severity, and frequency of conflict tactics witnessed by a child, used by a parent or a caregiver against another parent or caregiver (Edleson et al., 2007).</li> <li>-Examines tactics ranging from “discuss the issue calmly” and “bring in or try to bring in someone to help settle things” to “kick, bite, or hit with a fist” and “use a knife or gun” (Kolbo, 1996).</li> </ul>
<b>Strengths</b>	<ul style="list-style-type: none"> <li>-Offers a more descriptive assessment of children’s EDV (Edleson et al., 2007).</li> </ul>
<b>Limitations</b>	<ul style="list-style-type: none"> <li>-Has not been psychometrically tested (reliability and validity not assessed).</li> <li>-Does not adequately measure EDV (Edleson et al., 2007).</li> <li>-As a severity-weighted scale, results may be skewed (Kolbo, 1996).</li> </ul>
<b>Considerations for use in HS:CI</b>	<ul style="list-style-type: none"> <li>-Results of assessment need to be considered in light of the fact that the CTS has not been psychometrically tested.</li> <li>-Should not be used as a sole indicator of children’s EDV.</li> <li>-Can be used alongside other assessment tools to indicate the types of violence children have witnessed.</li> <li>-Due to concern regarding assessment results being skewed in one direction or another, this scale is not recommended unconditionally (Kolbo, 1996).</li> </ul>
<b>Danger Assessment 2 (DA 2)</b> (Campbell, 1985, 1988, 2001; Retrieved from: <a href="http://www.ncdsv.org/images/dangerassessment.pdf">http://www.ncdsv.org/images/dangerassessment.pdf</a> )	
<b>Description</b>	<ul style="list-style-type: none"> <li>-20-item questionnaire that asks about severity of physical violence, the use of weapons, violent behaviours, threats, sexual assault, emotional abuse (e.g. jealousy/controlling), and questions regarding children involved in the situation (Shlonsky &amp; Friend, 2007; Campbell, 2001).</li> <li>-Designed to assess the risk of lethality (femicide).</li> <li>-Uses a 5 point scale to measure the degree of violent incidents which ranges from “slapping, pushing; no injuries and/or lasting pain” to “use</li> </ul>

	of weapon; wounds from weapon". Violent incidents are recorded on a calendar, which the victim maintains (Campbell, 2001; Campbell, Sharps, & Glass, 2000)
<b>Strengths</b>	<ul style="list-style-type: none"> <li>-Acceptable reliability ranging from 0.74 to 0.80 (Shlonsky &amp; Friend, 2007).</li> <li>-Moderate to high internal consistency reliability (Alpha = .60 - .86).</li> <li>-High test-retest (.89 - .94).</li> <li>-Moderate construct validity that is convergent with the CTS (<math>r = .55 - .75</math>).</li> <li>-Utilized in a variety of settings: battered women's shelters, health care settings, and in the criminal justice system as a way to increase victim safety, deter perpetrators, and use limited resources effectively (Campbell et al., 2000).</li> </ul>
<b>Limitations</b>	<ul style="list-style-type: none"> <li>-Concerns about its ability to simultaneously identify women at risk of femicide and women who are not at risk (as sensitivity increases, specificity decreases).</li> <li>-Number of false positives is very high. (Shlonsky &amp; Friend, 2007).</li> <li>-Summative scoring with no cutoff so level of lethality is judged by advocate collaborative interpretation (Campbell et al., 2000)</li> </ul>
<b>Considerations for use in HS:CI</b>	<ul style="list-style-type: none"> <li>-Can be used as a measure of DV and lethality by the victim, health care workers, and victim advocacy workers (Campbell et al., 2000).</li> <li>-Is not meant for use by offenders or children.</li> </ul>
<b>Domestic Violence Screening Instrument (DVSI)</b> (Williams & Houghton, 2004)	
<b>Description</b>	<ul style="list-style-type: none"> <li>-A 12-item statistical tool that reviews criminal history that is available to prosecutors, judges, and probation officers, soon after an offender is arrested.</li> <li>-Reviews state and national databases, as well as previous court and probation records of the offender.</li> <li>-Each item has response categories ranging from 0 to 2 or 0 to 3 depending on the item. 0 to 3 categories were created for cases involving restraining order history, presence of weapons or children during the incident, and other community supervision at the time of the incident.</li> <li>-Summation of scores (the higher the total score, the higher the risk for reoffending, noncompliance with the court, and probation orders, which overall leads to higher risk to the victims).</li> <li>-Scores range from 0 to 30 (Williams &amp; Houghton, 2004).</li> </ul>
<b>Strengths</b>	<ul style="list-style-type: none"> <li>-Developed through an analysis of over 9,000 DV cases from 1994 to 1996, identifying the most common social and behavioral</li> </ul>

	<p>characteristics of perpetrators having a history of repeated intimate partner violence (IPV).</p> <p>-Also supported through a literature review of empirical studies documenting statistical relations between social and behavioral characteristics, and the prevalence of IPV.</p> <p>-Used focus groups of judges, probation officers, prosecutors, defense attorneys, law enforcement personnel, and representatives of the victim community to determine if the DVSI had sufficient face and content validity.</p> <p>-Sufficient inter-rater reliability, as well as concurrent and discriminant validity with the SARA.</p> <p>-Empirically supported predictive validity of subsequent DV reoffending, as well as more severe forms of repeated violence (Williams &amp; Houghton, 2004).</p>
<b>Limitations</b>	<p>-Not a preventative tool, since it is used after arrest; however serves as a predictive tool for future harm.</p> <p>-Does not include interviews with offenders due to constitutional concerns about communication with the defendant prior to adjudication (Williams &amp; Houghton, 2004).</p>
<b>Considerations for use in HS:CI</b>	<p>-Should only be used by appropriate professionals in criminal justice.</p> <p>-Meant to be used as a strictly statistically based instrument that can be administered quickly and easily to inform criminal justice professionals (Williams &amp; Houghton, 2004).</p>
<p><b>*Family Worries Scale (FWS)</b> (Graham-Bermann, 1996)</p>	
<b>Description</b>	<p>-Designed to assess the self-report of worries and concerns (for children ages 7-12) that children have about different people in their family.</p> <p>-Uses a 4-point Likert scale asking children to rate how much they worried about a specific event or action happening to or by the mother, father, brother, sister, and themselves.</p> <p>-Items are organized into 2 categories: 1) Vulnerable factor (worries that a person would become hurt, hungry, sick, need help, be worried themselves, or be afraid), 2) Harmful factor (worries that a person would hurt someone else, lie to the child, get arrested, scare the child, and get in a fight) (Graham-Bermann, 1996).</p>
<b>Strengths</b>	<p>-Derived from literature on children’s fears and worries, and from lists generated by children’s participation in ‘The Kids’ Club’ (10-week group intervention program for 7 to 12 year olds in families with DV).</p> <p>-High internal reliability (Cronbach’s alpha ranging from .77 to .88 for the Vulnerable factor, and .81 to .87 for the Harmful factor).</p>

