



**Seventh Annual Report
of
Domestic Violence
Death Review Committee**

**Office of the Chief Coroner
Province of Ontario**

2009

Table of Contents

Message from the Chair	2
Committee Membership	3
Chapter One: Introduction & Overview	5
Chapter Two: Statistical Overview.....	8
Chapter Three: Case Summaries & Recommendations.....	25
Chapter Four: Common Theme: Immigration.....	36
Appendix A: DVDRC Terms of Reference & Mandate	40
Appendix B: DVDRC Risk Factor Coding Form	42
Appendix C: Summary of Recommendations – 2009 Case Reviews.....	50

Message from the Chair

In 2009, the Domestic Violence Death Review Committee continued to refine the process by which domestic violence homicides and homicide-suicides are reviewed in the province. In particular, a “triage” process was established in order to more effectively and efficiently identify recurring issues and themes as well as provide a more intense focus on new or emerging trends.

In 2009, a total of 16 cases, involving 26 deaths, were reviewed. Where recurrent issues and themes were identified, recommendations were not repeated for these cases. In contrast, many of the 11 recommendations made by the DVDRC in 2009 and presented in this report touch on issues and areas that have not been addressed in previous reviews. In particular, several recommendations focus on the prevention of future domestic violence related deaths by addressing issues involving the immigration status of perpetrators, procedures for acquiring firearms and mandating treatment programs (i.e. Partner Assault Response – PAR) for perpetrators.

Additional information pertaining to the emerging trend involving the immigration status of perpetrators is explored in Chapter 4.

As with previous reports, a very brief summary of the circumstances of each case is provided with the expectation that it will provide some context for any recommendations that arise.

W.J. Lucas

William J. Lucas, MD CCFP
Regional Supervising Coroner
Chair, Domestic Violence Death Review Committee

Committee Membership

William Lucas, MD, CCFP, Committee Chair, Regional Supervising Coroner

Kathy Kerr, M.A., Executive Lead, Committee Management

Karen Bridgman-Acker, MSW, RSW, Child Welfare Specialist, Paediatric Death Review Committee

Gail Churchill, M.D., Investigating Coroner

Myrna Dawson, Ph.D., Associate Professor, Department of Sociology & Anthropology, University of Guelph

Len Favreau, M.A., Inspector, Officer-In-Charge, Court Services, Peel Regional Police

Vivien Green, Executive Director, Victim Services of York Region

Peter Jaffe, Ph.D., C.Psych, Professor, Faculty of Education, Academic Director, Centre for Research on Violence Against Women & Children, University of Western Ontario

Beth Jordan, Managing Director, Adobe Consulting Services

Robert Morris, Crown Attorney, Ministry of the Attorney General

Leslie Raymond, Detective Sergeant, Ontario Provincial Police, Nottawasaga Detachment, Abuse Issues Coordinator

Deborah Sinclair, M.S.W., Social Worker

Kevin Sisk, Assistant Crown Attorney, Ministry of the Attorney General

Lynn Stewart, Ph.D., C.Psych., National Manager, Family Violence Programs, Correctional Services Canada

Sean Tout, Waterloo Regional Police Service

Cheryl Schatz, Sergeant, Ontario Provincial Police

Marcie Campbell, M. Ed, Research Assistant, Office of the Chief Coroner

Rowena Cruz, Administrative Assistant to the DVDRC

Chapter One: Introduction & Overview

Mandate

The Domestic Violence Death Review Committee (DVDRC) is a multi-disciplinary advisory Committee of experts that was established in 2003 in response to recommendations made from two major inquests into the deaths of Arlene May / Randy Iles and Gillian and Ralph Hadley. The mandate of the DVDRC is to assist the Office of the Chief Coroner with the investigation and review of deaths involving domestic violence with a view to making recommendations aimed at preventing deaths in similar circumstances and reducing domestic violence in general.

The DVDRC consists of representatives with expertise in domestic violence from law enforcement, criminal justice, healthcare sector, social services and other public safety agencies and organizations. By conducting a thorough and detailed examination and analysis of facts within individual cases, the DVDRC strives to develop a comprehensive understanding of why domestic homicides occur and how they might be prevented. Information considered within this examination includes the history, circumstances and conduct of the abusers/perpetrators, the victims and their respective families. Community and systemic responses are examined to determine primary risk factors and to identify possible points of intervention that could assist with the prevention of similar deaths in the future.

The Terms of Reference for the DVDRC are included in Appendix A.

Since its inception, the DVDRC has reviewed 93 cases that involved a total of 142 deaths. The following chart details the number of cases and deaths reviewed since the establishment of the DVDRC in 2003:

Year	No. of cases reviewed	No. of deaths involved
2003	11	24
2004	9	11
2005	14	19
2006	13	21
2007	15	25
2008	15	17
2009	16	25
Total:	93	142

The results of the data collection process are detailed in the statistical analysis presented in Chapter 2 of this report. Risk factor definitions are included in Appendix B

The summaries and recommendations resulting from each of the 16 cases reviewed in 2009 are presented in Chapter 3 of this report.

Recommendations

One of the primary goals of the DVDRC is to make recommendations aimed at preventing deaths in similar circumstances and reducing domestic violence in general. Recommendations involving specific organizations and agencies were distributed through the applicable Regional Supervising Coroner. Recommendations that are more general in nature, or with province-wide implications, were distributed through the Chief Coroner.

Similar to recommendations generated through coroner's inquests, the recommendations developed by the DVDRC are not legally binding and there is no obligation for agencies and organizations to implement or respond.

A summary of recommendations made from cases reviewed in 2009 is included in Appendix C.

Review and Report Limitations

All information obtained as a result of coroners' investigations and provided to the DVDRC is subject to confidentiality and privacy limitations imposed by the Coroners Act of Ontario and the Freedom of Information and Protection of Privacy Act. Unless and until an inquest is called with respect to a specific death or deaths, the confidentiality and privacy interests of the decedents, as well as those involved in the circumstances of the death, will prevail. Accordingly, individual reports, as well as the review meetings and any other documents or reports produced by the DVDRC, remain private and protected and will not be released publicly. Each member of the Committee has entered into, and is bound by, the terms of a confidentiality agreement that recognizes these interests and limitations.

The terms of reference for the DVDRC direct that the Committee, through the Chairperson, reports annually to the Chief Coroner regarding the trends, risk factors, and patterns identified through the reviews, and makes appropriate recommendations to prevent deaths in similar circumstances.

The case summaries included in Chapter 3 are intended to provide a general sense of the circumstances that led to the deaths and subsequent issues that were considered by the committee when formulating recommendations. The summaries are an overview of key elements of the case and do not necessarily include all details or issues examined by the DVDRC.

Disclaimer

The following disclaimer applies to individual case reviews and to this report as a whole:

This document was produced by the DVDRC for the sole purpose of a coroner's investigation pursuant to section 15 (4) of the Coroners Act, R.S.O. 1990 Chapter c. 37, as amended. The opinions expressed do not necessarily take into account all of the facts and circumstances surrounding the death. The final conclusion of the investigation may differ significantly from the opinions expressed herein.

Chapter Two: Statistical Overview

Introduction

The purpose of the Domestic Violence Death Review Committee is to assist the Office of the Chief Coroner in the investigation and review of deaths of persons that occur as a result of domestic violence, and to make recommendations to help prevent such deaths in similar circumstances.

Within the context of the DVDRC, domestic violence deaths are defined as “all homicides that involve the death of a person, and/or his child(ren) committed by the person’s partner or ex-partner from an intimate relationship.”

For the purposes of statistical comparisons, it is important to note that the definition and criteria of domestic violence deaths utilized by other organizations and agencies, including Statistics Canada, may be different than that used by the DVDRC.

It is also important to note that reviews conducted by the DVDRC are completed only after all other investigations and proceedings – including inquests, criminal trials and appeals – have been completed. As such, DVDRC reviews often take place several years after the actual incident. DVDRC reviews completed within any given calendar year may relate to deaths that occurred several years previous.

Section 1 of the statistical overview provides an examination of the number of domestic violence deaths, as defined by the DVDRC that have taken place in Ontario between 2002 and 2008. A significant number of the deaths noted in these statistics have not yet undergone a comprehensive review by the DVDRC as investigations and/or other proceedings are still ongoing.

Section 2 of the statistical overview provides an examination of the cases that were reviewed by the DVDRC during the 2009 calendar year and a summary of all cases reviewed since 2003. All investigations and/or proceedings (including appeals) were completed before these cases were reviewed by the DVDRC.

