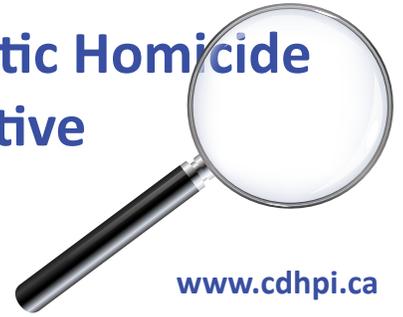




**Canadian Domestic Homicide  
Prevention Initiative  
with Vulnerable  
Populations**



# **CDHPIVP Mid-term Partnership Meeting Report**

October 17, 2017

London, ON

The research was supported by the Social Sciences and Humanities Research Council of Canada.



Social Sciences and Humanities  
Research Council of Canada

Conseil de recherches en  
sciences humaines du Canada

**Canada**

## Acknowledgements:

The authors wish to thank Corinne Qureshi and Kristina Giacobbe for preparing the data for analysis for this report, and the CDHPVP research assistants and students who were note-takers for the meeting. Thank you to all who attended the meeting for their input and contributions: co-investigators, students, research assistants, collaborators and partner organization representatives. We are grateful for the guidance of Myrna Kicknosway, Visiting Elder, Western University.

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# Introduction

The Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPIVP) is a five-year Partnership grant (2015-2020) funded by the Social Sciences Humanities Research Council (SSHRC). The project is examining risk assessment, risk management and safety planning practices for four populations:

- Children exposed to domestic violence
- Indigenous
- Immigrant and Refugee
- Rural, Remote and Northern (RRN).

An initial meeting of the partnership was held in October 2015 to introduce the project, clarify the governance model, identify research to be undertaken and seek input from partners and collaborators.

A subsequent meeting of the CDHPIVP was held in London, ON, October 17, 2017 prior to the Canadian Domestic Homicide Prevention conference. This meeting provided an update to CDHPIVP members on work completed to date, sought input on effectiveness of the partnership and research activities. This report provides an overview of the Partnership meeting presentations, discussion and mid-term partnership evaluation.

## Project Updates

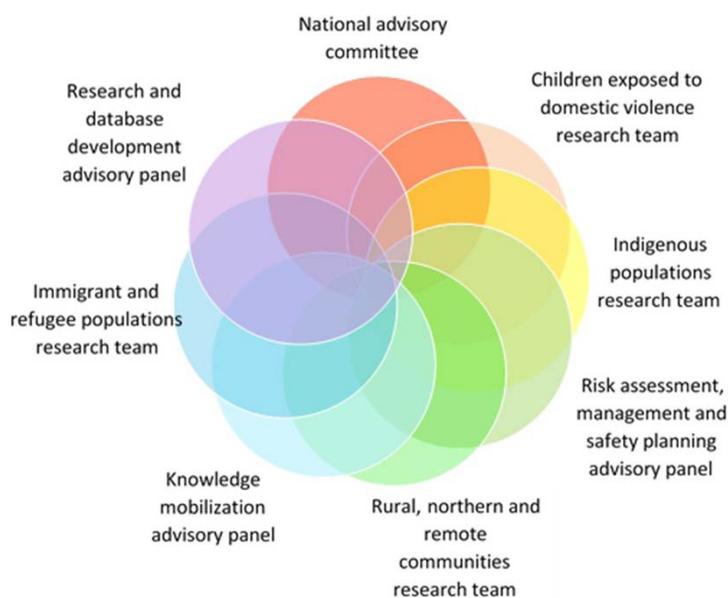
The CDHPIVP Management team presented an update on activities of the project since its inception in June 2015 which included the following:

- Review of the Governance Model
- Logic Model
- Research report
- Knowledge mobilization activities
- Partnership evaluation

### Governance Model

The Governance Model represents the intersectoral, collaborative nature of the project (Figure 1). Partnership members are welcome to join and contribute to as many teams or panels as they wish. It is understood that there will be overlap among groups as no group stands alone without impact from another section. The project is run by a Management Team consisting of Dr. Peter Jaffe, Dr. Myrna Dawson, Marcie Campbell and Anna-Lee Straatman. Oversight is provided by the National Advisory Committee, consisting of six co-investigators and leads from each team or panel. Partnership members and their roles are identified in Appendix A. Communications with partnership members are conducted via teleconference meetings, email, website, Basecamp, bulletins, etc.

Figure 1. CDHPIVP Governance Model



### Logic Model

A Logic Model (Appendix B) was developed to identify the goals, objectives, and outcomes for the project and informed the evaluation plan. The Logic Model was submitted to SSHRC with a Milestone Report in May 2016. The Milestone Report laid out plans for research, knowledge mobilization, training and mentoring, partner engagement and evaluation.



## Research Report

Three research projects are being conducted through this initiative: 1) national domestic homicide database; 2) online national survey and key informant interviews on risk assessment, risk management and safety planning; 3) trauma-informed interviews with survivors of attempted homicide and proxy interviews for homicide victims. Ethics approval has been received for the first two projects at all eight sites, and licenses have been obtained to conduct this research in the northern territories.

