Domestic Violence Death Review Committee 2012 Annual Report

Office of the Chief Coroner for Ontario

February 2014

This report is available in an alternative accessible format on the Office of the Chief Coroner Publications webpage.

Table of Contents

Message from the Chair

The publication of the 2012 Annual Report of the Domestic Violence Death Review Committee (DVDRC) is a milestone occasion as it represents the tenth year that the Office of the Chief Coroner has reported on its reviews and on the incidence of domestic homicide and domestic homicide-suicide in Ontario. Since its inception in 2003, the DVDRC has reviewed 164 cases involving 251 deaths.

As we reflect back, much has evolved over the past decade, with many positive changes taking place across numerous sectors within policing, the courts, child welfare, community and social support agencies, and among health care professionals. Enhanced training and education are helping affected parties to provide supports and services to recognize the risks of potential lethality within troubled relationships, and to engage in more constructive and effective interventions to mitigate serious and tragic outcomes. Better tools are emerging that assist front-line responders to assess situations for risk in an objective and meaningful way.

Although significant gains in knowledge and understanding have been made over the past 10 years, there is still appreciable room for improvement and expansion of 'best practice' approaches to service providers responding to domestic violence cases. Efforts must also continue to educate the public to the dangers and societal costs of domestic violence, and to provide neighbours, friends, families and co-workers with the knowledge and confidence to intervene and assist victims in preventing further violence.

Chapter two of this report includes a statistical overview of cases reviewed over the past 10 years and contains an analysis of the type and number of risk factors identified through detailed case reviews over this period. The interpretation and discussion of these statistics and the resulting trends and lessons learned, is discussed further in Chapter four.

A brief summary of the circumstances of each case reviewed in 2012 is provided in Chapter three. Recommendations generated from these reviews are included and a compilation of all recommendations made in 2012 is included in Appendix C.

Looking forward into 2013, the DVDRC will continue to refine its data collection methods and as additional cases are reviewed, further analysis and discussion of trends and patterns will take place to assist with the education process.

William J. Lucas, MD CCFP
Deputy Chief Coroner - Inquests
Chair, Domestic Violence Death Review Committee

Committee Membership

William Lucas, MD, CCFP
Committee Chair
Deputy Chief Coroner - Inquests

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

Marcie Campbell, M.Ed
Counsellor, PAR Program, John Howard Society of Toronto

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Investigating Coroner

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Ontario Network of Victim Services Providers

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Associate Professor, Department of Sociology & Anthropology, University of Guelph

Monica Denreyer
Detective Sergeant, Ontario Provincial Police, Threat Assessment Unit

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A/Deputy Regional Director
Western Regional Office – Ministry of Community Safety and Correctional Services

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MaryEllen Hurman
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Peter Jaffe, Ph.D., C.Psych.
Professor, Centre for Research on Violence Against Women & Children, Western University

Leslie Raymond
Detective Sergeant, Ontario Provincial Police, Abuse Issues Coordinator, Central Region

Deborah Sinclair, M.S.W.
Social Worker

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

Mark Gauthier
Detective Sergeant, Ontario Provincial Police

Kathy Kerr, M.A.
Executive Lead, Committee Management, Office of the Chief Coroner

Executive Summary

Cases reviewed from 2003-2012:

- Since its inception in 2003, the DVDRC has reviewed 164 cases, involving 251 deaths.
- 55% of the cases reviewed were homicides.
- 45% of the cases reviewed were homicide-suicides.
- 73% of all cases reviewed from 2003-2012 involved a couple where there was a history of domestic violence.
- 72% of the cases involved a couple with an actual or pending separation.
- The other top risk factors were:
    - obsessive behaviour by the perpetrator
    - a perpetrator who was depressed
    - an escalation of violence
    - prior threats or attempts to commit suicide
    - prior threats to kill the victim
    - a victim who had an intuitive sense of fear towards the perpetrator
    - a perpetrator who was unemployed
- In 75% of the cases reviewed, seven or more risk factors were identified.

Cases Reviewed in 2012:

- There were 20 cases reviewed by the DVDRC in 2012. These included 14 homicide cases and six homicide-suicide cases, resulting in 32 deaths (26 homicide victims and six perpetrator suicides).
- 18 recommendations were generated through these reviews.
- Of the 26 victims in the cases reviewed, 20 (77%) were female and six (23%) were male.
- 18 (90%) of the 20 cases involved male perpetrators and two (10%) involved female perpetrators.
- The victims ranged in age from two years to 85 years.
- The average age for victims was 41.2 years.
- The perpetrators ranged in age from 18 to 83 years.
- The average age for perpetrators was 46.3 years.
- The average number of risk factors identified in the cases reviewed was 9.85.
- The number of risk factors ranged from one to 24.
- 13 (65%) of the cases had seven or more risk factors.

Chapter One: Introduction and Overview

History

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.

Mandate

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.

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

Membership

The DVDRC consists of representatives with expertise in domestic violence from law enforcement, the criminal justice system, the healthcare sector, social services and other public safety agencies and organizations.
Several members of the present committee have been involved since the DVDRC's inception in 2003. Membership has evolved over the years to address changing and emerging issues that have been identified. In some cases, external expertise on specific issues may be sought if necessary.

Definition of Domestic Violence

Within the context of the DVDRC, domestic violence deaths are defined as "all homicides that involve the death of a person, and/or his or her 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 definitions and criteria of domestic violence deaths utilized by other organizations and agencies, including Statistics Canada, may be different than those used by the DVDRC.

Method for Reviewing Cases

Reviews are conducted by the DVDRC only after all other investigations and proceedings – including criminal trials and appeals – have been completed. As such, DVDRC reviews often take place several years after the actual incident.

When a domestic violence homicide or homicide-suicide takes place in Ontario, the relevant Regional Supervising Coroner notifies the Executive Lead of the DVDRC and the basic case information is recorded in a database. The Executive Lead, together with a police liaison officer assigned to the DVDRC, periodically verify the status of judicial and other proceedings to determine if the review can commence. Since cases involving homicide-suicides generally do not result in criminal proceedings, cases are reviewed in a more timely fashion.

Once it has been determined that a case is ready for review (i.e. all other proceedings and investigations have been completed), the case file is assigned to a reviewer (or reviewers). The case file may consist of records from the police, Children's Aid Society (CAS), healthcare professionals, counselling professionals, courts, probation and parole, etc.

Each reviewer conducts a thorough examination and analysis of facts within individual cases and presents their findings to the DVDRC as a whole. Information considered within this examination includes the history, circumstances and conduct of the perpetrators, the victims and their families. Community and systemic responses are examined to determine primary risk factors, to identify possible points of intervention and develop recommendations that could assist with the prevention of similar future deaths. In general, the DVDRC strives to develop a comprehensive understanding of why domestic homicides occur and how they might be prevented.

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 are distributed to relevant organizations and agencies through the Chair of the DVDRC.
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 to them. Organizations and agencies are asked to respond back to the Executive Lead, DVDRC on the status of implementation of recommendations within one year of distribution.

Review and Report Limitations

Information collected and examined by the DVDRC, as well as the final report produced by the committee, are for the sole purpose of a coroner's investigation pursuant to section 15 of the Coroners Act, R.S.O. 1990 Chapter c.37, as amended. For this reason, there may be limitations on the types of records accessed for the DVDRC review, particularly as they relate to living individuals (e.g. perpetrators) and therefore protected under other privacy legislation.

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 minutes of review meetings and any other documents or reports produced by the DVDRC, remain private and protected and will not be released publicly. Review meetings are not open to the public.

Each member of the committee has entered into, and is bound by, a confidentiality agreement that recognizes these interests and limitations.

Reviews are limited to the information and records collected for the purposes of furthering the coroner's investigation. It is not the intent or mandate of the DVDRC to re-open or re-investigate cases, question investigative techniques or comment on decisions made by judicial bodies.

Annual Report

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.

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 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

Collection of Data

Since its inception in 2003, a variety of data has been collected from homicide cases involving domestic violence that have been investigated by the Office of the Chief Coroner. As the committee has evolved, so too have the processes for reviewing, collecting and analyzing information that has been obtained. The DVDRC strives to provide information and analyses that are accurate, valid and useful to relevant stakeholders.

Types of Data

It is important to recognize that there are two separate and distinct sets of data relating to domestic violence homicides in Ontario:

1. Data relating to the actual number of homicide cases where domestic violence has been identified as an involvement factor.

   In Ontario, a Coroner's Investigation Statement (Form 3) is prepared for all cases investigated by a coroner. The Form 3 includes basic personal information (e.g. date of death, age, address, etc.) pertaining to the deceased, as well as a narrative that describes the circumstances surrounding the death. Investigating coroners are encouraged to identify death factors (e.g. trauma – cuts-stabs, shooting – shotgun, asphyxia-hanging, etc.) and involvement factors (e.g. abuse – domestic violence, alcohol involvement, Children's Aid involvement, etc.). The Form 3 also identifies the 'manner of death' or 'by what means' the death occurred. In Ontario, manner of death must be classified as one of the following: natural, accident, suicide, homicide or undetermined. Information from the Form 3s for all coroners' investigations are maintained within the electronic Coroner's Information System (CIS) maintained by the Office of the Chief Coroner.

   Statistics generated for the purposes of this annual report reflect cases occurring from 2002-2010 where: 'homicide' has been identified as the manner of death for at least one victim; 'abuse – domestic violence' has been identified and coded as an involvement; and the case meets the DVDRC's definition of a domestic violence death. Some cases where the manner of death is 'undetermined' and where there is involvement of domestic violence, are included in the data set.

   It is important to note that some homicide cases identified with the 'abuse – domestic violence' involvement code occurring between 2002-2010 are still pending review by the DVDRC. In many cases, DVDRC reviews have not commenced because legal or other proceedings are still underway or pending.

2. Data relating to the findings of cases that have been reviewed by the DVDRC.

   The second set of data relates to cases that have undergone review by the DVDRC. This data would include information pertaining to risk factors, type and length of relationship and number/gender of victims and perpetrators. This data is collected in the thorough review conducted by the DVDRC.

   The following statistics reflect the findings of analyses of the two different data sources.

Statistical Overview: Homicides with Domestic Violence Involvement (2002-2010)

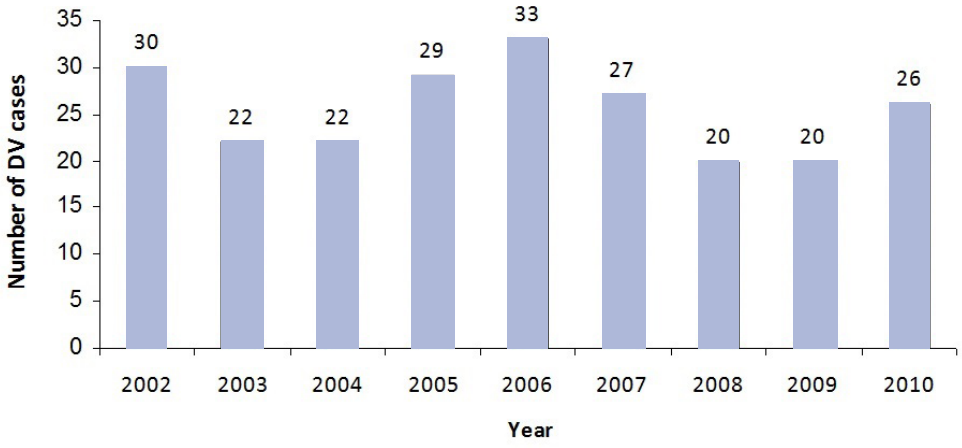
The following statistics relate to homicides in Ontario occurring between 2002-2010 where 'abuse – domestic violence' has been identified as an involvement code, and that meet the DVDRC's definition of a domestic violence death. Some of these cases may have already undergone review by the DVDRC while others are pending review upon completion of other proceedings (e.g. criminal trials).