Section 1 - Statistical Overview of Domestic Violence Deaths - 2002-2008

The following charts pertain to the number of domestic violence deaths, as defined by the DVDRC Terms of Reference that have taken place in Ontario between 2002 and 2008. The specific details of these deaths have been obtained by examining reports prepared by investigating coroners.

Table 1 –Domestic Homicide-related Deaths in Ontario 2002-2008

Year	Incidents	Deaths	Women	Children	Men
2008	17	22	16	0	6
2007	23	35	21	3	11
2006	31	45	27	12	6
2005	31	38	27	0	11
2004	29	38	24	1	13
2003	25	32	22	1	9
2002	28	43	22	6	15
Total:	184	253	159	23	71

Table 1 outlines the total number of domestic violence deaths that occurred in Ontario between 2002 and 2008. There were a total of 184 domestic violence death cases that resulted in 253 deaths involving 159 women, 23 children, and 71 men.

Table 2 –Adult Victim, Perpetrator, and Bystander Deaths in Ontario Domestic Homicides from 2002-2008

	Women Deaths			Men Deaths		
Year	Victims	Perpetrators	Bystanders	Victims	Perpetrators	Bystanders
2008	15	0	1	2	3	1
2007	17	1	3	4	7	0
2006	27	0	0	2	4	0
2005	27	0	0	0	11	0
2004	23	1	0	2	11	0
2003	22	0	0	1	8	0
2002	21	0	1	2	11	2
Total:	152	2	5	13	55	3

Table 2 illustrates the number of adult victim, perpetrator, and bystander deaths for women and men.

Table 3 – Descriptive Factors of all Domestic Homicide Cases (2002-2008)

Category	Variable	Number of Cases	Percentage %
Gender of Victim	Female	168	91%
	Male	16	9%
Gender of Perpetrator	Female	15	8%
	Male	169	92%
Type of Case	Homicide	127	69%
	Homicide-Suicide	43	23%
	Other	14	8%
Cause of Death for Victims	Stabbing	63	34%
	Shooting	38	21%
	Strangulation	33	18%
	Assault/beating	24	13%
	Other	26	14%
Cause of Death for Perpetrators	Shooting	26	46%
	Other	31	54%
Location of Domestic Homicides	Residence	144	78%
	Other	40	22%

Table 3 shows that the majority of perpetrators of domestic homicides are male and the majority of victims are female. The most common type of case involved a single homicide, followed by homicide-suicide. The 'other' type of case refers to attempted homicide cases which the DVDRC no longer reviews as they are not within the mandate. The main cause of death in Ontario for victims has been stabbing, followed by shooting, strangulation and assault. In analyzing this data, the committee has observed that approximately 31% of the 184 domestic homicide cases in Ontario involved the perpetrator committing suicide after killing or attempting to kill their partner or ex-partner. Almost half of the perpetrators killed themselves by a self-inflicted gunshot wound.

The majority of domestic homicides occur in a residence, with most occurring in the couple's shared residence or in the residence of the victim (if separated).³

Table 4 – Number of Domestic Homicides by Population of Cities/Towns (2002-2008)

Population	Number of Cases	Percentage of all Domestic Homicides in Ontario	Percentage of Ontario's Population %
Over 1,000,000	43	23.0%	19.0%
500,001 to 1,000,000	33	18%	25%
100,001 to 500,000	46	25.0%	33.0%
50,001 to 100,000	18	10.0%	7.0%
10,001 to 50,000	28	15.0%	3.0%
0 to 10,000	16	9.0%	0.4%

Table 4 illustrates that domestic homicides are not isolated to urban centres. Smaller communities (population of 50,000 or less) represent only 3.4% of Ontario's population, but 24% of all domestic homicides.

Section 2 - Statistical Overview of Cases Reviewed by the DVDRC in 2009

The following statistics are an analysis of data from the 16 cases reviewed in 2009, as well as an overview of all cases reviewed by the DVDRC since 2003.

Table 5 – Year of Homicide for Cases Reviewed in 2009

Year of Occurrence	Number of Cases
2002	1
2003	1
2004	3
2005	5
2006	0
2007	6
Total:	16

Table 5 outlines the number of reviewed cases that occurred in a particular year. Delays in reviewing the cases are usually a result of matters being before the criminal courts.

Table 6 – Characteristics of the Victims and the Perpetrators for cases reviewed from 2003-2009

Category	Variable	2009				2003 – 2009 Combined			
		Victim (n=16)		Perpetrator (n=16)		Victim (n=16)		Perpetrator (n=93)	
Gender	Female	15	94%	1	6%	89	96%	6	6%
	Male	1	6%	15	94%	4	4%	87	94%
Age (years)	Min	21	-	21	-	15	-	17	-
	Max	61	-	62	-	81	-	89	-
	Mean	44	-	46	-	39	-	41	-
Employment	Employed	7	44%	8	50%	43	46%	39	42%
	Unemployed	5	31%	6	38%	26	28%	35	38%
	Other	4	25%	2	12%	24	26%	19	20%
Criminal History	Yes	3	19%	4	25%	15	16%	52	56%
Prior Counselling	Yes	6	38%	5	31%	37	40%	38	41%
Significant Life Changes	Yes	12	75%	12	75%	65	70%	80	86%

Table 6 compares characteristics of victims and perpetrators and provides insight into some of the possible risk factors for domestic homicides. The aggregate data shows that the majority of perpetrators were male, with a significant percentage of them having a criminal history (although not necessarily related to domestic violence). A high percentage of victims and perpetrators had significant life changes prior to the domestic homicide, including a separation, pending divorce, major medical or mental health problem or financial difficulties. In this chart, “victim” refers to the “primary” victim that was in an intimate relationship with the perpetrator. As such, children that were killed in order to harm the primary victim, are not listed here. Table 9 details the characteristics of children’s deaths reviewed by the DVDRC from 2003-2009.

Table 7 – Relationship between Victim and Perpetrator for cases reviewed from 2003-2009

Category	Variable	2009		2003 – 2009 Combined	
		n=16		N=93	
Type of relationship	Legal Spouse	8	50%	48	52%
	Common Law	2	12%	19	20%
	Boyfriend/Girlfriend	6	38%	26	28%
	(inc. same sex)				
Length of Relationship	<1 year	2	12%	10	11%
	1-10 years	10	62%	53	57%
	11-20 years	2	12%	15	16%
	Over 20 years	2	12%	15	16%
Children in Common	0	13	82%	48	52%
	1 – 2	1	6%	33	35%
	3+	2	12%	12	13%

Table 7 shows the majority of domestic homicides occurred within couples who were legally married for a period of ten years or less. Just under half of these couples had children in common.

Table 8 – Domestic Homicide Information for cases reviewed from 2003-2009

Category	Variable	2009		2003 – 2009 Combined	
		n = 16		n=93	
Type of Case	Homicide	6	38%	42	45%
	Homicide-Suicide	10	62%	35	38%
	Attempt Homicide-Suicide	0	0%	9	10%
	Multiple Homicide-Suicide	0	0%	4	4%
	Multiple Suicide	0	0%	3	3%
Cause of Death for Victims	Stabbing/Sharp Force	5	30%	30	32%
		5	30%	24	26%
	Gunshot wounds	6	40%	39	42%
	Other				

Table 8 shows that the majority of domestic violence fatalities reviewed by the DVDRC in 2009 were homicide-suicides, followed by homicides. The majority of overall cases reviewed from 2003-2009 were homicides. In 2009, the main causes of death were stabbing/sharp force injuries or gunshot wounds. Since 2003, the main cause of death was stabbing/sharp force injuries.

Table 9 - Characteristics of cases reviewed involving children's deaths (2003-2009)

Number of cases involving children's deaths	10
Number of child deaths	14
Number of cases by year of occurrence	
2002	5
2003	1
2004	1
2005	0
2006	3
Type of Case:	
Homicide – Suicide	5
Homicide	5
Gender of Perpetrator:	
Female	8
Male	2
Age of Perpetrator:	
Minimum	25
Maximum	51
Mean	29
Employment Status of Perpetrator:	
Employed	6
Unemployed	2
Other	2
Criminal history – perpetrator	6
Prior counselling - Perpetrator	3
Perpetrators with significant life changes	8
Type of relationship with primary victim:	

Legal spouse	6
Common law	3
Boyfriend/Girlfriend	1
Length of relationship with primary victim:	
1-10 years	6
11-20 years	3
Unknown	1
Cause of death for primary victim (where applicable):	
Primary victim did not die	5
Gunshot wounds	2
Stabbing/sharp force injury	1
Blunt force trauma	1
Asphyxia	1
Cause of death of child:	
Stabbing/sharp force injury	3
Gunshot wounds	2
Asphyxia	2
Blunt force trauma	1
Carbon monoxide poisoning	1
Motor vehicle collision	1
Number of risk factors identified:	
1-3 – risk factors	1
4-6 – risk factors	1
7+ risk factors	8

Table 9 illustrates the characteristics for cases that involved children's deaths. The 'Primary Victim', for the purposes of our review, in all cases was the intimate partner, even if a child was the only victim killed in the context of domestic violence. During the period of 2003-2009, the DVDRC reviewed 10 cases that involved 14 children's deaths. Half of the cases were homicides and half were homicide-suicides, with the perpetrator most commonly being male (80%) with an average age of 29 years. The majority of the perpetrators were employed (60%), had a criminal history (60%), and a significant life change prior to the homicides (80%). Only three perpetrators were known to have prior

counseling (e.g. anger management, mental health, etc.). Sixty percent of the cases occurred within couples who were legally married for a period of ten years or less. The primary victim was not killed in 50% of the cases where a child died, however, the main cause when the primary victim died was a gunshot wound. The causes of death for the child victims were: stabbing (30%), gunshot wounds (20%) and asphyxia (20%). The majority of cases (80%) had seven or more known risk factors.

