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PREVENTING DOMESTIC HOMICIDES

Lessons Learned from Tragedies



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Child homicides in the context of domestic violence: when the plight of children is overlooked

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Introduction

I never want anyone to be sitting where I'm sitting and to have lost their son, because I can never get him [Luke] back. Rosie Batty, outspoken advocate and domestic violence (DV) survivor, spoken October 20, 2014, at the inquest into the death of her 11-year-old son Luke who was killed by her abusive expartner Greg Anderson after years of DV.

Children in families where there is a domestic homicide always pay a heavy price (Alisic, Krishna, Groot, & Frederick, 2015; Jaffe, Campbell, Hamilton, & Juodis, 2012; Lewandowski, McFarlane, Campbell, Gary, & Barenski, 2004). Children lose parents and are vulnerable to a cascade of impacts and adversities associated with that loss. They are directly and indirectly traumatized by the murder itself, sometimes being direct witnesses or being the first ones on the scene and other times experiencing trauma associated with indirect knowledge of events. Too often, children carry crushing guilt associated with a misperception that, if they had only behaved differently, reached out sooner or been “better” in some way, then they could have prevented the homicide from occurring. Children also sometimes pay the ultimate price as victims of homicide, killed as an act of DV-related revenge against their mother.

Remarkably children have very seldom been the focus of research on DV homicide and their deaths are only sometimes included in DV death review committee (DVDRC) work (Jaffe,

Campbell, Reif, Fairbairn, & David, 2017). The few studies that have been conducted in this area find that many of the major risk factors for DV homicide apply equally to understanding risk to children. For example, in a recent Canadian study, Hamilton, Jaffe, and Campbell (2013) compared DV homicides without children (44 cases), those with children present in the home but not killed (27 cases) and those which included children as homicide victims (13 cases). Findings suggested no difference in the risk factors across these cases—the top 10 risk factors associated with DV homicide (e.g., separation, previous DV, stalking, depression of perpetrator, escalation of violence) were equally prevalent in each group of cases. What differentiated the groups was the number of professionals and agencies involved. In cases involving child death, there were significantly more agencies involved (9.3) as compared to those where children were present (6.3) and those with no children in the home (4.1). It is especially tragic that, even with this greater number of professionals involved, no one had been able to act to prevent these deaths. This chapter is devoted to lessons learned from DV homicide cases that also involve the killing of children.

Child homicide in context

Recognizing that one death is too many, how common is child homicide in the context of DV? On the basis of results from DVDRCs across North America, Jaffe et al. (2012) estimate that approximately 7% of DV homicide victims are children. In an additional 22% of cases, children are direct witnesses, and in a further 30%, they are present at the scene. Other research suggests that 20% of DV homicides involve third-party victims (including children) apart from intimate partners (Smith, Fowler, & Niolon, 2014). Clearly cases involving children are not an anomaly.

It is also useful to ask: Of all child homicide cases, what proportion are DV related? Globally an estimated 95,000 children are murdered each year (UNICEF, 2014). Parents are the single most common perpetrators, making up a slight majority in lower-income countries (56%) and almost two-thirds (64%) of perpetrators in higher-income countries (Stöckl, Dekel, Morris-Gehring, Watts, & Abrahams, 2017). Characteristics of child homicide cases vary predictably along a number of lines, including age and perpetrator motive. In adolescence, acquaintances make up the highest proportion of homicide perpetrators, though parents make up a distressingly close second highest proportion. Very young infants, and particularly nonaticides (i.e., killing a child within 24 hours of birth), are perpetrated most often by (young) mothers

in the context of a pregnancy that was unwanted and, in many cases, hidden from friends, family, and/or work colleagues. Fathers are most often implicated in homicides of older children and stepchildren in the context of extreme discipline or as an act of revenge against a spouse (Benítez-Borrego, Guàrdia-Olmos, & Aliaga-Moore, 2013; Eriksson, Mazerolle, Wortley, & Johnson, 2016; Liem & Koenraad, 2008). The latter killings, which make up the second most common form of father-perpetrated filicide, have been described as intentional, perpetrated in response to a mother's attempts or threats to leave the relationship and most often by men who had a history of perpetrating DV (Dawson, 2015; Dixon, Krienert, & Walsh, 2013; Eriksson et al., 2016).

In summary a substantial minority of DV homicides also involve the murder of a child, and a significant subsample of all children killed are killed by their fathers in the context of DV. This chapter is organized on the basis of agencies typically involved in DV risk assessment and management in families with children and uses case studies to illustrate ways in which these agencies might have acted to prevent DV homicide. We begin with police, as police are often a pivotal entry point to a network of social and legal institutions that can provide greater safety as well as support for families (Berkman & Esserman, 2004). We then consider child protection services (CPS) and family court services, both of which are socially mandated to act in the best interests of the safety and well-being of the child. Finally we consider the role of shelters and other women's advocacy services.

Role of police services

Recognizing the critical role of police as first responders and as an agency likely have ongoing involvement in complex DV cases, many recommendations for DV homicide prevention focus on risk assessment, monitoring, and management by police. Viewed through the lens of potential risk to children, three recommendations stand out. The first is for better information sharing and collaboration across police services and CPS to coordinate efforts, share information about the level and nature of risk, and to collaborate to monitor, manage, and reduce risk of harm. Such sharing of information is important because police and CPS often have different, but equally important, information relevant to assessing and managing risk. Moreover perpetrators of completed and attempted domestic homicides are frequently known to both police and the child protection system, with one study reporting that these fathers

were three times more likely to have previously been reported for child abuse than men who perpetrated DV but not attempted homicide (Campbell, 2004). Unfortunately research is fairly consistent in finding that, in cases of DV, communication between police and CPS services is incomplete and inconsistent (Øverlien & Aas, 2016; Saltiel, 2015; Stanley, Miller, Richardson Foster, & Thomson, 2010).