Chart One: Domestic Violence Deaths in Ontario 2002-2010

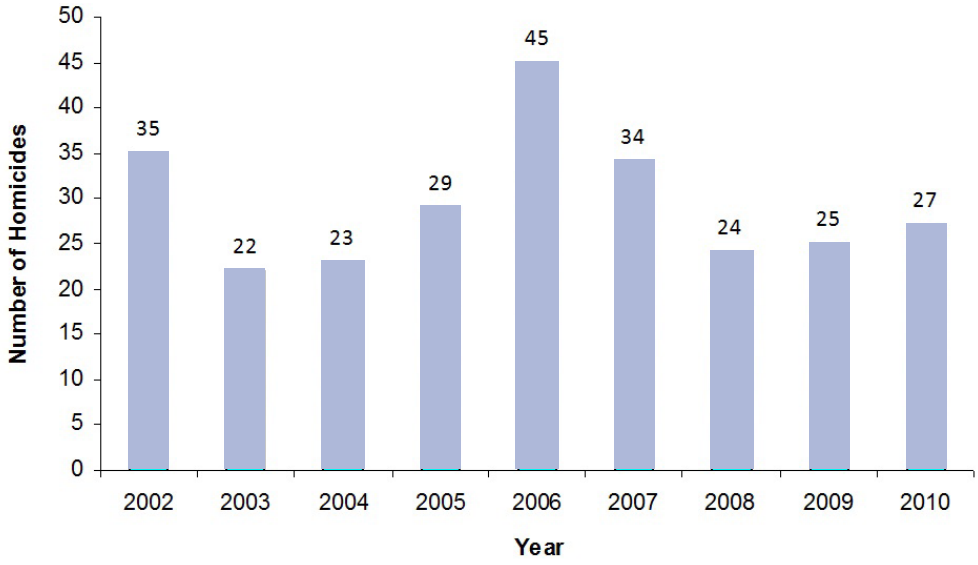
	2002	2003	2004	2005	2006	2007	2008	2009	2010	Totals
Number of Cases	30	22	22	29	33	27	20	20	26	229
Homicides	19	18	13	21	26	17	15	15	20	164 (72%)
Homicide-Suicides	11	4	9	8	7	10	5	5	6	65 (28%)
Total Number of Deaths	46	26	32	37	52	44	29	29	33	328
Total Number of Homicide Victims	35	22	23	29	45	34	24	25	27	264 (80%)
Female (adult)	26	19	21	29	28	27	20	20	22	212 (80%)
Female (child)	4	1	1	0	8	1	0	3	1	19 (7%)
Male (adult)	4	1	1	0	3	4	4	2	4	23 (9%)
Male (child)	1	1	0	0	6	2	0	0	0	10 (4%)
Average Age of Homicide Victim	37.8	34.9	40	38.2	28	34.7	43.3	37.2	36.1	36.7
Total Number Perpetrator Deaths (suicide or other)	11	4	9	8	7	10	5	4	6	64 (20%)
Female (adult)	0	0	1	0	0	1	0	0	0	2 (3%)
Male (adult)	11	4	8	8	7	9	5	4	6	62 (97%)
Average Age of Deceased Perpetrator	42.5	45.5	42.2	45	51.1	45.2	43.8	60	44.67	46.7

* In 2009, one homicide-suicide involved the suicide death of the male perpetrator outside of Ontario. His death was not an Ontario coroner's case and is not reflected in the statistics on perpetrators.

Graph One: Number of DV cases based on year (2002-2010)



Graph Two: Number of DV Homicide Victims (2002-2010)



Summary: Homicides with Domestic Violence Involvement (2002-2010)

- There were 229 domestic homicide and/or homicide-suicide cases that occurred in Ontario between 2002-2010 based on cases reviewed by the Office of the Chief Coroner for Ontario where domestic violence was identified as an involvement code.
- 164 (72%) of the cases were homicides and 65 (28%) of the cases were homicide-suicides.
- The 229 cases resulted in a total of 328 deaths.
- 264 (80%) of these deaths were homicide victims and 64 (20%) were perpetrators who committed suicide or were otherwise killed (e.g. shot by police).
- There was an average of 25.4 domestic homicide and/or homicide-suicide cases per year from 2002-2010.
- There was an average of 29.3 domestic homicide deaths per year from 2002-2010.
- 212 (80%) of the homicide victims were adult females.
- 29 (11%) of the homicide victims were children.
- 23 (9%) of the homicide victims were adult males.
- 62 (97%) of the perpetrator deaths were adult males.
- The average age of homicide victims was 36.7 years.
- The average age of perpetrators who died was 46.7 years.

Death Factors

Death factors are utilized within the Coroner's Information System (CIS) to assist with data retrieval/extraction and analysis. Death factors describe the underlying mechanism or force responsible for non-natural deaths (e.g. trauma – motor vehicle collision) or the anatomical area or system involved for natural deaths (e.g. cardiovascular system, central nervous system). Coroners are encouraged to identify the death factor most appropriate to the circumstances of the situation, and which lead to the fatal injuries sustained by the victim.

Chart Two illustrates the death factors most commonly cited in domestic violence deaths (homicides and perpetrator deaths) identified in the CIS from 2002-2010.

Chart Two: Top Death Factors in Domestic Violence Deaths (2002-2010)

Death Factor*	2002	2003	2004	2005	2006	2007	2008	2009	2010	Total	% of Total Deaths	
Trauma - cuts, stabs	15	8	11	9	21	14	8	11	16	113	34%	43%
Trauma - beating, assault	5	4	4	5	6	2	0	0	3	29	9%	
Shooting - handgun	8	5	2	4	1	9	1	3	3	36	11%	27%
Shooting - rifle	2	0	3	5	5	3	3	2	6	25	8%	
Shooting - shotgun	7	1	2	2	2	2	1	2	6	25	8%	
Shooting - weapon (not. spec.)	0	0	1	0	0	0	1	0	0	2	1%	
Asphyxia - airway obstruction	0	1	1	0	0	1	0	1	1	5	2%	12%
Asphyxia - strangulation	0	3	4	5	6	4	4	0	0	26	8%	
Asphyxia - neck compression	0	0	0	1	2	0	2	3	0	8	2%	
Other	9	4	4	6	9	9	9	7	3	60	18%	18%
Total	46	26	32	37	52	44	29	29	33	328		

Summary of Chart Two: Top Death Factors in Domestic Violence Deaths (2002-2010)

- 43% of the deaths involved a death factor of trauma (cuts/stabs and beating/assault).
- 27% of the deaths involved a death factor of shooting (handgun, rifle, shotgun or gun not specified).
- 12% of the deaths involved a death factor of asphyxia (airway obstruction, strangulation and/or neck compression).
- 18% of the deaths involved other death factors including: trauma by motor vehicle, train/vehicle or blunt force; asphyxia from hanging, anoxic environment and carbon monoxide; drug toxicity; jump/fall; fire with smoke inhalation or thermal injury; burns–thermal; drowning; and deaths where the factor was unascertained.

Statistical Overview: Cases Reviewed by the DVDRC (2003-2012)

Since its inception in 2003, the DVDRC has reviewed 164 cases that involved a total of 251 deaths. This includes 90 homicide and 74 homicide-suicide cases, some of which may have involved multiple victims.

The following statistics relate to all cases reviewed by the DVDRC from 2003-2012 inclusive.

Summary of Chart Three: Number of Cases Reviewed by the DVDRC (2003-2012)

- Since its inception in 2003, the DVDRC has reviewed 164 cases, involving 251 deaths.
- 90 (55%) of the cases reviewed were homicides.
- 74 (45%) of the cases reviewed were homicide-suicides.

Chart Three: Number of Cases Reviewed by the DVDRC (2003-2012)

			Type of Case	
Year	# of Cases Reviewed	# of Deaths Involved	Homicides	Homicide-Suicides
2003	11	24	3	8
2004	9	11	5	4
2005	14	19	5	9
2006	13	21	4	9
2007	15	25	7	8
2008	15	17	13	2
2009	16	25	6	10
2010	18	36	6	12
2011	33	41	27	6
2012	20	32	14	6*
Total	164	251	90	74
			55%	45%

* One case involved a perpetrator that was shot by police while in the commission of the homicide. For the purposes of this review, this case will be considered a homicide-suicide.

Analysis of Risk Factors: Common Risk Factors

Based on extensive research, the DVDRC has created a list of 39 risk factors that indicate the potential for lethality within the relationship examined. The recognition of multiple risk factors within a relationship potentially allows for enhanced risk assessment, safety planning and possible prevention of future deaths related to domestic violence through appropriate interventions by criminal justice system and healthcare partners, including high risk case identification and management. A complete list of all risk factors analyzed, as well as the definition of each, is included in Appendix B.
When reviewing a case, the DVDRC identifies which, if any, of the 39 risk factors were present in the relationship between the victim and the perpetrator.

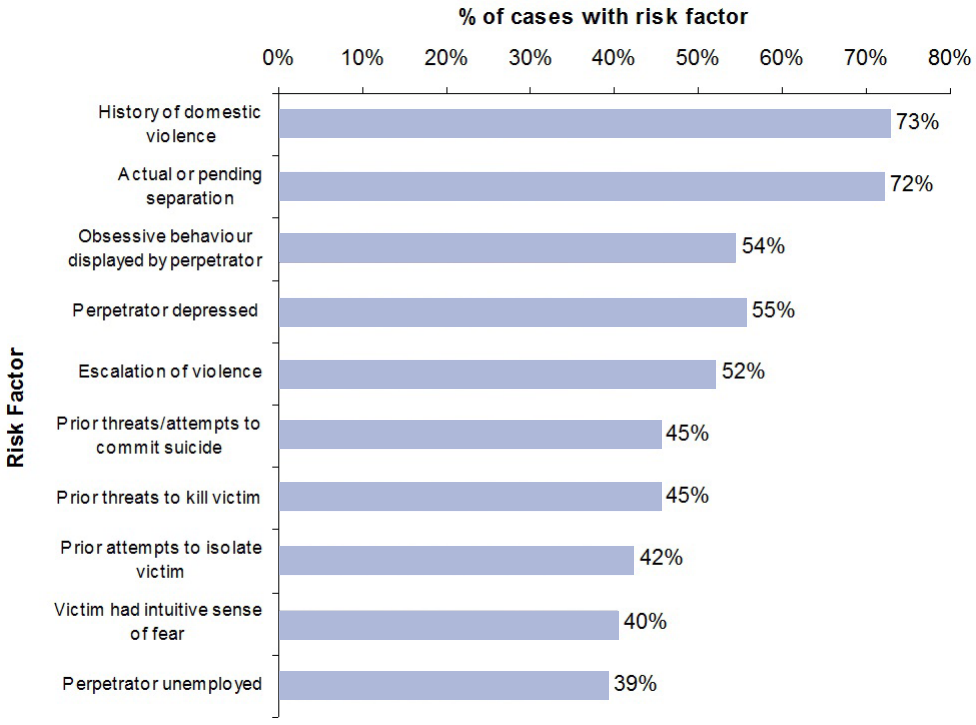
Graph Three: Frequency of Common Risk Factors in DVDRC Cases Reviewed (2003-2012) demonstrates the most frequently observed risk factors that have emerged from all cases reviewed by the DVDRC from 2003-2012. The most common risk factors are:

- history of domestic violence
- actual or pending separation
- obsessive behaviour
- depressed perpetrator
- prior threats or attempts to commit suicide
- escalation of violence
- prior threats to kill the victim
- prior attempts to isolate the victim
- victims who had an intuitive sense of fear
- a perpetrator who was unemployed.

Summary of Graph Three: Frequency of Common Risk Factors in DVDRC Cases Reviewed (2003-2012)

- When reviewing a case, the DVDRC identifies which of the 39 established risk factors were present in the relationship between the perpetrator and the victim.
- 73% of all cases reviewed from 2003-2012 involved a couple where there was a history of domestic violence.
- 72% of the cases involved a couple with an actual or pending separation.

Graph Three: Frequency of Common Risk Factors in DVDRC Cases Reviewed (2003-2012)



Analysis of Risk Factors: Number of Risk Factors per Case

Chart Four: Number of Risk Factors per Case – All DVDRC cases reviewed (2003-2012), demonstrates that in the vast majority of cases (i.e. 75%), seven or more risk factors were identified. The significance of this finding is that many domestic homicides may have been predicted and prevented with earlier recognition and action towards identified risk factors for future lethality.

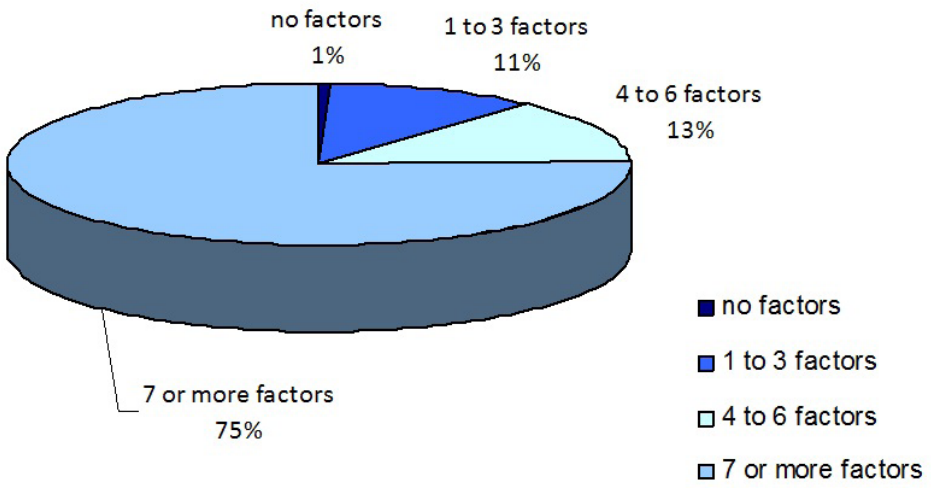
Chart Four: Number of Risk Factors per Case – All DVDRC cases reviewed (2003-2012)

# of Risk Factors per Case	Total 2003-12 (n=164)	% of Total Cases
No Factors	1	1%
1 to 3 Factors	18	11%
4 to 6 Factors	21	13%
7 or more Factors	124	75%

Summary of Chart Four and Graph Four: Number of Risk Factors per Case – All DVDRC cases reviewed (2003-2012)

- In 75% of the cases reviewed from 2003-2012, seven or more risk factors were identified.
- In 13% of the cases reviewed from 2003-2012, four to six risk factors were identified.
- The combined proportion of cases with four or more risk factors was 88%.
- In 11% of the cases reviewed from 2003-2012, one to three risk factors were identified.
- In 1% of the cases reviewed from 2003-2012, no risk factors were identified.
- 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.