Table 10 – Common Risk Factors from DVDRC Reviews from 2003-2009

Risk Factors	2009		2003 – 2009	
	n (n=16)	Percentage	n (n=93)	Percentage
History of Domestic Violence	12	75%	73	78%
Actual or pending separation	11	69%	73	78%
Obsessive behavior displayed by perpetrator	11	69%	59	63%
Perpetrator depressed in the opinions of professionals (e.g. physician, counsellor) and/or non-professionals (e.g. family, friends, etc)	10	63%	55	59%
Escalation of violence	5	31%	49	53%
Prior threats/attempts to commit suicide	12	75%	49	53%
Prior threats to kill victim	5	31%	44	47%
Prior attempts to isolate victim	7	44%	40	43%
Victim had intuitive sense of fear	6	38%	39	42%
History of violence outside the family	5	31%	39	42%
Perpetrator unemployed	7	44%	37	40%
Access to or possession of firearms	5	31%	36	39%
Excessive alcohol and/or drugs use	3	19%	35	38%
Control of most or all of victim's daily activities	3	19%	34	37%
An actual or perceived new partner in victim's life	7	44%	34	37%
Perpetrator failed to comply with authority	5	31%	32	34%
Perpetrator displayed sexual jealousy	8	50%	32	34%
Prior threats with a weapon against victim	3	19%	28	30%
Perpetrator was abused and/or witnessed domestic violence as a child	2	13%	26	28%
History of violence or threats against children	2	13%	23	25%

Extreme minimization and/or denial of spousal assault history by perpetrator	2	13%	23	25%
Other mental health/psychiatric problems	7	44%	23	25%
Misogynistic attitudes displayed by perpetrator	6	38%	21	23%
Age disparity between couple	5	31%	20	22%
Victim and perpetrator living common-law	2	13%	20	22%
Choked/strangled victim in the past	1	6%	18	19%
Prior hostage-taking or forcible confinement	1	6%	13	14%
Presence of stepchildren in the home	1	6%	13	14%
Prior destruction of victim's property	2	13%	13	14%
Youth of couple	1	6%	12	14%
Prior assault with a weapon	0	0%	12	14%
After risk assessment perpetrator had access to victim	1	6%	12	13%
Child custody or access disputes	0	0%	11	12%
Forced sexual acts/assaults on victim by perpetrator	0	0%	8	9%
Prior assault on victim while pregnant	1	6%	3	3%
History of suicidal behaviour in perpetrator's family	0	0%	3	3%
Prior violence against victim's pets	0	0%	3	3%

Table 10 analyzes common risk factors that may increase the risk of lethality. Consistent with research on domestic homicides and past DVDRC reports, the most common risk factors involved with a domestic homicide are a prior history of domestic violence and an actual or pending separation. Other prevalent risk factors include: obsessive behaviours by the perpetrator (e.g. stalking), reports of depression for the perpetrator, an escalation of violence and prior threats and/or attempts to commit suicide by the perpetrator. A risk factor coding form is completed for each case reviewed by the DVDRC. This form is included as Appendix B. Other factors that may contribute to problems with intimate relationships include: health issues, financial difficulties, isolation, gambling addiction, and conflict with extended family members.

Figure 1 Number of Risk Factors Identified in Cases Reviewed in 2009

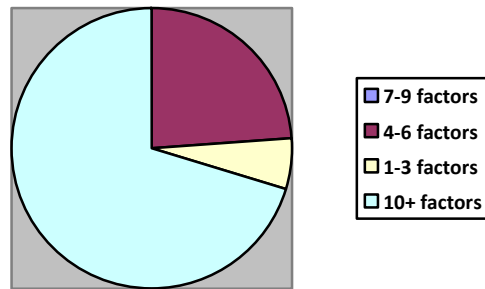


Figure 2 Number of Risk Factors Identified in Cases Reviewed from 2003-2009

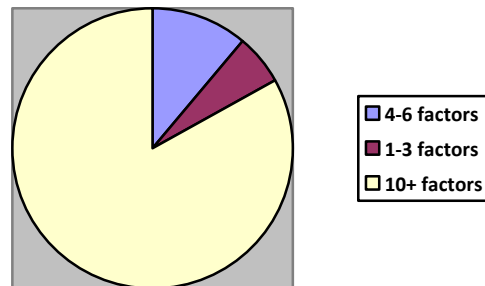


Figure 1 and Figure 2 illustrate the number of risk factors present in cases reviewed by the DVDRC. The recognition of multiple risk factors within a relationship allows for enhanced risk assessment, safety planning and possible prevention of future deaths related to domestic violence.

Table 11 – Frequency of Themes in Cases Reviewed by the DVDRC

Frequency of Themes in Cases Reviewed by the DVDRC			
Themes	2009 Recommendations (n = 16 cases)	2003 – 2008 Recommendations (n = 77 cases)	Total Number of Recommendations (n = 93 cases)
Awareness & Education	11 (69%)	67 (87%)	78 (84%)
General Public & Professionals	10 (63%)	59 (77%)	69 (74%)
Training of Professionals	9 (56%)	54 (70%)	63 (68%)
Systems of Education	1 (6%)	16 (21%)	17 (18%)
Assessment & Intervention	11 (69%)	56 (73%)	67 (72%)
Risk Assessment Tools	7 (44%)	10 (13%)	17 (18%)
Safety Planning/Shelters	4 (25%)	7 (9%)	11 (12%)
High Risk Cases and Management	3 (19%)	22 (29%)	25 (27%)
Police Intervention	6 (38%)	28 (36%)	34 (37%)
Crown/Court Interventions	0 (0%)	19 (25%)	19 (20%)
Workplace Interventions	3 (19%)	10 (13%)	13 (14%)
Healthcare/Social Interventions	6 (38%)	37 (48%)	43 (46%)
Assess/Control of Firearms	3 (19%)	7 (9%)	10 (11%)
Sureties	0	11 (14%)	11 (12%)
Resources	1 (6%)	21 (27%)	22 (24%)
General Resources	1 (6%)	21 (27%)	22 (24%)
Rural/Aboriginal	0	3 (4%)	3 (3%)

Communities			
Homicide/Suicide Resources	1 (6%)	1 (1%)	2 (2%)
Audits/Internal Reviews	1 (6%)	6 (8%)	7 (8%)
Child-Related Issues	1 (6%)	17 (22%)	18 (19%)
Legislation	0	4 (5%)	4 (4%)
Assessment	1 (6%)	11 (14%)	12 (13%)
Policy & Practice	1 (6%)	15 (20%)	16 (17%)
Public Awareness	0	1 (1%)	1 (1%)

As the DVDRC reviews cases each year, recurring issues, themes, and potential points of intervention are frequently identified. Rather than repeating the same recommendations made in the past, and potentially losing their impact, the committee has delineated these recurring issues in Table 11. As noted in the table, 84% of reviewed cases have potential areas for recommendations that fall under the main theme of “Awareness and Education.” This theme includes educating the general public and professionals on the dynamics of domestic violence, training professionals on assessment and intervention and implementing domestic violence education into graduate school and grade school curricula. The theme with the second highest frequency is “Assessment and Intervention” with the majority of cases having potential recommendations around healthcare and social service interventions (46% of cases), followed by police interventions (37%), high-risk case management (27%) and crown/court interventions (20% of cases). 24% of all cases had issues identified around the need for resources and audits or internal reviews and 19% of the cases had potential recommendations around child-related issues, such as policy, agency practices and assessment.

