

**BC Coroners Service Death Review Panel
A Review of Intimate Partner Violence Deaths
2010-2015**

REPORT TO THE CHIEF CORONER OF BRITISH
COLUMBIA

November 2016

PREFACE

On June 8-9, 2016, the British Columbia Coroners Service (BCCS) held a death review panel on deaths resulting from intimate partner violence. These deaths are a loss deeply felt by family, friends and their community. The review of the circumstances that resulted in these deaths provided panel members with valuable information to help determine what could be done to prevent similar deaths in the future.

I am sincerely grateful to the following members of this panel for sharing their expertise, bringing the support of their respective organizations and participating in a collaborative discussion. I would also like to recognise the contribution of Dr. Perry Kendall, Provincial Health Officer for his input. The participants' contributions have generated actionable recommendations that I am confident will contribute to reducing intimate partner homicides in BC. BCCS Child Death Review Unit staff, Adele Lambert and Carla Springinotic provided panel support, compiled the background research for panel discussions and prepared this report.

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On behalf of the panel, I submit this report and recommendations to the Chief Coroner of BC for consideration.



Michael Egilson
Chair, Death Review Panel

EXECUTIVE SUMMARY

Intimate partner violence (IPV) is a devastating reality for many British Columbians. It affects all social, economic and cultural backgrounds, with the overwhelming burden borne by women. The impacts of intimate partner violence are significant. There may be long-term health impacts for victims, and lifelong consequences for children exposed to family violence.

Literature indicates that there is an under-reporting of intimate partner violence. Fewer than one third of victims living with intimate partner violence report the victimization to police, more often confiding in a trusted friend or family member.

Every year in BC more than 13,000 people seek police assistance to stop physical or emotional abuse at the hands of a current or former spouse or dating partner. Each year in BC, more than 30,000 women and children affected by domestic violence are referred to violence against women counselling and outreach programs and more than 40,000 new clients are supported by police-based, community-based, and court-based victim service programs. In addition, more than 18,000 women and children access transition houses and safe houses to escape violence or abuse. As well, an average of 232 women were admitted to a BC hospital for severe injuries sustained during intimate partner violence.

During the six years for this review, an average of 12 persons died each year in BC as a result of injuries inflicted by an intimate partner. Intimate partner homicides are a very small piece of the overall picture of intimate partner violence.

To better understand intimate partner violence-related deaths and identify prevention opportunities, a death review panel appointed under the *Coroners Act* was held in June 2016. The review panel was comprised of professionals with expertise in law, intimate partner violence, victim services, child welfare, Aboriginal health, public health, education, and law enforcement.

Over a period of six years, from January 2010 to December 2015, 75 fatal intimate partner violence incidents occurred in BC, resulting in 100 deaths (73 IPV victims, 27 IPV perpetrators). The circumstances of the people who died were reviewed in aggregate. Current research and statistics were assessed and key themes identified.

The review found that:

- More IPV victims were women (78%) than men (22%)
- Most IPV victims were women age 20-59 years
- Almost two-thirds of all IPV victims had a known history of IPV
- Fewer than one third of all victims had reported the violence to police
- Few victims (10) had a protection order
- 80 percent of all victims were killed in their own home

During this review the panel identified that:

1. Few victims reach out to disclose IPV, and those that do disclose may be met with family, friends and even professionals who don't yet understand the risk and what to say or do to help.
2. There is lack of public awareness about IPV and how to help and refer victims to community support and services. There is also a lack of IPV reporting to police.
3. There is a need for collaborative risk assessment and safety planning and the need for improved sharing of risk factor information so that courts can properly assess risk and set conditions as opportunities to reduce intimate partner violence deaths.

In relation to the deaths reviewed the panel identified three key areas to reduce intimate partner violence deaths:

- IPV awareness and education;
- Collaborative safety planning and case management; and
- Data access, quality and information sharing.

These findings are the basis for the following recommendations put forward to the Chief Coroner by the panel:

Recommendation 1: Increase awareness and education to improve understanding of IPV and how to respond

By December 2017, the Provincial Office of Domestic Violence in partnership with relevant stakeholders will:

- Enhance provincial IPV messaging campaigns to increase public awareness of IPV risk factors, how to respond and how to access community based services.
- Increase service provider (e.g. health, social services and education etc.) ability to identify IPV risk factors and risk of lethality, and how to refer to community based supports and services.
- Implement strategies to improve IPV reporting to and from police.
- Demonstrate cultural humility in the development of IPV awareness and prevention initiatives with the goal of creating cultural safety for the intended audience.

Recommendation 2: Strengthen IPV safety planning and early collaborative case management

By December 2017, the Provincial Office of Domestic Violence in partnership with relevant stakeholders will:

- Develop a plan for common risk identification and collaborative safety planning (short, medium, long term) among service providers and agencies.
- Assess service providers' ability to respond to IPV.
- Establish and adopt provincially standardized IPV definitions.

By December 2017, the Ministry of Justice working in consultation with justice system leaders and other relevant stakeholders will:

- Undertake a review to determine the merits of early case management by a single judge in family and criminal cases with a view to better informing the system of relevant best practices, including collaborative case management of family and criminal law matters.
- Review education materials on IPV, IPV risk and risk factors including the BC Summary of Domestic Violence Risk Factors, which could be provided for educational purposes to justice system participants, including the judiciary.

By March 2018, the Ministry of Public Safety and Solicitor General in partnership with Ministry of Justice and Ministry of Children and Family Development will:

- Incorporate cultural safety and humility and trauma-informed practices when addressing intimate partner violence through Ministry and funded community programs.

Recommendation 3: Enhance IPV Data Access, Quality and Collaboration

By December 2017, the Provincial Office of Domestic Violence will:

- Coordinate dialogue between the Office of the Chief Information Officer, justice and public safety sectors to clarify the legislative authorities for sharing of information between providers and service agencies to support victims of intimate partner violence and their children.

By December 2017, the BC Coroners Service will:

- Work with stakeholders to revise the BCCS Investigative Protocol to better capture essential IPV data.
- Search the Protection Order Registry in all IPV deaths.

INTIMATE PARTNER VIOLENCE RELATED DEATHS

Intimate partner violence has devastating effects on individuals, families, friends and communities. Although this review primarily looks at IPV deaths in aggregate, the people who died were individuals whose lives, hopes and futures were ended at the hands of an intimate partner.

The following three cases provide actual examples of these IPV deaths and are representative of many of the circumstances found in the other IPV fatalities reviewed in this report.

1. Risk identification

The deceased and her common-law partner had been residing together for more than 20 years. Friends and family were aware of emotional abuse in the relationship which had been escalating over the last two years. Two months before her death, the deceased's partner threatened to kill her, and the deceased told a friend that she was fearful for her safety. One month before her death, steps were being taken to dissolve the relationship, including division of common assets. During this time, the deceased was physically assaulted for the first time by her partner. Police were not contacted. The deceased had reported concerns to her friends that her partner might be suffering from dementia because he was behaving strangely "such as following¹ her when she went to work".

The deceased had been provided with information regarding support services in the community related to domestic violence by a legal advocacy office including pamphlets and brochures about women's rights, spousal support, ending a relationship and available shelters. It does not appear that the deceased attempted to contact any of the services prior to her death, and there was no evidence of a risk assessment or safety planning. The deceased and her partner were still living together despite the impending separation. A week after the deceased's lawyer responded to the partner's separation proceedings, the deceased was found dead in their common residence. She died as a result of blunt force trauma. The deceased's partner had contacted the police confessing to the murder.

2. No disclosure of IPV

The deceased and her common-law spouse had lived together for less than 10 years and they had two children together. Family and friends suspected that there was intimate partner violence in the relationship, but the deceased denied this and no injuries were ever witnessed. Approximately 6 months before the deaths, the spouse was hospitalized for a suicide attempt. He attended counseling after this event and it was thought he was no longer at risk for suicide.

MCFD had been involved with the family previously, providing services related to parental drug use and mental health concerns. There was no indication of any intimate partner violence to the Ministry and the family service file had closed a number of months before the deaths.

¹ Stalking is a risk factor for lethality.

There was no known formal engagement with agencies for safety planning.

Both the deceased and the spouse had recently returned home after receiving treatment for substance misuse. One night an argument occurred for an unknown reason. During this argument the spouse shot the deceased as she was trying to escape from the residence and then shot himself. A family member was awoken by the gun shots and called 911. The two children had been asleep at the time of the incident and were taken from the home by a family member.

3. Service Fragmentation

The deceased and her husband had been married for a number of years and had a child together. The deceased spoke very little English and was dependent on her husband to act as her translator. Approximately two years before her death, the deceased began seeing a mental health specialist for concerns regarding anxiety. The deceased disclosed to the mental health specialist that her husband was very abusive and controlling although at that point he had not yet physically assaulted her.

Approximately a year before her death, the deceased and her spouse had an argument resulting in the police being called and charges were requested against both parties. The spouse was placed on conditions of 'no contact' as part of his probation. The couple separated and the deceased was living at another residence. Family members were pressuring her to reconcile with her spouse.

MCFD had been contacted when the incident of intimate partner violence had occurred and were aware of the conditions of the probation order. Support services were offered as well as a referral for the deceased to an agency in the community. The MCFD file had been closed at the time of the deaths.

The deceased did mention to her mental health specialist six months before her death that she was worried because she did not have family nearby or support from the community. Her husband was taking anger management² classes and had improved the way he treated her. At the time of the deceased's death the spouse's conditions of 'no contact' were still in effect but it appears that they had returned to living together.

On the day of her death, the spouse had contacted a family member and asked if they could care for the children. The family member thought that the spouse sounded mentally unwell, but no action was taken until the next evening when the police were contacted requesting a wellness check at the residence. This is when the deceased and her spouse were found dead in their residence. The deceased had been killed by her spouse, who then committed suicide. It is unknown if any of the contacts with these service providers resulted in the completion of a risk assessment or safety plan.

² General anger management is not a recommended treatment in cases of IPV.

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PART 1: INTRODUCTION

Intimate partner violence is a tragic reality for many British Columbians and affects all social, economic and cultural backgrounds. Although there has been progress on addressing intimate partner violence in British Columbia, more progress is needed to reduce the number of victims killed or injured by an **intimate partner**.

Every year in BC more than 13,000³ people seek police assistance to stop physical or emotional abuse at the hands of a current or former spouse or dating partner. Each year in BC, more than 30,000 women and children affected by domestic violence are referred to violence against women counselling and outreach programs and more than 40,000 new clients are supported by police-based, community-based, and court-based victim service programs⁴. In addition, more than 18,000⁵ women and children access transition houses and safe houses to escape violence or abuse. As well, an average of 232⁶ women were admitted to a BC hospital for severe injuries sustained during intimate partner violence.