A second major area of recommendation is for ongoing monitoring of high-risk DV perpetrators, particularly in the context of separation and disputed custody and access. The Ontario DVDRC, for example, recommends that police receive ongoing training on appropriate responses to DV cases that involve custody and access in light of potential danger to the victim and/or the children involved. It has been further recommended that a proactive approach be used (e.g., doing check-ins on offenders to ensure bail conditions compliance; assess and respond proactively to changes in dynamic risk for reoffense), rather than one solely based on responding to calls to police, and that such approaches be coordinated with other service providers (and in particular, with CPS). This recommendation calls for police to become part of an active risk-management plan in situations of high risk for lethality. Such actions may be particularly important for perpetrators awaiting trial, judgement, or sentencing, when no other justice personnel (e.g., probation officers) are involved.

Finally a number of commentators have recommended that police attend more to children on the scene of arrest and immediately afterward (Richardson-Foster, Stanley, Miller, & Thomson, 2012). Available research suggests that police have rather limited interactions with children, may view children as observers on the sidelines rather than primary or secondary victims of DV, and often report having limited training and competency in addressing the impact of exposure to DV on children (Richardson-Foster et al., 2012). There are, however, substantial benefits to police speaking with children who are living in a home where DV is occurring (Berkman & Esserman, 2004; Richardson-Foster et al., 2012). Police involvement with children has been shown to improve victim satisfaction and increase the likelihood of contacting the police in the future (Richardson-Foster et al., 2012). Additionally police-child interactions seem to improve information gathering, thereby aiding in the assessment of risk as well as potentially strengthening the evidence available to the prosecution of DV perpetrators (Richardson-Foster et al., 2012). The above point is of particular importance given the evidence that suggests children living in a

home with DV are aware of coercive control taking place in the family, are affected by these controlling dynamics, and continually attempt to make sense of these experiences (Callaghan, Alexander, Sixsmith, & Fellin, 2018). Moreover prior research has shown that children have a desire for police officers to involve them in the process of DV investigations and for their perspectives and needs to be better seen, heard, and believed by the police (Holt, Buckley, & Whelan, 2008). The following case study highlights problems and concerns with sharing information, coordinating risk-management responses, and talking with police, as well as with the absence of proactive monitoring of the potential perpetrator.

Case study: Mary Shipstone, United Kingdom

Many of the details outlined in this case can be retrieved from: <http://www.eastsussexscb.org.uk/wp-content/uploads/SCR-Child-P-Overview-Report-Published-March-.16.pdf>.

On September 11, 2014, seven-year-old Mary Shipstone was killed by her father. Her father, Mr. Yasser Alromisse, 46, killed himself on scene. At the time of the homicide, there was a family court order preventing contact between Mr. Alromisse and his daughter and police were aware of heightened concerns resulting from the fact that the family's address had been inadvertently shared with Mr. Alromisse a few months earlier. The family was known to numerous agencies and police services as a result of concerns about DV and child abuse.

Ms. Lyndsey Shipstone and Mr. Alromisse married in 2005 and had Mary in 2006. Ms. Shipstone also had a son with special needs from a previous relationship. In 2008 there were two contacts with police and social services due to violence that Mr. Alromisse perpetrated in the family, once against Ms. Shipstone and once against her son. In both cases there was a brief investigation and warnings, but no other actions. In early 2009 Ms. Shipstone left the relationship with Mr. Alromisse and family court proceedings began. Mr. Alromisse applied for custody of Mary and, in his submission to the court, accused Ms. Shipstone of abuse and neglect of her children, including sexual abuse allegations. Conversely Ms. Shipstone informed the court that she was a victim of DV and alleged Mr. Alromisse was physically abusive toward her children. The court granted custody of Mary to Ms. Shipstone and ordered Mr. Alromisse have supervised access.

In 2010 Mr. Alromisse and Ms. Shipstone renewed their relationship and Mr. Alromisse became a frequent visitor to the home, despite a court order to stay away from the family home and to have his access to Mary supervised. Police were notified of Mr. Alromisse's violation of his court order on two different occasions, once by the maternal grandmother (June 2010) and another time by social services responsible for children (September 2010). Child protection wanted Mr. Alromisse to undergo an assessment and/or utilize supervised contact to ensure child safety; Mr. Alromisse was refusing. Police attended the home in response to both calls, noted information in both cases, but indicated that there was no current role for them.