Graph Four: Percent (%) of cases based on number of risk factors per case – All DVDRC cases reviewed (2003-2012)



Statistical Overview: Cases Reviewed by the DVDRC in 2012

The following chart is a summary of all cases reviewed in 2012.

Chart Five: Summary of DVDRC Cases Reviewed in 2012

DVDRC Case #	Year of Death	Homicide	Homicide-Suidcide	# of Victims	Age of Victims	Age of Perpetrator	Gender Victim		Gender Perpetrator		# of Risk Factors	# of Recs
							F	M	F	M		
1	2006	●		1	39	46	1			1	10	0
2	2006	●		1	33	38	1			1	2	0
3	2005	●		1	63	66	1			1	15	0
4	2009	●	●	2	64 23	64	1	1		1	1	0
5	2007	●		3	47 22 4	46	1 1 1			1	11	0
6	2007	●		1	50	31		1	1		11	2
7	2011		●	1	83	77	1			1	2	0
8	2010		●	1	69	69	1			1	11	4
9	2005	●		1	48	52	1			1	4	1
10	2009	●		1	34	34	1			1	12	1
11	deferred											
12	deferred											
13	2011		●	1	85	83	1			1	2	2
14*	2007	●		1	2	20		1		1	9	0
15	2006	●		2	40 8	33	1	1		1	11	0
16	2010		●	1	36	36	1			1	10	2
17	2010 2010	●		2	46 13	18	1 1			1	24	0
18	2004	●		1	48	47	1			1	5	0
19**	2011		●	1	47	50	1			1	17	5
20	2008	●		1	23	22	1			1	15	1
21	2006	●		1	54	49		1	1		4	0
22	2008	●		2	44 46	45	1	1		1	21	0
Total or Average		14	6	26	41.2	46.3	20	6	2	18	9.86	18

* Case 14 involved a First Nations child.
**Case 19 involved a perpetrator who was shot by police while in the commission of the DV homicide. For statistical purposes, this case has been

included with the homicide-suicide analysis.

Summary of Chart Five: Summary of Cases Reviewed in 2012

- There were 20 cases reviewed by the DVDRC in 2012. This included 14 homicide cases and six homicide-suicide cases, resulting in 32 deaths (26 homicide victims and 6 perpetrator suicides).
- One case involved a perpetrator who was shot by police during the commission of the DV homicide. For statistical purposes, this case is included with the homicide-suicide analysis.
- 18 recommendations were generated through these reviews.
- Of the 26 victims in the cases reviewed, 20 (77%) were female and six (23%) were male.
- 18 (90%) of the 20 cases involved male perpetrators and two (10%) involved female perpetrators.
- The victims ranged in age from two years to 85 years.
- There were four child victims: two girls (ages four and 13) and two boys (ages two and eight).
- One victim (a two-year-old child), was First Nations.
- The average age of victims was 41.2 years.
- The perpetrators ranged in age from 18 to 83 years.
- The average age of perpetrators was 46.3 years.
- The average number of risk factors identified in the cases reviewed was 9.85.
- The number of risk factors ranged from one to 24.
- 13 (65%) of the cases had seven or more risk factors.

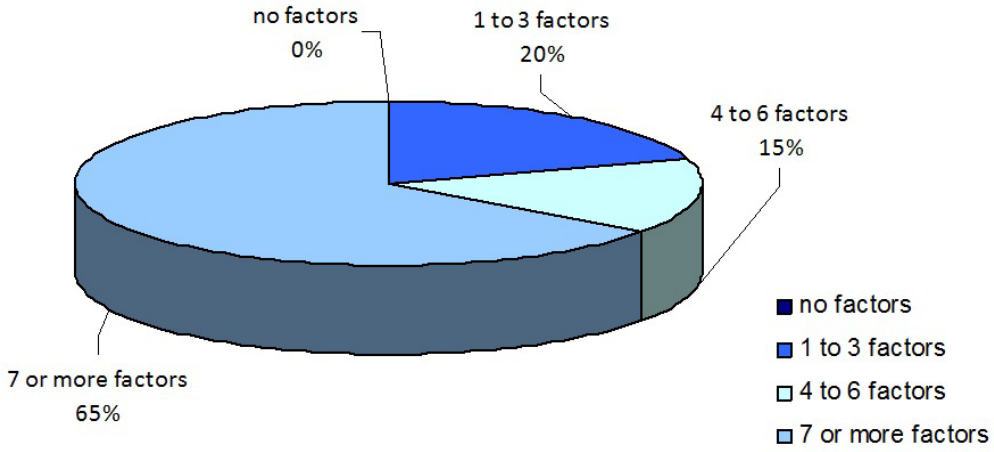
Analysis of Risk Factors: Number of Risk Factors per Case

The data in **Chart Six: Number of Risk Factors Identified in Cases Reviewed (2012)**, are consistent with the findings of cases reviewed (2003-2012) which clearly demonstrate that the vast majority of cases resulting in domestic homicide or homicide-suicide, had a significant number of risk factors (i.e. seven or more) and therefore were potentially predictable and preventable. It is important to again stress that 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.

Chart Six: Number of Risk Factors Identified in Cases Reviewed (2012)

# of Risk Factors per Case	2012 (n=20)	% of 2012 Cases
No Factors	0	0%
1 to 3 Factors	4	20%
4 to 6 Factors	3	15%
7 or More Factors	13	65%

Graph Five: % Cases Based on Number of Risk Factors per Case – DVDRC Case Reviews in 2012



Summary of Chart Six and Graph Five: Number of Risk Factors Identified in Cases Reviewed (2011)

- 65% of the cases reviewed in 2012 had seven or more risk factors
- 15% of the cases reviewed had four to six risk factors
- 20% of the cases reviewed had one to three risk factors
- 0 cases had no risk factors identified

Analysis of Death Factors

Chart Seven: Death Factors for cases reviewed in 2012 shows that the majority of cases reviewed in 2012 involved some type of trauma (including cuts, stabs, beatings, assaults) or shooting.

Death Factor	Victim	Perpetrator
Trauma - cuts, stabs	9	
Trauma - beating, assault	1	
Trauma - fall/jump		
Shooting - shotgun	4	2
Shooting - handgun	2	1
Shooting - rifle	1	1
Asphyxia - strangulation	2	
Asphyxia - neck compression	1	
Asphyxia - airway obstruct		1
Asphyxia - smothering		
Drowning		
Smoke Inhalation		1
Unascertained		
Other**		
Total Number of Deaths	20	6

* Death factors as coded within the Coroner's Information System (CIS) - the database of all cases investigated by the Office of the Chief Coroner for the Province of Ontario.

Discussion and Significant Findings

The 20 cases reviewed in 2012 included homicides and/or homicide-suicides that occurred as far back as 2004 and as recently as 2011. Five of the cases reviewed involved perpetrators who committed suicide following commission of the homicide. One case involved a perpetrator who was shot by police as he was in the process of killing the victim. For statistical purposes, this latter case has been included with the homicide-suicide analysis.

Interestingly, three of the homicide-suicide cases reviewed in 2012 involved couples over the age of 65 years. In many cases involving older adults, depression has been found to be a common risk factor. Further discussion on elderly victims and perpetrators of domestic violence is included in Chapter four.

The average number of risk factors identified from reviews conducted in 2012 was significant at 9.85 risk factors per case. This included one case where there was one risk factor and therefore limited predictability for future lethality. In another two cases, an alarming 24 and 21 risk factors were identified; the implication of this is that there was likely significant opportunity to predict (and prevent) future lethality in these cases.

Chapter Three: Case Reviews and Recommendations - 2012

The following is a summary and recommendations made towards the prevention of future similar deaths, of the 20 cases reviewed by the DVDRC in 2012. In some cases, no recommendations were made as the committee either saw no opportunity to make recommendations or the issues identified had already been the subject of recommendations made in previous case reviews.

Case DVDRC- 2012- 01

OCC file number: 2006-14767

This case involved the homicide of a 39-year-old female by her 46-year-old male common-law partner. The victim had bipolar disorder and the perpetrator had depression. There was a history of domestic violence in the couple's relationship and both abused alcohol and/or drugs. The couple did not have any children in common.

On October 28, 2006, the perpetrator met a former girlfriend while at a bar and invited her back to the apartment that he shared with the victim. When they arrived, they found the victim and a neighbour in the apartment. All four parties began to consume a large amount of alcohol. The victim later drove the former girlfriend and the neighbour home and then she returned to the apartment. An argument ensued between the victim and the perpetrator who picked up a knife and stabbed the victim in the chest several times. The perpetrator then called 911 and fled to a friend's home where he later confessed to stabbing the victim and subsequently turned himself in to police.

Ten risk factors and the themes of mental health and substance abuse were identified.

No new recommendations.

Case DVDRC-2012-02

OCC file number: 2006-6495

This case involved the homicide of a 33-year-old female by her 38-year-old male common-law partner. The couple had been together for 10 years and while they did not have any children in common, the perpetrator's 14-year-old son from a previous relationship lived with them. The son had been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), central auditory processing delays and mild depression; he was also felt to have abandonment issues. The victim became the primary caregiver and was overwhelmed with the challenges of parenting a child with behavioural issues. There was considerable conflict in the household and the victim had threatened to leave the relationship.

There was no reported history of domestic violence in the couple's relationship. The conflict between the couple peaked when the victim gave the perpetrator an ultimatum to choose between his son and her.

On June 1, 2006, the victim and perpetrator were involved in an argument. Later that evening, the perpetrator walked up to a police officer and stated, "I think I killed my wife and then set fire to my house."

The cause of death for the victim was strangulation. The perpetrator was subsequently charged with second degree murder and arson endangering life.

Two risk factors and the theme of parenting struggles were identified.

No new recommendations.

Case DVDRC-2012-03

OCC file number: 2005-13026

This case involved the homicide of a 63-year-old female by her 66-year-old husband; the couple had been married for 45 years. The perpetrator was described as being physically, emotionally and verbally abusive with a volatile temper. He was also jealous, controlling and possessive towards the victim. The perpetrator had demonstrated these characteristics early in the marriage.

The victim had indicated that she wished to end the relationship and asked one of her children to help her obtain information on how to leave, including addresses for shelters. The victim had confided in her family doctor, her daughter and friends that she was afraid of the perpetrator.

On the morning of the homicide, the perpetrator drove his son to work, returned home and killed the victim with a baseball bat. Following the homicide, he drove to the police station and confessed. In his statement to police, he reported that the victim had been refusing him sex, and that morning, having refused him again, he "exploded." He reported that he believed she was having an affair. He also admitted that he used to hit her, but claimed that it hadn't happened in a long time.

Fifteen risk factors and the themes of mental health and Neighbours, Friends and Family[1] were identified.

No new recommendations.

[1] Neighbours, Friends and Families is a campaign to raise awareness of the signs of woman abuse so people who are close to an at-risk woman or an abusive man can help. The Neighbours, Friends and Families campaign is a partnership between the Ontario government, Ontario Women's Directorate and the Expert Panel on Neighbours, Friends and Families, through the Centre for Research and Education on Violence Against Women and Children. See www.neighboursfriendsandfamilies.on.ca.

Case DVDRC-2012-04

OCC file numbers: 2009-1063 and 2009-1061 and 2009-1064

This case involved the homicides a 64-year-old female and 23-year-old male who were the wife/son of the 64-year-old perpetrator who subsequently committed suicide. The couple had been married for approximately 40 years and had three adult children (including the male victim). All members of the family, including the male victim who had obsessive-compulsive disorder, were university educated. The children were considered 'gifted' and it was reported that they were often ostracized within the community for being so bright. The family did not have many friends.

At the time of the homicides, the female victim was a homemaker and the perpetrator, who had previously been a teacher and researcher, was in significant debt due to a failing business. The victim was a compulsive shopper and this caused additional stress on the perpetrator. Both the victim and perpetrator had depression for which they were not receiving treatment.

During the holidays, just prior to the homicides, a comment was made by the female victim that she thought it would be great if the whole family committed suicide.

Two weeks after the New Year, the perpetrator stabbed the victims, then set the residence on fire, killing himself. The two other adult children were away at university at the time.