During the six years for this review, an average of 12 persons died each year in BC as a result of injuries inflicted by an intimate partner. (BC Coroners Service) Intimate partner homicides are a very small piece of the overall picture of intimate partner violence.

For some victims, there was no prior known history of intimate violence, for most however, the violence was known by friends or family, and for some victims there had been prior police, child protection or court involvement.

The literature suggests that the level of risk of homicidal violence may not be fully understood by those attempting to provide help or support. The compounding risk factors and changing context within the lives of the perpetrators of violence and the abused may go unrecognized or not communicated between support systems.

IPV deaths are preventable. To better understand IPV deaths and identify opportunities for prevention, a death review panel appointed under the *Coroners Act* was held in June 2016. A BC Coroners Service Death Review Panel about IPV was previously convened in 2010.

This current review comprises all BCCS IPV related deaths in BC for the period of January 1, 2010 to December 31, 2015. The circumstances of 100 deaths as a result of IPV incidents between 2010 and 2015 were reviewed in **aggregate**⁷.

For the purpose of this review the following terms are defined as:

- **Intimate partner violence (IPV) or Domestic Violence:** *behaviour by an intimate partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours.*

³ RCMP and Vancouver Police Data

⁴ Ministry of Public Safety and Solicitor General 2016

⁵ BC Housing 2015

⁶ Ministry of Health, Discharge Abstract Database (Annual average based on DAD data 2001-2013)

⁷ Bolded terms are defined in the glossary

- **Intimate partner violence homicide:** *a death which occurred as a result of injuries inflicted by a current or former intimate partner, or the death occurred during an incident where a current or former intimate partner was the intended victim.*

DEATH REVIEW PANEL

A death review panel is mandated⁸ to review and analyse the facts and circumstances of deaths to provide the Chief Coroner with advice on medical, legal, social welfare and other matters concerning public health and safety, and the prevention of deaths. A death review panel may review one or more cases before, during or after a coroner's investigation, or inquest.

Panel members were appointed by the Chief Coroner of BC under section 49 of the *Coroners Act* and included professionals with expertise in law, intimate partner violence, public health, Aboriginal health, law enforcement, victim services, education, child welfare, academia, and coroners.

Regardless of their employment or other affiliations, individual panel members were asked to exercise their mandate under the *Coroners Act* and express their own opinions and conclusions. The findings and recommendations contained in this report need not reflect, or be consistent with the policies or official position of any other organization.

In the course of reviewing IPV deaths that occurred between 2010 and 2015, the panel reviewed:

- BCCS investigative findings;
- Academic and research literature;
- Information provided by panel members;
- Environmental, social and medical factors associated with the deaths;
- Possible trends or themes;
- The current state of related public policy and strategies; and
- Existing challenges.

Each panel member shared their professional perspective and collectively identified actions towards preventing future IPV deaths.

LIMITATIONS AND CONFIDENTIALITY

The number of victims who died as a result of intimate partner violence presents challenges in accurately analyzing and reporting information while protecting privacy and data accuracy. Provisions under the *Coroners Act* and *Freedom of Information and Protection of Privacy Act* allow for the BCCS to disclose information to meet its legislative mandate and support the findings and recommendations generated by the review process. For the purposes of this report, information is presented in aggregate. Details that could identify the people have been omitted to respect the privacy of the person who died and their families. The BCCS is sensitive to the

⁸ Under the *Coroners Act*

privacy of individuals and families that we serve and proceeds with caution when reporting case review findings.

PART 2: LITERATURE FINDINGS AND THE BC CONTEXT

The following is an overview of published international and national literature and research findings about intimate partner violence. It is not intended as an extensive review on this topic. The literature presented reflects the predominant factors and characteristics noted in the coroner cases reviewed. Terms found in the literature referring to IPV also include: domestic violence, spousal assault and violence in relationships.

What is Intimate Partner Violence

Intimate partner violence involves coercive, controlling violence which involves a partner terrorizing and maintaining power and control through violent and non-violent means or control tactics (e.g. financial control, psychological abuse, or isolation.) (Johnson, M.P., 2008). Each incident of violence adds to the harmful effects of an earlier incident, in an ever increasing destructive manner.

Intimate partner violence may also present as a pattern of conflicts or heated arguments that may escalate to physical violence. This may become a chronic pattern of violence which escalates to severe violence.

Prevalence

Intimate partner violence is a global issue affecting all social, economic, religious and cultural groups. However, women have over three times a higher rate of IPV victimization than men. (World Health Organization (WHO), 2012)

In Canada, (2013) women were identified as almost 80% of victims of police-reported intimate partner violence as compared to men (20%). (Statistics Canada, 2013)

In Canada, the rate of police-reported IPV was 310 victims⁹ per 100,000 population, with IPV rates 3.5 times higher for women than for men. (Statistics Canada, 2013) In British Columbia, the police-reported IPV rate was 319 victims per 100,000 population; slightly higher than the national rate. (Statistics Canada, 2013)

In Canada, the rates of police-reported spousal violence against women were proportionally similar for immigrant women, non-immigrant women and Aboriginal women. (Statistics Canada, 2013)

Some communities and individuals have circumstances in their lives (e.g. historical trauma, colonization, poverty, powerlessness, or stressors) that may increase the risk of IPV. For example, persons self-identifying as Aboriginal were more than twice as likely as non-Aboriginal people to report experiencing intimate partner violence. (Statistics Canada, 2014)

⁹ 2013 IPV rates are based on the Canadian population of males and females age 15 years to 89 years of age.

Aboriginal women in Canada self-reported violent IPV victimization at a rate over two times higher than non-Aboriginal women. (Statistics Canada, 2014)

Relationship

In Canada, more victims of IPV were victimized by a current intimate partner (66%) than a former intimate partner, and dating violence (53%) was slightly higher than spousal violence (47%). (Statistics Canada, 2013)

Research indicates there is increased risk for harm when planning to leave a relationship. Many friends, family, or victims may not understand the danger and may minimize or underestimate the risk of harm during this time. (Neilson, L., 2013)

Risk Factors and Risk Identification

To better understand the context in which intimate partner violence is happening, this section identifies key factors in the lives of persons experiencing violence and abuse. The risk factors for IPV include socio-economic factors (poverty and homelessness), geography (rural isolation) and health factors (including mental health, alcohol and substance misuse and physical disability) and system factors (e.g. availability of coordinated supports and trained professionals). Intergenerational and collective trauma may also increase the likelihood of experiencing violence.

Experiencing cultural safety and humility and being supported by service providers who are **trauma-informed** will increase the likelihood that victims of IPV feel safer in reporting violence and accessing supports and services.

Victims, families or service providers may underestimate the risk of danger in IPV relationships.

Literature indicates that the following facts are associated with the risk of continuing intimate partner violence. (Neilson, L., 2013) Perpetrator characteristics include:

- A history of emotional, financial, physical or sexual violence and abuse against family members;
- A pattern of sexual abuse, financial control with abuse, emotional and psychological abuse associated with coercion or control;
- Recent violence or escalation of frequency or severity of abuse and violence;
- Prior abuse and violence towards other family members, former intimate partners or members of the public;
- Substance abuse (alcohol or drug);
- Prior criminal conviction for violence;
- Failure to comply with restraining or 'no contact' orders, court orders or dropping out of domestic violence prevention programs;
- Unstable lifestyle (erratic unemployment, substance use, mental health concerns);
- Conflicts relating to children

As well, victim fear of the perpetrator and separation or leaving the relationship (particularly for women) are reliable predictors of continuing domestic violence. (Neilson, L., 2013)

Furthermore, the literature indicates that the risk of violence escalating to intimate partner homicide is increased if there is:

- A history of domestic violence or sexual assault;
- A recent separation or pending separation (for female victims);
- Depression (perpetrator);
- Unemployment (perpetrator);
- Alcohol and drug abuse;
- Escalation of level of violence, stalking or monitoring;
- Prior threats or attempts of suicide (perpetrator);
- Prior threats to kill the victim, family or pets, threats with weapons, or prior attempts to choke the victim;
- Prior attempts by the perpetrator to isolate the victim, or control behaviour; or
- An intuitive sense of fear (victim). (Neilson, L., 2013)

Although some sources indicate that approximately 15% of cases of homicidal domestic violence were not predictable using any current indicators or assessment tools, the majority of homicide reviews have found the factors listed above are associated with lethal IPV incidents. (Neilson, L., 2013)

Evidence shows that IPV risk assessment tools help determine risk of continuing violence and escalation of violence. “The goal of risk identification is to prevent further violence or lethality by using the information to manage the risks that have been identified. The four main approaches of risk management are monitoring, treatment, supervision and victim safety planning”. (Department of Justice, Canada, 2013)

The literature also indicates that intimate partner violence will continue if measures are not taken to address victim safety and services are not in place.

Safety planning, intervention and the ability to stop the violence may be compromised if violence or abuse is not disclosed. The literature reports that:

- 50% of women did not recognize their own risk prior to being the victim of attempted homicide. (Jacqueline Campbell, et al, 2009)
- Only 36% of spousal violence victims contacted or used formal victim services, crisis lines, shelters and transition houses, counsellors and social workers. (Statistics Canada, 2014)
- Only 30% of spousal violence is reported to police, with 19% of victims of spousal violence contacting the police themselves. (Statistics Canada, 2014)
- Only 21% of female victims and 6% of male victims disclosed IPV to a doctor or nurse at some time in their lifetime. (CDC 2010)

IPV victims were more likely to tell a trusted friend or family member about the abuse than call police (Statistics Canada, 2013)

IPV Homicide

In Canada, between 2003 and 2013, there were a total of 960 intimate partner homicides, an average of 87 deaths per year. (Statistics Canada, 2015) Recent Statistics Canada homicide data reported that in 2014, there were 83 intimate partner homicides in Canada, eleven more than in 2013. (Statistics Canada, 2015)

Over the past 20 years the IPV homicide rate in Canada has decreased for both females and males. However, female intimate partner victims continue to be murdered at a rate four times greater than for male IPV victims. (Statistics Canada, 2014) As well, female IPV victims represented more than 75% of the attempted murders and 83% of murders that occur as a result of IPV. (Statistics Canada 2015)

Canadian literature suggests that “arguments or quarrels were the most frequently reported motives to incidents of homicide involving both Aboriginal and non-Aboriginal victims (48% and 27% respectively). The second most likely motive in the homicide of Aboriginal and non-Aboriginal persons were frustration, anger or despair”. (Statistic Canada, 2014)

Women were more likely to be killed than men because of their partner’s jealousy (24% versus 10%). (Statistics Canada, 2010)

IPV Murder-Suicide

In Canada, there were 227 victims of IPV murder-suicides between 2001 and 2011 (an average of 21 murder-suicides per year). (Statistics Canada, 2011) Spouses account for the larger proportion of murder-suicide incidents than dating partners. (Statistics Canada, 2011)

The literature separates perpetrators of IPV murder-suicide into two groups, those with homicidal intent and those with suicidal intent.