There was an escalation of concerns in May of 2011 involving involvement of CPS and police when Ms. Shipstone ended the relationship again. At this point, there was a cross-system recognition of heightened risk of DV and a coordinated, multiagency effort was undertaken to assess and manage risk. There were a number of complicating factors including Ms. Shipstone's distrust of the process and a short move out of the country, which were managed by the team. Over the next three years, the situation was one of semiregular court involvement around custody and access, ongoing child protection involvement, and some supervised visitation between Mr. Alromisse and Mary. Mr. Alromisse made a series of applications through the family courts to gain greater access to Mary. On several occasions the court ordered to arrange supervised or indirect access to Mary, often with recommendation that Mr. Alromisse receive therapeutic intervention. For example, in 2011 a court-ordered assessment by a psychologist recommended that due to impact of DV on the family and difficulties that arose from Mr. Alromisse's personality and temperament, indirect contact be maintained until further therapeutic interventions were undertaken by Mr. Alromisse. About a year later (November 2012) and despite the fact that Mr. Alromisse had not completed any intervention, the family court ordered further supervised contact. In January of that same year, it was decided by social services that there was no longer a need for a child protection plan; this decision coincided with the family moving locations and the transfer of their child protection file to the local authority. At around the same time, funding from child protection for supervised access ended and access was made indirect until payment was arranged by Mr. Alromisse. In August 2013 the family court noted that there had not been any further direct or indirect contact. A next supervised contact

session took place in October 2013, which was Mr. Alromisse's first contact with Mary in approximately 10 months. Ms. Shipstone indicated that Mary reacted badly to the contact and a hold was placed on further supervised access sessions.

In April 2014 Ms. Shipstone reported to the police that her legal counsel had inadvertently revealed her new address to Mr. Alromisse in legal documents. She voiced concern that he would try to remove Mary and was worried for the safety of her children. The police recorded this information and sought to pass it on to her neighborhood police division for further action; it was passed in error to the wrong division where it was closed without further action. In August 2014 Mr. Alromisse sought action from social services to arrange supervised contact; this was at odds with the order made by the family court. In September 2014 the case was allocated to a Children and Family Court Advisory and Support Service worker who began to make arrangements to gather information and see Mary before the next hearing. Before this meeting could occur, Mr. Alromisse came to the house, shot Mary twice and then turned the gun on himself.

There are multiple lessons to be learned from the murder of Mary Shipstone and the suicide of Mr. Alromisse. Some of these are relevant to cultural differences and perpetrator mental health, which are issues highlighted in [Chapter 6](#), Domestic homicide in immigrant communities: lessons learned, and [Chapter 7](#), Perpetrator mental health: depression and suicidality as risk factors for domestic homicide. Others concern ubiquitous issues with coordination of multiple services and challenges of having multiple jurisdictions involved. In this chapter, we highlight lessons that are specific to understanding police services and risk to children. First events that occurred early in this case are illustrative of concerns around the ways in which police and child protection collaborate to share information and manage risk associated with DV. In this case, as in many others, there was a disconnect between the evaluation and risk-management steps put in place by child protection and police. Specifically despite a court order, a plan for assessment and supervised access, and a call directly from CPS, police deemed the "on the scene" situation to be low risk and nonproblematic. There is also no evidence from the case that police interviewed Ms. Shipstone and Mr. Alromisse's children at this time, so their perspectives on this situation were likely not considered. Thus early opportunities to coordinate across services to assess the risk that Mr. Alromisse posed to his family, engage him in intervention to manage and change this risk, partner with

Ms. Shipstone in the development of safety strategies, and meet the needs of the children in the family were missed.

A second lesson highlights the potential role for police in proactive monitoring of risk. Once the higher-risk nature of the case had been recognized, strong, coordinated protective plans were put in place by the professionals; however, these plans were almost exclusively focused on “hardening the target,” that is, protecting Ms. Shipstone and the children to make it more difficult for Mr. Alromisse to harm them. The residence of Ms. Shipstone and the children was changed and hidden, her compliance with maintaining no-contact was monitored, and orders were put in place to limit and supervise Mr. Alromisse’s contact with his child. However, no proactive steps were taken to engage in ongoing monitoring and management of Mr. Alromisse’s level of risk. In this case, as a result of Mr. Alromisse’s ongoing reluctance to engage with professionals, police might have been the only professionals who could have reached out to him to for proactive risk management. A key time for this would have been when the family was transferred to a new jurisdiction, at which point a proactive policing plan might have had an officer meet with Mr. Alromisse, assess his current risk level, and begin risk management, potentially in collaboration with child protection. Instead because Ms. Shipstone was maintaining no-contact with Mr. Alromisse and there was ongoing denial of unsupervised access, police and CPS were comfortable with a less intense risk-management plan; a comfort that might have changed had the lens included ongoing assessment of Mr. Alromisse’s risk for offending alongside that of Ms. Shipstone’s capacity to act in protectively.

Role of child protection and family court

Two other agencies often involved in DV homicides involving children are children protection (CPS) and courts adjudicating on the basis of family law (herein called family court). Child protection and family courts share a principle commitment to prioritizing children in decision making. Within both of these systems, substantial attention has been placed on better recognizing the impact of DV on children. Over the past two decades, CPS jurisdictions have increasingly recognized that living with DV is, in and of itself, a potential form of emotional harm and thus a child protection concern that should be investigated via mandatory reporting. Once jurisdictions recognize exposure to DV as a form of child maltreatment it typically becomes one of

the leading reasons for reporting to child protection. This is now the case across Australia, Canada, and the United Kingdom (Child Family Community Australia, 2017; Department for Education, 2018; Public Health Agency of Canada, 2010). Child protection has thus become a critical partner in assessing, managing, and changing DV-related risk to children.