There was no prior history of domestic violence.

One risk factor and the theme of mental health issues were identified.

No new recommendations.

Case DVDRC-2012-05

OCC file numbers: 2007-13496, 13495, 13498

This case involved the homicides of three victims: the 47-year-old wife of the 46-year-old perpetrator, the couple's four-year-old daughter and the wife's 22-year-old daughter from a previous relationship. The woman and her eldest daughter had emigrated from China in 2002 and spoke limited English. The eldest daughter was involved in a relationship with another man.

The wife suspected that the perpetrator was involved in a sexual relationship with her 22-year-old daughter. He denied any inappropriate behaviour and had grown tired of his wife's unremitting accusations. The perpetrator apparently did not approve of his step-daughter's relationship with another man and this caused frequent arguments.

The perpetrator's wife indicated that she wanted to leave him and take her two daughters back to China. The perpetrator had threatened to kill his family and after increasing violence, several people encouraged the victims to notify police, although they never did.

After an argument, the perpetrator shot the victims, then drove their bodies to a remote location and set the vehicle on fire.

Eleven risk factors and the themes of domestic violence education within the workplace and within the Asian community were identified.

No new recommendations.

Case DVDRC-2012-06

OCC file number: 2007-2340

This case involved the homicide of a 51-year-old male by his 31-year-old female common-law partner; the couple had been together for two years. The perpetrator was described as an alcoholic who was often "odd and incoherent," and considered unstable and violent when drinking. Both the victim and perpetrator had a history of domestic violence with previous partners. There were no recorded incidents of prior domestic violence involving the perpetrator and the victim.

The perpetrator was known to host parties and would often become jealous when her partner interacted with other women. In February 2007, the perpetrator returned home to find the victim with an ex-girlfriend. The perpetrator attacked the ex-girlfriend and kicked her out of the house. Another friend drove the woman home and when he returned a few minutes later, he found the victim on the floor suffering from multiple stab wounds. The perpetrator and friend called 911 and when police arrived, the perpetrator appeared to be intoxicated, and admitted to stabbing the victim in self-defence.

Eleven risk factors and the following themes, were identified: perpetrators who had previously been victims of domestic violence, substance abuse and mental health issues, and age disparity.

Recommendations

To the Ministry of Community Safety and Correctional Services:

1. As in cases involving male offenders, parole and probation cases involving women perpetrators of crime should apply a supervision strategy that includes:

    - identification of the level of risk to others posed by women with a history of antisocial behaviour;
    - identification of the factors associated with their risk to others, and
    - offender participation in interventions and management strategies that address these risk factors. Factors related to the offender's self-esteem and victimization should be a focus of intervention only in so far as they are formulated as clear contributors to criminal behaviour.

To the Ontario Women's Directorate:

2. Program interventions or case supervision strategies for women offenders should be designed relying on recent research findings regarding evidenced-based practice from the effective corrections' literature. The following principles should be the framework for these planned intervention strategies/programs:

    - Risk (requiring that interventions target the higher risk offenders for more intensive service);
    - Need (interventions should target those dynamic (i.e. changeable) factors empirically associated with the individual's criminality); and
    - Responsivity (interventions should target the factors using established cognitive behavioural techniques pitched to the cognitive level of the offender).

Factors related to offender's self-esteem and personal victimization should be a focus of intervention only insofar as they are formulated as clear contributors to criminal behaviour.

Interventions for substance abuse should link the abuse of substances to the individual offender's pattern of criminal and violent behaviour.

Case DVDRC-2012-07

OCC file numbers: 2011-8966 and 2011- 8965

This case involved the homicide an 83-year-old female and the suicide of the perpetrator, her 77-year-old husband. The couple had been married for approximately 23 years, and each had adult children from previous relationships. They were both recovering alcoholics who were well-respected within their community. By all accounts, the couple had a good marriage and there was no known history of domestic violence.

The victim suffered from a number of medical conditions including long-term low-grade depression, and dementia which appeared to be getting increasingly worse. The victim had recently had her driver's license suspended for medical reasons. This caused her to feel isolated and more dependent on the perpetrator. As the victim's dementia progressed, the perpetrator took an increasingly active role in looking after her.

The perpetrator was generally believed to be in good health. He had attempted suicide in the early 1980s following the break up of his first marriage.

On several occasions, the perpetrator had let his family know that if he were to become incapacitated in any way, he would not want to be kept alive. He also inferred that he did not wish to be separated from the victim and that neither of them wanted to go into a nursing home.

In June 2011, police were dispatched to the couple's residence after receiving a 911 call, believed to be from the perpetrator. When police arrived, they found the perpetrator on the kitchen floor suffering from a self-inflicted gunshot wound to the head. He was transported to hospital, but died en route. The victim was found deceased in her bed with a gunshot wound to the head.

Two risk factors and the theme of homicide-suicide involving depressed, elderly individuals were identified.

No new recommendations

Case DVDRC-2012-08

OCC file numbers: 2010-16008 and 2010-16007

This case involved the homicide a 69-year-old female and the suicide of the perpetrator, her 69-year-old husband; the couple had been married for over 50 years and had two adult children.

The victim had been unwell with chronic back problems and diabetes. She was reported to have limited mobility and often used a walker and wheelchair. Her son thought that his mother was possibly suffering from early dementia; no diagnosis was confirmed.

The perpetrator was in poor health, but had no specific diagnosis. For over 35 years, the perpetrator had reportedly controlled the victim's activities, restricting her contact with family and friends, and strictly overseeing their finances. The victim had reported physical abuse to her family, but was apparently afraid to contact authorities fearing she would be unable to raise her children without the financial support of her husband.

There were conflicts between the two adult sons and conflicts between the sons and their parents. Both the victim and perpetrator were depressed over their increasing physical limitations, and felt that they were a burden to their sons, and to each other, and had lost the will to live.

In August 2010, the victim fell down the stairs and broke her ankle. She told a hospital social worker that the perpetrator had pushed her down the stairs and she seemed ambivalent as to whether she should return home to the perpetrator. She was provided emotional support and referrals, and the social worker discussed a safety plan with the victim and her sons.

The victim returned to her son's house, and in September 2010, the victim and her son reported the August incident to police. The victim's son reported that his mother had been pushed down the stairs but she indicated that she had fallen down the stairs. As a result of the conflicting information, no further action was taken by police at that time.

On October 4, 2010, upon further questioning, the victim stated that the perpetrator had grabbed her hair causing her to fall down the stairs. She indicated her fear of her husband and police subsequently charged him with assault causing bodily harm.

On October 13, 2010, the perpetrator attended his son's residence where he harassed the victim until his son arrived home. The perpetrator was arrested on the outstanding warrant for assault and released on an Officer-in-Charge Undertaking and a Promise to Appear. He was cautioned against communicating directly or indirectly with the victim and a court date was set for November 22, 2010.

One week later, an application was brought to court to seek stricter conditions for the perpetrator, including the surrender of firearms and licenses and to not be within 100 metres of any residence at which the victim was residing. On October 22, 2010, the perpetrator's firearms were removed from his residence.

The victim relocated and moved in with her other son. She became increasingly depressed and wished to be with her husband.

On December 7, 2010, the victim informed a Victim Services worker that she was living at her son's residence with her husband, and was no longer concerned that he would assault her again. The Victim Services worker indicated that this living arrangement was a breach of the perpetrator's conditions and that he should speak with his lawyer.

It is not clear whether police were informed about the breach, but Victim Services did request the Crown Attorney to vary the no-contact order.

The victim recanted earlier statements she had given about the assault, and both the victim and perpetrator indicated that they wanted to move back to their own home. On December 11, 2010, their son assisted with the move.

The next day, the perpetrator called his son and the police and told them that he had killed the victim and was going to kill himself. Upon arrival at the home, police found the victim and the perpetrator both deceased with gunshot wounds consistent with a murder-suicide.

Eleven risk factors and the themes of elder abuse, access to firearms and victim vulnerability were identified.

This homicide-suicide demonstrates some unique challenges in community responses to elder abuse in the context of domestic violence. The victim was reluctant and/or ambivalent about reaching out for assistance. The perpetrator and victim both expressed feelings of hopelessness for their future based on their declining physical health and the impression that they were a burden to their family and to each other.

Despite criminal charges and a court order that instructed the perpetrator to stay away from the victim, the couple moved back in together shortly before the homicide-suicide. Over a five month period, the victim appeared to have gone from wanting to take action towards ending the domestic violence, to resigning herself to her fate based on a lack of solutions she found acceptable within her family system and the community.

Recommendations:

1. Police Services, Victim Services, Community Care Access Centres and health care providers to the elderly are reminded of the following resources that provide valuable information pertaining to the identification and response to elder abuse in Ontario:

    - Neighbours, Friends and Families for Older Adults – 'It's Not Right!' Campaign - www.neighboursfriendsandfamilies.ca
    - Ontario Seniors' Secretariat - www.seniors.gov.on.ca/en/elderabuse
    - Ontario Network for the Prevention of Elder Abuse - www.onpea.org

    Committee comments: The victim in this case was an older woman who was more vulnerable due to physical and mental health issues as well as limited mobility. She was allegedly subject not only to abuse by her husband but also to controlling behaviour and conflicts over finances with her children.

To the Ministry of the Attorney General:

2. Victim Services workers are reminded that they should immediately contact police when they become aware that conditions of an order have been breached; consideration should also be given to establishing and/or revising safety planning and/or risk management measures.

    Committee comments: The Victim Services worker was aware that the victim was in voluntary contact with the perpetrator contrary to a no-contact order that had been made.

To the Ministry of Community Safety and Correctional Services:

3. Police Services are reminded that conditions of release should clearly emphasize the non-discretionary nature of no-contact orders and that victims may need to be reminded/advised that the orders also apply to them not contacting the perpetrator (or alleged perpetrator).

    Committee comments: In this case, the perpetrator was ordered to stay away from the victim, however just prior the homicide-suicide, the couple moved back in together. Family members knew the couple were back together and actually assisted with the move.

To health care providers:

4. When dealing with possible victims of domestic violence, health care providers are reminded of the need for a formalized risk assessment to guide interventions and prioritize safety planning.

Case DVDRC-2012-09

OCC file number: 2005-6792

This case involved the homicide of a 48-year-old female by her 52-year-old husband; the couple had been married for over 30 years and were in the process of separating. The perpetrator had moved out, but he continued to pay the rent and utilities and still had access to the home in which the victim now lived alone. The perpetrator was involved in a new relationship.

The victim was paraplegic, paralyzed from the waist down as a result of injuries sustained after falling from a ladder in 1999. She was confined to a wheelchair, although she could independently get herself into and out of bed. The victim utilized the services of Personal Support Workers (PSWs) who came to her home primarily to assist with daily hygiene.

The victim had expressed her fear of the perpetrator, although she had not disclosed any incidents of physical abuse.

Six days prior to the homicide, the victim told the PSW who was attending to her that the perpetrator would soon be served with court papers formalizing the separation and seeking financial support. She indicated that she anticipated that the perpetrator would be upset.

On the day that the perpetrator was served separation papers, he visited the victim's home and started a slow-burning fire in the basement. The perpetrator left the house and the fire and smoke eventually spread throughout the residence. It appeared as though the victim had attempted to get out of the house, despite her mobility challenges.

Four risk factors and the theme of victim vulnerability was identified.

Recommendation:

To Community Care Access Centres and the Ministry of Health and Long-Term Care:

1. Personal Support Workers should receive specialized training in the dynamics of domestic violence and working with vulnerable victims. This training should include recognizing the signs and symptoms and how to effectively respond in the event they suspect the client is being abused. It is important that the training focuses on all aspects of domestic violence, including the psychological/emotional/verbal abuse that many victims experience.

   Committee comments: Personal Support Workers largely serve a population that is vulnerable, including the physically challenged and the elderly. They are often in the clients' homes on a daily basis and develop friendly, supportive relationships with their clients. The PSWs are in a position where they may witness abuse, or the client may disclose to them. It is imperative that all PSWs be equipped with the proper education and training in order to effectively deal with such situations.

Case DVDRC-2012-10

OCC file number: 2009-7619

This case involved the homicide a 34-year-old female by her 34-year-old male common-law partner; the couple had been together for approximately six months. The victim and perpetrator, initially described as "roommates," began an intimate relationship after several weeks of living together. Their relationship seemed confusing not only to themselves, but also to those who knew them. The couple often communicated conflicting and confusing goals and messages to those around them; the perpetrator indicated that he wanted to leave the victim and the victim said she wanted to leave the perpetrator.

The couple reportedly fought constantly and most people described their relationship as "dysfunctional." There was however no recorded history of police involvement during domestic violence incidents.

The perpetrator had a criminal history both as a youth and as an adult for offences such as assault, theft, break-and-enter and uttering threats. He also had a history of domestic violence in a previous relationship, although no criminal charges were ever laid.