Literature indicates that for homicidal intent the primary focus is on killing the partner, with the suicide being a secondary decision. (Salari, S and Stillito CL, 2016) “Homicidal intent was predicted by IPV history, threats, crimes against the victim, stalking, severe wounds and controlling behaviour”. (Salari, S, et. al, 2016) Often the offender went to great efforts to locate and harm the victim.

For assailants with suicidal intent the literature indicated that often there was no prior history of IPV and the victim was unaware of the danger. The perpetrator made a unilateral decision to kill self and others; often with the expressed thought that they were saving their partner from grief. Suicidal intent was more common in older adults. (Salari, S, et. al, 2016)

British Columbia Policy Approach

To address IPV in BC, the following policy levers, action plans and strategies exist. These include:

A [*Vision for a Violence Free BC*](#) provides the vision for making progress towards stopping violence against women. This strategy outlines a set of strategic priorities which include violence prevention, coordination of services, and support for survivors.

[Violence Against Women in Relationships \(VAWIR\) 2010](#) policy enhances the response to domestic violence by the justice system, victim services and child welfare partners.

The Provincial Office of Domestic Violence (PODV) established in 2012 is the permanent lead for government for strengthening the province's systemic response to domestic violence. [Taking Action on Domestic Violence in British Columbia](#) set out a coordinated cross ministry approach to addressing domestic violence across child, family and victim serving systems. This was followed by the PODV three-year [British Columbia's Provincial Domestic Violence Plan](#) released in 2014 with five key response areas to improve: public awareness and prevention; supports and services for survivors; justice system response to domestic violence; coordination, information sharing and referral and research, training and evaluation.

Key achievements noted in the [PODV Annual Reports](#) (2015 and 2016) include:

- Improved training for police, and service providers about domestic violence;
- Improved coordination between service providers in communities (e.g. Community Coordination for Women's Safety (CCWS));
- Development and expansion of Interagency Case Assessment Teams (ICATs) from 24 to 40 to respond to highest risk domestic violence cases;
- Development and expansion of Domestic Violence Units (DVUs) from seven to nine.
- Implementation of the *Family Law Act*;
- Public awareness campaigns (e.g. Be More Than a Bystander, #SaySomething, Moose Hide Campaign);
- Aboriginal programs for Aboriginal women, children and men affected by domestic violence;
- Enhanced services for rural and remote communities; and
- Development, enhancement and evaluation of programming for perpetrators of domestic violence.

PART 3: LEGISLATION AND REGULATIONS

The federal *Criminal Code of Canada* is the main statutory source of criminal law and procedure in Canada. It not only defines the type of conduct that constitute criminal offences and establishes the type of sentence that may be imposed when an individual is convicted of an offence but it also sets out the procedures that are to be followed throughout the criminal law process.

The BC [Family Law Act](#) (*FLA*) places the safety and best interests of children first when families are going through separation and divorce. The *FLA* was enacted in March 2013, replacing the former *Family Relations Act*. It establishes a regime for parenting arrangements, including guardianship, parental responsibilities, parenting time and contact with a child. The *FLA* also provides for the division of assets, encourages families to resolve their disputes out of court, and addresses family violence. The *FLA* increases the ability of the court to deal with family violence by:

- Defining family violence,
- Making the safety of children a key goal of the 'best interests of the child' test, and

- Legislating risk factors the court must consider in parenting cases involving family violence.

Protection orders are available under the *FLA* to persons, including children, who are at risk of family violence. A protection order may include any terms the court considers necessary to protect the person's safety, including restricting contact or communication between family members, limiting the possession of weapons or firearms, and directing police to remove a family member from a residence or supervise removing personal belongings from a residence. The *FLA* also allows the court to make orders regarding parenting time, contact or access to the child. In appropriate cases, these orders may contain conditions restricting communication between parties or preventing the removal of a child from a specified geographic location.

The [*Child, Family and Community Service Act*](#) is the legislative authority for the ministry's Child Protection Services. The Act requires that anyone who has reason to believe that a child may be in need of protection must report it to the Director or a delegated social worker. Child protection reports are investigated by Ministry social workers, who take the most appropriate action that is least disruptive for the child. These actions may include:

- Providing or arranging the provision of support services to the family;
- Developing a safety plan;
- Supervising the child's care in the home; or
- Protecting the child through removal from the family and placement with relatives, a foster family or specialized residential resources.

PART 4: SERVICES, INTERVENTION AND SUPPORTS

Persons experiencing IPV need access to culturally safe programs and services provided by government, community agencies, and criminal justice agencies. These programs and services should include culturally relevant risk assessments and safety planning, emotional support and counselling, and assistance across a range of other social and housing supports. As well, these service providers should know how to identify IPV and IPV risk factors, understand cultural safety and humility, and respond and make appropriate referrals to relevant programs and services. Programs and services should incorporate trauma-informed principles to ensure that victims of IPV feel safe in reporting violence and accessing supports and services.

The following section provides an overview of legal processes, services and supports.

Legal Processes in BC

Police are notified of domestic violence incidents either through 911 calls, in-person complaints, reports from probation officers (breach), or through referrals from other agencies (victim service programs etc.). When parties allege mutual aggression, police investigate to determine the primary aggressor. The Ministry of Children and Family Development may be notified when children are living in a home where there is domestic violence.

When Crown Counsel receive a Report to Crown Counsel (RCC) from police, they assess whether charges should be laid against the person or persons named in the RCC. Crown Counsel review every RCC in accordance with the Criminal Justice Branch's publically available Charge Assessment Guidelines (CHA 1) policy. Crown Counsel can decide that no charges should be laid, charges should be laid, or the accused person should be referred to an alternative measures program rather than go to court.

Protection Orders

There are different types of orders that the court can make in criminal and civil court proceedings that may have safety related protective conditions, including conditions that require a person to have "no contact" with another person.

In addition, in some criminal cases, if the police arrest a person for a criminal offence, they may release the person on an Undertaking of Recognizance with protective conditions. These orders have different names and processes but they have the same intended objective – the protection of a person who has been the victim of violence or is afraid for their personal safety.

Protection orders issued in BC are entered into a confidential database called the Protection Order Registry. The Protection Order Registry is intended to support the enforcement of civil and criminal protection orders and to contribute to the reduction of violence against women, vulnerable adults, youth, children and other victims. Police can contact the Protection Order Registry on a 24/7 basis to obtain information about protection orders that have been entered in the registry.

Canadian survey data (2014) found that only 11% of victims of spousal violence reported having a protection order, a finding similar to what was reported in 2009. (Statistics Canada, 2014)

48% of victims indicated that spousal violence decreased after police were involved, for 23% the violence stayed the same, and for 6% the violence increased. (Statistics Canada, 2013)

Court Systems

For intimate partner violence offences dealt with in the court system, there is a need for collaboration and coordination across all a sectors of the justice system (civil, family, criminal courts, the Bar, the Bench, court administration etc.). (Martinson, D. & Jackson, M., 2016); (Jackson, M. & Martinson, D., 2015) For example, when family law and criminal law processes are managed separately it requires:

- Repeatedly providing information to a series of judges
- Need for multiple court appearances in different courts
- Increased risk of harassment, delay or extra costs
- Escalation of conflict which can increase the risk of harm

This process may result in courts having incomplete information on which to base decisions.

Research indicates that “the pretrial period, beginning with the arrest and ending with case disposition is a period known for high volatility, and heightened danger to the victim with often attempts to discourage or persuade the victim from participating in the prosecution of the case”. (Erex, et al 2012)

The judiciary would benefit from continuing education in IPV, risk factors including risk of lethality.

Evidence indicates that effective domestic violence court models share a set of common features. (Ministry of Justice, 2014)

- Specialized staff and court time
- Coordinate and share information
- Informed, consistent judicial decision-making
- Offender accountability
- Victim safety, support and services
- Increased efficiency
- Training and education
- Evaluation

In Canada there are some jurisdictions with courts that can deal with criminal law issues and family law issues at the same time and other jurisdictions with specialized judges who work in family courts or in domestic violence criminal law courts. This specialization and collaborative model enhances the ability of the judiciary to work together effectively in cases where there are multiple proceedings to create the best possible outcomes for the people involved. (Martinson, D. & Jackson, M., 2016; Jackson, M. & Martinson, D., 2015)

Domestic violence courts and/or specialized domestic violence court processes are promising practices in responding to domestic violence. In British Columbia, specialized court processes have been implemented in some courthouse locations on Vancouver Island, the Interior and Fraser Regions. These have been led by the judiciary, the local justice system, and community agencies. Domestic violence courts support early intervention for low-risk or first time offenders and vigorous prosecution for high-risk or repeat offenders. The goal is to stop the cycle of violence and increase victim safety.

The five specialized domestic violence court initiatives in B.C. differ in their intake and screening processes, degree of specialization, and range of court processes involved. Three (Kelowna, Penticton and Surrey) are solely docket courts addressing case management while the other two (Duncan and Nanaimo) have more therapeutic goals which require community and ministry resources. The Ministry of Justice has developed a Framework for Domestic Violence Courts in British Columbia and a Specialized Courts Strategy.

This review panel identified that early case management by a single judge is an effective approach for domestic violence cases especially where proceedings for the same family may be occurring in different courts. This model improves coordination and communication between

courts, improves safety planning and services for victims and offenders, and provides timely and appropriate responses to domestic violence files.

BC Justice Summits have been convened since 2013 to facilitate innovation in and collaboration across the justice and public safety sector. The fourth Summit included a focus on better coordination of criminal justice, family justice and child protection matters. Other Summit common themes specific to IPV included the need to “have Indigenous voices integrated into dialogue about violence against women; ensure that cultural competency and diversity inform practices; improve alignment and coordination of court processes and improve access; and have trauma-informed responses to violence against women”. (Martinson, D. & Jackson, M., 2016)

IPV Programs and Services

Across BC, there is a mix of IPV prevention, intervention and treatment programs. These services and supports are intended to address the immediate and ongoing safety needs of victims and their families. As well, some programs are focused on prevention. The programs are delivered through community service providers and provincial and federal agencies. If the services are to be more effective and responsive to the needs of the victim and their family, they need to be client centred and must work collaboratively to share information so that risks are identified, and safety plans, referrals, interventions and supports are comprehensive.