In 2009, the majority of cases reviewed had identified concerns around awareness and education (69%) and assessment and intervention (69%). In terms of educating the general public, the committee made several recommendations in the past promoting the Neighbours, Friends and Families campaign and programs that educate the public and professionals on the risk of separation and how to separate safely. The committee continues to encourage those types of initiatives. Over half of the cases reviewed in 2009 involved issues around the victim’s and/or perpetrator’s mental health. The committee reiterates the importance of educating frontline professionals on the relationship between mental health and domestic violence and providing training for professionals that includes assessment and intervention strategies that deal with mental

Annual Report of the Domestic Violence Death Review Committee – 2009

illness and the link with domestic homicide. The committee continues to recommend that frontline professionals receive training on risk assessment tools and, particularly for police and healthcare professionals that they conduct on-going risk assessments for individuals that appear at risk.

Chapter Three: Case Summaries & Recommendations

Case DVDRC-2009-01: OCC file numbers: 2004-8396 and 8394

This case involved the homicide of a female victim by her husband, the perpetrator, who subsequently committed suicide. The couple were married for 11 years and both had chronic mental health issues with a primary diagnosis of Schizophrenia. Both were being individually supported by members of a community support team and were seen weekly by support workers. There was no history of abuse.

For several months prior to the deaths, the perpetrator had been experiencing financial difficulties.

There were 4 risk factors identified.

No New Recommendations

Case DVDRC-2009-02: OCC file numbers: 2005-1772 and 1771

This case involved the homicide of a female victim and the suicide of her husband, the perpetrator, following months of escalating violence. The couple were allegedly involved in a “marriage of convenience” and the victim was in the process of initiating a divorce and withdrawing immigration sponsorship of the perpetrator.

The perpetrator had reportedly completed a medical degree in his country of origin. In Canada, he operated a convenience store. He had been married twice before – once in his home country and once upon entry to Canada. The second marriage lasted just over a year and there were allegations of domestic violence. The perpetrator had filed for refugee status based on a fear of persecution based on his political opinion. His refugee status was denied.

The victim allegedly married the perpetrator to assist with his immigration to Canada. There were conflicting reports as to whether the couple actually lived together. The victim apparently lived in a different location with another man.

The victim had written to immigration officials indicating that she was withdrawing sponsorship, had initiated divorce proceedings and feared for her life. The perpetrator was aware that he would likely be deported and warned the victim that he was going to kill her. The perpetrator killed the victim, then himself, one day after making the threat.

14 risk factors were identified

Recommendation 1:

In order to assist Citizenship and Immigration Canada (CIC) and the Canadian Border Services Agency (CBSA) in fulfilling their duties and responsibilities, information pertaining to any domestic violence occurrence involving immigration applicants and/or their families or sponsors, should be communicated between local law enforcement or social service agencies and the federal immigration authorities.

Recommendation 2:

Citizenship and Immigration Canada should develop training programs in the dynamics of domestic violence for all its agents and officers. Such training should emphasize that withdrawal of sponsorship or denial of immigration applications/claims may result in a volatile situation that could lead to violence. It should prepare agents and officers who may be adjudicating claims from remote locations to consider making appropriate local referrals to law enforcement and social service agencies when dealing with applicants, their families, and/or sponsors where there is a history or reported threats of domestic violence.

Case DVDRC-2009-03: OCC file numbers 2007-6929 and 6930

This case involved the homicide of a male victim by a female perpetrator. The perpetrator, a serving member of a police service, shot and killed the victim with her service pistol. The victim was an intimate partner of the perpetrator and was a former member of the same police service. Immediately following the homicide, the perpetrator committed suicide.

The couple had been in a dating relationship for over two years and were in the process of breaking up. The victim was reconciling with his spouse and the perpetrator had indicated an interest in reconciling with her ex-husband. The perpetrator was under additional stress resulting from deaths in the family and other social matters.

On the evening of the homicide-suicide, the couple spent time together. They drove to the police station in the victim's vehicle. It is believed that the perpetrator retrieved her service pistol and on their way back to her residence, she shot and killed the victim, then herself.

9 risk factors were identified.

Recommendation 1:

It is recommended that Police Services and Police Associations continue to be committed to supporting the mental health and well being of their members and to collectively enhance their support and promotion of ready access to employee assistance networks.

Recommendation 2:

Awareness of the unique demands facing female police officers in a male dominated police profession must be recognized and support mechanisms developed.

Recommendation 3:

Progressive initiatives focused on vicarious trauma and stress management for police personnel should be developed and proactively delivered as a means of raising shared awareness. Identification, intervention, and prevention are every member's responsibility.

Recommendation 4:

Police services should enhance supports for the mental health and wellness of their members by building liaisons with community services and introducing innovative models like the Psychological Services Section of the Calgary Police Service. Psychologists who are experts in the complexities of emergency services, vicarious trauma, and the sub-culture of policing are essential to garnering trust and removing barriers to access. Consistency of access to a Police Psychologist or team of psychologists is paramount to achieving early intervention and prevention.

Recommendation 5:

The suicide and suicide-homicide literature reviews that formed the basis of the, "Report to the Police Service and Community on the Deaths of the victim and the perpetrator", should be made readily available through the Ministry of Community Safety and Correctional Services – Policing Services Division, the Ontario Association of Chiefs of Police and the Canadian Association of Chiefs of Police. The importance of ensuring ongoing education for all police service personnel and their families on domestic violence, suicide, mental health issues and balanced health and wellness cannot be overstated. To that end, support for provincial and national research and analyses emphasizing these aspects unique to the Canadian police culture, including strengths and stressors, is recommended.

Case DVDRC-2009-04: OCC file number: 2005-10866

This case involved the homicide of a female victim by her male partner. The couple had been separated for 13 months following a 13 year marriage. The perpetrator abused alcohol and was experiencing financial difficulties. The perpetrator was known to stalk and harass the victim and was upset that she was in a new relationship.

Following the homicide, the perpetrator attempted suicide. There was a history of domestic violence and the violence had been escalating. The victim and her new partner reported to police that they were concerned for their safety because the perpetrator was exhibiting jealous, harassing, and unwanted behaviours.

14 risk factors were identified.

No new recommendations.

Case DVDRC-2009-05: OCC file numbers: 2005-3279 and 3414

This case involved the homicide of a female victim and the suicide of her former boyfriend, the perpetrator. The victim was found deceased in her house where she resided alone. The perpetrator was a suspect in the homicide and prior to his death, he had provided a statement to his lawyer in which he admitted to killing the victim. The perpetrator killed the victim after observing another man leaving her residence.

The perpetrator had a bad temper and was loud, boisterous, and overbearing. The perpetrator had two ex-spouses. The second wife reported that the perpetrator became physically, emotionally, and mentally abusive towards her. The abuse was reported to police. The perpetrator was charged with Level 1 Domestic Violence Assault and was given a 12 month peace bond and instructed to attend anger management counselling. In another incident, the perpetrator was charged with forcible confinement of his spouse and was incarcerated for four months.

The perpetrator had a lengthy criminal history dating back to 1982. Charges included: fail to appear, trafficking of narcotics and criminal negligence causing death. The latter charge involved the death of a young woman under very suspicious circumstances.

The victim and perpetrator were involved in a relationship that lasted a year and a half. Their relationship ended in October or November 2004 and the victim was involved in a new relationship. The victim was killed in February 2005. Following the homicide, police received a tip that the victim had confided to a friend that the perpetrator had verbally abused and physically assaulted her in October 2004.

10 risk factors were identified.

No new recommendations.

Case DVDRC-2009-06: OCC file number: 2005-18751

This case involved the homicide of a female victim by the perpetrator, her former boyfriend. Both the victim and perpetrator were 21 years old. The couple had been in a long term dating relationship that terminated a few months prior to the incident. The couple had dated since high school and there was at least one previous incident where the perpetrator had “gotten rough” with the victim.

The perpetrator travelled a significant distance by bus to the victim’s house in another city where she was a university student. When the victim answered the door, she was on the phone with her new boyfriend. The perpetrator entered the residence and began stabbing the victim. The perpetrator surrendered to police and confessed that he had killed the victim out of “spite” because he felt devalued by her. The perpetrator had also mailed a letter to police detailing his intentions and taking full responsibility for his actions.

The perpetrator was a quiet and reserved person who did not have many friends. In grade 11, the perpetrator had attempted suicide, but did not receive medical attention and refused to attend counselling at that time.

The perpetrator's parents were considered strict. The perpetrator dropped out of university after having a "meltdown" following the break-up with his girlfriend, the victim. He continued to refuse counselling.