	<ul style="list-style-type: none"> <li>-Moderate test-retest reliability for 7 to 12 year olds (correlations ranging from .62 to .84 and .59 to .74 for the Harmful and Vulnerable factors respectively).</li> <li>-Successful tool for distinguishing interpersonal worries of children in violent and nonviolent families (Graham-Bermann, 1996).</li> <li>-Useful tool in measuring the emotional and behavioral consequences of a child's EDV (Edelson et al., 2007).</li> </ul>
<b>Limitations</b>	<ul style="list-style-type: none"> <li>-Does not give adequate information about the child's actual exposure to such experiences (Edelson et al., 2007).</li> <li>-Does not measure children's concerns about the self (Graham-Bermann, 1996).</li> </ul>
<b>Considerations for use in HS:CI</b>	<ul style="list-style-type: none"> <li>-Should not be used as a sole indicator of children's EDV.</li> <li>-Can be used alongside other assessment tools indicating the types of violence children are exposed to, and the levels of EDV.</li> <li>-Unique in its assessment of the child's interpersonal worries, but is not a measure focused on children's concerns about the self, so perhaps using the tool collaboratively would be useful.</li> </ul>
<b>Juvenile Victimization Questionnaire (JVQ)</b> (Finkelhor, Hamby, Ormrod, & Turner, 2005)	
<b>Description</b>	<ul style="list-style-type: none"> <li>-Assesses children's exposure to violence through a child self-report (children ages 8 to 17) and parent report.</li> <li>-37-items (3-point scale) with follow up questions regarding frequency, victim, and perpetrator (Edleson et al., 2007).</li> <li>-Developed as a comprehensive, developmental approach to assess crime, child maltreatment, and other kinds of victimization experiences during childhood.</li> <li>-5 general areas of concern covered by screening questions:  1) Conventional crime, 2) Child maltreatment, 3) Peer and sibling victimization, 4) Sexual victimization, and 5) Witnessing and indirect victimization (Edleson et al., 2007; Finkelhor, Hamby, Ormrod, &amp; Turner, 2005).</li> <li>-3 questions specific to exposure to physical domestic violence.</li> </ul>
<b>Strengths</b>	<ul style="list-style-type: none"> <li>-Addresses a larger variety of violence exposure (school, neighborhood, war, and DV).</li> <li>-Useful as a broad screening measure of violence. Allows differentiation of types of violence and possible etiology of effects of various forms of victimization.</li> <li>-High internal consistency (Cronbach's Alpha of .080).</li> <li>-3-4 weeks retest reliability for the youth self-report (Edleson et al., 2007).</li> <li>-Has been reviewed by academics with experience in studying juvenile</li> </ul>

	victimization, and with focus groups of parents and youth (Finkelhor et al., 2005.)
<b>Limitations</b>	<ul style="list-style-type: none"> <li>-Does not thoroughly measure children's EDV.</li> <li>-Does not measure aspects beyond exposure to physical violence.</li> <li>-Does not identify victims or perpetrators.</li> <li>-Asks few questions regarding EDV (Edleson et al., 2007)</li> <li>-Designed for interview format (Finkelhor et al., 2005)</li> </ul>
<b>Considerations for use in HS:CI</b>	<ul style="list-style-type: none"> <li>-Some of the reports of victimization by younger children may include hitting by peers, or having property stolen or damaged by peers, which is not conventionally seen as crimes or serious victimizations.</li> <li>-Covers a larger age span of children, so it is important to interpret the results according to how the child may have interpreted the questions (Finkelhor et al., 2005)</li> <li>-Informs case conceptualization and potential points of intervention.</li> </ul>
<b>Kingston Screening Instrument for Domestic Violence (K-SID)</b> (Gelles, 1998, as cited in Campbell et al., 2000)	
<b>Description</b>	<ul style="list-style-type: none"> <li>-12-item actuarial screening assessment, each item with 3 categories.</li> <li>-Uses the Severity &amp; Injury Index &amp; Poverty Chart.</li> <li>-Assesses risk of reoffending.</li> <li>-Scoring in categories of 'low', 'moderate', 'high', and 'very high'.</li> <li>-Intended for use by criminal justice workers.</li> <li>-Gathers information through perpetrator assessment and collateral criminal justice information.</li> <li>-Used as a basis for criminal justice decisions such as probation, incarceration, and protective order conditions.</li> </ul> <p>(Campbell et al., 2000)</p>
<b>Strengths</b>	<ul style="list-style-type: none"> <li>-Focuses on risk of re-offending (specific intention of tool use).</li> <li>-Uses levels of risk (easier to interpret).</li> </ul>
<b>Limitations</b>	<ul style="list-style-type: none"> <li>-Cannot be used to assess general issues surrounding DV or children's EDV.</li> </ul>
<b>Considerations for use in HS:CI</b>	<ul style="list-style-type: none"> <li>-Would need to be used alongside other measures of DV and tools assessing children's EDV.</li> </ul>
<b>Mosaic DV (20)</b> (de Becker, 2010)	
<b>Description</b>	<ul style="list-style-type: none"> <li>-A 46-question computer-assisted method for conducting comprehensive assessments.</li> <li>-Assesses whether a situation has the combination of factors that are associated with escalated risk and danger.</li> <li>-Assesses a variety of risk from DV with male/female offenders, workplace violence concerning a male/female, threat by a student at schools/universities, and threats to public figures/judicial officials.</li> </ul>



	-Calculates the value of answers selected by the assessor, and expresses the results on a scale of 1 to 10, along with a written report that describes the factors that were considered. (de Becker, 2010)
<b>Strengths</b>	-Breaks down situations into their elements, factor-by-factor, in order to develop an error avoidance method of assessing risk on-line. -Helps the assessor weigh the present situation in light of expert opinion and research, and instantly compares the present situation to past cases where outcomes are known. -Facilitates an in-depth exploration of a situation, brings attention to factors and combinations of factors that might otherwise go unnoticed. (de Becker, 2010)
<b>Limitations</b>	-Is not a predictive instrument, only an aid for police officers to apply predictive strategies regarding victim decision making. -Accuracy rate has 10% false positives, and 15% false negatives. -No inter-rater reliability data is provided. (Roehl, O’Sullivan, Webster, & Campbell, 2005)
<b>Considerations for use in HS:CI</b>	-Used by the U. S. Supreme Court police to assess threats to the Justices, by the U. S. Marshals service for screening threats to judicial officials, by the U. S. Capitol police for threats against Members of Congress, by police agencies protecting the governors of eleven states, by many large corporations, and by thirty top universities. (de Becker, 2010) -Not meant to prescribe specific case-management responses depending on specific ratings. -Not intended for use by the general population, but for assessing individuals who have already demonstrated an inclination toward violence against another individual (Roehl et al., 2005)
<b>Ontario Domestic Assault Risk Assessment (ODARA)</b> (Hilton, Harris, Rice, Lang, Cormier, & Lines, 2004).	
<b>Description</b>	-Actuarial risk assessment that calculates the likelihood that a man who has assaulted his partner will do so again in the future (Mental Health Centre, 2004) -13-item scale consisting of DV history, general criminal history, threats and confinement during the most recent assault, children in the relationship, substance abuse, and barriers to victims receiving support (Hilton et al., 2004). -Uses binary scoring of each item, and total score generates a probability of recidivism (Shlonsky & Friend, 2007). -Actuarial risk assessment tool. -Designed for front-line police officers.