These supports and services include community-based and police-based victim service workers, outreach service programs, transition houses, anti-violence counselling programs, as well as police, social workers and health care providers.

Prevention and Awareness

Research indicates that the public, including friends, family, service providers and victims of violence may not recognize IPV warning signs, or the level of risk, or may not know whom to contact, and what to do next. Bystander education and intervention training is proving to be a promising practice across many jurisdictions in Canada.

Examples of government and public IPV awareness programs in BC include:

- “Be More Than A Bystander: Break the Silence on Violence Against Women”, and #SaySomething have been developed to reach the public through social media or workshops. For example, ‘Be More Than a Bystander’ is a violence prevention initiative for high school students. It equips youth with skills to speak up when they witness disrespect, abuse or violence.
- Community Champions Toolkit was developed by the Network to Eliminate Violence in Relationships (NEVR) to help friends and families identify abuse and intervene safely.
- Moose Hide Campaign involves Aboriginal and non-Aboriginal men standing up and speaking out against violence towards women and children.

In Ontario, [Neighbours, Friends and Families](#) uses social media and webinars to raise awareness of the signs of abuse so that those close to the victim can help.

Research also indicates that negative attitudes and behaviours towards women are predictors of violence against women. School based anti-violence programs and curriculum promoting respectful relationships may change attitudes and behaviours.

In BC, work is underway between the Ministry of Education, Community Safety & Crime Prevention branch and BC Corrections of the Ministry of Public Safety and Solicitor General to develop Respectful Futures resources for young people that can be accessible and/or delivered in schools and communities to promote social inclusion through better understanding of respectful relationships.

In addition, there is evidence of effective parenting support programs addressing family violence and the harms experienced by children witnessing abuse and violence.

For example, the BC Ministry of Health and the regional health authorities are implementing and evaluating the Nurse-Family Partnership (NFP) through the BC Healthy Connections Project, which is a maternal and child health program that provides some vulnerable first-time moms with valuable knowledge and support throughout their pregnancy and continuing until children reach two years of age. Public Health Nurses develop strong and trusting relationships with each woman participating in the NFP program. Nurses receive specialized education including recognizing and responding to intimate partner violence. All NFP clients are offered a universal assessment of safety and a tailored intervention from the nurse if current or past intimate partner violence exposure is disclosed.

Another ongoing initiative focusing on improving system responsiveness to the needs of children and families affected by parental mental illness, substance use and domestic violence is the Safe Relationship, Safe Children initiative. This initiative of the Ministry of Health and Ministry of Children and Family Development has been expanded to 20 locations and seeks to strengthen health-care and child-service systems and support for children and families. The long term objective is province-wide implementation.

Risk Assessment, Safety planning and the Management of Highest Risk Cases

Some intimate partner relationships pose an increased risk of violence for serious bodily harm or death. To respond to these serious cases, BC's VAWIR policy includes a *Protocol for Highest Risk Cases*. The protocol is intended to enhance the justice and child welfare system response to cases that are seen as being the highest risk through heightened information sharing, comprehensive and collaborative safety planning and risk mitigation strategies.

In practice, many communities have implemented specialized, collaborative approaches to respond to these serious cases. Three common responses are Domestic Violence Units (DVUs), High Risk Domestic Violence Intervention Support Teams (HRDVISTs) and Interagency Case Assessment Teams (ICATs). These are different in their make-up and function, but complement one another and add strength to the local domestic violence response.

DVUs are a model of co-located service delivery that pairs a dedicated police officer(s) with a community-based victim service worker(s) to address highest risk victims of domestic violence. In some cases, DVUs also co-locate a child welfare worker from the Ministry of Children and Family Development. DVU staff typically work in the same room together, which allows them to

immediately triage incoming cases to ensure that safety planning and system responses are coordinated.

DVUs are administered through a multi-agency governance model that allows for a collaborative partnership with a focus on both victim safety and offender accountability. They allow for joint case coordination, risk assessment, offender management and victim safety planning, with each partner bringing their own experience and expertise to the table.

There are currently nine active DVUs in BC: Abbotsford, Capital Region (Greater Victoria), Kelowna, Nanaimo, New Westminster, North Shore (North Vancouver and West Vancouver), Surrey, Vancouver and Prince George.

ICATs and HRDVISTs are a partnership of local agencies, including police, community and police-based victim support, child welfare, health, social service, and other agencies. They may have affiliation with a DVU or domestic violence police officer/liaison officer. These teams assess and respond to referrals of suspected highest risk cases of domestic violence with a goal of increasing safety. This goal is achieved by:

- Identifying risk using the BC Summary of Domestic Violence Risk Factors and if necessary an evidence-based risk assessment tool;
- Creating enhanced safety plans and providing support for victims and their family members;
- Determining proactive interventions for offenders;
- Providing information on risk factors that may be relevant to the criminal investigation and prosecution;
- Identifying and working to reduce barriers to safety.

As of March 31, 2016, there were 40 active ICATs and 4 HRDVISTs in communities across BC.

While ICATs do review cases, they are not investigative bodies like DVUs. A domestic violence case may be referred to the ICAT even if a police report has not been made.

Based on contributing risk factors and vulnerabilities, a risk management plan is created by the ICAT that outlines a team commitment to enhanced interventions for victims and monitoring, management and support for perpetrators. The case is reviewed regularly to monitor factors and critical events.

DVUs, HRDVISTs and ICATs are not mutually exclusive responses. Some communities in BC are experimenting with having both a DVU and an ICAT or HRDVIST.

In BC, work has been done to standardize the risk information that service providers routinely collect and assess. The BC Summary of Domestic Violence Risk Factors is a job aid that is used by police, local victim services, transition house workers, child protection workers and other service providers to assess the risk of future violence in relationships and to support decisions for safety planning (see BC Summary of Domestic Violence Risk Factors, Appendix 2). Education

and health professionals are also being exposed to the BC Summary of Domestic Violence Risk Factors through Ministry initiatives. The BC Summary of Domestic Violence Risk Factors can be used in conjunction with more advanced risk assessment tools such as the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER) and the Spousal Assault Risk Assessment (SARA).

Domestic violence cases that are assessed by an ICAT, HRDVIST or DVU as low or moderate risk continue to be investigated and managed by police and referred to victim services and other supports as appropriate in accordance with the VAWIR policy. These cases can be brought back to an ICAT, HRDVIST and/or DVU for reassessment if risks increase or the level of violence changes.

Safety Planning Supports and Services

In BC, there are a number of programs and services for women and children impacted by domestic violence. These programs and services include:

- More than 160 police-based and community-based [victim service programs](#).
- 240 violence against women counselling and outreach programs including [Stopping the Violence Counselling](#) programs, Children Who Witness Abuse programs, and Outreach and Multicultural Outreach Services;
- 125 [transition houses](#), safe homes, and second-stage housing programs for women and children fleeing violence;
- The [Crime Victim Assistance Program](#), a financial benefits program to assist victims, immediate family members, and witnesses in dealing with the effects of violence crime; and,
- [VictimLinkBC](#) is a toll-free, confidential, multilingual 1-800 helpline available 24/7 for victims of domestic and sexual violence, and all other crimes.

Safety planning is a personalized plan that includes ways to remain physically and emotionally safe while in a relationship, when planning to leave, or after leaving a relationship

Victim service programs, violence against women counselling and outreach programs, and transition house programs all provide a range of supports and services to victims of domestic violence including, critically, safety planning.

To support safety planning, an Online [Domestic Violence Safety Planning Course](#) for service providers has been developed and safety planning tools are available in BC (see Resources).

Child protection services investigate reports of intimate partner violence when there are children in the home and when they are seen to be in need of protection. Social workers work with the family to determine the most appropriate course of action that is least disruptive for the child while protecting safety. This may include arranging or providing supports and services, supervising the child's care in the home or protecting the child through removal from the family and placement with relatives or foster family. For families experiencing domestic violence this may include the development of a safety plan.

Although most agencies create or use some form of a safety plan and collect risk related information to support those experiencing violence, without effective collaboration pertinent information may not always be shared between service providers and systems. This results in no one agency having a complete picture of the risk, circumstances or potential programs and services needed.

All communities and agencies providing supports or services to victims of intimate partner violence would benefit from collaborative responses to highest risk cases in order to leverage effective approaches to risk identification, information sharing and safety planning.

Safety planning components should include:

1. *Keeping safe while living with an abusive partner*
2. *Safety planning with children and pets or during pregnancy*
3. *Being safe when leaving a relationship (preparing to leave, when leaving and after leaving)*
4. *Knowing options for legal action (e.g. Peace Bond)*
5. *Getting emotional support*

PART 5: BC CORONERS SERVICE CASE REVIEW FINDINGS

This six year review (2010-2015) focuses on the circumstances of 100 persons who died as a result of intimate partner violence in BC. During the period of this review there were 75 intimate partner violence events which resulted in 100 deaths (73 IPV victims, 27 IPV perpetrators).

Of the total 100 deaths, 73 were deaths of an intimate partner, friend or family member killed at the hands of a current or former intimate partner. Of the 75 incidents:

- 48 events (64%) were homicides;
- 27 events (36%) were related to homicide-suicide (19), or attempted homicide-suicide (6), or an IPV death related to a police shooting after a domestic incident (2)

In this review all deaths classified as IPV homicides and IPV suicides (perpetrator) are included.

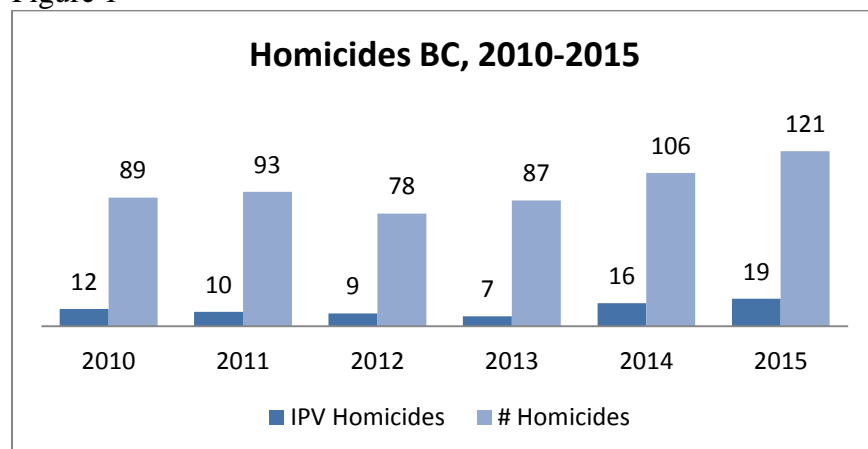
IPV Homicide Deaths

For years 2010-2015, there was an average of 12 IPV homicide deaths per year in BC (see Figure 1). As a percentage of all homicides in BC, IPV homicides range from 8% in year 2013 to 15.7% in 2015. IPV homicides represent an average of 13% of all homicides that occur annually in BC.