Following the homicide, the perpetrator told psychiatrists that he had fantasized two to three times a day about killing the victim and himself. The psychiatrist diagnosed the perpetrator with dysthymia, with a dependent and schizoid personality.

10 risk factors were identified.

No new recommendations.

Case DVDRC-2009-07: OCC file number: 2003-10646

This case involved the homicide of a female victim by a male perpetrator who was her estranged husband. The perpetrator and victim were both immigrants with permanent resident status and neither had criminal records. The couple were separated and lived in separate residences.

The police had been called to the victim's residence a month prior for a domestic disturbance involving the victim and the perpetrator. On that occasion, the perpetrator was booked and released on a Promise to Appear. He was advised to keep the peace, stay at least 50 metres away from the victim, and refrain from communicating with her.

On the evening of the homicide, the couple engaged in an argument that was overheard by other residents in the apartment complex where the victim lived. Another resident saw and heard the couple arguing and hitting each other, but did not call police. No further fighting was heard after 2:00 a.m.

The perpetrator subsequently contacted a lawyer who in turn notified police. The police attended the victim's secured residence and found her deceased.

5 risk factors were identified.

No new recommendations.

Case DVDRC-2009-08: OCC file numbers: 2007-13408 and 13406

This case involved the homicide of a female victim and subsequent suicide by her common-law male partner.

The perpetrator was found deceased in his residence and the cause of death was determined to be alcohol and drug toxicity. The perpetrator was thought to be experiencing health related problems and was concerned that if anything ever happened to him, there would not be anybody to care for the victim.

After the perpetrator was found deceased, the victim could not be located. The victim's mutilated body was found in an outbuilding on the couple's property.

The perpetrator was a controlling person and often belittled his partner. There was a history of violence outside the family and the perpetrator's first wife claimed that he was sexually and physically abusive towards her. The perpetrator had previously attempted suicide.

9 risk factors were identified.

No new recommendations.

Case DVDRC-2009-09: OCC file numbers: 2007-2642 and 2644

This case involved the homicide of a female victim and suicide of her former boyfriend, the perpetrator.

The police received a report of a man in a car with a gun. When the police approached the car, they found a deceased male with a self-inflicted gunshot wound to the head. The police contacted the deceased male's former common-law partner and heard a voicemail message he left that stated that he had done something bad. The police contacted another police service in the jurisdiction where a more recent girlfriend of the deceased male lived. The police disclosed that while that particular girlfriend was not harmed, another more recent girlfriend had just been found dead as a result of a gunshot wound to the head.

The victim and the deceased male - the perpetrator, met on an online dating service. The couple quickly established a physical relationship, but the victim terminated the relationship after a few months because the perpetrator was very possessive and controlling. The perpetrator continued to email, call, text-message and stalk the victim. He was very jealous that the victim had entered into a new relationship. The perpetrator hacked into the victim's email account and sent out malicious messages to people on her contact list.

The perpetrator was a member of a local gun club. In 2003, he was charged with assault against a common-law partner. In 2004, he received a conditional discharge and a probation order prohibiting him from owning a firearm for a year. The perpetrator's friends took over care of his firearms during this time. The perpetrator re-applied, and was granted a Possession Acquisition License (PAL) in 2006. The perpetrator was diagnosed with panic disorder in 2003 and depression in 2005. He was known to use cocaine and was on anti-depressant and anti-psychotic prescription medications. The perpetrator had a history of stalking and harassing former partners.

Family and friends of both the victim and perpetrator knew of the history of violence and access to firearms.

12 risk factors were identified.

Recommendation 1:

It is recommended to the federal Minister of Public Safety that applications for firearms Possession Acquisition Licence (PAL) should include a medical waiver signed by the Annual Report of the Domestic Violence Death Review Committee – 2009

applicant. This would allow investigators access to information pertaining to the mental health of the applicant. There should also be higher standards and more restrictions for individuals applying for a firearms PAL when they have had previous licenses revoked or removed.

Recommendation 2:

It is recommended that the Ministry of Community Safety and Correctional Services provide public education on the risks involved with online dating sites and other social networking applications. The information should focus on what is considered to be criminal and/or harassing conduct and provide guidance on what safety measures should be undertaken and/or reported to police. Students in Ontario schools receive this type of information as part of the current awareness of cyber-bullying and inappropriate use of the Internet, but many adults may not be aware of Internet safety precautions.

Recommendation 3:

It is recommended that the Ministry of the Attorney General require that Justices of the Peace routinely formally notify the Chief Firearms Officer about any bail conditions that include a prohibition of firearms.

Recommendation 4:

It is recommended that the Ministry of the Attorney General require that Partner Assault Response (PAR) programs should be mandated as part of sentencing for domestic violence perpetrators when there is a documented history that the offence before the courts is not an isolated incident with either the current or prior victim(s).

Case DVDRC-2009-10: OCC file numbers: 2007-15266 and 15365

This case involved the homicide of a female victim and suicide of the male perpetrator.

The couple had been married for 25 years and had one adult child. It is believed that the male perpetrator strangled his wife at their residence. The perpetrator wrote several letters confessing to the homicide and called police to report that his wife was dead. The perpetrator hanged himself before being apprehended by police.

The victim worked as a suite attendant in a hotel. She was described as an outgoing, polite individual. Approximately two months prior to the homicide, a co-worker noticed a bruise on the victim's arm. In a note written by the male perpetrator, the victim had allegedly stolen items from the hotel.

The perpetrator was described as being intelligent, but a bit of a chauvinist. In a letter to police found after the homicide-suicide, the perpetrator took responsibility for killing

his wife and for taking his own life. He indicated that he was acting alone and felt that his wife was cheating on him.

There was no record of previous problems or assistance sought by this family. The couple had immigrated to Canada approximately 15 years prior to the terminal event.

There were 2 risk factors identified.

No new recommendations.

Case DVDRC-2009-11: OCC file numbers: 2007-16008 and 16179

This case involves the homicide of a female victim and suicide by the male perpetrator.

The perpetrator was in Canada on an expired Visitor's Visa. He reportedly told people that he would kill himself if he was forced to go back to his home country. The victim decided to leave the perpetrator because she did not see a future with someone who was in the country illegally.

The victim was in the process of breaking up with the perpetrator at the time of the incident. The perpetrator knew the victim was involved in a new relationship and recorded conversations she had with her new partner.

The victim was ordered by the perpetrator to call her new male partner and have him meet her in a parking lot. When the partner arrived, a verbal argument took place with the perpetrator. The perpetrator shot the victim's new partner in the abdomen, and then proceeded to flee with the victim in the vehicle. The new partner's injuries were not fatal.

A police pursuit took place and ended after a spike belt was laid across the highway. The perpetrator then shot the victim and turned the gun on himself.

There was no previous history of domestic violence, although the perpetrator had allegedly punched the victim prior to the fatal incident.

12 risk factors were identified.

No new recommendations.

Case DVDRC-2009-12: OCC file number: 2005-8621

This case involved the homicide of a female victim by the perpetrator, her husband.

Police were contacted by the husband of the deceased after he reportedly killed his wife. When police arrived at the couple's residence, the female victim was found deceased.

Interviews with the couple's adult children indicate that the perpetrator had been struggling with mental health issues for the last five years. The perpetrator had delusions of grandeur and thought that he was a religious prophet; he believed there were evil spirits in his home and that his family held negative spirits.

The perpetrator was encouraged by family members to return to his homeland of Cambodia to receive “spiritual treatment”. The perpetrator and his wife were scheduled to leave for Cambodia on the day following the homicide.

There was no obvious trigger that precipitated the homicide at that particular moment.

The perpetrator was found Not Criminally Responsible for the homicide.

3 risk factors were identified.

No new recommendations.

Case DVDRC – 2009-13: OCC file number: 2004-14411

This case involved the homicide of a female victim by the perpetrator, her husband.

The couple had been married for approximately eight years and separated ten months prior to the homicide on October 24, 2004. During the separation, the couple had frequent contact because of their children. The victim worked at two jobs and required the perpetrator’s assistance with childcare. The perpetrator had refused to move out of the family home and in January 2004, the victim got an apartment nearby for herself and the children.

On the evening of the homicide, the victim was returning from work to pick up the children and to do the laundry. Anticipating an argument, she had the children wait outside in the van. The perpetrator subsequently attacked and killed the victim using a hammer. The perpetrator called police, then took the children over to a neighbour’s house and left them there to be looked after. The perpetrator told police that he was, “sick and tired of all of the abuse - verbal and physical.”

The perpetrator was arrested for the victim’s death. Cause of death was blunt force trauma to the head.

20 risk factors were identified.

No new recommendations.