	<ul style="list-style-type: none"> <li>-Available for use by victim services, health care workers, probation and correctional services personnel, and DV caseworkers (in some Canadian provinces).</li> <li>-Assesses risk of future wife assault in addition to the frequency and severity of these assault (D. of J. Government of Canada, 2009).</li> </ul>
<b>Strengths</b>	<ul style="list-style-type: none"> <li>-Empirically based risk assessment tool.</li> <li>-Can be used by a variety of professionals.</li> <li>-High ODARA scores correlate with more severe assaults in the future (can be tentatively used to determine future levels of violence severity).</li> <li>-Shows promise for use by child welfare professionals (D. of J. Government of Canada, 2009)</li> <li>-Appears to predict recidivism better than the SARA (Hilton et al., 2004).</li> <li>-Simple, easy to use structure with psychometric properties similar to other actuarial tools used in different fields, which likely increases the reliability of DV risk ratings, and the validity of such predictions (Hilton et al., 2004; Shlonsky &amp; Friend, 2007).</li> <li>-Brief, easily scored, and easily interpretable actuarial assessment that yields a large prediction effect (Hilton et al., 2004).</li> </ul>
<b>Limitations</b>	<ul style="list-style-type: none"> <li>-Has not been normed on a child welfare sample (D. of J. Government of Canada, 2009)</li> <li>-Measures of psychopathy or psychological variables known to be predictors of violent recidivism are not included.</li> <li>-Is only predictive of further harm to a spouse since the assessment is given after assault has occurred (Hilton et al., 2004).</li> </ul>
<b>Considerations for use in HS:CI</b>	<ul style="list-style-type: none"> <li>-Should be used cautiously in child welfare samples.</li> <li>-Using the ODARA to predict future levels of violence severity is not its primary purpose although high scores on this scale do correlate highly with more severe assaults in the future. Approach interpretations cautiously.</li> <li>-Further research is needed to see if the ODARA can be improved by adding the Psychopathy Checklist- Revised, as well as measures assessing childhood exposure to violence (Hilton et al., 2004).</li> </ul>

<b>Spousal Assault Risk Assessment (SARA)</b> (Kropp & Hart, 2000)	
<b>Description</b>	<ul style="list-style-type: none"> <li>-Structured professional guide (Kropp &amp; Hart, 2000).</li> <li>-20-item checklist covering criminal history, psychological functioning, and current social adjustment (D. of J. Government of Canada, 2009).</li> <li>-Range of response categories (0 = absent, 1 = subthreshold, 2 = present) that are totaled. Risk of DV increases as score increases (Shlonsky &amp; Friend, 2007).</li> <li>-Designed to assess the risk of future abuse in adult male offenders.</li> <li>-Incorporates the evaluator's professional judgement (D. of J. Government of Canada, 2009).</li> <li>-Used for probation, supervision, and treatment decisions (Campbell et al., 2000)</li> <li>-Uses static (fixed and unchangeable) and dynamic (variable) factors associated with the risk of reoffending.</li> <li>-Administered post-adjudication (Williams &amp; Houghton, 2004).</li> </ul>
<b>Strengths</b>	<ul style="list-style-type: none"> <li>-Covers a variety of topics surrounding DV.</li> <li>-A comprehensive tool, which can also incorporate professional judgement alongside assessment outcomes (D. of J. Government of Canada, 2009)</li> <li>-High inter-rater reliability.</li> <li>-Moderate internal consistency (Alpha = .62 - .83) (Heckert &amp; Gondolf, 2004).</li> <li>-Gathers as many sources of information as possible from perpetrator assessment, victim interviews, collateral criminal justice records, and standardized instruments (Personality Assessment Inventory, Hare Psychopathy Checklist) (Campbell et al., 2000).</li> </ul>
<b>Limitations</b>	<ul style="list-style-type: none"> <li>-Modest predictive ability.</li> <li>-Unclear whether the SARA's psychometric properties have been tested on child welfare samples (Heckert &amp; Gondolf, 2004).</li> <li>-No pre-established cut points to establish low, moderate, or high degree of risk (Shlonsky &amp; Friend, 2007).</li> <li>-Not a preventative measure since assessment occurs after adjudication.</li> <li>-Requires some degree of clinical expertise for accurate completion since it discusses psychotic/manic symptoms, personality disorders, and behavioral instability (Williams &amp; Houghton, 2004).</li> </ul>
<b>Considerations for use in HS:CI</b>	<ul style="list-style-type: none"> <li>-Until the SARA has been found to be consistent and useful in its ability to be applied to child welfare samples, it should be used cautiously in these samples.</li> <li>-Should only be used when assessing the risk of offender's future abuse</li> </ul>