In years 2014 and 2015, there was an increase in both IPV homicides and homicides in BC. For the current year of 2016, there have been 7 IPV homicides as of (October 25, 2016).

This 2010-2015 review shows a provincial IPV homicide rate of 2.7 per million population; slightly less than an earlier BCCS IPV homicide review (2003-2011) of 3.1 per million population.

Figure 1



Source: BC Coroners Service

In this six year review there were 27 IPV events that resulted in:

- 19 murder-suicides (the murder of the intimate partner and the suicide of the perpetrator); and
- Eight attempted-homicides which resulted in the death of the assailant.

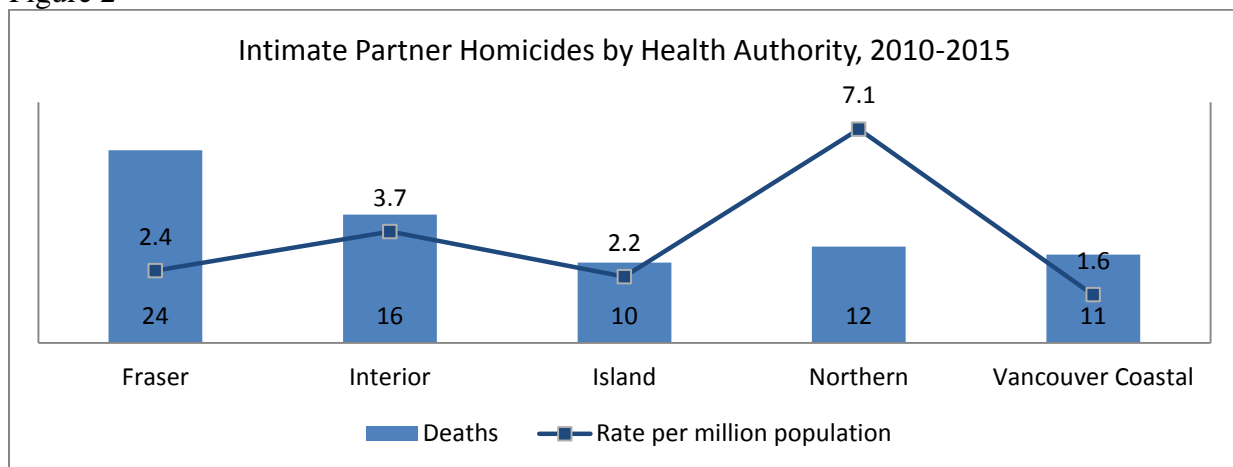
All IPV assailants in cases of murder-suicides and attempted-homicides were males.

In this review¹⁰:

- The Northern Health Authority had the highest rate of IPV homicide at 7.1 per million population. This is 2.6 times higher than the provincial IPV rate of 2.7 per million population.
- Interior Health Authority also had a higher rate of intimate partner homicides (3.7 per million population) than the provincial rate.
- Fraser Health Authority (2.4), Island Health Authority (2.2) and Vancouver Coastal Health Authority (1.6) had IPV homicide rates that were lower than the provincial rate of 2.7 per million (see Figure 2).

¹⁰ These rates should be interpreted with caution due to the small number of cases.

Figure 2



Source: BC Coroner Service

Of the 75 IPV events reviewed, more BC IPV homicides occurred in urban centres (77%) than in rural communities (19%). However, this difference might be related to population distribution, as 82 percent of the BC population lives in urban areas (BC Stats 1996 Census).

The literature indicates that women in rural communities may be more isolated, lack access to support services, transportation, experience a longer response time from police, live in a home with firearms or have responsibilities for livestock preventing them from leaving (Neighbours, Friends and Families, 2016).

A. THE DECEDENT

Sex

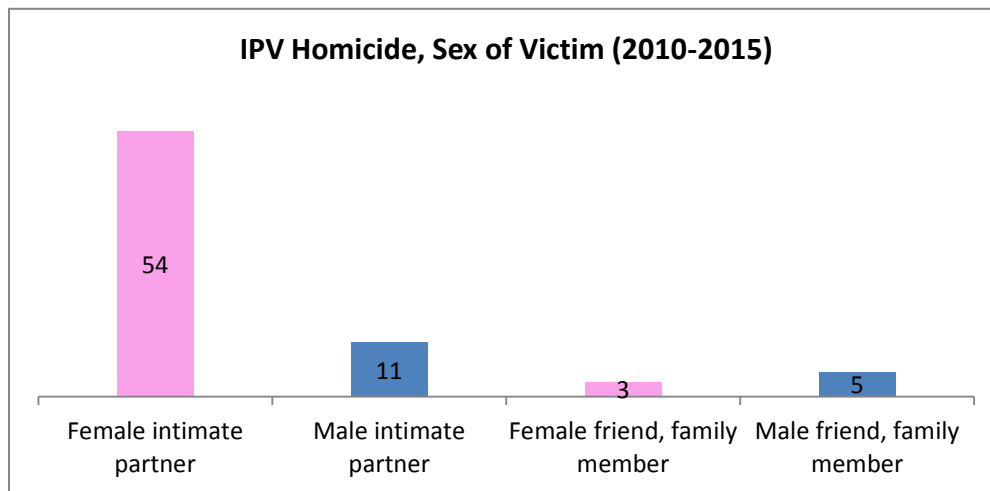
In this review, there were 57 female victims and 16 male victims of intimate partner violence homicide.

- 54 of the female victims and 11 of the male victims were the intimate partner of the perpetrator
- Eight secondary victims (three females and five males) were killed during family violence (n=4), or during an IPV event where the intended female target was the secondary victim's friend or dating partner (n=4).

In this review, 85% of the perpetrators of intimate partner homicides were males.

Female intimate partners were killed at a rate almost five times higher than males (see Figure 3).

Figure 3

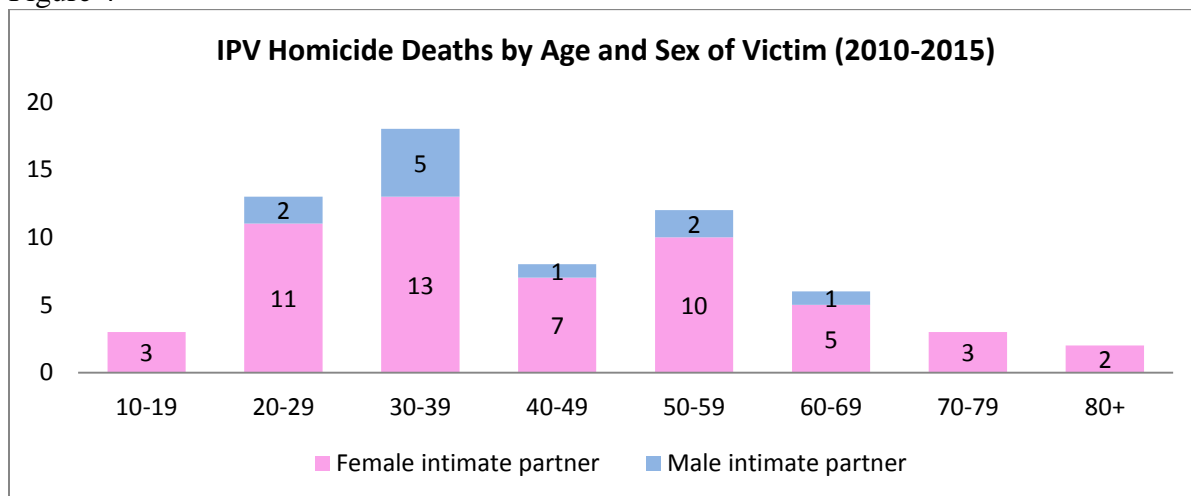


Source: BC Coroners Service

Age

In this review, women age 20 years to 39 years and age 50 to 59 years were the most frequent victims of IPV homicide. This is somewhat consistent with Canadian data which reported that IPV homicide rates of women are highest for those in their mid-twenties to 44 years of age (Statistics Canada, 2015). Of the male decedents, the highest proportion (45%, n=5) were killed at age 30-39 years (see Figure 4).

Figure 4



Source: BC Coroners Service

Aboriginal Identity

In this review, 15% (n=11) of decedents were identified as Aboriginal. This is a disproportionate over representation, and is consistent with Canadian findings. Aboriginal peoples comprise approximately 5% of the population in BC¹¹.

¹¹ Statistics Canada, 2011 National Household Survey

- 12% of female victims were Aboriginal (7 of 57)
- 25% of male victims were Aboriginal (4 of 16)

This finding is consistent with the literature. The 2014 General Social Survey (GSS) indicated that persons self-identifying as Aboriginal were more than twice as likely as non-Aboriginal people to report experiencing intimate partner violence in the previous five years (9% versus 4% respectively) (Statistics Canada, 2014). As well, Aboriginal women in Canada self-reported violent IPV victimization at a rate 2.5 times higher than non-Aboriginal women. (Ibid, 2014)

There is a need for greater cultural humility and cultural safety when offering support, prevention programs and services for Aboriginal people.

***Cultural safety** is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.*

***Cultural humility** is a process of self-reflection to understand personal and systemic conditioned biases, and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a life-long learner when it comes to understanding another's experience. Cultural humility enables cultural safety.* First Nations Health Authority, 2016

Immigrant Populations

Ethnicity was documented for a total of 82% (n=60) victims of IPV. Caucasians represented 58% (n=35) of decedents, whereas East Asians comprised 8% (n=5), South Asians comprised 7% (n=4), South East Asians 3% (n=2), and others 5% (n=3). Although the BCCS attempts to collect ethnicity information, the information should be interpreted with caution, as this information was not available for all victims and on some files inaccuracies existed.