Within family courts, there has been a similar shift over the past few decades from seeing DV as an adult issue not relevant to custody and access decisions to understanding that both historic and ongoing DV is critical to consideration of the best interests of the child (e.g., Bala et al., 1998; Symons, 2010). Such recognition has been based on evidence of the deleterious effects of child exposure to DV, the persistence of DV postseparation, the overlap of concerns about parenting, and the potential risk of lethality to children and their mothers. These findings, along with efforts of DV and child advocates, have led to significant legislative changes across a number of countries including the United States, Australia, New Zealand, and most recently, Canada, to directly require consideration of DV in postseparation parenting plans.

Despite the significant changes made by both the child protection and family court systems, DV death reviews continue to emphasize significant improvements needed in both settings. A first major recommendation is for better recognition and assessment of DV and risk for DV lethality. In CPS, extensive research on practice with families where there is DV speaks to the challenges that child protection workers have accurately identifying the presence of DV and the associated levels of risk to children and their caregivers (Bourassa, Lavergne, Damant, Lessard, & Turcotte, 2006; Jenney, Mishna, Alaggia, & Scott, 2014; Lapierre & Côté, 2011; Postmus & Merritt, 2010; Radford, Blacklock, & Iwi, 2006; Shlonsky & Friend, 2007). For example, a small Canadian study focusing on child protection workers' practices with DV cases highlighted that the presence or absence of DV had relatively little influence on decision making relative to consideration of referral source and frequency and severity of violence (Hughes & Chau, 2012). Another Canadian study with child protection workers found that only about 60% of workers conduct a systematic evaluation for the presence of DV in their cases (Bourassa et al., 2006). Obstacles to effectively detecting DV included parents' denial of the DV, lack of physical evidence, heavy workloads of caseworkers, lack of awareness of violence in small communities, lack of cooperation by the parents, short duration of interventions, and fear of endangering the victim. Broader, more frequent, and high-level training of all

CPS staff and supervisors in DV is frequently recommended (Bourassa et al., 2006; Button & Payne, 2009; Fusco, 2013).

Adequate recognition of DV is also a problem within the family court system. There have been persistent concerns expressed by specialist women's services that DV perpetration is underrecognized and, even when acknowledged, is not given sufficient weight in decisions around contact and parenting plans (Harrison, 2008; Hunt & Macleod, 2008; Rivera, Zeoli, & Sullivan, 2012; Trinder, Firth, & Jenks, 2009). Commentators in Australia, Canada, United Kingdom, United States, and elsewhere have pointed out that DV allegations made by women in the context of parental separation are often met with skepticism and suspicion that the allegation is being utilized to limit the involvement of the other parent, especially if there has not been previous involvement of police or other authorities (Jaffe, Crooks, & Bala, 2009). Reviews of practice continue to find that the rights of fathers and potential benefits of father-child contact outweigh the potential harms and dangers of ongoing DV in judges' decision making (Godbout, Parent, & Saint-Jacques, 2015; Harrison, 2008; Rivera et al., 2012). For example, in a recent UK study, MacDonald (2016) reviewed reports by a specialized advisory service on 70 families, finding that women and children's accounts of fathers' violence tended to be seen as irrelevant and were disregarded in report recommendations, especially when there was no external evidence (i.e., police charges) to corroborate allegations.

A second significant problem identified within both child protection and family courts is a predominant focus on mothers and their role in protecting children from DV exposure as opposed to fathers' behavior and evidence of change in abusive behaviors. Within child protection, this manifests as pressure for women to be appropriately "protective" of their children's potential DV exposure and in case decisions that are based on this protectiveness (Alaggia, Gadalla, Shlonsky, Jenney, & Daciuk, 2015; Humphreys & Absler, 2011). Accordingly it is not unusual for CPS DV cases to be open or closed on the basis of mothers' appreciation of the impact of DV on her children and willingness to engage in protective actions (i.e., separation, use of no-contact orders) without there ever having been contact or risk-reducing intervention with the perpetrator of DV and without a plan in place to monitor and manage his ongoing risk. Such practices persist for a number of reasons, including a narrow interpretation of CPS mandate to protect children, workers' difficulty engaging fathers, and a lack of training, skills, and resources to manage the risk of DV perpetrators behaviors in

frontline staff (Jenney et al., 2014; Lapierre & Côté, 2011; Stanley, Miller, Richardson Foster, & Thomson, 2011). A lack of collaboration across organizations in providing services to manage and change risk is another contributing factor (Edelson, Gassman-Pines, & Hill, 2006; Lessard et al., 2010). While CPS agencies are continuing to work to improve practice with fathers in general, and DV perpetrating men in particular, child protection workers need continued training, supervision, and support to better support (rather than blame) DV victims and to increase their skills and confidence in working with perpetrators of DV (Stanley & Humphreys, 2014).

Women survivors of DV face similarly high-stakes scrutiny in family court where allegations of historic and potentially ongoing DV, if considered by the judge to be unfounded and potentially malicious, can result in her being perceived as an “unfriendly” parent unwilling to work together with the father of their children and/or as engaging in willful alienation of the children against their father (Jaffe, Ashbourne, & Mamo, 2010). Parental alienation, although not accepted as a clinical syndrome or diagnosis, is still used in arguments in court and is a real concern for those raising allegations of abuse. The courts put such an emphasis on resolving custody disputes with some form of a shared parenting or joint custody plan that it is difficult to even raise allegations of violence without compelling evidence. The courts want friendly coparenting parents and the allegations of abuse are counteracted by allegations of alienation and the argument that the parent (usually mother) raising these concerns is intentionally undermining the father–child relationship. Many victims retreat from this system and come to an unsafe parenting arrangement because of the emotional and financial burden of ongoing family court disputes (Meier & Dickson, 2017; Meier, 2009).