	(cannot be used as an initial preventative assessment).
<b>Structured Decision Making Tools (SDM)</b> Children’s Research Centre (CRC), For more information see: <a href="http://www.nccdglobal.org/assessment/structured-decision-making-sdm-system">http://www.nccdglobal.org/assessment/structured-decision-making-sdm-system</a>	
<b>Description</b>	<p>-Encompasses several assessment tools (LaLiberte, Bills, Shin, &amp; Edleson, 2010).</p> <p>-Meant to assist and increase consistency in decision-making re children in need of service (Gillingham &amp; Humphreys, 2010).</p> <p>Assessment Tools include:</p> <p><u>-Intake Assessment:</u>          Screening tool: Assists decision- making about which cases should be accepted for investigation.          Response Priority Tool: Assists determination of the timeline for investigation.</p> <p><u>-Safety Assessment:</u>          Used during an investigation to determine whether a child is safe, conditionally safe and in need of a safety plan, or unsafe and requiring removal from his/her parents/caregivers. Safety assessments customized for use in foster and substitute care have also been developed.</p> <p><u>-Family Strengths and Needs Assessment:</u>          Informs case planning by structuring the worker’s assessment of family caregivers, and all children across a common set of domains of family functioning. Priority areas of need are chosen as the focus of efforts to improve family functioning and child safety.</p> <p><u>-Risk Assessment:</u>          The actuarial risk assessment tool is to be used at the end of an investigation (HS:CI) to determine the level of risk to a child, and inform decisions about whether further involvement of the department is required.</p> <p><u>-Reunification assessment:</u>          Used with families who have children in out-of-home care who have a goal of reunification, this assessment helps workers determine when a child can be safely returned to the home, or when a change in permanency goals should be considered. 3 sections that focus on risk, caregiver-child visitation, and safety (Gillingham &amp; Humphreys, 2010; CRC, n.d.)</p>
<b>Strengths</b>	<p>-Uses a variety of assessment tools.</p> <p>-Aims to promote consistency in decision making amongst child welfare workers (Gillingham &amp; Humphreys, 2010).</p> <p>-Systematically focuses on critical decision points of a case, increasing</p>

	<p>worker consistency in assessment and case planning.</p> <ul style="list-style-type: none"> <li>-Clients are assessed more objectively, and decision making is guided by facts rather than individual judgment.</li> <li>-Easy to use and understand (CRC, n.d.).</li> </ul>
<b>Limitations</b>	<ul style="list-style-type: none"> <li>-Discrepancy between the official stated expectations regarding tool use and case workers' actual practice is a concern (Gillingham &amp; Humphreys, 2010).</li> <li>-Discrepancy between the <i>intentions</i> of case workers and their <i>actual</i> daily practice (Gillingham &amp; Humphreys, 2010).</li> <li>-Includes minimal assessment of DV (LaLiberte et al., 2010) .</li> <li>-Only three DV related questions in the entire model (LaLiberte et al., 2010).</li> <li>-SDM tools do not make decisions (CRC, n.d.).</li> </ul>
<b>Considerations for use in HS:CI</b>	<ul style="list-style-type: none"> <li>-Training on the use of the tool is necessary to ensure proper use during practice.</li> <li>-Supervision and practice using the tool necessary to ensure correct use in daily practice.</li> <li>-Should be used alongside additional DV assessment tools, since minimal aspects of DV are assessed.</li> <li>-The results of SDM assessments should be tested against client perspectives and worker professional judgement (CRC, n.d.).</li> </ul>
<p><b>*Things I Have Seen and Heard</b> (Richters &amp; Martinez, 1990)</p>	
<b>Description</b>	<ul style="list-style-type: none"> <li>-20 questions (pictorial format) that have children indicate the frequency of perceived direct experience with and exposure to multiple forms of violence (Edelson et al., 2008; Richters &amp; Martinez, 1990).</li> <li>-4 items directly regarding exposure to violence in the home.</li> <li>-Measures types of violence both witnessed and directly experienced by children ages 6 to 14 in the home and community (Edelson et al., 2007).</li> <li>-Can be used to study children's exposure to violence, their school performance, and parent ratings of child behavior (Richters &amp; Martinez, 1990).</li> </ul>
<b>Strengths</b>	<ul style="list-style-type: none"> <li>-Useful tool in measuring the emotional and behavioral consequences of a child's EDV (Edelson et al., 2007).</li> <li>-Strong internal consistency (Cronbach's Alpha between .74 and .76 (Edelson et al., 2008).</li> <li>-Strong test-retest (<math>r = .81</math>) and inter-rater reliability (<math>r = .67</math>).</li> <li>-Does not require a lot of training to administer (Richters &amp; Martinez, 1990).</li> </ul>
<b>Limitations</b>	<ul style="list-style-type: none"> <li>-Does not give adequate information about the child's actual exposure</li> </ul>

	to such experiences (Edelson et al., 2007).
<b>Considerations for use in HS:CI</b>	<ul style="list-style-type: none"> <li>-Should not be used as a sole indicator of children’s EDV.</li> <li>-Can be used alongside other assessment tools indicating the types of violence children are exposed to, and the levels of EDV.</li> <li>-Developed for children in grades 1 and 2 (Richters &amp; Martinez, 1990).</li> </ul>
<b>Victimization Scale</b> (Nadel, Spellman, Alvarez-Canino, Lausell-Bryant, & Landsberg, 1996, as cited in Edelson et al., 2007)	
<b>Description</b>	<ul style="list-style-type: none"> <li>-135-item questionnaire (4-point scale).</li> <li>-12 questions specifically regarding exposure to violence in the home.</li> <li>-Assesses middle school children’s (grades 6 to 8) exposure to violence and victimization at home, school, and in the neighborhood (Edleson et al., 2007).</li> </ul>
<b>Strengths</b>	<ul style="list-style-type: none"> <li>-Addresses a larger variety of violence exposure (school, neighborhood, war, and DV).</li> <li>-Useful as a broad screen measure of violence (Edleson et al., 2007.)</li> </ul>
<b>Limitations</b>	<ul style="list-style-type: none"> <li>-Does not thoroughly measure children’s EDV.</li> <li>-Does not measure aspects beyond exposure to physical violence.</li> <li>-Does not identify victims or perpetrators.</li> <li>-Asks few questions regarding EDV.</li> <li>-Reliability and validity are not available (Edleson et al., 2007)</li> </ul>
<b>Considerations for use in HS:CI</b>	<ul style="list-style-type: none"> <li>-Similar to issues with the JVQ, is useful as a broad screening measure but should not be used to specifically assess EDV, or be the sole measure used in these instances.</li> <li>-Should be used alongside more specific assessments for EDV.</li> </ul>
<b>*Violence Exposure Scale for Children – Revised (VEX-R)</b> (Fox & Leavitt, 1996)	
<b>Description</b>	<ul style="list-style-type: none"> <li>-Derived from the <i>Things I Have Seen and Heard</i> measure.</li> <li>-20-item questionnaire (4-point scale) and 2 open-ended questions given to children (elementary and preschool age) and adults (parallel questionnaire to that of the child’s).</li> <li>-All 22 items regard exposure to violence or victimization.</li> <li>-Assesses exposure to violence within and outside the home.</li> <li>-Subsets are: witness to mild violence, victim of mild violence, witness to severe violence, and victim of severe violence.</li> <li>-Novel approach with a comic-book style version of the measure for children (text version for parents). (Edleson et al., 2007)</li> <li>-Comes in 2 forms: the brief self-report and the full version self-report (Fox &amp; Leavitt, 1996.)</li> </ul>
<b>Strengths</b>	<ul style="list-style-type: none"> <li>-High internal consistency (Cronbach’s Alpha ranging from .72 to .86).</li> <li>-Useful as a broad screening measure for general violence (Edleson et</li> </ul>

	al., 2007).
<b>Limitations</b>	<ul style="list-style-type: none"> <li>-Inadequate in ability to extensively measure children’s EDV.</li> <li>-Never identifies the victim and perpetrator.</li> <li>-Does not specify if violence occurs in the home.</li> <li>-Asks too few questions regarding DV exposure in general (Edleson et al., 2007).</li> <li>-Criterion validity was not presented in the initial study (Fox &amp; Leavitt, 1996)</li> </ul>
<b>Considerations for use in HS:CI</b>	<ul style="list-style-type: none"> <li>-Should be used with additional EDV measures to obtain a more comprehensive understanding of the violence.</li> <li>-Should be used with measures that identify who is a victim of violence, and who is a perpetrator.</li> </ul>