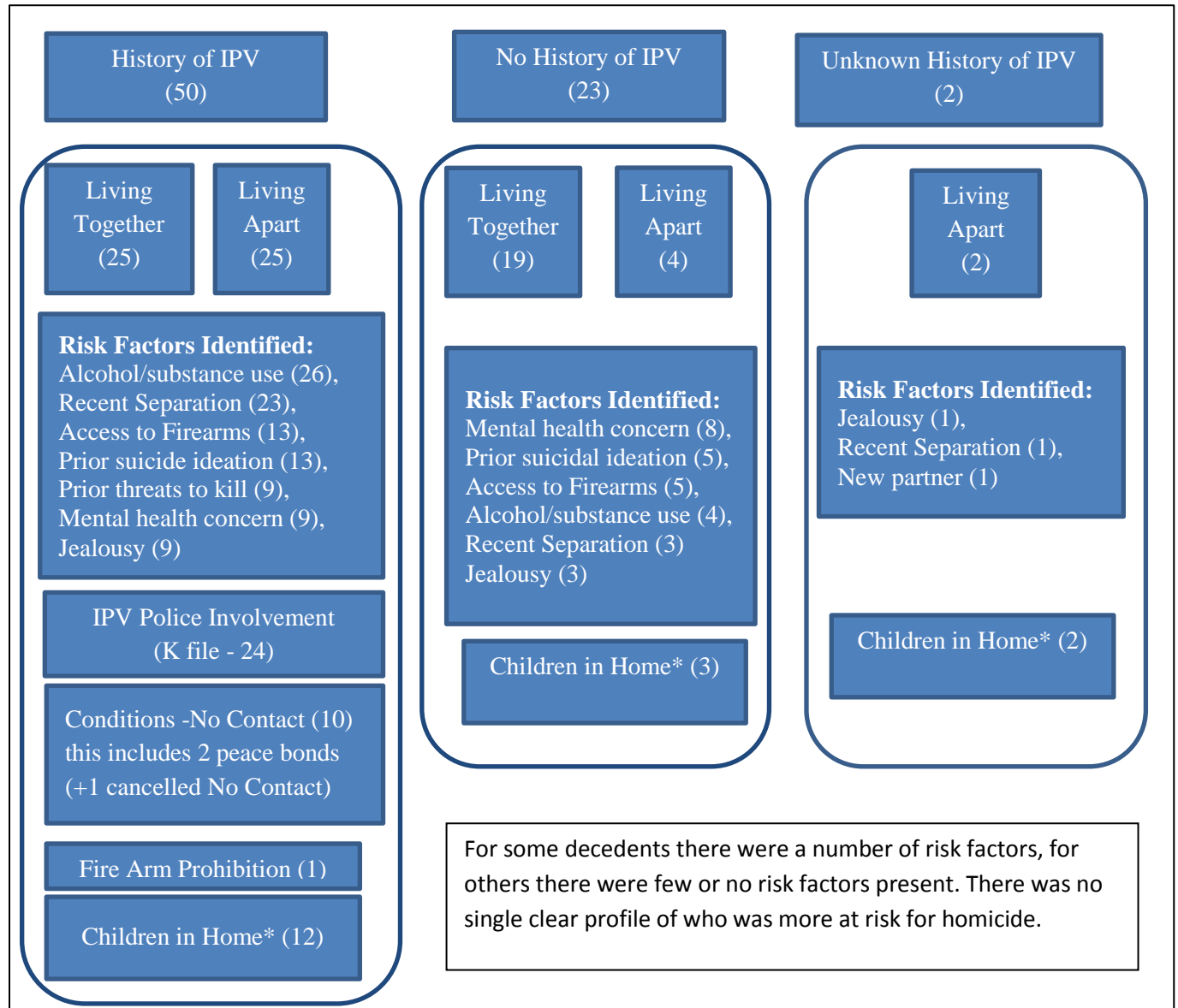
Ethnicity data alone provides incomplete information. Instead, social determinants of health data variables such as level of education attainment, years in Canada, immigration status, socio-economic status, presence of a disability, and history of witnessing or experiencing abuse are noted in the literature as more relevant indicators for IPV prevention and program planning.

The literature indicates that although immigrant women do not report higher rates of IPV, they may be more vulnerable due to economic dependence, language barriers, lack of knowledge of community services or lack of cultural understanding. (Centre for Research and Education on Violence Against Women and Children, 2016) Cultural and social norms may influence reporting of abuse, seeking or accessing help.

B. IPV HISTORY

In this review, in two thirds of 75 incidents there was a known history of intimate partner violence (n =50). More often, the history of violence was known by family or friends (66%) as compared to police (32%). In more than half of the events (58%) the victim was living with the perpetrator at the time of the homicide, and in seventeen households, there were children living in the home (see Figure 5).

Figure 5

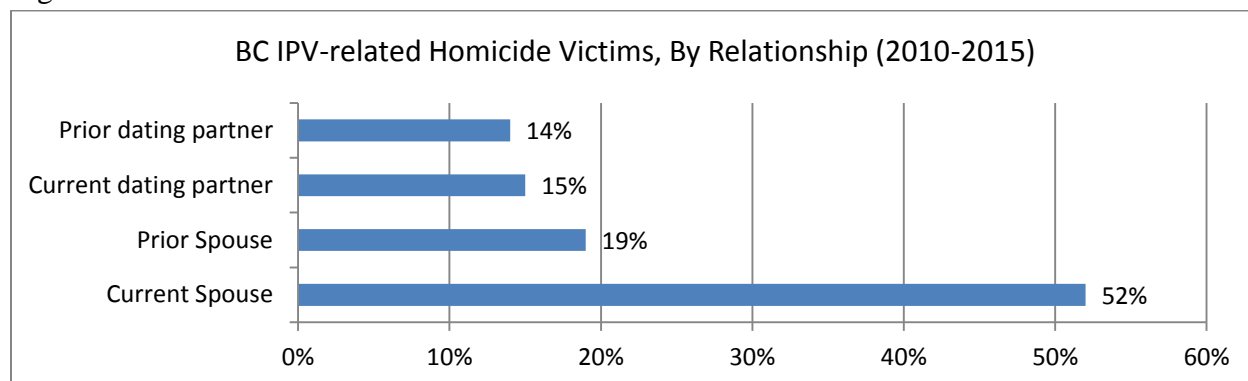


*Children in Home = Number of households with children.

Relationship

More victims were killed by their current spouse (52%) than a former spouse (19%). For dating partners, slightly more victims were killed by their current dating partner (15%) than a previous dating partner (14%) (see Figure 6).

Figure 6



Source: BC Coroners Service

In almost 80% of the deaths (n=59) the victim was killed in their own home. This is consistent with the literature. As well, the literature also indicates that most victims of IPV murder-suicide were killed in a private residence, with 73% killed in the residence they shared with the accused. (Statistics Canada, 2011)

Disclosure of Abuse

This review found that 24 IPV homicide primary¹² victims had a police file showing prior police involvement for IPV. For these 24 individuals:

- The total number of IPV police encounters was 79, ranging from one to 13 encounters,
- Three decedents had 'no contact conditions' noted on police IPV files

Only one quarter of all victims (25%, n=18) had IPV police involvement within one year prior to their death.

These findings are consistent with the literature. Only 30% of spousal violence is reported to police, down from 36% in 2004. (Statistics Canada, 2014) Instead, more victims told a trusted friend or family member about the abuse. (CDC 2010, Statistics Canada, 2014)

Children Living in the Home

In this review, there were 17 households (23%) with a total of 27 children noted on Coroners' files as living in the home with a victim of IPV. There were two children (from different households) who died during an IPV related event, and three children who were injured or threatened but survived. Additionally, it is known that some children either witnessed the IPV homicide or found the decedent. Two children who normally lived in a home where an IPV homicide occurred were staying elsewhere at the time of the homicide.

¹² A primary victim is the intended victim (e.g. the intimate partner of the assailant).

In this review, 44 percent (n=7) of the families with children in the home had involvement within 12 months of the IPV homicide with the Ministry of Children and Family Development. Four of the seven families with MCFD involvement had contact due to concerns specific to domestic violence. Two of the four families with concerns specific to IPV were known to have a safety plan.

Research indicates that children who grow up in families where there is violence may suffer a range of behavioural and emotional impacts including anxiety, anger and depression. Exposure to violence can also be associated with perpetrating or experiencing violence later in life. (WHO, 2016)

Access to Health Care

In this review, only two victims were known to have disclosed abuse to health care providers.

As well, some victims and assailants who were over the age of 65 were under the care of a physician or known to family members as experiencing life stressors and depression. However, for these individuals the health care providers reported that they would never have anticipated the event occurring.

The literature indicates that IPV impacts overall health and may result in depression, sleep difficulties, eating disorders, and emotional distress disrupting the victimized person's daily life. (WHO, 2013)

Victims of IPV may come into contact with health care providers as a result of injuries or general health complaints. However, US survey data indicated that only 21% of female victims and 6% of male victims disclosed IPV to a doctor or nurse at some time in their lifetime. (CDC 2010)

It is imperative that families, friends and service providers understand IPV risk factors and appropriate referral pathways.

C. IPV RISK FACTORS

In BC, a risk assessment tool is used by many agencies to assess for likelihood of future violence in relationships and to support decisions for safety planning (BC Summary of Domestic Violence Risk Factors, Appendix 2). For the 75 events in this review, documentation within the BCCS case files identified which risk factors existed in the lives of the decedents (see Table 1).

Table 1: Percent and Number of IPV Homicide Victims with Risk factors

45% (n=34)	40% (n=30)	7% (n=5)	7% (n=5)	1% (n=1)
1-3 risk factors	4-6 risk factors	7-10 risk factors	Unknown	None