Finally problems have been noted in the fact that both the child protection and family court system seldom apply a lens of DV lethality risk to understanding children’s situations (Alaggia et al., 2015; Jenney et al., 2014). It has been argued that the field of child protection has been slow to realize that helping establish safety for the mother is synonymous with ensuring safety for the children (Hughes, Chau, & Poff, 2011; Shlonsky & Friend, 2007). Ironically while many child protection investigations involving DV result in the requirement that the mother to separate from the abuser—an action known to increase risk in the short term—this “protective” action often leads child protection to reduce monitoring and involvement (Hughes et al., 2011). Other research suggests that the child protection system may

be reluctant to become involved in cases where parents with an alleged history of DV are separated and in dispute over custody or access (factors that can contribute to risk for lethality) for fear of being drawn into the dispute (Lessard et al., 2010). Similarly there have been many calls for better assessment of the potential for lethal DV risk as part of family court proceedings. Jaffe and colleagues, for example, have called for the use of differential intervention strategies to be implemented to address cases of DV as soon as possible after the beginning of a family's involvement in the family court system (Jaffe et al., 2009). In this model, concerns about DV would lead immediately to a different stream of processing (i.e., an "off ramp" from the traffic of more typical cases) with access to specialized assessors able to assess level of risk, supervised visitation services and intervention opportunities for all members of the family to manage risk, and court monitoring of progress.

The following case is one in which both child protection and family court had longstanding roles. There were multiple missed opportunities to intervene.

Case study—Jared Osidacz

Many of the details outlined in this case can be retrieved from: http://www.springtideresources.org/sites/all/files/Osidacz_Inquest_Recommendations.pdf.

Jared Osidacz, age 8, was killed by his father, Mr. Andrew Osidacz, on March 18, 2006, in Brantford, Ontario, during a court-ordered unsupervised access visit. His parents had separated four years prior following a serious domestic assault by Mr. Osidacz. Immediately precipitating the homicide was an altercation between Mr. Osidacz and his recently estranged girlfriend, Ms. Ferrell. Mr. Osidacz went to her home with Jared and was allowed in because Jared and her same-age daughter were friends. Mr. Osidacz stabbed Ms. Ferrell and her daughter Sarah multiple times. Jared intervened and was fatally stabbed by Mr. Osidacz. Immediately following these events, Mr. Osidacz drove to the home of his exwife (and Jared's mother) Ms. Julie Craven. He forcibly entered the home of Ms. Craven and in a distraught state told her he had killed Jared. He had a large knife to her throat for 45 minutes during which time he contacted his mother by phone, told her Jared was dead, and told her to come to Ms. Craven's house. The police arrived at the home a short time later. Upon seeing

Mr. Osidacz with the knife to Ms. Craven's neck, the police officer shot him. He died at the scene.

Ms. Craven and Mr. Osidacz met in March 1996 in Brantford, Ontario. Their courtship was brief. Ms. Craven became pregnant and the couple was quickly engaged and married. During Ms. Craven's pregnancy, Mr. Osidacz began to exhibit controlling tactics and signs of emotional abuse. Following Jared's birth, Ms. Craven described Mr. Osidacz's controlling behaviors as escalating, including restricting her parents' access to Jared, providing her with minimal financial resources, and spending increasingly longer periods of time in his basement office. A particularly contentious issue between them was the baby videos of Jared that Mr. Osidacz had hidden from her. This was the catalyst for the fight in April 2002 that resulted in Ms. Craven trying to break the lock to his office and Mr. Osidacz responding by banging her head into the door several times. Following this assault, the police were contacted and Mr. Osidacz was arrested. The couple did not reunite after this incident. During the police investigation, a taping machine was discovered in Mr. Osidacz's office and he was also charged with illegally recording Ms. Craven's phone calls. The police notified the child protection authorities and an investigation ensued. All the parties were interviewed, including Jared. According to the record, Jared stated he knew about the assault and he was aware of the ongoing conflict between his parents. The child protection worker determined that the mother was protective and closed the file. Both parents were admonished for exposing Jared to ongoing conflict. Family court also became involved. An interim family court order was issued granting Ms. Craven custody and Mr. Osidacz liberal access.

Over the following four years, Jared's family was involved with multiple agencies. In retrospect, there were also multiple additional indicators of Mr. Osidacz's escalating level of risk for perpetrating violence. Mr. Osidacz pleaded guilty in criminal court to assaulting Ms. Craven in 2002 and was placed on probation with terms that prohibited him from direct contact with Ms. Craven. Due to inappropriate behavior, he was discharged and then readmitted to court-ordered DV intervention program. Despite his guilty plea, Mr. Osidacz remained adamant that he was not guilty of assaulting Ms. Craven. Eventually he was allowed to complete his treatment through an online anger management course, which he reported he completed by listening to tapes in his car. In September 2003 Mr. Osidacz was charged with a breach for approaching Ms. Craven and Jared in a parking lot as he tried to get Jared to go with him. Around the