### Risk Assessment Tools Used in Alberta Human Services: Child Intervention

Information regarding the current risk assessment practices with families for whom family violence is a potential concern was gathered through the focus groups, the on-line survey, the document review conducted as part of this study and during consultations with committee members for this project. The participants in the focus groups reported using the following assessment tools and screening aids when working with family violence clients:

- Screening Aid for Family Violence (SAFV)(Alberta Human Services/ Children and Youth Services)(See description in Table 2)
- Safety Assessment (Parts A and B) and the Ongoing Assessment (Alberta Human Services/ Children and Youth Services)
- Family Violence Information Report (FVIR) (See description in Table 2)
- Spousal Assault Risk Assessment (SARA) (See description in Table 1)
- Danger Assessment & Modified Danger Assessment (See description in Table 1 for Danger Assessment 2)
- Other tools mentioned:

- Aid to Safety Assessment and Planning (ASAP) (Available from BC Institute against Family Violence)
- History Evaluation Assessment Tool (HEAT) used by the Integrated Threat Relationship Assessment Centre (ITRAC). A copy of the HEAT form is available on:  
<http://www.crvawc.ca/documents/ARTAMI%20Communication%20-%20Campbell.pdf>

Each of these tools is described in Table 2.



**Table 2.** Internal environmental scan of Risk Assessment Tools and Screening Aids

Note: The Danger Assessment 2 and the Spousal Assault Risk Assessment (SARA) are cited as being used by HS:CI staff and are described in Table 1.

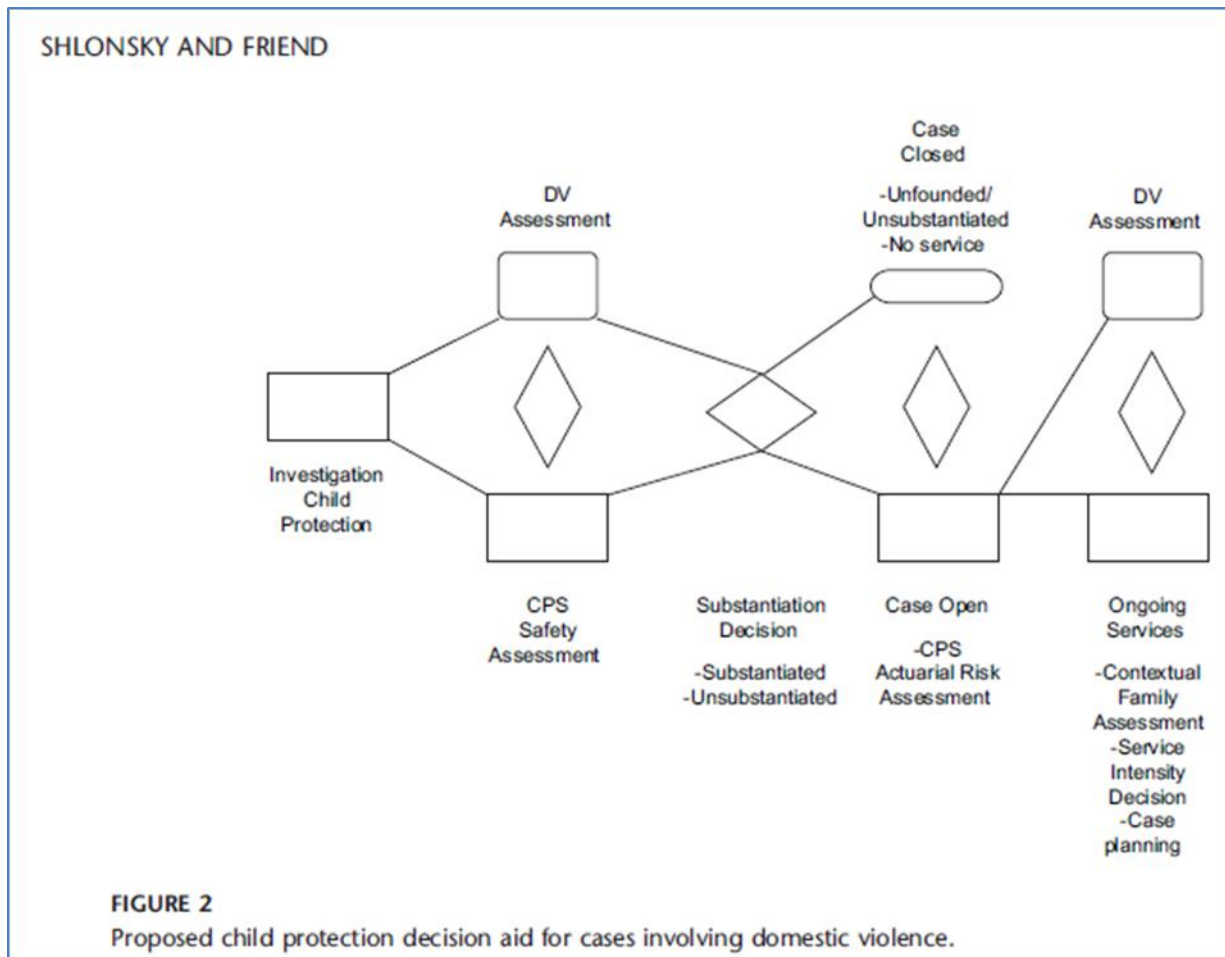
<b>Screening Aid for Family Violence (SAFV) Alberta Human Services: Child Intervention</b>	
<b>Description</b>	<ul style="list-style-type: none"> <li>-20 item screening tool developed for use by HS:CI workers in Alberta. Focuses on identifying presence of DV primarily from the perspective of the victim.</li> <li>-Initial response Yes/No</li> <li>-Comments section allows assessor to expand on the item.</li> </ul>
<b>Strengths</b>	<ul style="list-style-type: none"> <li>-Available in electronic format to all Child Intervention workers in Alberta.</li> <li>-Has a guide which provides rationale behind each question/item.</li> <li>-Covers topics addressed in other risk assessment tools used by police, justice, domestic violence shelters.</li> </ul>
<b>Limitations</b>	<ul style="list-style-type: none"> <li>-Has not been normed or assessed for utility and effectiveness.</li> <li>-Allows yes/no response to be entered on assessment form with no further information being required. The utility of this type of information in future planning is limited.</li> <li>-Training on the tool within HS:CI is reported to be inconsistent and many workers have not received any training on the use of the SAFV (on-line survey results and focus group information).</li> </ul>
<b>Considerations for use in HS:CI</b>	<ul style="list-style-type: none"> <li>-Currently required to be used in HS:CI cases where DV has been identified as a potential or substantiated concern.</li> </ul>
<b>Safety Assessment (Parts A and B) and the Ongoing Assessment (Alberta Human Services/ Children and Youth Services)</b>	
<b>Description</b>	<ul style="list-style-type: none"> <li>-Assessment form used to gather and record information for families in which child maltreatment is a concern. Exposure to domestic violence is included in Domain A (Child) and in Domain B (parent/guardian/caregiver). Points at which the SAFV needs to be administered are indicated.</li> <li>-Information integrated into the decision-making process regarding child's need for intervention and subsequent HS:CI involvement with the family.</li> <li>-Integrates Safety Planning.</li> </ul>
<b>Strengths</b>	<ul style="list-style-type: none"> <li>-Integrates broad-based assessment of risks and protective and mitigating factors.</li> <li>-May be updated during the time HS:CI is involved with the family</li> <li>-Invites critical thinking based on comprehensive information gathered during assessment.</li> <li>-Logical progression from identification of risk, mitigating factors to</li> </ul>