The perpetrator failed to attend many of his probation appointments and follow-up by probation services was apparently done through mailed correspondence rather than by direct contact with him. In September 2008, he was referred by probation services to counseling for anger management. The perpetrator did not attend all of the scheduled anger management group sessions and did not continue with individual counseling. There was no follow-up by probation services for his non-compliance with counseling.

The perpetrator apparently tried to help the victim overcome her addiction to amphetamines. The victim however, was not interested in his help. It appears that both the victim and perpetrator had mental health issues and were both losing weight, seemed depressed and were otherwise not coping well.

Approximately three weeks prior to the homicide, the perpetrator was taken to hospital by the victim after she found him wandering in a cemetery. He appeared confused and was hallucinating. The perpetrator reportedly had ingested a large quantity of sleeping pills after having an argument with the victim.

While in hospital, the perpetrator appeared to be psychotic and required restraints. In addition to emergency physicians, he was also assessed by two mental health nurses. The first assessment by a nurse noted the perpetrator to be at "moderate risk" for self-harm and at "no risk" for harming others. When the perpetrator was apparently lucid, a second assessment indicated a "low risk" for both self-harm and harm to others. The mental health nurse sought collateral information from people who knew the perpetrator to validate her assessment.

The perpetrator was released one day later into the care of the victim.

Three weeks after being released from hospital, the victim was found deceased in her apartment. The perpetrator was also in the apartment with self-inflicted cutting wounds to the wrists, which he survived. The victim's autopsy indicated cause of death was asphyxiation, with evidence of compression on the neck. Toxicology showed evidence of methamphetamine use.

Following the homicide and upon release from hospital, the perpetrator admitted that he had been "out of it" for several days. He professed to have no recollection of events surrounding the victim's death.

Twelve risk factors and the themes of mental health, substance abuse, risk assessment by medical professionals and probation follow-up, were identified.

Recommendation:

To Ministry of the Attorney General and the Ministry of Community Safety and Correctional Services (Public Safety and Correctional Services Divisions):

1. Conditions of probation should include regular monitoring of the offender's compliance with conditions, specifically reporting requirements and counseling conditions. Supervision would benefit from ongoing collateral contacts to confirm the status of the offender's situation and the credibility of self-reported information. When the offender has failed to meet the terms, progressive enforcement must align with level of risk. When repeated verbal or written cautions fail to bring about change, a fail-to-comply charge should be pursued.

Case DVDRC-2012-11

OCC file number: 2011-5054 and 2011-5053

Deferred to 2013 to allow for review of additional materials.

Case DVDRC-2012-12

OCC file number: 2011-6077

Deferred to 2013 to allow for review of additional materials.

Case DVDRC-2012-13

OCC file numbers: 2011-6977 and 2011-6974

This case involved the homicide of an 85-year-old female by her 83-year-old husband, who subsequently committed suicide; the couple had been married for over 50 years and had two adult children.

The victim was in poor health and was taking multiple medications. She had sustained a stroke about six years prior, leaving her with limited mobility. She also suffered from dementia, macular degeneration, thyroid problems, and high blood pressure.

The perpetrator suffered various health issues including arthritis, headaches and ear problems that had been getting worse. Physician notes and interviews with family indicated that the perpetrator was suffering from depression. The perpetrator reportedly liked to maintain control and was verbally abusive. As the perpetrator got older and suffered progressive hearing loss, his personality reportedly changed.

With the victim's poor health and mobility problems, the perpetrator was her primary caregiver, preparing the meals and administering her medications. He had the help of his daughter, a cleaning person, and a home-care service that came in three times a week. Although the perpetrator found it difficult, he took good care of his wife and resisted the idea of sending her to a nursing home.

Several weeks prior to the homicide-suicide, several people in regular contact with the couple reported that the perpetrator appeared to be discouraged about life.

Two days before the homicide-suicide, the perpetrator was involved in a minor motor vehicle collision. He was reported to be upset because he got a ticket and would have to go for a driving test.

On the day prior to the homicide-suicide, things appeared quite normal with the perpetrator. At about 8:00 p.m., the daughter spoke with her father on the phone and he indicated that 'life was not worth living,' that he felt alone, didn't want to be around, and that 'life is hell.' His daughter suggested taking him to see the doctor regarding his medication, but he declined.

On the day of the homicide-suicide, a new personal support worker arrived at the couple's house for an appointment with the victim, but nobody answered the door. The daughter attempted to contact her parents. When she did not get an answer, she went to their house and found her parents deceased in bed.

There was no definitive cause of death for the victim, although there was evidence to suggest that she had been smothered. It is believed that duct tape was placed over her nose and mouth, and then removed after she stopped breathing. Sedating anti-depressant medications were found on toxicology testing. Her manner of death was classified as homicide.

The cause of death for the perpetrator was smothering by duct

tape. His manner of death was suicide. There were no other signs of trauma on either person.

Two risk factors, and the themes of poor health in an aging couple, depression and perpetrator as caregiver, were identified.

In 2011, the DVDRC had reviewed another case involving the homicide-suicide of an elderly couple. The following recommendations made in that case are also applicable to this one:

1. Health care providers are reminded to inquire about thoughts of homicide, in addition to suicide, when interacting with elderly patients suffering from depression.

   Committee comments: In the article Domestic homicide and homicide-suicide: the older offender, Bourget, Gagné and Whitehurst (2010) found that in the elderly, homicide was frequently followed by suicide by the perpetrator. They also found that several victims had pre-existing medical conditions, indicating that the offenses may have been committed by individuals who were caregivers to their ill spouses. Their research found that, ". . .most of the perpetrators had a mental illness, usually depressive disorder, but few had received psychiatric help. The impact of mental illness on domestic homicide-suicide is indicated, underscoring the importance of identifying existing psychopathology." [2]

2. Health care providers are encouraged to interview couples separately, particularly when mental health issues may be present.

   Committee comments: Like many elderly couples, this couple often attended medical appointments together. In cases where there may be mental health or other issues, and where one spouse may be inhibited from speaking openly in front of the other, it may be beneficial to interview the individuals separately.

Recommendations

To in-home care providers (e.g. Ontario Association of Community Care Access Centres, Ontario Personal Support Worker Association, Canadian Red Cross Seniors' Services) and geriatric health care providers (e.g. College of Family Physicians and Local Health Integration Networks):

1. Individuals and organizations providing health care services and support to aging couples who may be experiencing declining or poor health should receive enhanced education and training about the aging couples' increased risk of intimate partner homicide-suicide, particularly if the male is in a relatively new caregiver role for his female partner or where there has been some other major life event.

To the Ontario Women's Directorate:

2. It is recommended that the Ontario Women's Directorate increase public awareness about the increased risk of intimate partner homicide-suicide among aging couples, particularly if there is declining health and/or the male is now in a caregiver role for his female partner.

[2] See Bourget, D., P. Gagne, & L. Whitehurst. 2010. Domestic homicide and homicide-suicide: The older offender. The Journal of the American Academy of Psychiatry and the Law 38(3): 305-311; Malphurs, J.E. and D. Cohen. 2005. A statewide case-control study of spousal homicide-suicide in older persons. American Journal of Geriatric Psychiatry 13(3): 211-217; Eliason, S. 2009. Murder-suicide: A review of the literature. The Journal of the American Academy of Psychiatry and the Law 37(3): 371-376.

Case DVDRC-2012-14

OCC file number: 2007-11654

The case involved the homicide of a 19-month-old son of the 20-year-old male perpetrator. The child was healthy and well cared for and lived with his parents in a First Nation community in Southern Ontario. The mother of the child was the common-law partner of the perpetrator; she was also seriously injured in the incident that resulted in her son's death. There were no previous reports of domestic violence within the relationship; no reported interventions with social services or child protection.

The perpetrator had grown up with an abusive father who had a criminal history and substance abuse issues. There was a family history of alcoholism and psychiatric problems. He received treatment/therapy from a drug counselor and psychiatrist who subsequently diagnosed him with depression and prescribed anti-depressant medications.

One week prior to the homicide, the perpetrator attempted to wean himself off drugs in an effort to make his partner happy. The perpetrator became increasingly more depressed and began isolating himself from others. On one occasion, the perpetrator was home alone when his partner returned to find him in the bathroom with a loaded handgun, planning to kill himself. His partner talked him into unloading the gun and putting it away. The next day, they contacted friends to come and remove the gun and then both attended marriage counseling.

Three days before the homicide, the perpetrator ingested a mixture of pills including OxyContin, methylphenidate, THC, steroids, and alcohol, but survived the overdose attempt and awoke the next morning. He never told anybody about his attempted suicide.

Reportedly, on the day of the offence, the perpetrator was not thinking of murder or suicide, but rather he felt that his behaviour was a result of accumulated stress, anger and the feeling that he had "screwed up." His partner indicated that she was going to end their relationship.

The perpetrator and his partner continued to fight and argue throughout the day. At one point, the perpetrator approached his partner from behind and began squeezing her neck, wanting to kill her. She passed out and fell to the floor. When she awoke, she tried to reason with him to find out what was wrong. The perpetrator again strangled his partner into unconsciousness and when she awoke, he was standing above her with a knife. After a brief struggle, the perpetrator slit her throat. He then grabbed the child and declared that "we all have to die" and "we are all going to the same place." The partner managed to exit the residence without the child and sought assistance from a neighbour.

When police and emergency medical services (EMS) arrived, they found the partner suffering from a deep cutting injury of her neck. Police attended the residence and found the child victim lying on the floor near the doorway and the perpetrator a short distance away, armed with a knife. When confronted by police, the perpetrator became combative. EMS could not provide medical attention to the child victim until the confrontation was stabilized and it was safe for them to do so.

Both the partner and the child victim were transported to hospital where the child was pronounced dead. Cause of death was asphyxia due to smothering.

Nine risk factors and the theme of substance abuse were identified.

No new recommendations.

Case DVDRC-2012-15

OCC file numbers: 2006-4262 and 2006-4263

This case involved the homicides of a 40-year-old female victim and her eight-year-old son. The 33-year-old male perpetrator and the female victim had been involved in a brief intimate relationship. When the relationship ended, the perpetrator engaged in harassing behaviour that included following the victim, attending her residence and making excessive phone calls. Despite the harassing behaviour, the perpetrator and the victim continued to communicate.

The female victim had a history of two long-term abusive common-law relationships and both of her former partners had been charged criminally for offences against her.

The perpetrator would reportedly alternate between "depression" and "rage" and suffered from depression, anxiety and drug abuse. Due to his aggressive behaviour and difficulties with drugs, his family refused to allow him to reside with them; he was homeless prior to the homicide. In the past, he was admitted to hospital on a number of occasions for suicide attempts and utterances.

The perpetrator also had a history of domestic violence in previous relationships.

On the night of the homicides, the perpetrator forcibly entered the victim's residence and removed her and her son. He took the victims to a remote location where he stabbed them to death. The vehicle was subsequently observed by police and when they attempted to stop the vehicle, the perpetrator fled on foot. He was later located and initially arrested for impaired driving. Upon further investigation, the bodies of the victims were discovered in the trunk of the vehicle.

While in police custody, the perpetrator uttered suicidal threats.

Eleven risk factors and the themes of external stressors and mental health issues were identified.

No new recommendations.

Case DVDRC-2012-16

OCC file numbers: 2010-12292 and 2010-12291

This case involved the homicide of a 36-year-old female by her 36-year-old male common-law partner who subsequently committed suicide; the couple had been in a relationship for 17 years and had two children together.

The victim grew up in an abusive home where she had been exposed to domestic violence between her parents. When she was a child, she was molested by a relative (who was subsequently convicted for the offence) and developed self-esteem and weight issues.

The victim subsequently lost a lot of weight and regained self-confidence. She had wanted to leave the perpetrator for over two years, but was afraid to do so because the perpetrator had threatened suicide. The victim reportedly became involved in an intimate relationship with another man and the perpetrator likely knew about this relationship.

The perpetrator was a hunter and owned at least three guns. One month prior to the incident, the perpetrator had quit drinking and appeared to be spending more time with his children.

The couple saw a psychiatrist for marriage counseling, but their relationship did not improve, so they decided to separate. The psychiatrist, as well as family, medical professionals and co-workers, were aware of the pending separation.

The perpetrator became more depressed and angry at the victim and continued to threaten suicide.

The night before the incident, a friend saw the victim and perpetrator arguing outside the house. The victim was subsequently found deceased in the house; she had been shot by the perpetrator who had committed suicide using his own registered firearm.

Ten risk factors and the themes of safe separation, family intervention and access to firearms were identified.

Recommendations

To the Ontario Women's Directorate:

1. The Ontario government, through Ontario Women's Directorate, should develop Public Service Announcements (PSAs) that profile the high risk represented by actual or pending separation in the context of multiple risk factors, to ensure the general public and professionals are aware of the potential risk of domestic homicide and how to promote safety planning and risk reduction in these circumstances.