Case DVDRC-2009-14: OCC file numbers: 2002-15250 and 15251

This case involved the homicide of a female victim and the suicide of the male perpetrator.

The perpetrator, age 50, and the victim, age 32, were found deceased in their burning residence on November 18, 2002. Both had died of shotgun injuries to the head, and succumbed before the fire had caused any appreciable effects. Although there apparently was a reported “suicide pact” between the two decedents, investigation of the incident revealed that the perpetrator likely shot the victim, set the residence on fire, then shot himself. It is probable that the perpetrator assisted the victim because she would have been physically unable to pull the trigger herself due to the length of the shotgun and her relatively small physical size. Three pets in the residence had also

been killed by a crossbow. Individual suicide notes (not dated) and Last Wills and Testaments (dated October, 2001), were found.

The perpetrator and victim both had chronic mental illness with ongoing psychiatric care. Acute triggering factors preceded the deaths. These stressors were not exclusive to their relationship as each had also experienced conflict within their own families.

The victim had reportedly also disclosed to a nurse that she and the perpetrator had thoughts of ending their lives by burning themselves together.

17 risk factors were identified.

No new recommendations.

Case DVDRC-2009-15: OCC file numbers: 2007-11385 and 11386

This case involved the homicide of a female victim and the suicide of the male perpetrator.

The perpetrator and the victim met through the Internet in March 2006. At the time, the perpetrator was married and lived in Detroit, Michigan and the victim lived in Thunder Bay, Ontario. The victim subsequently relocated to Sarnia, Ontario with the assistance of the perpetrator.

The perpetrator supplied the victim with a substantial amount of money on a regular basis. In order to do this, he had apparently defrauded his place of employment. There were conflicting reports as to whether the victim willingly accepted and encouraged the gifts from the perpetrator, or whether he “showered” her with the gifts in order to buy her affection.

Early in the relationship, the victim apparently became frightened of the perpetrator and tried to end the relationship. By November 2006, the victim had reported to the police that the perpetrator was harassing her with excessive phone calls and threats. She was not comfortable being alone with him.

The victim’s friends warned her that she was placing herself in danger and urged her to stop seeing the perpetrator. The victim wrote a letter and left it with her lawyer indicating that in the event she was ever murdered, it was likely committed by the perpetrator.

On September 11, 2007, the perpetrator and the victim met at mid-day in a popular and busy community park. The victim approached the perpetrator’s vehicle and he shot her. The perpetrator then exited his vehicle, knelt down beside victim’s body and shot himself.

18 risk factors were identified.

No new recommendations.

Case DVDRC-2009-16: OCC file number: 2004-16588

This case involved the homicide of a female victim by the male perpetrator.

The victim and perpetrator lived in a common-law relationship for six years. Although the couple worked long hours in a convenience store, they had incurred major debt, possibly due to the victim's alleged gambling addiction.

One week prior to the death, an audit had been performed on the convenience store where the couple worked. The audit revealed that funds were missing from the store and arrangements were being made for payback of the missing monies to the owners.

It is believed that the perpetrator killed the victim on Monday, November 1, 2004 after bludgeoning her with a hammer and stabbing her in the neck. The perpetrator subsequently called the police to report the death and advised them that an assailant had entered the house, or that she had committed suicide.

3 risk factors were identified.

No new recommendations.

Chapter Four: Common Theme: Immigration

Since 2003, the DVDRC has identified and discussed unique trends and common themes arising from reviews of domestic homicides and homicide-suicides in Ontario. Last year, the predominant theme identified was separation as a critical risk factor. In prior years, themes identified and explored included mental health interventions for men suffering with depression and/or suicidal ideation, as well as recognizing the risks to children as potential victims and witnesses of domestic homicide.

This year, the most notable emerging theme was immigration status and how it may impact the risk for lethality. Historically, the majority of the cases reviewed by the DVDRC involved victims and/or perpetrators who were Canadian citizens. This year, several cases involved a victim and/or perpetrator that had a “pending” immigration status. In many of these cases, immigration status appeared to impact the risk for lethality, specifically when the perpetrator’s immigration status in Canada was in jeopardy.

In the context of domestic violence, immigration status generally may be seen as more of a risk factor for victims, than perpetrators. Research has indicated that cultural differences, language barriers and legal status increase a victim’s vulnerability to abuse and can be used by the perpetrator to maintain power and control. From the cases reviewed by the DVDRC in 2009, the pending immigration status of the perpetrator appears to have further raised the risk for lethality.

The DVDRC reviewed two cases where the immigration status of the perpetrator may have been a contributory risk factor for homicide, particularly when it appeared that the perpetrator felt that his immigration status was being threatened. The DVDRC is presently reviewing another case (to be included in the 2010 Annual Report); with similar issues relating to immigration.

Sample Case 1

DVDRC case 2009-02, involved the homicide of a female victim and the suicide of her husband, the perpetrator, following months of escalating violence. The couple were allegedly involved in a “marriage of convenience” and the victim was in the process of initiating a divorce and withdrawing sponsorship of the perpetrator.

The perpetrator had reportedly completed a medical degree in his country of origin. In Canada, he operated a convenience store. He had been married twice before – once in his home country and once upon entry to Canada. The second marriage lasted just over a year and there were allegations of domestic violence. The perpetrator had filed for Refugee status based on a fear of persecution based on his political opinion. His refugee status was denied.

The victim allegedly married the perpetrator to assist with his immigration to Canada. There were conflicting reports as to whether the couple actually lived together. The victim apparently lived in a different location with another man.

The victim had written to immigration officials indicating that she was withdrawing sponsorship, had initiated divorce proceedings and feared for her life. The perpetrator was aware that he would likely be deported and warned the victim that he was going to kill her.

On February 18, 2005, one day after the threat, the perpetrator strangled the victim and then took his own life.

The potential loss of sponsorship appeared to be a critical factor leading to this homicide/suicide.

Sample Case 2

DVDRRC case 2009-11 involved a perpetrator who was in Canada on an expired Visitor's Visa. The perpetrator reportedly told people that he would kill himself if he was forced to go back to his home country. The victim decided to leave the perpetrator because she did not see a future with someone who was in the country illegally.

The victim separated from the perpetrator and eventually started dating someone new. The perpetrator began stalking the victim and followed her to a parking lot where he forced her to call her current partner and ask him to meet her there. When the victim's new partner arrived, the perpetrator shot him in the abdomen and then fled the scene with the victim captive in the vehicle. The perpetrator subsequently shot and killed the victim before turning the gun on himself.

The prospect of being forced out of the country may have been one of the risk factors contributing to the homicide.

Recommendations Related to Immigration

In order to prevent future similar domestic violence related deaths where immigration status or pending immigration status appears to be a possible risk factor, the DVDRRC recommends that:

- In order to assist Citizenship and Immigration Canada (CIC) and the Canadian Border Services Agency (CBSA) in fulfilling their duties and responsibilities, information pertaining to any domestic violence occurrence involving immigration applicants and/or their families or sponsors, should be communicated between local law enforcement or social service agencies and the federal immigration authorities (CIC/CBSA).
- Citizenship and Immigration Canada should develop training programs for its officers that instruct them in the dynamics of domestic violence. This training should include:
 - a. the risks for violence to victims that result from withdrawal of sponsorship or denial of immigration applications/claims;

- b. the need for referrals to law enforcement and social service agencies for applicants, their families and/or sponsors that have a history or have reported threats of domestic violence; and
 - c. guidance/instruction on where and how to report protection concerns posed by individuals known to Citizenship and Immigration Canada.
- Citizenship and Immigration Canada should review its policies on locating and expediting violent offenders who are illegal immigrants and on accepting political references that recommend apparently unknown individuals for entry and legal status in the country.

Further Information on Immigration

For further information on immigration in Canada, visit the Citizenship and Immigration Canada website: <http://www.cic.gc.ca/english/index.asp>

The following websites are links to information on Immigration laws, status, and/or resources:

<http://www.canadavisa.com/canadian-immigration-topics.html>

<http://canadaonline.about.com/cs/immigration/a/immstatus.htm>

Appendix A: DVDRC Terms of Reference & Mandate

Purpose:

The purpose of this committee is to assist the Office of the Chief Coroner in the investigation and review of deaths of persons that occur as a result of domestic violence, and to make recommendations to help prevent such deaths in similar circumstances.

Definition of Domestic Violence Deaths:

All homicides that involve the death of a person, and/or his child(ren) committed by the person's partner or ex-partner from an intimate relationship.