	safety planning.
<b>Limitations</b>	<ul style="list-style-type: none"> <li>-Form may be completed with minimum information provided. -</li> <li>Concern reported in Focus Groups that checking off boxes on the form can give a false sense that the area of concern has been comprehensively addressed with the family.</li> <li>- It is only as good as the information provided and the decision-making process of the people involved.</li> <li>-Evaluation of utility for HS:CI intervention staff is needed.</li> </ul>
<b>Considerations for use in HS:CI</b>	-Currently required for use by HS:CI intervention staff in Alberta.
<p><b>Family Violence Information Report (FVIR)</b> (Campbell, 2007)</p> <p>Note: Campbell (2007) is a secondary source. A copy of the FVIR is available at:  <a href="http://www.crvawc.ca/documents/ARTAMI%20Communication%20-%20Campbell.pdf">http://www.crvawc.ca/documents/ARTAMI%20Communication%20-%20Campbell.pdf</a></p>	
<b>Description</b>	<ul style="list-style-type: none"> <li>-Supplemental police report form</li> <li>-19 questions associated with high risk of re-offending</li> <li>- Used in Bail hearings, sentencing and victim safety planning</li> </ul>
<b>Strengths</b>	<ul style="list-style-type: none"> <li>-Utilized in pilot project in 10 Alberta locations</li> <li>-Asks about children being exposed to DV and prompts police report to HS:CI.</li> </ul>
<b>Limitations</b>	<ul style="list-style-type: none"> <li>-Focuses on justice concerns and victim safety. Does not address children’s experience other than to identify that children were in the home.</li> <li>-Is an information gathering form to use in decision-making and does not use psychometrics.</li> <li>-Evaluation of utility has not been published to date.</li> </ul>
<b>Considerations for use in HS:CI:</b>	<ul style="list-style-type: none"> <li>-Addresses similar items to the <i>Screening Aid for Family Violence (SAFV)</i> but was developed for use by police rather than HS:CI workers.</li> <li>- Participants in the focus groups reported that some workers will omit completing the SAFV when a FVIR is provided to them by the police. The implications of this practice need further consideration as the SAFV and the FVIR, are completed at different times in the life of the family and for different purposes (i.e., FVIR/determining bail and victim safety, SAFV/Determining HS:CI involvement with the family).</li> </ul>

## Discussion Regarding Risk Assessment Tools

Risk Assessment with family violence clients is critical and the tools available to assist Child Intervention workers in this task are varied. As depicted in the above Tables, many of the risk

assessment tools are for use with an adult population and by a particular discipline or profession. The utility of these tools will vary depending on the specific case and the context in which the tool is being used. Shlonsky and Wagner (2005) recommend a differentiated and complementary use of risk assessment tools to be used in conjunction with a comprehensive, contextualized family assessment. The diagram below outlines their approach and highlights the different points at which assessment tools and practices may be integrated into the assessment process (p. 264).



Child Intervention staff in the focus groups and through the on-line survey identified a need for tools to help assess children’s experiences of family violence. The *Child Exposure to Domestic Violence* (CEDV) (Edleson, Shin, & Armendariz, 2008) is a tool that shows potential utility in this area. The CEDV is available for review at <http://www.mincava.umn.edu/cedv/cedvmanual.pdf> . Three older tools

identified as being well-suited for assessing children’s experiences and needs are the *Family Worries Scale* (Graham-Bermann, 1996) which may be accessed for review at <http://www.sandragb.com/fears.htm>; the *Things I Have Seen and Heard* (Richters & Martinez, 1990, revised version 1992); and the *Violence Exposure Scale for Children*, which is based on the questions in the *Things I Have Seen and Heard* and is available by contacting the author (contact information at <http://vinst.umdj.edu/VAID/TestReport.asp?Code=VEXRB>).

In summary, assessment tools are not the single answer to the need for effective family violence risk assessment. Risk assessment needs to be comprehensive and implemented over the course of the family’s involvement with HS:CI. Child Intervention staff also needs to be adequately trained in conducting risk assessments that are sensitive to the diverse realities of families and the complexities reflected in families experiencing family violence. On-going risk assessment is also connected to effective safety planning as discussed below.

## Safety Planning

Safety planning is considered to be the most common form of intervention offered to women living in abusive environments, yet a disconnect exists between theory and practice in terms of defining or standardizing the safety planning process (Campbell & Hardesty, 2004). While most professionals in the human services agree that safety planning is a critical element to assisting victims of domestic abuse, there appears to be little to no documented evaluation of the effectiveness of safety planning – partly due to the inconsistent and varied safety planning tools currently in use (Campbell & Hardesty, 2004). Various researchers have suggested that effective safety planning is dependent upon the effectiveness of the risk or danger assessment that is implemented (Campbell & Hardesty, 2004; Jaffe & Juodis, 2006; Waugh & Bonner, 2002). When risks and “lethality factors are recognized . . . appropriate safety planning can begin” (Jaffe & Juodis, 2006, p.19). Furthermore, safety planning – as a process – is thought to be

most effective when victim(s) are directly involved and planning is understood as being context and case specific (Campbell & Soeken, 1999; Lempert, 1996). Thus, in the majority of cases, the purpose of safety planning is to “work with the woman to identify how she can act to better keep herself safe from further acts of intimate partner violence” (Campbell & Hardesty, 2004, p.89). Moreover, it is critically important that children are considered in this process particularly if they are developmentally aware of the risks and capable of taking action (Campbell & Hardesty, 2004).