same time, Ms. Craven notified the police that she found hundreds of rounds of ammunition in her laundry room that she believed were recently placed there. She believed Mr. Osidacz was responsible and told the police she was worried that she and Jared were still in danger. By this point, Mr. Osidacz was in a new relationship with a woman, Ms. Ferrell, who had a daughter the same age as Jared. The police had Ms. Craven bring the ammunition into the station and they notified CPS. During CPS investigation, Ms. Craven shared her worries about Mr. Osidacz's family and her fear for Jared's safety. She also tried to get the CPS investigator to look at the violent pornography she found that belonged to Mr. Osidacz. Mr. Osidacz's account differed from Ms. Craven's and CPS characterized the case as one of conflict, rather than ongoing DV. The file was closed, and the parents were again advised that their exposing Jared to adult conflict could be a reason to find him in need of protection. There was ongoing family court involvement. Eventually a custody and access assessment was recommended. In March 2004, the custody and access assessor recommended to family court that Ms. Craven be awarded sole custody with Mr. Osidacz having unsupervised access every other weekend.

In December 2004 Mr. Osidacz appeared in criminal court for a breach of probation; the charges were dropped. Here Ms. Craven obtained a one-year-peace bond against Mr. Osidacz, expiring in December 2005. Mr. Osidacz's attacks against Ms. Ferrell, her daughter, Ms. Craven and his killing of Jared occurred three months later. With respect to this case, there were several opportunities missed by child protection and the family court system. CPS opened an investigation on two occasions. On the first occasion, shortly after Mr. Osidacz's initial assault, an investigation was opened and closed quickly on the basis of the protective actions that Ms. Craven was taking. CPS was involved again in 2003 following Mr. Osidacz's breach of probation and as a result of concerns reported by police that Mr. Osidacz may be inappropriately using Jared as a lever in ongoing conflict. CPS ended up doing a fairly intensive investigation, including interviews with many members of the family. What appeared to be weighed most heavily in investigation were the multiple conflicting allegations of Ms. Craven and Mr. Osidacz, the lack of concerns expressed by Ms. Ferrell, and the seemingly good relationship between Mr. Osidacz and Jared. Not heavily weighed were DV risk factors including the history of coercive control tactics reported by Ms. Craven, the seriousness of Mr. Osidacz's initial assault, problems with Mr. Osidacz's engagement with intervention, and clear evidence for

lack of change (i.e., ongoing denial), Mr. Osidacz's failure to comply with court orders, evidence of ongoing custody and access disputes, recent evidence of fear in Ms. Craven, and obsessiveness in Mr. Osidacz. As a result, instead of implementing a plan for monitoring, managing, and changing Mr. Osidacz's level of risk, both parents were admonished for discussing adult conflict with Jared and warned against any further allegations of emotional harm regarding Jared. This case thus provides an excellent example of the "double-edged sword" that women who have been victims of DV are required to walk as a result of a general lack of appreciation of DV-related risk. Ms. Craven's disclosures and concerns about DV-related risk were not interpreted as credible and valid and, as a result, she (along with Mr. Osidacz) was warned that further reports to the Society about allegations of emotional harm regarding Jared would result in more intrusive child protection action.

Jared's case also illuminates the failings of the legal system and how the lack of information sharing and coordination between criminal court, family court, police, and child protection impacted assessment and management of risk. Key in this case was an apparent lack of appreciation in family court of DV-related risk factors. Soon after Mr. Osidacz assaulted Ms. Craven and they separated, and before the criminal case was heard, Mr. Osidacz was given liberal, unsupervised access. Following this decision, and despite the accumulation of DV-related risks including Mr. Osidacz's criminal charge, his ongoing denial of the assault, his removal from an intervention program as a result of poor accountability, his breach of a no-contact order and Ms. Craven's expressed fears and concerns, there was no substantial change to this initial order. In retrospect, no one in the family court system applied a DV lens to understanding the ongoing and escalating pattern of Mr. Osidacz's risk for perpetrating lethal assault.

Role of shelter services

Shelter services are a third service essential to preventing child homicide in the context of DV. Shelter work is often crisis based and focused on immediate needs for housing, clothing, and food, though shelters also provide longer-term services including transitional and permanent housing (Baker, Billhardt, Warren, Rollins, & Glass, 2010). Although these basic adult-focused needs are often predominant in the day-to-day work of

shelters, violence against women services have long recognized the impacts on children of living with DV (Hester, 2011). Grounding this work is an understanding that children's safety and well-being needs are usually best met by increasing the strengths and competencies of their mothers and recognizing that mothers' decisions about leaving or remaining in an abusive relationship, seeking or not seeking help, are most often guided by her concerns about her children (Petrucci & Mills, 2002).

Recognizing the needs of children exposed to DV, shelters increasingly incorporate programs and activities that provide mothers with trauma and violence-informed parenting skills to support them in strengthening their relationship with their children. Shelters are also working directly to meet the array of psychosocial needs of children in these situations (Chanmugam, Kemter, & Goodwin, 2015). They are, for example, increasingly incorporating practices that recognize the impact of trauma on children (Ezell, McDonald, & Jouriles, 2000; Stephens, McDonald, & Jouriles, 2000) and working on partnering with more generalist service providers to become a conduit to child-specific supports such as case management, counseling, school integration, and child mental health services (Groves & Gewirtz, 2006). Shelters have also begun to directly involve children and youth in safety planning, especially during the period of heightened risk after separation (Chanmugam & Hall, 2012). Although there have been few empirically strong evaluations of shelter programs for children, increasing safety is often the primary goal of most children's programs (Poole, Beran, & Thurston, 2008). For children who have unsupervised visitation with perpetrators of DV, safety planning goals can focus on empowerment, management of fear and anxiety, and critical thinking skills acquisition that decrease violence potential (Chanmugam & Hall, 2012; Hardesty & Campbell, 2004).