Objectives:

1. To provide and coordinate a confidential multi-disciplinary review of domestic violence deaths pursuant to Section 15(4) of the Coroners Act, R.S.O. 1990, Chapter c. 37, as amended.
2. To offer expert opinion to the Chief Coroner regarding the circumstances of the event leading to the death in the individual cases reviewed.
3. To create and maintain a comprehensive database about the victims and perpetrators of domestic violence fatalities and their circumstances.
4. To help identify the presence or absence of systemic issues, problems, gaps, or shortcomings of each case to facilitate appropriate recommendations for prevention.
5. To help identify trends, risk factors, and patterns from the cases reviewed to make recommendations for effective intervention and prevention strategies.
6. To conduct and promote research where appropriate.
7. To stimulate educational activities through the recognition of systemic issues or problems and/or:
 - a. referral to appropriate agencies for action;
 - b. where appropriate, assist in the development of protocols with a view to prevention;
 - c. where appropriate, disseminate educational information.
8. To report annually to the Chief Coroner the trends, risk factors, and patterns identified and appropriate recommendations for preventing deaths in similar circumstances, based on the aggregate data collected from the Domestic Violence Death Reviews.

Note: All of the above described objectives and attendant committee activities are subject to the limitations imposed by the Coroners Act of Ontario Section 18(2) and the Freedom of Information and Protection of Privacy Act.

Appendix B: DVDCR Risk Factor Coding Form

A= Evidence suggests that the risk factor was not present

P= Evidence suggests that the risk factor was present

Unknown (Unk) = A lack of evidence suggests that a judgment cannot be made

Risk Factor	Code (P,A, Unk)
History of violence outside of the family by perpetrator	
History of domestic violence	
Prior threats to kill victim	
Prior threats with a weapon	
Prior assault with a weapon	
Prior threats to commit suicide by perpetrator*	
Prior suicide attempts by perpetrator* (if check #6 and/or #7 only count as one factor)	
Prior attempts to isolate the victim	
Controlled most or all of victim's daily activities	
Prior hostage-taking and/or forcible confinement	
Prior forced sexual acts and/or assaults during sex	
Child custody or access disputes	
Prior destruction or deprivation of victim's property	
Prior violence against family pets	
Prior assault on victim while pregnant	
Choked/Strangled victim in the past	
Perpetrator was abused and/or witnessed domestic violence as a child	

Escalation of violence	
Obsessive behaviour displayed by perpetrator	
Perpetrator unemployed	
Victim and perpetrator living common-law	
Presence of stepchildren in the home	
Extreme minimization and/or denial of spousal assault history	
Actual or pending separation	
Excessive alcohol and/or drug use by perpetrator*	
Depression – in the opinion of family/friend/acquaintance - perpetrator*	
Depression – professionally diagnosed – perpetrator* (If check #26 and/or #27 only count as one factor)	
Other mental health or psychiatric problems – perpetrator	
Access to or possession of any firearms	
New partner in victim's life*	
Failure to comply with authority – perpetrator	
Perpetrator exposed to/witnessed suicidal behaviour in family of origin	
After risk assessment, perpetrator had access to victim	
Youth of couple	
Sexual jealousy – perpetrator*	
Misogynistic attitudes – perpetrator*	
Age disparity of couple*	
Victim's intuitive sense of fear of perpetrator*	
Perpetrator threatened and/or harmed children*	
Other factors that increased risk in this case? Specify:	

* Revised or new item

Risk Factor Descriptions

Perpetrator = The primary aggressor in the relationship

Victim = The primary target of the perpetrator's abusive/maltreating/violent actions

1. Any actual or attempted assault on any person who is not, or has not been, in an intimate relationship with the perpetrator. This could include friends, acquaintances, or strangers. This incident did not have to necessarily result in charges or convictions and can be verified by any record (e.g., police reports; medical records) or witness (e.g., family members; friends; neighbours; co-workers; counsellors; medical personnel, etc.).
2. Any actual, attempted, or threatened abuse/maltreatment (physical; emotional; psychological; financial; sexual, etc.) toward a person who has been in, or is in, an intimate relationship with the perpetrator. This incident did not have to necessarily result in charges or convictions and can be verified by any record (e.g., police reports; medical records) or witness (e.g., family members; friends; neighbours; co-workers; counsellors; medical personnel, etc.). It could be as simple as a neighbour hearing the perpetrator screaming at the victim or include a co-worker noticing bruises consistent with physical abuse on the victim while at work.
3. Any comment made to the victim, or others, that was intended to instill fear for the safety of the victim's life. These comments could have been delivered verbally, in the form of a letter, or left on an answering machine. Threats can range in degree of explicitness from "I'm going to kill you" to "You're going to pay for what you did" or "If I can't have you, then nobody can" or "I'm going to get you."
4. Any incident in which the perpetrator threatened to use a weapon (e.g., gun; knife; etc.) or other object intended to be used as a weapon (e.g., bat, branch, garden tool, vehicle, etc.) for the purpose of instilling fear in the victim. This threat could have been explicit (e.g., "I'm going to shoot you" or "I'm going to run you over with my car") or implicit (e.g., brandished a knife at the victim or commented "I bought a gun today"). Note: This item is separate from threats using body parts (e.g., raising a fist).
5. Any actual or attempted assault on the victim in which a weapon (e.g., gun; knife; etc.), or other object intended to be used as a weapon (e.g., bat, branch, garden tool, vehicle, etc.), was used. Note: This item is separate from violence inflicted using body parts (e.g., fists, feet, elbows, head, etc.).
6. Any recent (past 6 months) act or comment made by the perpetrator that was intended to convey the perpetrator's idea or intent of committing suicide, even if the act or comment was not taken seriously. These comments could have been made verbally, or delivered in letter format, or left on an answering machine. These comments can range from explicit (e.g., "If you ever leave me, then I'm going to kill myself" or "I can't live without you") to implicit ("The world would be better off without me"). Acts can include, for example, giving away prized possessions.

7. Any recent (past 6 months) suicidal behaviour (e.g., swallowing pills, holding a knife to one's throat, etc.), even if the behaviour was not taken seriously or did not require arrest, medical attention, or psychiatric committal. Behaviour can range in severity from superficially cutting the wrists to actually shooting or hanging oneself.
8. Any non-physical behaviour, whether successful or not, that was intended to keep the victim from associating with others. The perpetrator could have used various psychological tactics (e.g., guilt trips) to discourage the victim from associating with family, friends, or other acquaintances in the community (e.g., "if you leave, then don't even think about coming back" or "I never like it when your parents come over" or "I'm leaving if you invite your friends here").
9. Any actual or attempted behaviour on the part of the perpetrator, whether successful or not, intended to exert full power over the victim. For example, when the victim was allowed in public, the perpetrator made her account for where she was at all times and who she was with. Another example could include not allowing the victim to have control over any finances (e.g., giving her an allowance, not letting get a job, etc.).
10. Any actual or attempted behaviour, whether successful or not, in which the perpetrator physically attempted to limit the mobility of the victim. For example, any incidents of forcible confinement (e.g., locking the victim in a room) or not allowing the victim to use the telephone (e.g., unplugging the phone when the victim attempted to use it). Attempts to withhold access to transportation should also be included (e.g., taking or hiding car keys). The perpetrator may have used violence (e.g., grabbing; hitting; etc.) to gain compliance or may have been passive (e.g., stood in the way of an exit).
11. Any actual, attempted, or threatened behaviour, whether successful or not, used to engage the victim in sexual acts (of whatever kind) against the victim's will. Or any assault on the victim, of whatever kind (e.g., biting; scratching, punching, choking, etc.), during the course of any sexual act.
12. Any dispute in regards to the custody, contact, primary care or control of children, including formal legal proceedings or any third parties having knowledge of such arguments.
13. Any incident in which the perpetrator intended to damage any form of property that was owned, or partially owned, by the victim or formerly owned by the perpetrator. This could include slashing the tires of the car that the victim uses. It could also include breaking windows or throwing items at a place of residence. Please include any incident, regardless of charges being laid or those resulting in convictions.
14. Any action directed toward a pet of the victim, or a former pet of the perpetrator, with the intention of causing distress to the victim or instilling fear in the victim. This could range in severity from killing the victim's pet to abducting it or torturing it. Do not confuse this factor with correcting a pet for its undesirable behaviour.
15. Any actual or attempted form physical violence, ranging in severity from a push or slap to the face, to punching or kicking the victim in the stomach. The key difference

with this item is that the victim was pregnant at the time of the assault and the perpetrator was aware of this fact.