   Committee comments: This case represents one of many reviewed by the DVDRC where there was a pending separation in the context of many risk factors for domestic homicide, most of which were known to friends, family, co-workers and professionals (e.g. doctors, therapists, lawyers, etc.) Risk factors included the accessibility of firearms to a depressed/suicidal perpetrator, and pending difficult separation in a volatile relationship.

   The DVDRC recognizes that there are many intimate relationships that end in separations without serious assault or homicide. Public education must focus on the high risks of separation in relationships with multiple risk factors including prior history of domestic violence.

2. It is recommended that the Ontario government, through Ontario Women's Directorate, develop a standardized public opinion survey focusing on general attitudes to domestic violence, as well as knowledge, skills/readiness to intervene, etc., that could be administered every four to five years in order to monitor the effectiveness of educational and public awareness initiatives concerning domestic violence across the province.

   Committee comments: There is considerable literature to confirm the growing public awareness that domestic violence is a serious issue and that the public, professionals and government agencies have demonstrated enhanced sensitivity and responsiveness to this problem.

   However, there is less evidence indicating recognition of risk factors related to domestic homicide and willingness and confidence to intervene and contact appropriate agencies to promote safety planning for victims and to address risk management strategies for perpetrators.

   Public opinion surveys could be designed to monitor changes in professionals' attitude, knowledge and response skills in the health, social service, justice and education sectors. The professional survey would help assess the impact of multiple training initiatives and resources available across the province. The results of both the professional and public surveys can inform future PSAs and professional training.

   The survey could be readily adapted from existing examples, such as those completed by the White Ribbon Campaign (www.whiteribbon.ca).

Case DVDRC-2012-17

OCC file number: 2010-2977and 2010-2978

This case involved the assault of the presumed intended victim, an 18-year-old young woman, and the homicides of her 46-year-old mother (victim 1) and 13-year-old sister (victim 2). The intended victim was the former girlfriend of the 18-year-old male perpetrator.

Victim 1 was employed and married while victim 2 was a student, and the intended victim was a community college student.

The perpetrator alternated between living at home with his mother, father and step-brothers, and living with the intended victim at her family's home. His three older step-brothers were known to have violent criminal histories, and reportedly bullied and abused the perpetrator when he was younger.

The perpetrator had problems with aggressive behaviour and was diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and borderline Oppositional Defiant Disorder (ODD). He received counseling from Children's Mental Health Services but his problems continued. He was an extremely jealous and violent individual and had difficulty controlling his behaviour.

The perpetrator had many encounters with police including incidents where he was either arrested or cautioned, and had several criminal convictions. These incidents included assaults, resisting arrest, mischief, harassment and uttering threats.

The perpetrator admitted to using illegal drugs such as marijuana, oxycodone, cocaine, crack cocaine, as well as extreme abuse of alcohol. The perpetrator had attempted suicide on two previous occasions.

The perpetrator had been in a five-year dating relationship with the 18-year-old intended victim. The perpetrator ended the relationship approximately five weeks prior to the homicides in order to pursue another woman, but soon changed his mind and had reportedly been begging the intended victim to reconcile with him, but she was not interested.

On an evening in March, 2010, the perpetrator had been drinking with his brother and some friends. He attempted to contact the intended victim repeatedly on her cell phone, but she did not answer. When he eventually got through to her, he told her that he needed to see her. She refused and advised him not to attend her residence or she would call the police.

The perpetrator asked his father to drive him to the victims' residence. The intended victim, her mother (victim 1), her younger sister (victim 2) and a friend of the younger sister were in the residence when he arrived. The husband/father of the victims was at work that evening.

The perpetrator was advised by the intended victim and her mother that he was not welcome at the residence. Due to his apparent agitated state, they allowed him to stay until the morning, at which time victim 1 indicated that she was going to drive him home.

The intended victim and victim 1 went back to bed and instructed the perpetrator to sleep in the basement. He was extremely emotional and upset about his recent break–up with the intended victim and began wandering about the residence, waking the intended victim and her mother.

It was decided that victim 1 would drive the perpetrator back home immediately. During the drive, the perpetrator apparently exited the vehicle and began to walk. Victim 1 returned to her residence.

The perpetrator then returned to the victims' residence on foot. He encountered victim 1 and sexually assaulted and beat her. He later explained that the sexual encounter with victim 1 was consensual and that he became angry and beat her after she explained that her daughter would not be reconciling with him.

Victim 1 woke up the intended victim and told her what had happened. The intended victim was in the process of calling 911 when the perpetrator entered the kitchen carrying a 12 gauge shotgun belonging to victim 1's husband. The gun had been retrieved from an unlocked area in the garage. The perpetrator had knowledge of the gun as he had hunted with victim 1's husband in the past.

The perpetrator shot the intended victim in the face and neck. She fell to the ground, but was not fatally injured. Victim 2 awoke and went to the kitchen where she too was shot in the face. Victim 1 entered the kitchen area during the shooting and then attempted to retreat towards the basement but was shot in the

back as she ran down the stairs. Victim 2's friend who had been sleeping over that night, heard the gunshots and was hiding upstairs in a closet. She was not harmed and used a cell phone to call her mother, who then called police.

Police arrived at the residence and found the victims deceased, and the intended victim critically injured.

The perpetrator had fled the scene and was eventually apprehended.

Twenty-four risk factors and the themes of safe separation, mental health and access to firearms were identified.

No new recommendations were made.

Case DVDRC-2012-18

OCC file number: 2004-9598

This case involved the homicide of a 48-year-old female by her 47-year-old husband; the couple had been married for approximately 25 years and had two children.

Several of the victim's co-workers and friends were aware that the victim was considering leaving the perpetrator and that she had been assaulted by him in the past. The victim reportedly had commented that she feared for her safety but could not leave the relationship because of financial constraints. Friends knew that the perpetrator was controlling, verbally abusive and demeaning and that he drank excessively. Several friends assisted the victim by providing a safety planning booklet and offers to store belongings and provide shelter if necessary.

The couple had been having financial problems and several neighbours reported hearing verbal disputes between them.

Approximately three months prior to the homicide, the victim met a female friend via the Internet. Initially, the women talked about the difficulties in their respective marriages. The friend began spending most nights with the victim and perpetrator, and had an intimate relationship with both. The friend witnessed the perpetrator physically assault the victim when he was drunk. The friend was concerned for the victim's safety, and she was aware that the victim was afraid and wanted to leave the perpetrator.

On the day of the homicide, the victim told the perpetrator that she was leaving him. The couple then told their son about the pending separation and he was told to go to a friend's house to play. The perpetrator also wanted the victim's friend to leave, however the victim requested her to stay. The friend went outside briefly while the victim went to her bedroom. Shortly after, the friend heard the victim scream. When she went into the house, she witnessed the perpetrator brandishing a knife and standing over the victim, who was screaming. The friend tried to intervene and the perpetrator stabbed her as well.

The victim succumbed to sharp force injuries and the injured friend survived.

Five risk factors and the themes of safe separation, substance abuse, intervention by family/friends and financial stressors, were identified.

No new recommendations.

Case DVDRC-2012-19

OCC file numbers: 2011-9191 and 2011-9190

This case involved the homicide of a 47-year-old female by her 50-year-old ex-husband whom she recently had divorced. The perpetrator had known psychiatric issues; however there was no significant assessment of the risk he posed to his former spouse and/or children. Cultural stresses were identified as a significant factor in the relationship between the perpetrator and his wife and children. In addition, the perpetrator had prior involvement with the criminal justice system, and had been released on bail subject to certain conditions.

The couple's older daughter (aged 16) was born in Iran and the younger daughter (aged 10) was born in Canada. The perpetrator did not get along with the older daughter and fought with her often, blaming her for the breakdown of his marriage with the victim. He was very unhappy with the older daughter's lack of adherence to his traditional cultural values, and her insistence on more freedom to follow western societal practices.

On August 1, 2011, the victim went to the couple's former family home to advise the perpetrator that he had to vacate the premises where he was now living. He had previously agreed to move out of the residence by this date, but had not yet done so.

When the oldest daughter learned where her mother had gone, she tried unsuccessfully to contact her by cell phone. The daughter went to the house and looked through a window, at which time she observed a bloody knife and blood on the kitchen floor. She heard her father call her name, so she called 911.

Upon entering the house, the police found the victim lying unresponsive on the kitchen floor with multiple stab wounds to her body. Police could not initially determine whether the victim was still alive or not, but determined that she was in need of urgent medical attention. The perpetrator was lying beside the victim, stabbing himself in the stomach and swinging the knife threateningly at police officers as they attempted to approach him.

The perpetrator could not be disarmed and was subsequently shot and killed by police. At autopsy, he was found to have multiple self-inflicted knife wounds to his stomach, neck and wrists, in addition to the gunshot wound.

The victim did not respond to any resuscitative measures and died from multiple stab wounds.

Seventeen risk factors for intimate partner homicide were identified, as were themes of risk assessment, mental illness, cultural differences/stresses, safe separation and public/family intervention.

Recommendations

To the Children's Aid Society involved in the case:

1. The Children's Aid Society (CAS) involved with this family should conduct an internal review to examine its assessment of risk and provision of services for this family prior to the homicide.

   Committee comments: Within the 12 months prior to the deaths, the CAS had responded to two previous referrals involving concerns about the father's violence, mental instability and domestic violence. An internal review could provide the Society with an opportunity to retrospectively review the approach and services provided to this family to identify any potential points of intervention; to review approaches to enhanced safety planning, both for caregivers and their children; and to consider recommendations to prevent similar domestic violence-related deaths in the future.

To the Ministry of Child and Youth Services:

2. All Children's Aid Societies should be strongly encouraged to conduct an internal review whenever a domestic violence death occurs in a family that had received services of the Society within the preceding 12 months of the death, and where domestic violence issues had been identified.

   Committee comments: An internal review could provide the Societies with an opportunity to examine any potential points of intervention, including safety planning for caregivers and children at risk of harm, during the service period. This could inform a "lessons-learned" approach to future death prevention through enhanced training, policies and procedures. The DVDRC is not aware of any such reviews having been undertaken in the past, and believes that they could be very informative.

The Ministry of Children and Youth Services contends that in situations where it is alleged or verified that there is a serious and immediate threat to a child's safety because an adult, parent, or caregiver has been killed or seriously injured as a result of domestic violence, Children's Aid Societies are required to conduct a child protection investigation in accordance with Ontario Child Protection Standards (OCPS), 2007. Based on the outcome of the child protection investigation, CASs determine if further protective measures or services are needed for the children, and if an internal case review is required. It would appear that the emphasis from the OCPS is on current/future risk and needs for the involved families, rather than on also taking the opportunity to learn from past experience to inform future practice.

In this specific case, and in others reviewed by the DVDRC, the Children's Aid Society had provided service to the family in the 12 months preceding the death due to reports related specifically to domestic violence.

To the Ministry of the Attorney General:

3. It is recommended that there be a province-wide review of the treatment at bail hearings of cases deemed to be at high-risk for further domestic violence. In particular, Justices of the Peace should receive enhanced training around risk assessment and risk management as they relate to domestic violence, especially when these cases involve accused persons who have demonstrated mental instability, suicidal ideation, and a history of family violence, including threats to kill.

4. It is recommended that the protocol for identifying appropriate forensic psychiatrists who conduct court-ordered mental health assessments be reviewed, particularly for accused persons demonstrating a history of mental instability, suicide attempts, and threats to commit suicide or to kill others. In addition, the process by which such mental health assessments occur should also be reviewed to determine if such assessments include collateral information so that more than just the perpetrator's accounts and self-reporting are considered. Collateral information sources should include, at minimum, the victim's accounts of violent and abusive behaviour by the accused, given that significant research has shown that abusers often minimize or deny their violence.

   Committee comments: The perpetrator had a demonstrated history of mental instability, suicidal ideation, and family violence, including threats to kill his family. These facts were known at the bail hearing and his file indicated this was potentially a high-risk case. The perpetrator was released on bail with conditions, including a court-ordered mental health assessment. The assessment concluded that the perpetrator suffered from "marital conflict" and "adjustment difficulty", but that he had no major psychiatric disorder or anger management problem and posed no harm to himself or his family. This assessment was based solely on the accused person's self-reported information, with no evidence that collateral sources were sought out to substantiate the truthfulness of what he was saying.

To the Deans of Faculties of Medicine and the Chairs of Departments of Psychiatry of Universities in Ontario:

5. It is recommended that all medical schools and their departments of psychiatry in Ontario, ensure that domestic violence, as well as risk assessment, safety planning, and risk management, are a mandated part of their training programs and certification processes.

   Committee comment: An ongoing theme of many cases reviewed by the DVDRC is an apparent lack of understanding of the dynamics and implications of the various risk factors associated with intimate partner violence. A review of current curricula with consideration of enhancing training and education in the areas identified in this recommendation would provide for a more informed profession and enhanced assessment services for the courts and criminal justice system.