When considering the role of shelters in promoting the safety of children, DVDRCs often focus recommendations on their essential role in coordinated, cross-agency, system-wide response to high-risk DV cases, including collaboration between shelter advocates and the child protection system. This is a recognized area of tension in the field. Part of this tension comes from the aforementioned tendency of CPS to inappropriately blame mothers when they are unable to protect their children against exposure to DV of which she herself is a victim, CPS's reliance on separation as an (misdirected) indicator of increased child safety, and an often degendered view of DV as a reflection of general dysfunction in the family (Hester, 2011).

Tension also arises from the differential focus on women's empowerment and child safety which, although often aligned, can be in conflict. For example, a woman at shelter may be struggling with addiction and mental health issues (potentially as a result of DV victimization) and, as a result, be emotionally or physically abusive and neglectful to her children. For these complex cases, cross-sector agreement and guidelines on how to proceed are important, but only sometimes in place (Hester, 2011). Other challenges are those of time within each sector for communication and collaboration (Langenderfer-Magruder, Alven, Wilke, & Spinelli, 2019). Notwithstanding these challenges, there are ongoing efforts across both of these systems for better collaboration, particularly in working with cases deemed at high risk for lethality, to maximize the ways shelters can work collaboratively with other services to provide a seamless and supportive response to the woman and her children. The following case emphasizes the potential for shelters to work alongside CPS and other services to address risk to children.

Toronto, Ontario: the case of Ms. Zahra Abdille, Faris Abdille, and Zain Abdille

Many of the details outlined in this case can be retrieved from: https://www.thestar.com/news/crime/2014/12/04/triple_homicide_slaying_victim_told_friend_she_was_afraid_of_her_husband.html.

Ms. Zahra Abdille, aged 43, and her two sons, Faris (aged 13) and Zain (aged 8), were killed by her partner and their father, Mr. Yusuf Osman Abdille, aged 50, on Saturday November 29, 2014. The homicides were followed by the perpetrator's suicide. The victims were killed in their apartment and Mr. Abdille subsequently jumped onto a highway where he was struck by a car and died.

Ms. Abdille was born in Somalia and grew up in Kenya before moving to Canada in the late 1990s. She met Mr. Abdille in 1997, and they were married a year later in Toronto. She began working as a public health nurse in 2007 and completed a master's degree and nurse practitioner's certificate at Ryerson University in 2012. Ms. Abdille was described as focused on bettering herself and providing a better life for her children.

Ms. Abdille came to a DV shelter in Toronto with her children on July 10, 2013, and stayed there for ~2–3 weeks. Staff

were aware that she was escaping a long-term abusive relationship and that she wanted to end her marriage. Reportedly she did not wish to report the violence to police, as she did not want her husband arrested. While at the shelter, she took time off work to care for and support her children. According to the shelter's Executive Director, Mr. Abdille called her numerous times, as many as 50 calls in a single day. Friends were aware of Ms. Abdille's fears about her husband, as well as her concerns for her children. Notwithstanding these fears, people from her community encouraged her to go back home and work things out with Mr. Abdille.

While at the shelter, Ms. Abdille attempted to obtain an emergency court order to get interim custody of her children, which would have also granted her a restraining order against her husband. She was turned away, however, as a result of being unable to produce certain pertinent documents (e.g., income tax returns, receipts for daycare). As Ms. Abdille did not qualify for legal aid to challenge custody issues and could not afford a lawyer, as she faced the prospect of paying rent on her own. On July 23, Ms. Abdille left the shelter and told the staff that she was moving with her children into a rental property. However, she reportedly moved back into the apartment that she shared with Mr. Abdille. A friend stated that she had offered for her to stay at her house, but Ms. Abdille declined due to her belief that Mr. Abdille would find her there. A shelter worker felt that Ms. Abdille may have been unable to afford rent in the city, and as a result, was forced to return to the perpetrator, which was commonplace for many other women in the shelter. According to her friend, she was afraid of the perpetrator, but did not believe that he would hurt her children, and this is likely the reason that she chose to return to their home, coupled with the fear of stigma associated with being a victim of DV. A short time after she returned home with her children, Mr. Abdille killed everyone in the family, including himself.

This case highlights a variety of challenges that were faced by Ms. Abdille as she attempted to flee her abusive partner. It was described, in retrospect, by the Chair of the DVDRC as "a homicide waiting to happen" (Carville, 2015). As described by the Executive Director of the shelter she visited, she attempted to access help for herself and her children but "fell through the cracks" in that she was unable to qualify for the support that was needed, rendering her helpless and "forced" to return to the perpetrator. The challenges she faced were further compounded by Ms. Abdille, a woman of color, facing stigmatization by her community for being a victim of DV. Overall, this

case highlights the lack of funding and support (e.g., affordable housing, income support, legal services) for victims in similar circumstances, issues that are frequently noted in DVDRC reports. DVDRCs have also recommended that shelters provide support to victims to navigate multiple services and systems. Recommendations from the DVDRC specific to this case, for example, focused on having social services adopt a more “hands-on” approach with victims to assist them with navigating the system and administering standardized risk assessment tools in order to identify cases that are high risk. The availability of such services may have helped ensure that Ms. Abdille and her children had access to safe housing and greater support within their cultural community. There may also have been a role for greater collaboration and communication between the shelter and family court.