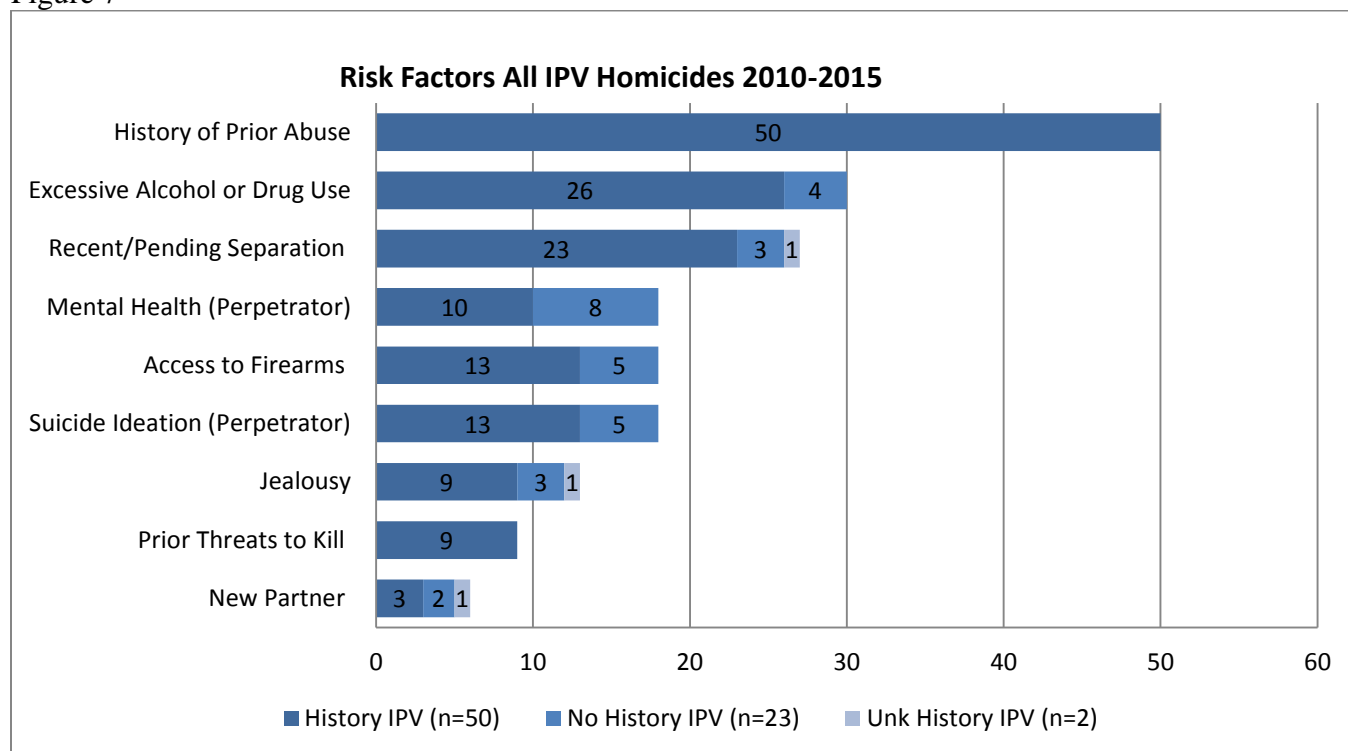
History of prior abuse was the most frequently cited risk factor (n=50).

This review also found that 40% (n=30) of IPV homicide events were associated with excessive alcohol or substance use and that over one third (36%, n= 27) of decedents had a history of a

pending or recent separation. In this review, there was no obvious, discernible pattern between combinations of risk factors and risk of homicide (see Figure 7).

Separation is a well-documented time of elevated risk and danger, particularly for women. (Neilson, L, 2013) Safety planning is critical prior to separation.

Figure 7



Source: BC Coroners Service

In this review, similar risk factors for IPV homicides were associated to 27 events which resulted in homicide-suicide deaths of the assailant.

For seven homicide-suicide events with no known history of IPV, BCCS investigative notes indicated the deaths were suggestive of suicidal intent. The perpetrator made a unilateral decision to kill self and others, often with the expressed thought that they were saving their partner from grief, while others indicated that this act was to alleviate suffering related to pain, dementia or aging.

Five of the males who killed themselves and their intimate partner had previously-diagnosed mental health concerns such as anxiety or depression.

Older men, particularly Caucasian men, are at higher risk of suicide than younger persons, and are less likely to reach out for help and less likely to find effective help through the health and social service systems. The research also shows that family physicians are often the key point of contact for an older male with depression, and physicians may need to recognise that in these

cases, the risk of a homicide as well as a suicide is a real one that needs to be assessed and managed. (Coroner's Report)

The remaining 19 events appear to fit with planned violence or were the result of escalating violence. The primary focus was to kill the partner, with the suicide being a secondary decision.

In this review several common themes emerged as related factors in intimate partner violence fatalities.

Supports and Services

In this review, only one third of victims had a prior police report for intimate partner violence. As well, this review identified that 10 persons had conditions of 'no contact'.

In this review, information was not available on whether the victim or perpetrator had received community victim support services, offender treatment or intervention support. Case notes had indicated that:

- One perpetrator accessed anger management classes,
- Two persons victimized had received support through Transition Houses.

Canadian survey findings showed 48% of victims surveyed indicated that the incidence of spousal violence decreased after police were involved, 23% said it stayed the same, 6% said it increased. (Statistics Canada 2014)

Safety plan information was also lacking and the plans which existed appeared to be incomplete. For example, for one victim the safety plan was that the workplace was to call police if she was 30 minutes late for work.

Intimate partner violence will continue if measures are not taken to address victim safety and services are not in place.

SPECIALIZED INVESTIGATIONS

Following a coroner's investigation, recommendations may be put forward to the Chief Coroner for consideration. These recommendations address systemic issues with policies and practices and are intended to prevent future deaths in similar circumstances. Of the cases reviewed including Inquests, there were no Coroners or Jury recommendations related to IPV.

PART 6: RECOMMENDATIONS

This death review panel has developed a set of recommendations considering the current research and applying this knowledge to intimate partner violence case findings. The recommendations arising from the death review panel were developed in a manner that was:

- Collaborative;
- Attributable to the deaths being reviewed;
- Focused on identifying opportunities for improving public safety and prevention of future deaths;
- Targeted to specific parties;
- Realistically and reasonably implementable; and
- Measurable.

The overall findings of this review indicate that intimate partner violence deaths are preventable.

During this review the panel identified that:

- Many victims do not disclose IPV and those that do disclose may be met with family, friends and professionals who don't yet understand the risk or know what to do.
- There is a lack of public awareness about IPV and how to help and refer victims to supports and services.
- There is a need for collaborative risk assessment and safety planning and the need for improved sharing of risk factor information so that courts can properly assess risk and set conditions as opportunities to reduce intimate partner violence deaths.

The panel identified three key areas to reduce intimate partner violence deaths:

- IPV awareness and education;
- Safety planning and collaborative case management; and
- Data access, quality, and information sharing.

IPV Awareness and Education

Literature indicates that half of all women experiencing violence did not recognize their own risk in cases of attempted homicide. In this review more victims told a trusted friend or family member about the abuse, and did not disclose the abuse to police. For some victims, friends and family were aware of the violence but did not recognize the significance of that violence or the risk of lethality. Families, friends and service providers must have access to information about what to do and who to call for information or help if they suspect or know someone who is in an abusive relationship.

Persons experiencing IPV need access to staff, programs and services including within the criminal justice system that know how to identify IPV and IPV risk factors, practice cultural safety and humility and respond and refer appropriately. Programs and services should incorporate trauma-informed principles to ensure that victims of IPV feel safe in reporting violence and accessing supports and services.

Recommendation 1: Increase awareness and education to improve understanding of IPV and how to respond

By December 2017, the Provincial Office of Domestic Violence in partnership with relevant stakeholders will:

- Enhance provincial IPV messaging campaigns to increase public awareness of IPV risk factors, how to respond and how to access community based services.
- Increase service provider (e.g. health, social services and education etc.) ability to identify IPV risk factors and risk of lethality, and how to refer to community based supports and services.
- Implement strategies to improve IPV reporting to and from police.
- Demonstrate cultural humility in the development of IPV awareness and prevention initiatives with the goal of creating cultural safety for the intended audience.

Safety planning and collaborative case management

In this review, fewer than one third of victims had prior police involvement for intimate partner violence incidents, and only 10 victims had conditions of ‘no contact’ applied against their abuser. This review was unable to determine whether the abuser had prior engagement with courts or BC Corrections, or if the victim had accessed community services such as transition houses, or supports. Intimate partner violence will continue if measures are not taken to address victim safety, and services are not in place. It is important that Crown Counsel, lawyers in family law and child protection proceedings, and the Judiciary have access to relevant risk factor and IPV risk assessment information to assist them in their decision making so that the best possible outcomes can be determined for all persons involved. This includes the need for improved collaboration and coordination across all sectors of the justice system (civil, family, early dispute resolution, courts, the Bar, the Bench, court administration etc.) when hearing IPV cases.

Practicing cultural humility is a core value of any work with First Nations peoples. This approach combined with trauma-informed practice will increase the likelihood that all victims of IPV feel safer in reporting violence and accessing supports and services.

Additionally, persons in abusive relationships need a comprehensive safety plan. Safety planning protects a victim. This review found that only two persons were known to have a written safety plan. Of those, safety planning appeared incomplete, for example calling 911 if the person was late for work. Collaborative safety planning for victims will necessitate common definitions around risk identification amongst service providers, agencies and ministries addressing IPV.

Recommendation 2: Strengthen IPV safety planning and early collaborative case management

By December 2017, the Provincial Office of Domestic Violence in partnership with relevant stakeholders will:

- Develop a plan for common risk identification and collaborative safety planning (short, medium, long term) among service providers and agencies.
- Assess service providers’ ability to respond to IPV.
- Establish and adopt provincially standardized IPV definitions.

By December 2017, the Ministry of Justice working in consultation with justice system leaders and other relevant stakeholders will:

- Undertake a review to determine the merits of early case management by a single judge in family and criminal cases with a view to better informing the system of relevant best practices, including collaborative case management of family and criminal law matters.
- Review education materials on IPV, IPV risk and risk factors including the BC Summary of Domestic Violence Risk Factors, which could be provided for educational purposes to justice system participants, including the judiciary.

By March 2018, the Ministry of Public Safety and Solicitor General in partnership with Ministry of Justice and Ministry of Children and Family Development will:

- Incorporate cultural safety and humility and trauma-informed practices when addressing intimate partner violence through Ministry and funded community programs.

Data Access, Quality, and Information Sharing

Service providers must work collaboratively and effectively share information so that safety plans, referrals, interventions and supports are comprehensive, effective and responsive to the needs of the victim and their family. This review learned that service providers and agencies are uncertain about what information may be shared, especially for clients who disclose violence but have fewer risk factors, or when changing circumstances may increase the risk of violence. Coordination of anti-violence services and agencies is crucial in helping to ensure safety of IPV victims. “Information sharing between service providers must occur regularly and as circumstances arise and should be included in information sharing protocols so that everyone is clear on their responsibilities”. (Ministry of Children and Family Development, 2014)

In this review, more than half of the homicide events (n=39) occurred for persons with few known risk factors. The goal of risk identification is to prevent further violence or lethality and use the information to manage any risk that has been identified. It is imperative that providers and agencies working with victims of abuse and violence have the complete picture of the circumstances and risk assessment information.

This review found that the BC Coroners Service dataset collected during investigations offer opportunities to support prevention of similar deaths. The additional collection of specific data variables will support analysis and prevention opportunities.

Recommendation 3: Enhance IPV Data Access, Quality and Collaboration

By December 2017, the Provincial Office of Domestic Violence will:

- Coordinate dialogue between the Office of the Chief Information Officer, justice and public safety sectors to clarify the legislative authorities for sharing of information between providers and service agencies to support victims of intimate partner violence and their children.

By December 2017, the BC Coroners Service will:

- Work with stakeholders to revise the BCCS Investigative Protocol to better capture essential IPV data.
- Search the Protection Order Registry in all IPV deaths.