### **Issues in Safety Planning & Recommendations Found in the Literature Review**

Based on the literature review, utilizing a context and case specific model of safety planning allows case workers to acknowledge the victim's perspective and situation. Spears (2000) stated “Understanding the basis for battered mothers’ decision-making about their lives and the lives of their children will provide the information necessary to effectively safety plan with them.” Campbell and Hardesty (2004) indicated that the recognition of the victim's perspective needs to be balanced by objective assessment tools. Campbell, Sharps and Glass (2000) brought this point home by reminding us that approximately half of both actual and attempted femicide victims of domestic violence did not think their partner was capable of killing them. These findings speak to the possibility that victims may be unable to properly assess or communicate risk while developing a safety plan.

Campbell and Hardesty (2004) suggested that the Danger Assessment (DA) – a 17-item yes/no questionnaire – can be administered to women thought to be at risk of domestic violence. This assessment tool may act as a “reality check” for those women unable to recognize the dangers in their relationship. The DA can be administered in a variety of contexts – hospitals, schools, shelters, or the court system – and can positively indicate when women are at high risk of violence (demonstrated when eight or more items are indicated as “yes”); the DA's accuracy is augmented by information gathered from women using a calendar assessment, where women mark instances of abuse on a calendar of the past year – a process shown to improve recall (Belli, Shay, & Stafford, 2001) and enhance the safety

planning process.

Safety planning is also influenced by the beliefs and biases of frontline workers in domestic violence services and child welfare. For example, Magen (1999) and Spears (2000) found that workers' biases led some to focus on one need (e.g., a caregiver's need to protect the caregiver's children) while disregarding other risk factors and important needs of the family members (e.g., increased risks to the caregiver if the caregiver leaves the abusive relationship). Bourassa, Lavergne, Damant, Lessard and Turcott (2008) conducted a qualitative study involving 25 caseworkers in New Brunswick, Canada and found that workers' beliefs regarding their personal safety when working with domestic violence cases influenced their decisions regarding safety planning with families. These researchers further emphasized the need for violent partners to be held accountable for their actions towards their partners, to recognize their role in ensuring the safety of their family members and the need for the safety of the caseworker to be addressed in safety plans. D'Ambrosio (2008), considered the diversities and complexities that are reflected in families dealing with domestic violence and concluded that "each case must be meticulously assessed individually rather than presuming that all victims of domestic violence are either fit or unfit to be good parents" (p.658).

Campbell and Hardesty (2004) highlighted the importance of acknowledging observed patterns of abuse in family violence, as well as attending to situations that increase the risk for women and children. Women are most at risk during pregnancy and post-pregnancy, when biological children of the woman are living in the home, during custody battles or separations, and when the woman has said she has or is planning to leave the abuser (Campbell & Hardesty, 2004). Sheeran and Hampton (1999) note that unsupervised visitations and exchanges of children place woman and children at higher risk of violence or homicide.

Recommendations for effective safety planning vary throughout the literature. However, common themes include: removing the abuser, receiving a court order to protect the victim(s), moving

the victims into a shelter or safe environment, checking or changing the victims' locks or location, and developing a plan for the woman and children in case the batterer returns to the home (D'Ambrosio, 2008). Other researchers suggest standardization and broader changes to policies, procedures, and training is required. Waugh and Bonner (2002) recommend that training be used to help develop (a) a shared understandings of domestic violence and child abuse, (b) a comprehensive overview of safety planning, (c) protocols for developing and incorporating safety plans in practice, and (d) clearly defining designated roles and responsibilities for everyone involved when working with family violence clients .

### **Safety Planning in Alberta Human Services: Child Intervention**

Information on safety planning is included in *Appendix E: Casework Practice Resource* in the current Delegation Training modules used for HS:CI staff. This information supplements the items listed in the safety plan section of the Safety Assessment form referred to earlier in this document. However, according to the on-line survey results 70.7% (207) of the respondents had not received training on safety planning when family violence is a concern for clients.

### **On-line Survey Results re Challenges in Safety Planning**

The survey respondents also indicated a number of critical challenges Child Intervention staff face when doing safety planning in instances of family violence. These include:

- Lack of knowledge of available resources OR lack of resources available (e.g., victims with no local/financial support)
- Communicating the importance and need for a safety plan to the victim and family members
- Spousal and family dynamics (e.g., victims returning to abuser or denying abuse in presence of the perpetrator)
- Knowing the specifics of safety planning (e.g., what should be included)

- Child/family safety concerns (e.g., what decisions will result in best outcomes for the child/family)
- Cultural barriers (e.g., being unable to understand clients' needs due to differences in cultural backgrounds).

## **On-line Survey Results regarding Topics on Safety Planning to be covered in Family**

### **Violence Training**

Topics survey respondents would like to see in safety planning training include:

- Resources that are available (e.g., for children, victim, abuser. Fewer resources exist in rural communities.)
- Structured safety plan tool-kits (e.g., different plans for different situations and individuals. Regional differences reflected in information and safety plans)
- How to work with family needs (e.g., working with resistant clients, offenders, victims, etc.)
- On-going assessment of safety concerns (e.g., when is someone safe or unsafe?)
- Collaboration with community partners (e.g., RCMP, justice system, shelter personnel, school system, childcare providers)
- Practical help to offer families (e.g. realistic goals while keeping child safety in mind)
- Comorbidity (e.g., DV and drugs, alcohol, mental illness, FASD) and how to best plan for clients and their children.
- Cultural and multi-generational issues that need to be addressed when doing a safety plan
- Addressing inclusion of family pets or animals.



## Focus Group Themes regarding Safety Planning in Alberta Human Services: Child

### Intervention

Safety planning was also discussed in the focus groups and several important themes were identified. The quotes chosen have been selected as a means of highlighting the key ideas expressed in each theme.

#### Theme #1: Variance in quality and completion rate

Focus group participants indicated there was a variance in the quality and number of files that indicate a safety plan was completed. One of the participants summarized this theme as follows:

**Participant:** *When I do file reviews and look at what's going on in files where there are family violence issues, I find there is either no safety plan or there is a really complex safety plan. Sometimes there's a safety plan that doesn't address the risks.*

#### Theme #2: Complexity of safety planning

Safety planning is a complex process that must address the safety concerns of all family members; engage clients, community services and members of the family's social network in the development of the safety plan; and address cultural variations. The following comments highlight the importance of these concerns for HS:CI workers.