A more complicated, controversial issue in this case is the potential role of shelters in enlisting CPS to help monitor and manage risk. Despite evidence of ongoing risk of child exposure to DV, CPS were not involved. If viewed through the lens of whether or not Ms. Abdille was acting protectively and of empowering women in their choices, these actions make sense—Ms. Abdille was fleeing an abusive relationship and attempting to put protections in place for herself and her children. However, when viewed through the lens of risk to children, this is a situation where there are multiple indications of risk and no involvement of any system (at least on public record) that was attempting to intervene and manage the risk at its source: Mr. Abdille. Given Ms. Abdille’s concern about involving the police, child protection was an obvious partner with the potential capacity to engage, assess, monitor, and manage Mr. Abdille’s risk of DV.

Discussion

DV-related homicides involving children appear predictable and preventable with hindsight. A distressingly high proportion of child homicides are DV related with multiple warning signs prior to the tragedy. In this chapter, we highlighted recommendations made by DVDRC’s for police services, CPS, family courts, and shelters services to better prevent DV-related homicides against children and provided case examples of where such recommendations might have applied. It is clear that there is still much that needs to be done. For one, better data on victim–perpetrator relationships need to be

collected for homicides (Stöckl et al., 2017), and DV-related child deaths need to be consistently included in DVDRC reports. Standardized lethality risk assessment tools that are appropriate to child-focused agencies may also be needed. Although it is useful to know that risk to children is captured in typically used DV lethality assessment instruments, continued research in this area is useful to determine if there are additional factors specific to children that might improve the understanding of risk. To our knowledge, there is currently only one tool available that attempts to do this: The Bernardo's Domestic Violence Risk Identification Matrix (Healy & Bell, 2005) assesses for DV risk/vulnerability and protective measures needed to support children and families. This tool is more of a structured guide that has a great deal of face validity but has not been tested empirically in the decade since its development (Jaffe et al., 2017). More research on tools such as this, along with greater consideration of how existing tools might best be used in child-focused settings, is warranted.

In addition to putting greater focus on children in review and research, a number of practice developments are needed. Those in key protective roles including police, child protection, and shelters need to continue to improve their capacity to work collaboratively to manage these often complicated and high-risk cases. Police need to continue to develop and consistently implement child-focused “best law enforcement practices” that include assessing whether child exposed to DV needs service (Hamby, Finkelhor, & Turner, 2015). Within child protection, frontline workers need practice frameworks and opportunities to develop greater skills for working with families where DV is a concern. Shelters need to be partners in safety planning with children and in continuing to work in coordination with multiple services to articulate and manage risk. Finally continued advocacy is needed within family courts to ensure that DV is adequately recognized and that DV-related risks and harms are better balanced against the rights of fathers and potential benefits of father–child contact.

Fortunately there are ongoing initiatives to improve response to DV. More and more communities are implementing multi-agency risk assessment and management teams that bring together various agencies to collaborate in DV cases at high risk for lethality (e.g., Robinson, 2006; Stanley & Humphreys, 2014). Models are being explored in practice including some that bring together partner agencies in regular high-risk case conferences and others that collaborate through collocation of services for victims, and ongoing research explores how these teams are

able to work most effectively (Robinson & Payton, 2016; Robinson & Tregidga, 2007). Greater and better collaboration between specialist DV services and child protection is also a significant ongoing focus of work. On the basis of a scoping review of collaborative CPS and DV specialist practice (Macvean, Humphreys, & Healey, 2018) and a two-year action research project, the Pathways in Research In Collaborative Inter-Agency project team in Australia identified enablers of collaboration and put forward a collaborative framework for child protection and specialist domestic and family violence services (Healey, Connolly, & Humphreys, 2018). This work integrates Mandel's work on the Safe and Together model of practice (Mandel, 2010) and explores the potential for father-focused interventions such as Caring Dads (McConnell, Barnard, & Taylor, 2017; Scott & Lishak, 2012) to contribute to managing and changing perpetrator risk to children and mothers. Within family court, a number of authors have put forward frameworks to help court officials better deal with DV cases. Jaffe and colleagues have provided a model for differential processing of DV cases to facilitate better assessment and safer decision making (Jaffe et al., 2008), and the Battered Women's Justice project has developed and disseminated practice models to aid in the assessment of level, nature, and impact of DV (Davis, 2015). There has been ongoing work to support better training of custody evaluators and family court judges (Saunders, 2015) and to develop court-linked services to support safety for separating families where there is DV (Pulido, Forrester, & Lacina, 2011; Stern & Oehme, 2010).

Finally to close this chapter, it is useful to look outward once again to the lives of children. Although our focus herein has been on specialist services with a specific mandate to address DV, there are many other social institutions for children and families that were not included in our review. These include schools, childcare centers, child mental health services, recreational sporting organizations, community centers, faith-based communities, and others. These agencies provide important supports to children and families. As recommended by DVDRCs, it is critical that public education be extended to these locations so that public awareness and recognition of DV are improved. Such messaging also needs to include education that DV is not just an "adult issue," but one with central importance to the health and well-being of children. Such care by all of our social institutions will help to these tragedies from occurring to our communities' most vulnerable.

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