Case DVDRC-2012-20

OCC file number: 2008-10360

This case involved the homicide of a 23-year-old female victim that was initially staged to appear to be suicide. The perpetrator was her 22-year-old husband who she had been married to for just over a year. The couple had a child that was born 11 days prior to the homicide.

The victim and perpetrator first met in Bangladesh through a professional matchmaker and were married approximately one month later. The perpetrator returned to Canada and the victim arrived a few months later. The couple lived with the perpetrator's family.

Approximately two months after arriving in Canada, the victim became pregnant with her first child.

The perpetrator alleged that the victim, when she was approximately five months pregnant, attempted suicide by using material from her cultural dress to hang herself from a curtain rod in the bathroom.

A few months later, the perpetrator was charged with assault and mischief following an incident involving one of his sisters and his wife. The perpetrator had returned home from a party where he had been drinking. The sister reported that the perpetrator was extremely irate, jealous and paranoid because he believed his wife to be unfaithful as she was not at home.

After charges were laid by police, the perpetrator's family began pressuring the victim to withdraw the charges by downplaying the severity of the event. Family members began to monitor the victim's activities, including her telephone conversations, and report these back to the perpetrator. The perpetrator spoke poorly of the victim to others and became very controlling over her and all of her activities, including any attempts she made to communicate with others.

Although the perpetrator was given conditions to stay away from the matrimonial home and not have contact with the victim, he continued to be in contact with her and with his family with whom she was still living.

Assaults on the victim by the perpetrator, were likely more frequent and severe than originally reported. This included forcing the victim to have sex and choking and kicking her in the stomach while she was pregnant. The perpetrator often accused her of having an affair and on one occasion, threatened her with a knife. It is believed that the perpetrator was worried that the victim was going to leave him.

It was also believed that the perpetrator may have been suffering from mental health issues for which he refused to seek treatment. There were two police occurrences involving the perpetrator: one was an "Emotionally Disturbed Person" incident where the perpetrator alleged that somebody was trying to kill him (no further action by police), and the other was a "Person of Interest" incident when the perpetrator claimed his brother-in-law came to his house with a gun (no further action by police).

In August, 2008 the victim gave birth to a healthy baby boy. The perpetrator did not attend the birth and according to some family members, never saw the victim again.

Because of her limited English language skills, the victim had no outside supports except for some family. She reportedly had contact with her family/friends on a regular basis and more than one family member indicated that she was very happy being a mother, but unhappy living with the perpetrator's family. It was speculated that the victim wanted to leave the perpetrator and move to Montreal or return to Bangladesh. A number of people reported that the victim would never take her own life.

Early one morning in late August 2008, the perpetrator's mother found the victim in the bathtub with a scarf tied around her neck and alerted other family members to call 911. Resuscitation was attempted but was unsuccessful.

The perpetrator's family advised authorities that the victim had attempted suicide in the past using the same method. Initially, the death was thought to be a possible suicide, but information provided by the family appeared to be untruthful. Upon further investigation, the circumstances of the death became more suspicious.

A post mortem examination determined that the cause of death was ligature neck compression. Manner of death was concluded to be homicide.

The perpetrator was charged and convicted of homicide.

Fifteen risk factors were identified, along with issues of cultural isolation, need for safe separation and appropriate intervention strategies.

Recommendations

To Police Services in Ontario:

1. It is recommended that all Police Services implement a directive to activate Victim Services/VCARS as a point of entry for victims at the time of the offence, regardless of whether it is a Domestic Violence verbal incident or whether criminal charges are laid. This would enable the victim to have access to critical support mechanisms that are culturally appropriate.

Committee Comment: The victim in this case, although educated and intelligent, was isolated by both language and cultural issues. At the time of the assault in June 2008, it appears that she was not provided with any resources external to her immediate family that may have benefitted her situation. Victim Services/ VCARS are in a position to offer supports that attending officers may not be aware of.

Case DVDRC-2012-21

OCC file number: 2006-4000

This case involved the homicide of a 54-year-old male by his 49-year-old wife; the couple had been married for approximately 12 years and had a nine-year-old son.

Due to an accident, the victim was on permanent disability. The family lived off the money earned by the perpetrator, although the victim controlled the finances. Several friends and family members described the victim as belligerent and loud, especially when drinking. Although he did not have a criminal record, there were two recorded incidents where he threatened individuals with an axe and a gun. He was a heavy drinker and smoker, and used marijuana.

The perpetrator grew up in a poor family in Malaysia and left school to work as a labourer in a factory for several years. She had no history of drug or alcohol use, and no criminal record.

When the perpetrator was in her 30's and living in Malaysia, she began corresponding with the victim in response to an advertisement he had placed in a newspaper. She came to Canada several times to visit the victim and eventually the victim sponsored her for immigration purposes and married her in 1994.

After the perpetrator gave birth to her son in 1996, she experienced symptoms of post partum depression, then subsequently developed depression due to marital and workplace stressors. She eventually quit the job that she had once enjoyed and worked at several labourer jobs that she did not like.

Her depression culminated in a suicide attempt in March 2005. She was involuntarily detained under the Mental Health Act and spent three weeks in a psychiatric hospital.
The perpetrator reportedly felt she was an inadequate mother and a "bad person." She was not seen as a threat to others. She decided that she wanted to leave her husband and move back to Malaysia to live with her family, but she was torn about leaving her son. Her husband had told her that she would never get custody of the boy. Although she left him on several occasions,

she ultimately returned, indicating that she missed her husband and her son. Her family was not supportive of her divorcing her husband.

The perpetrator suffered from depression, insomnia and severe menopausal symptoms. She could not afford the medication prescribed for her illnesses and had very few social supports.

The perpetrator described the victim as being psychologically abusive towards her and conveyed that her son treated her like a servant.

The perpetrator told her friends and doctors that the relationship with her husband had been emotionally abusive since the beginning. She was adamant however that he was never physically abusive to her or her son. She complained that he was critical and intimidating and controlled the couple's finances. She stayed with him because she believed he was a good father, her cultural values did not support divorce, and she was convinced that she could not adequately take care of her son on her own. Her husband had warned the perpetrator that she would not get custody of the child if she left.

On the night of the homicide, the victim had been drinking heavily. The victim had passed out on the couch and when the perpetrator tried to help him to the bathroom and to bed, he shoved her aside. Knowing that the victim would have a temper tantrum when he woke up, and tired of her life and circumstances, the perpetrator put a pillow over the victim's face while he slept. She then stabbed him three times in the chest with a kitchen knife. The perpetrator ran next door and told a neighbour that she had stabbed her husband because she could no longer stand her life.

Four risk factors, and the themes of financial stressors, vulnerability of immigrants and psychologically abusive partners, were identified.

No new recommendations.

Case DVDRC-2012-22

OCC file numbers: 2008-7163 and 2008-5717

This case involved the homicides of a 44-year-old female and a 46-year-old male who were involved in a relationship. The 45-year-old perpetrator had recently separated from the female victim.

The female victim had been involved in a motor vehicle collision that left her disabled due to chronic pain. She was on medications, including narcotics for her chronic pain.

The male victim had recently started an intimate relationship with the female victim. The perpetrator exhibited resentment and hate towards the male victim as he viewed him as the cause of his failed marriage and the reason why his wife had initiated the separation.

The perpetrator was known to use cocaine and had a criminal record for impaired driving, possession of marijuana and obstructing justice. He was described as controlling and constantly belittling of his wife. He reportedly raped and had rough sex with her and felt it was his right to do so. There were several reports of verbal, mental and physical abuse including pushing the victim down stairs, dragging her by the hair and giving her a black eye and leaving marks on her arms. He had threatened to cut off her head. The perpetrator reportedly had many extramarital encounters and had a girlfriend.

During the eight months preceding the homicides, the marriage had become quite unstable and there were intermittent separations. The police had responded to domestic calls involving the couple. The police advised the perpetrator to "play fair" and to get legal advice about the division of property. No further action was taken.

The victim sought a divorce and demanded custody of their 16-year-old daughter, along with spousal and child support, financial assets and the matrimonial home.

The perpetrator was extremely upset with the victim's refusal to consider his request for reconciliation three weeks prior to the homicides. He was also under additional stress following his father's suicide. At that time, the perpetrator's father also attempted to kill the perpetrator's mother. The perpetrator had

reportedly warned the victim that he would consider taking the same course of action as his father, with the implied threat being that of homicide-suicide.

Many people, including family, friends and professionals were aware of the abusive relationship between the victim and the perpetrator. The victim was advised to prepare a safety plan and she openly and publicly shared her fear with members of the community. She told people that she feared that her husband would kill her and that the threats and fears were escalating. Many people knew that the perpetrator had access to firearms and that his alcohol and cocaine use had escalated.

In May 2008, the victims were at a remote cottage owned by the victim's family. Knowing that the victims would be at the cottage, the perpetrator went there and shot them while they were in bed.

Twenty-one risk factors and the following themes were identified: safe separation, access to firearms, public/family intervention and health concerns.

No new recommendations.

Chapter Four: Learning from 10 Years of DVDRC Reviews

This report marks the tenth year that the DVDRC has produced an annual report. Much has been learned through the review of 164 cases (90 homicides and 74 homicide-suicides) that resulted in 251 tragic deaths involving intimate partner violence. Trends relating to risk factors and the nature or theme of recommendations have emerged over the past ten years.

Risk Factors

It is important to note that risk factors identified in case reviews are risk factors for lethality and are not limited to being predictive for recurrent domestic violence of a non-lethal nature. The trends in risk factors identified from case reviews conducted from 2003-2012 were demonstrated in Graph Three (p. 10) and Chart Four (p 12). In 73% of all cases reviewed over the past ten years, the couple had a history of domestic violence. In 72% of the cases, there was an actual or pending separation. The other most common risk factors were obsessive behaviour by the perpetrator, a perpetrator who was depressed (diagnosis by a physician and/or observed by others), an escalation in violence, prior threats or attempts to commit suicide, prior threats to kill the victim, a victim who had an intuitive sense of fear of the perpetrator and a perpetrator who was unemployed.

What is the importance of multiple risk factors?

In 75% of the cases reviewed from 2003-2012, seven or more risk factors were identified in the relationship between the victim(s) and the perpetrator.

The recognition of multiple risk factors within a relationship may be interpreted as "red flags" that require proper interpretation and response. Recognition of multiple risk factors potentially allows for enhanced assessment of the risk for lethality to determine if intervention by the criminal justice sector and societal partners (e.g. social service and community agencies), including safety planning and high-risk case management, may be necessary in order to prevent future violence and possibly death.

What is the significance of the trends in risk factors?

Risk factors that frequently recur in our case reviews may demonstrate consistent gaps in a number of areas, including awareness, education and training. Not uncommonly, family, friends and co-workers have been aware of "troubled" relationships, but did not seem to know how to react in a constructive way to prevent further harm. Similarly, police, social service and other support agencies frequently have opportunities to intervene at an early stage, but those opportunities are often missed. Legal advisors, family and criminal courts also miss opportunities for proactive interventions that would bring safety for potential victims, and much needed counselling and supports for perpetrators of domestic violence.

Nature of Recommendations

Policing

In the early years of the DVDRC, many of the recommendations addressed issues pertaining to police response to incidents of domestic violence. In response to these recommendations, the policing community has taken significant steps towards educating officers on the dynamics of domestic violence and implementing firm policies and procedures towards intervention in cases of volatile domestic relationships. The establishment of high-risk and/or multi-disciplinary teams acknowledges the emphasis on a collaborative response to the issue of domestic violence within and between communities, professionals and sectors. Although some very significant gains have been made in training and response by many police services, there is still a need for expansion of these types of approaches in some jurisdictions.

Healthcare system and criminal justice sector (CJS)

While recommendations continue to be made towards improved risk assessment by healthcare and judicial professionals, the

emphasis is now towards improving education for professionals at the certification and/or continuing education phase of their careers. The spectrum of healthcare and CJS and judicial professionals has expanded to include not only doctors, nurses and the judiciary, but also therapists, personal support workers (PSWs), counsellors, family lawyers and Justices of the Peace.

Victim services and shelters

The provision of victim services, including shelters and other resources, has been significantly enhanced over the past 10 years. This includes better integration, cooperation and liaison with the law enforcement and judicial communities. Again, the collaborative approach to addressing issues of domestic violence has gradually resulted in the DVDRC identifying fewer issues in these areas, and thus fewer recommendations addressed to victim services and shelters.

Public Policy

As a result of recommendations generated by the DVDRC and coroners' inquests, there has been a significant change in public policy, particularly as it relates to the intersection of domestic violence with workplace violence. Progress has been achieved in acknowledging the impact that domestic violence has within the broader community, and in particular, the workplace.

In 2010, Bill 168, (an Act to amend the Occupational Health and Safety Act with respect to violence and harassment in the workplace and other matters) made specific reference to addressing the issue of domestic violence that may overlap into work environments. Bill 168 states that, "if an employer becomes aware, or ought reasonably to be aware, that domestic violence that would likely expose a worker to physical injury may occur in the workplace, the employer shall take every precaution reasonable in the circumstances for the protection of the worker."