PART 9: GLOSSARY AND REFERENCES

GLOSSARY

Aboriginal: Reference used to encompass First Nations (status and non-status), Metis and Inuit people in Canada.

Aggregate: Presentation of individual findings as a collective sum.

Caucasian includes European

Cultural humility: a process of self-reflection to understand personal and systemic biases and develop relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience. Source: fnha.ca/culturalhumility

Cultural safety: an outcome and process based on respectful engagement that recognizes and strives to address power imbalances. It results in an environment free of racism and discrimination, where people feel safe when receiving and making decisions about their health care. Source: fnha.ca/culturalhumility

East Asian includes Chinese, Japanese and Korean

First Nations: Status and non-status "Indian" peoples in Canada.

Intimate partner: legally married, separated, divorced, opposite and same sex common-law, and dating partners (current and previous).

Intimate partner violence (IPV): behaviour by an intimate partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours.

Intimate partner violence homicide: a death which occurred as a result of injuries inflicted by a current or former intimate partner, or the death occurred during an incident where a current or former intimate partner was the intended victim.

Secondary Victims: Domestic homicide definitions include the intimate partners as the 'primary victim' but in some cases other people are killed in the context of domestic violence. 'Secondary victims' may include children, other family members, bystanders, or the victim's new partner. Source: <http://cdhpi.ca/brief-1-domestic-violence-death-review-committees>

South Asian includes Indian and Pakistani

South East Asian includes Vietnamese, Filipino

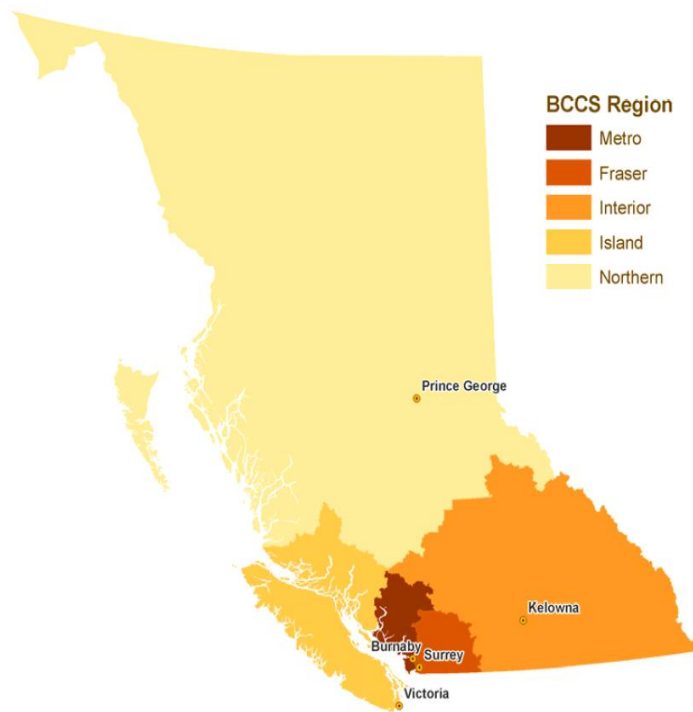
Spouse/Common Law: persons living together for at least 1 year prior to death.

Trauma-Informed: recognises and acknowledges the impact of trauma and the need for awareness and sensitivity to its dynamics in all aspects of service delivery.

Trauma-Informed Practice: is an approach that both practitioners and organizations can take; the former in terms of clinical practice with individual patients, and the latter in terms of trauma-informed organizational policies which recognize the potential that trauma has occurred and strives to mitigate re-traumatization.

- Trauma-informed principles include: avoiding re-traumatization, empowering the victim, working collaboratively with flexibility, understanding cycles of trauma and intergenerational trauma and recognizing trauma symptoms as adaptations)

APPENDIX 1: BC CORONERS SERVICE REGIONS



APPENDIX 2: Summary of Domestic Violence Risk Factors



SUMMARY OF DOMESTIC VIOLENCE RISK FACTORS



This is a summary of some of the risk factors that have been associated with an increased likelihood of future violence in relationships. This document is intended to assist police with conducting Evidence-based, Risk-focused Domestic Violence Investigations.





Recommended Uses for the Summary of Domestic Violence Risk Factors:

- Focus an investigation on identifying the risk factors,
- Plan and guide interviews (during an interview you should examine the factors present under each of the four main headings),
- Organize notes, police reports and RCCs (use the four main headings in your RCC),
- Assist police in justifying release or detention of the Accused,
- Organize and document information for Bail Hearings.

Legend	
	Indicates a risk factor associated with increased severity (escalation) of future violence.
	Indicates a risk factor that must always be included in a Bail Hearing or Show Cause Summary Page.

1. Relationship History		
	Current Status of the Relationship	<ul style="list-style-type: none"> • Is there past, recent or pending separation in the relationship? <p>Note: Social science experts say that where there are controlling coercive behaviours, the intensity and lethality of violence often escalates after the victim leaves the relationship.</p>
	Escalation in Abuse	<ul style="list-style-type: none"> • Is there escalation in the frequency/intensity of violence or abuse towards the complainant, family members, a pet or another person?
	Children Exposed	<ul style="list-style-type: none"> • Are there children, under 19 years of age, in the family who are living in the home? • Who are the parents and is there a custody dispute? (Note: Contact the Ministry of Children and Families.)
	Threats	<ul style="list-style-type: none"> • Has the Suspect ever threatened to kill or harm the complainant, a family member, another person, children or a pet?
	Forced Sex	<ul style="list-style-type: none"> • Has the Suspect ever forced sex on the complainant?
	Strangling, Choking or Biting	<ul style="list-style-type: none"> • Has the Suspect ever strangled, choked or bit the complainant?
	Stalking	<ul style="list-style-type: none"> • Has the Suspect displayed jealous behaviours, stalked or harassed the complainant or a previous intimate partner?
	Information on Relative Social Powerlessness	<ul style="list-style-type: none"> • Are marginalization factors present (i.e. disability, immigrant or Aboriginal background, addiction, poverty, pregnancy, lack of transportation, literacy issues, mental illness, elderly etc.)? • Are cultural factors present (i.e. family pressures/shame, religious beliefs, unwillingness to report, language barriers, isolation etc.)?
2. Complainant's Perceptions of Risk		
	Complainant's Perception of Personal Safety	<ul style="list-style-type: none"> • Does the complainant believe the Suspect will disobey terms of release particularly a no contact order?
	Complainant's Perception of Future Violence	<ul style="list-style-type: none"> • Does the complainant fear further violence if the Suspect should be released from custody? • What access is there to the Victim and what is the basis of the Victim's fear?

SUMMARY OF DOMESTIC VIOLENCE RISK FACTORS

3. Suspect History		
	Suspect's Criminal Violence History	<ul style="list-style-type: none"> Does the Suspect have a history of threats, violence, sex assaults, and criminal harassment? <p>Note: One of the most common research findings is that Offenders with a history of violence are much more likely to engage in future violence.</p>
	Previous Domestic Violence History	<ul style="list-style-type: none"> Is there a history of stalking, violence or abusive behaviour in a previous Intimate Partner Relationship? Is there any history of threats or actual violence or abusive behaviour against children, other family members, friends, co-workers or family pets? Is there any history of stalking, threats or violence from the suspect, against other intimate partners of the complainant?
	Court Orders	<ul style="list-style-type: none"> Has the Suspect ever violated a Court Order? Is the Suspect presently bound by any Court Orders? Is the Suspect in a reverse onus situation for bail?
	Alcohol/Drugs	<ul style="list-style-type: none"> Does the Suspect have a history of drug or alcohol abuse?
	Employment Instability	<ul style="list-style-type: none"> Is the Suspect unemployed or experiencing financial problems?
	Mental Illness	<ul style="list-style-type: none"> Does the Suspect have a history of mental illness (e.g. Depression or paranoia)?
	Suicidal Ideation	<ul style="list-style-type: none"> Has the Suspect threatened or attempted suicide? (If YES, when and how?)
4. Access to Weapons/Firearms		
	Weapons/Firearms (Used or Threatened?)	<ul style="list-style-type: none"> Has the Suspect used or threatened to use a firearm or weapon against the complainant, family member, children or an animal?
	Access to Weapons/Firearms	<ul style="list-style-type: none"> Does the Suspect have access to weapons/firearms?



More detailed information about these risk factors and how they apply in cases of Domestic Violence is available in course two of this project:

Domestic Violence Investigation: Introduction to Assessing Risk and Safety Planning

Common Features for Effective Domestic Violence Courts

COMMON FEATURES	DESCRIPTIONS / CHARACTERISTICS
Specialized Staff and Court Time	<ul style="list-style-type: none"> • Designated, specialized staff including prosecutors, judges and court staff • Designated court time where cases are heard at a specific time and place • Leverage the role of the judge to provide judicial leadership • Specialized personnel understand and respect one another's roles
Coordination and Information Sharing	<ul style="list-style-type: none"> • Partnerships between the justice system and all relevant sectors • Formalized, coordinated response for victims and offenders • Information sharing maximizes potential to protect victims
Informed, Consistent Judicial Decision-making	<ul style="list-style-type: none"> • Proportionate and balanced sentencing • More informed service by trained professionals • Can reduce information gaps by allowing one judge to gain comprehensive information on a family • Can reduce the possibility of conflicting orders for the same offender
Offender Accountability	<ul style="list-style-type: none"> • Providing accessible treatment for offenders • Commitment to effective treatment and rehabilitation • Regular, mandatory monitoring of compliance, including completion of court ordered treatment programs and escalating consequences for non-compliance
Victim Safety, Support and Services	<ul style="list-style-type: none"> • Victim safety is a primary emphasis • A comprehensive approach to safety planning, with specific attention to court safety (e.g. limiting contact with offenders, separate waiting rooms) • Access to relevant support and information (e.g. keeping victims informed and up-to-date on the status of cases, assistance at court) • Providing appropriate resources and referrals • Frontload social services; help victims make immediate links with social service providers • Designated victim advocates that can provide/facilitate immediate safety planning, counselling and access to services
Increased Efficiency	<ul style="list-style-type: none"> • Expedite cases to ensure timeliness, including quick intake and screening processes • More responsive and efficient case management • Opportunities for creative use of resources
Training and Education	<ul style="list-style-type: none"> • Intensive training for all professionals involved in domestic violence cases including the judiciary • Increased awareness of domestic violence • Covers operational and legal matters, as well as the impacts of domestic violence on women and children
Evaluation	<ul style="list-style-type: none"> • Formalized monitoring and evaluation to examine effectiveness and identify areas for improvement or change

Source: Framework for Domestic Violence Courts in British Columbia (2014)

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