16. Any attempt (separate from the incident leading to death) to strangle the victim. The perpetrator could have used various things to accomplish this task (e.g., hands, arms, rope, etc.). Note: Do not include attempts to smother the victim (e.g., suffocation with a pillow).
17. As a child/adolescent, the perpetrator was victimized and/or exposed to any actual, attempted, or threatened forms of family violence/abuse/maltreatment.
18. The abuse/maltreatment (physical; psychological; emotional; sexual; etc.) inflicted upon the victim by the perpetrator was increasing in frequency and/or severity. For example, this can be evidenced by more regular trips for medical attention or include an increase in complaints of abuse to/by family, friends, or other acquaintances.
19. Any actions or behaviours by the perpetrator that indicate an intense preoccupation with the victim. For example, stalking behaviours, such as following the victim, spying on the victim, making repeated phone calls to the victim, or excessive gift giving, etc.
20. Employed means having full-time or near full-time employment (including self-employment). Unemployed means experiencing frequent job changes or significant periods of lacking a source of income. Please consider government income assisted programs (e.g., O.D.S.P.; Worker's Compensation; E.I.; etc.) as unemployment.
21. The victim and perpetrator were cohabiting.
22. Any child(ren) that is(are) not biologically related to the perpetrator.
23. At some point the perpetrator was confronted, either by the victim, a family member, friend, or other acquaintance, and the perpetrator displayed an unwillingness to end assaultive behaviour or enter/comply with any form of treatment (e.g., batterer intervention programs). Or the perpetrator denied many or all past assaults, denied personal responsibility for the assaults (i.e., blamed the victim), or denied the serious consequences of the assault (e.g., she wasn't really hurt).
24. The partner wanted to end the relationship. Or the perpetrator was separated from the victim but wanted to renew the relationship. Or there was a sudden and/or recent separation. Or the victim had contacted a lawyer and was seeking a separation and/or divorce.
25. Within the past year, and regardless of whether or not the perpetrator received treatment, substance abuse that appeared to be characteristic of the perpetrator's dependence on, and/or addiction to, the substance. An increase in the pattern of use and/or change of character or behaviour that is directly related to the alcohol and/or drug use can indicate excessive use by the perpetrator. For example, people described the perpetrator as constantly drunk or claim that they never saw him without a beer in his hand. This dependence on a particular substance may have impaired the perpetrator's health or social functioning (e.g., overdose, job loss, arrest, etc). Please include comments by family, friend, and acquaintances that are

indicative of annoyance or concern with a drinking or drug problem and any attempts to convince the perpetrator to terminate his substance use.

26. In the opinion of any family, friends, or acquaintances, and regardless of whether or not the perpetrator received treatment, the perpetrator displayed symptoms characteristic of depression.
27. A diagnosis of depression by any mental health professional (e.g., family doctor; psychiatrist; psychologist; nurse practitioner) with symptoms recognized by the DSM-IV, regardless of whether or not the perpetrator received treatment.
28. For example: psychosis; schizophrenia; bi-polar disorder; mania; obsessive-compulsive disorder, etc.
29. The perpetrator stored firearms in his place of residence, place of employment, or in some other nearby location (e.g., friend's place of residence, or shooting gallery). Please include the perpetrator's purchase of any firearm within the past year, regardless of the reason for purchase.
30. There was a new intimate partner in the victim's life or the perpetrator perceived there to be a new intimate partner in the victim's life
31. The perpetrator has violated any family, civil, or criminal court orders, conditional releases, community supervision orders, or "No Contact" orders, etc. This includes bail, probation, or restraining orders, and bonds, etc.
32. As a(n) child/adolescent, the perpetrator was exposed to and/or witnessed any actual, attempted or threatened forms of suicidal behaviour in his family of origin. Or somebody close to the perpetrator (e.g., caregiver) attempted or committed suicide.
33. After a formal (e.g., performed by a forensic mental health professional before the court) or informal (e.g., performed by a victim services worker in a shelter) risk assessment was completed, the perpetrator still had access to the victim.
34. Victim and perpetrator were between the ages of 15 and 24.
35. The perpetrator continuously accuses the victim of infidelity, repeatedly interrogates the victim, searches for evidence, tests the victim's fidelity, and sometimes stalks the victim.
36. Hating or having a strong prejudice against women. This attitude can be overtly expressed with hate statements, or can be more subtle with beliefs that women are only good for domestic work or that all women are "whores."
37. Women in an intimate relationship with a partner who is significantly older or younger. The disparity is usually nine or more years.
38. The victim is one that knows the perpetrator best and can accurately gauge his level of risk. If the woman discloses to anyone her fear of the perpetrator harming herself or her children, for example statements such as, "I fear for my life", "I think he will hurt me", "I need to protect my children", this is a definite indication of serious risk.

39. Any actual, attempted, or threatened abuse/maltreatment (physical; emotional; psychological; financial; sexual; etc.) towards children in the family. This incident did not have to necessarily result in charges or convictions and can be verified by any record (e.g., police reports; medical records) or witness (e.g., family; friends; neighbours; co-workers; counselors; medical personnel, etc).

Appendix C: Summary of Recommendations – 2009 Case Reviews

Case: 2009-02: # Risk Factors: 14

Recommendation 1:

In order to assist Citizenship and Immigration Canada (CIC) and the Canadian Border Services Agency (CBSA) in fulfilling their duties and responsibilities, information pertaining to any domestic violence occurrence involving immigration applicants and/or their families or sponsors, should be communicated between local law enforcement or social service agencies and the federal immigration authorities.

Recommendation 2:

Citizenship and Immigration Canada should develop training programs in the dynamics of domestic violence for all its agents and officers. Such training should emphasize that withdrawal of sponsorship or denial of immigration applications/claims may result in a volatile situation that could lead to violence. It should prepare agents and officers who may be adjudicating claims from remote locations to consider making appropriate local referrals to law enforcement and social service agencies when dealing with applicants, their families and/or sponsors where there is a history or reported threats of domestic violence.

Case: 2009-03: # Risk Factors: 9

Recommendation 1:

It is recommended that Police Services and Police Associations continue to be committed to supporting the mental health and well being of their members and to collectively enhance their support and promotion of ready access to employee assistance networks.

Recommendation 2:

Awareness of the unique demands facing female police officers in a male dominated police profession must be recognized and support mechanisms developed.

Recommendation 3:

Progressive initiatives focused on vicarious trauma and stress management for police personnel should be developed and proactively delivered as a means of raising shared awareness. Identification, intervention and prevention are every member's responsibility.

Recommendation 4:

Police services should enhance supports for the mental health and wellness of their members by building liaisons with community services and introducing innovative models like the Psychological Services Section of the Calgary Police Service. Psychologists who are experts in the complexities of emergency services, vicarious

trauma and the sub-culture of policing are essential to garnering trust and removing barriers to access. Consistency of access to a Police Psychologist or team of psychologists is paramount to achieving early intervention and prevention.

Recommendation 5

The suicide and suicide-homicide literature reviews that formed the basis of the, “Report to the Police Service and Community on the Deaths of the victim and the perpetrator”, should be made readily available through the Ministry of Community Safety and Correctional Services – Policing Services Division, the Ontario Association of Chiefs of Police and the Canadian Association of Chiefs of Police. The importance of ensuring ongoing education for all police service personnel and their families on domestic violence, suicide, mental health issues and balanced health and wellness cannot be overstated. To that end, support for provincial and national research and analyses emphasizing these aspects unique to the Canadian police culture, including strengths and stressors, is recommended.

Case: 2009-09: # Risk Factors: 12

Recommendation 1:

It is recommended to the federal Minister of Public Safety that applications for a firearms Possession Acquisition Licence (PAL) should include a medical waiver signed by the applicant. This would allow investigators access to information pertaining to the mental health of the applicant. There should also be higher standards and more restrictions for individuals applying for a firearms PAL when they have had previous licenses revoked or removed.

Recommendation 2:

It is recommended that the Ministry of Community Safety and Correctional Services provide public education on the risks involved with online dating sites and other social networking applications. The information should focus on what is considered to be criminal and/or harassing conduct and provide guidance on what safety measures should be undertaken and/or reported to police. Students in Ontario schools receive this type of information as part of the current awareness of cyber-bullying and inappropriate use of the Internet, but many adults may not be aware of Internet safety precautions.

Recommendation 3:

It is recommended that the Ministry of the Attorney General require that Justices of the Peace routinely formally notify the Chief Firearms Officer about any bail conditions that include a prohibition of firearms.

Recommendation 4:

It is recommended that the Ministry of the Attorney General require that Partner Assault Response (PAR) programs should be mandated as part of sentencing for domestic

violence perpetrators when there is a documented history that the offence before the courts is not an isolated incident with either the current or prior victim(s).

For further information, please contact:

Office of the Chief Coroner
Domestic Violence Death Review Committee
26 Grenville Street
Toronto, ON
M7A 2G9
416-314-4000