The Ministry of Labour subsequently produced a new compliance guideline to assist employers in understanding the legislative changes resulting from Bill 168. Resources were also developed by the Occupational Health and Safety Council of Ontario (OHSCO) entitled Developing Workplace Violence and Harassment Policies and Programs: What Employers Need to Know and A Toolbox. Various other health and safety organizations produced training and public information resources about workplace violence and workplace harassment.

Public education and targeted communities

Throughout the 10 years of the DVDRC reviews, recommendations continue to be generated towards the need for better public information and education on the dynamics of domestic violence. There is an expectation that increased awareness will lead to decreased public tolerance of domestic violence, more appropriate and timely interventions, and ultimately a decreased incidence of intimate partner violence. While there are several comprehensive and innovative public education initiatives aimed at preventing domestic violence, in many of the cases reviewed by the DVDRC, people outside of the intimate relationship (e.g. family, friends, neighbours and co-workers) either did not/could not intervene, or did so unsuccessfully. Many members of the general public still appear to be reticent or unsure about intervening when domestic violence is identified or suspected, or may regard it as "not my problem."

Case reviews have also identified that some specific, or targeted communities, may require additional attention in order to emphasize and bring attention to addressing issues of intimate partner violence within their unique environments or situations. This would include the geriatric population, including elderly couples (particularly where there is a care-giver/care-recipient relationship and the presence of depression), as well as some ethnic/religious communities where traditional cultural values have entrenched gender inequality within their relationships. Although significant work has already been done to address domestic violence within these particular communities, DVDRC reviews continue to identify inconsistencies in resources, services and responses that are community-focused.

Child victims

In several cases reviewed over the past decade, the dangers to adult victims were recognized, but the danger to children was not. In many child homicides, the children had not been abused in the past, but were killed by a parent motivated by revenge, usually against the mother, for leaving an abusive relationship.

Based, in large part, on recommendations from the DVDRC and inquests, the Child Welfare System in Ontario has recognized that woman-abuse and child protection are linked and that in order to provide safety for women and children who have experienced and/or been exposed to violence, enhanced assessment, intervention, and collaborative strategies are necessary. Over the past 10 years, improvements have been made to policy, programs and training to assist in understanding, investigating, assessing and servicing families where domestic violence is a problem. Collaboration agreements have been developed with the violence against women (VAW) sector and a joint training curriculum has been developed and is being delivered across the province on a regular basis. All referrals to Children's Aid Societies are screened for domestic violence, some agencies have domestic violence designated workers or teams and many agencies participate in community high-risk domestic violence teams. In addition, there is an ongoing urgency to recognize high-risk cases going before the family and criminal courts, so that professionals can engage in a coordinated effort to ensure that the safety plan for a parent in these circumstances extends to the children as well.

DVDRC: Looking forward – the next 10 years

As the DVDRC continues to collect, analyze and interpret data from reviews of homicides involving domestic violence, our understanding of the issue will be further strengthened through both qualitative and quantitative validation of trends and themes. This, combined with the opportunity for further academic research based on DVDRC findings, will help contribute to a broader and more comprehensive knowledge and awareness that will encourage and promote additional measures aimed towards the prevention of domestic violence within our province.

We have only just begun to tackle the many societal, legal and cultural implications of domestic violence in Ontario. The DVDRC will continue to work towards reducing domestic homicides and domestic violence in general, through the detailed and thorough review of cases and the collection, analysis and interpretation of data collected. The first 10 years of the DVDRC has demonstrated that positive change is possible and that with a collaborative and multi-disciplinary effort we can continue to learn from the past in order to make Ontario a healthier and safer place in the future.

Appendix A: Domestic Violence Death Review Committee Terms of Reference

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/her 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(s) 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:

    - referral to appropriate agencies for action;
    - where appropriate, assist in the development of protocols with a view to prevention;
    - 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: Ontario Domestic Violence Death Review Committee Risk Factor Coding Form

A= Evidence suggests that the risk factor was absent P= Evidence suggests that the risk factor was present Unk = Unknown

Risk Factor	Code (A,P, Unk)
1. History of violence outside of the family by perpetrator	
2. History of domestic violence	
3. Prior threats to kill victim	
4. Prior threats with a weapon	
5. Prior assault with a weapon	
6. Prior threats to commit suicide by perpetrator	
7. Prior suicide attempts by perpetrator* (if check #6 and/or #7 only count as one factor)	
8. Prior attempts to isolate the victim	
9. Controlled most or all of victim's daily activities	
10. Prior hostage-taking and/or forcible confinement	
11. Prior forced sexual acts and/or assaults during sex	
12. Child custody or access disputes	
13. Prior destruction or deprivation of victim's property	
14. Prior violence against family pets	
15. Prior assault on victim while pregnant	
16. Choked/Strangled victim in the past	
17. Perpetrator was abused and/or witnessed domestic violence as a child	
18. Escalation of violence	
19. Obsessive behaviour displayed by perpetrator	
20. Perpetrator unemployed	
21. Victim and perpetrator living common-law	
22. Presence of stepchildren in the home	
23. Extreme minimization and/or denial of spousal assault history	

Risk Factor	Code (A,P, Unk)
24. Actual or pending separation	
25. Excessive alcohol and/or drug use by perpetrator	
26. Depression – in the opinion of family/friend/acquaintance - perpetrator	
27. Depression – professionally diagnosed – perpetrator (If check #26 and/or #27 only count as one factor)	
28. Other mental health or psychiatric problems – perpetrator	
29. Access to or possession of any firearms	
30. New partner in victim's life	
31. Failure to comply with authority – perpetrator	
32. Perpetrator exposed to/witnessed suicidal behaviour in family of origin	
33. After risk assessment, perpetrator had access to victim	
34. Youth of couple	
35. Sexual jealousy – perpetrator	
36. Misogynistic attitudes – perpetrator	
37. Age disparity of couple	
38. Victim's intuitive sense of fear of perpetrator	
39. Perpetrator threatened and/or harmed children	
Other factors that increased risk in this case? Specify:	

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; counselors; 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; bipolar 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 women 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 – 2012 Case Reviews

Year/Case #	Recommendation
2012-01	No new recommendations
2012-02	No new recommendations
2012-03	No new recommendations
2012-04	No new recommendations
2012-05	No new recommendations
2012-06	1. As in cases involving male offenders, parole and probation cases involving women perpetrators of crime should apply a supervision strategy that includes: • identification of the level risk to others posed by women with a history of antisocial behaviour; • identification of the factors associated with their risk to others, and • offender participation in interventions and management strategies that address these risk factors. Factors related to the offender's self-esteem and victimization should be a focus of intervention only in so far as they are formulated as clear contributors to criminal behaviour. 2. Program interventions or case supervision strategies for women offenders should be designed relying on recent research findings regarding evidenced-based practice from the effective corrections' literature. The following principles should be the framework for these planned intervention strategies/programs: • **Risk** (requiring that interventions target the higher risk offenders for more intensive service); • **Need** (interventions should target those dynamic (i.e., changeable) factors empirically associated with the individual's criminality); and • **Responsivity** (interventions should target the factors using established cognitive behavioural techniques pitched to the cognitive level of the offender). Factors related to offender's self-esteem and personal victimization should be a focus of intervention only in so far as they are formulated as clear contributors to criminal behaviour. Interventions for substance abuse should link the abuse of substances to the individual offender's pattern of criminal and violent behaviour.
2012-07	No new recommendations

Year/Case #	Recommendation
2012-08	1. Police Services, Victim Services, Community Care Access Centres and health care providers to the elderly are reminded of the following resources that provide valuable information pertaining to the identification and response to elder abuse in Ontario: • Neighbours, Friends and Families for Older Adults - "It's Not Right!" Campaign www.neighboursfriendsandfamilies.ca • Ontario Seniors' Secretariat - www.seniors.gov.on.ca/en/elderabuse • Ontario Network for the Prevention of Elder Abuse - www.onpea.org 2. Victim Services workers are reminded that they should immediately contact police when they become aware that conditions of an order have been breached; consideration should also be given to establishing and/or revising safety planning and/or risk management measures. 3. Police Services are reminded that conditions of release should clearly emphasize the non-discretionary nature of no-contact orders and that victims may need to be reminded/advised that the orders also apply to them not contacting the perpetrator (or alleged perpetrator). 4. When dealing with possible victims of domestic violence, health care providers are reminded of the need for a formalized risk assessment to guide interventions and prioritize safety planning.
2012-09	1. Personal Support Workers should receive specialized training in the dynamics of domestic violence and working with vulnerable victims. This training should include recognizing the signs and symptoms and how to effectively respond in the event they suspect the client is being abused. It is important that the training focuses on all aspects of domestic violence, including the psychological/emotional/verbal abuse that many victims experience.
2012-10	1. Conditions of probation should include regular monitoring of the offender's compliance with conditions, specifically reporting requirements and counseling conditions. Supervision would benefit from ongoing collateral contacts to confirm the status of the offender's situation and the credibility of self-reported information. When the offender has failed to meet the terms, progressive enforcement must align with level of risk. When repeated verbal or written cautions fail to bring about change, a fail-to-comply charge should be pursued.
2012-11	Deferred to 2013
2012-12	Deferred to 2013

Year/Case #	Recommendation
2012-13	1. Individuals and organizations providing health care services and support to aging couples with declining or poor heath should receive enhanced education and training about their increased risk of intimate partner homicide-suicide, particularly if the male is in the caretaker role for his female partner or there has been some other major life event.[3] 2. It is recommended that the Ontario Women's Directorate increase public awareness about the increased risk of intimate partner homicide-suicide among aging couples, particularly if there is declining health and/or the male is in the caretaker role for his female partner.
2012-14	No recommendations
2012-15	No recommendations
2012-16	1. The Ontario government, through Ontario Women's Directorate, should develop Public Service Announcements (PSAs) that profile the high risk represented by actual or pending separation in the context of multiple risk factors, to ensure the general public and professionals are aware of the potential risk of domestic homicide and how to promote safety planning and risk reduction in these circumstances. 2. It is recommended that the Ontario government, through Ontario Women's Directorate, develop a standardized public opinion survey focusing on general attitudes to domestic violence, as well as knowledge, skills/readiness to intervene, etc., that could be administered every 4-5 years in order to monitor the effectiveness of educational and public awareness initiatives concerning domestic violence across the province.
2012-17	No new recommendations
2012-18	No new recommendations

[3] See Bourget, D., P. Gagne, & L. Whitehurst. 2010. Domestic homicide and homicide-suicide: The older offender. The Journal of the American Academy of Psychiatry and the Law 38(3): 305-311; Malphurs, J.E. and D. Cohen. 2005. A statewide case-control study of spousal homicide-suicide in older persons. American Journal of Geriatric Psychiatry 13(3): 211-217; Eliason, S. 2009. Murder-suicide: A review of the literature. The Journal of the American Academy of Psychiatry and the Law 37(3): 371-376.

Year/Case #	Recommendation
2012-19	1. The Children's Aid Society (CAS) involved with this family should conduct an internal review to examine its assessment of risk and provision of services for this family prior to the homicide. 2. All Children's Aid Societies should be strongly encouraged to conduct an internal review whenever a domestic violence death occurs in a family that had received services of the Society within the preceding 12 months of the death, and where domestic violence issues had been identified. 3. It is recommended that there be a province-wide review of the treatment at bail hearings of cases deemed to be at high-risk for further domestic violence. In particular, Justices of the Peace should receive enhanced training around risk assessment and risk management as they relate to domestic violence, especially when these cases involve accused persons who have demonstrated mental instability, suicidal ideation, and a history of family violence, including threats to kill. 4. It is recommended that the protocol for identifying appropriate forensic psychiatrists who conduct court-ordered mental health assessments be reviewed, particularly for accused persons demonstrating a history of mental instability, suicide attempts, and threats to commit suicide or to kill others. In addition, the process by which such mental health assessments occur should also be reviewed to determine if such assessments include collateral information so that more than just the perpetrator's accounts and self-reporting are considered. Collateral information sources should include, at minimum, the victim's accounts of violent and abusive behaviour by the accused, given that significant research has shown that abusers often minimize or deny their violence. 5. It is recommended that all medical schools and their departments of psychiatry in Ontario, ensure that domestic violence, as well as risk assessment, safety planning, and risk management, are a mandated part of their training programs and certification processes.
2012-20	1. It is recommended that all Police Services implement a directive to activate Victim Services/VCARS as a point of entry for victims at the time of the offence, regardless of whether it is a Domestic Violence verbal incident or whether criminal charges are laid. This would enable the victim to have access to critical support mechanisms that are culturally appropriate.
2012-21	No new recommendations
2012-22	No new recommendations

Questions and comments regarding this report may be directed to:

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