**Participant #1:** *Safety planning with children differs from safety planning with parents. Our forms focus on the parents, but it's beyond that. How do we engage perpetrators in being more accountable in ensuring the safety of their children? How do we move from our current system into one where we are actually partnering with parents to make their families safer?*

**Participant #2:** *It's not the responsibility of one person . . . I really do believe that it takes a village. Safety planning has to be broadened out to the support network of the individual so that it's not just us, or mom, or the perpetrator, or the child, but there are other people there who are helping to monitor and to look at those circumstances as well.*

**Participant #3:** *We have a lot of mothers who live in remote locations, a lot of FASD clients, a lot of cultural differences - Aboriginal population is big here, as well as Mennonite. Those two are addressed totally different. It's important for staff to recognize the cultural differences when working with domestic violence. But not everybody here at the office would have that training . . . so it get's difficult. We are limited in resources and we have a lot of families that are FASD . . . having just a small little plan is best when working with them . . . if you can remember to call your neighbor and remember a one-word code . . . Sometimes that's the big difference.*

### Theme #3: Collaboration is required

Collaborative practice is critical in the development of effective safety plans.

**Participant #1:** *I think it's important to remember that safety planning can't be done in isolation from other professionals, such as therapists, probation and the police. You know, it's a collaborative effort.*

**Participant #2:** *Safety planning not only includes the victim but whoever else is involved . . . it becomes work you know. You have to involve the community.*

### Theme #4: Training is needed

Training regarding safety planning was often included in the overall discussion of family training for Child Intervention staff. The following quotes provide a sense of the need for family violence training overall and in particular in the area of safety planning with families dealing with domestic violence.

**Participant #1:** *I checked our delegation training book at my office and there was a section like this [very small space indicated] out of 6 binders, probably, I don't know 18 pages on domestic violence.*

**Participant #2:** *I think you also need the potential to revisit some of that early learning. Because when I went through training I was so overwhelmed by the job, that half the time I didn't even absorb half of delegation training.*

**Participant #3:** *When we do our safety assessment form there are safety plan questions that you have to fill out, so there are some things to address as you're going through your assessment of the family or the situation, there is that piece of it in there. But there is no training when these forms are rolled out, they're rolled out provincially.*

**Participant #4:** *When you take one-time training at delegation and then you're 5 or 6 or 7 years in and you've never taken training again. Things are going to be different, right?*

**Participant #5:** *Training is important, but then the follow-up, the on-the-job support, the consultation, the mentorship, things like that are important. Also, file reviews, to make sure that it's being implemented properly and to get that feedback if it's not. I think that that is just as important as the training.*

These quotes reflect the importance of on-going family violence training, which would include training on safety planning. Further information regarding training needs is addressed in the environmental scan on family violence training that is another deliverable for this project.

## Conclusion & Recommendations

Alberta Children and Youth Services have done a significant amount of work to provide tools and practice guidelines in the areas of risk assessment and safety planning to Child Intervention staff. While there are a number of external resources that could be integrated into the current Casework Practice Model, the primary need according to survey respondents and focus group participants is for assessment tools and practices that focus on the needs of children exposed to family violence. Several tools were identified as having potential to fill this need but one of the most promising is the *Child Exposure to Domestic Violence* (CEDV) developed by Edleson, Shin, and Armendariz (2008). This tool was developed specifically for use with children and has been normed with children who were receiving services from several different domestic violence prevention organizations. It is reported as being a valid

and reliable measure (Edleson, Shin & Armendariz, 2008) and appears to be well suited for use with the children exposed to family violence.

**Recommendation #1: The *Child Exposure to Domestic Violence (CEDV)* be considered as a tool Child Intervention staff could use to assess children’s experiences in families in which domestic violence is a concern.**

Safety Planning is an essential aspect of family violence casework. Safety planning needs to consider the diversities and complexities of contemporary families (e.g., ethnicity, family structure and composition, availability of extended family, mental and physical well-being, co-occurrence of multiple concerns, the variety of family strengths and resources, and community resources available within the family’s environmental context). Safety planning needs to be on-going in every stage of casework practice and needs to include plans for maintaining family safety following termination. Shlonsky and Friend’s (2007) *Child Protection Decision Aid for Cases Involving Domestic Violence* addresses the need for Child Intervention staff to engage in critical thinking throughout their casework practice and provides a framework for decision-making that has potential utility for HS:CI staff.

**Recommendation #2: The *Child Protection Decision Aid for Cases Involving Domestic Violence* be considered for integration into the current Casework Practice Model.**

Another resource that is particularly helpful is the manual developed for Washington State’s social workers written by Anne Ganley and Margaret Hobart (2010) which provides comprehensive and practical information on safety planning with family violence clients.

In summary, safety planning is covered to some extent in the current delegation training offered HS:CI staff. However, HS:CI staff indicate a need for more in-depth, on-going family violence training. Those participating in the survey and in the focus groups also indicated a need for supervision and on-the-job mentoring in order to encourage the continuous improvement of family violence casework practice. The need for Child Intervention staff in all regions to have up-to-date information about the resources and unique needs of families in their communities was also indicated.

**Recommendation #3: Safety planning training be included in on-going, mandatory training for personnel from all regions. This training should include information and skill building that is transferrable to work with all families in which family violence is a concern. However, information relevant to the needs and resources found in the different regions of Alberta needs to be included in the training.**

**Recommendation #4: Due to the complexities involved in meeting the needs of families involved with HS:CI and the need for collaboration in risk assessment and safety planning, it is recommended that collaborative practice be prioritized in the further development of the Casework Practice Model and emphasized in the development of advanced family violence training for Child Intervention staff.**

Finally, it is important to recognize that tools for risk assessment and safety planning, well-defined practice guidelines and electronic records are all valuable but are insufficient to ensure the safety of families impacted by family violence. As well, training alone is not the answer. Rather, all of these require the attention of supervisors and managers to support their on-going implementation and

continuous improvement. One of the major lessons learned through the Greenbook Initiative was that, while efforts to enhance the knowledge and skills of child welfare, domestic violence and court personnel resulted initially in improved practice (i.e., increased screening, and increased collaboration), these improvements were jeopardized when there were high rates of staff turn-over and inconsistent follow-up (ICF, 2008).

The on-going efforts of HS:CI to improve their family violence risk assessment and safety planning strategies face the same challenges. The work done to date and future training initiatives needs to be reinforced through on-going education and training and through the support of supervisors and managers who are well-trained in working with family violence clients. Finally, collaborative practice, which extends beyond the development of partnerships between service providers to include family and community members, needs to continue to become an on-going reality.

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