## Domestic Homicide Database

A [research protocol](#) for collecting data on domestic homicide cases from coroner and medical examiner offices has been developed, and agreements are being negotiated with all provinces and territories to access information to build a database that documents the total population of domestic homicides. There have been some challenges in obtaining consent from coroners and medical examiners regarding data collection for the homicide database. We received feedback identifying concerns about combining data from media and court records and coroners/medical examiners into one database, and maintaining privacy and confidentiality. To address these concerns, we are developing two databases: 1) data from court and media files; 2) data from coroner and medical examiner files. The two databases will not be linked. Ethics approval has been received from the eight universities involved in the project. We are in the process of signing agreements with coroners and medical examiners, but may not be successful in receiving approval from all jurisdictions (currently Alberta has declined to participate). In this case, we are reaching out to policing agencies as one alternate source of data. To minimize delays in data collection, we have proceeded with gathering court and media files on domestic homicides and are now coding data for this second database. Court and media files for more than 500 domestic homicides between 2010- 2015 have been retrieved and coding has been completed on about half of these files.

The CDHPV defines domestic violence homicide as the killing of a current or former intimate partner, their child(ren), and/or other third parties. An intimate partner can include people who are in a current or former married, common-law, or dating relationship. The term dating will be used in its broadest sense. However, we want to distinguish domestic violence from violence committed by strangers – a prior or ongoing relationship

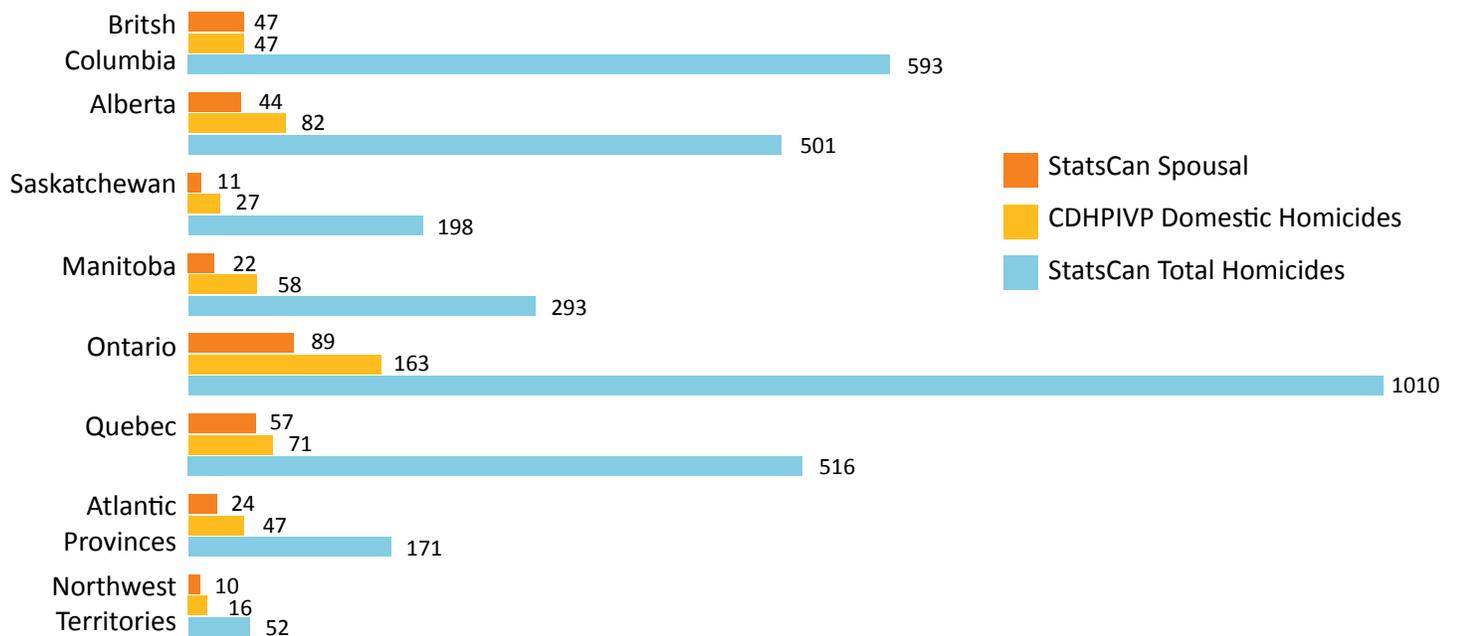
allows for meaningful risk assessment, safety planning and risk management strategies. Other third parties can include new partners, other family members, neighbours, friends, co-workers, helping professionals, bystanders, and others killed as a result of the incident. Domestic violence includes all forms of abuse including psychological or emotional abuse that has been documented through professionals or interviews with friends, family, and/or co-workers.

Given this broad definition, the number of homicides to be included in the database will be greater than the data available on spousal homicides provided by Statistics Canada. Figure 2 provides graphical representation of the number of homicides and spousal homicides identified by Statistics Canada compared with those identified by the CDHPV.



**Figure 2. Domestic Homicide Cases From 2010 to 2015 By Province Based on Definition**

**Statistical Comparison of Statistics Canada Figures and CDHPVIP Domestic Homicides**



The discrepancies between the Statistics Canada and CDHPVIP figures are attributed to differences in definitions. Statistics Canada includes legally married, common-law, separated common-law, divorced, current and former same-sex spouses of victims 15 years of age or older when identifying cases of spousal homicide. This definition excludes boyfriends, girlfriends, extra-marital lovers, ex-boyfriends/girlfriends and other unspecified intimate relationships for both same- and opposite-sex relationships.

The CDHPVIP will continue to identify domestic homicide cases through media and court reports, and conduct validity checks on cases identified. The domestic homicide database will include data from 2010 to 2020.

Input was sought on other potential sources of information. Suggestions included: (1) femicide lists maintained by organizations such as OAITH and EVABC; (2) data from police services, hospitals, shelters and the World Health Organization; (3) data on child homicides may be available from child advocates in each province; and (4) data regarding Indigenous women may be obtained through the Missing and Murdered Indigenous Women Inquiry and Amnesty International.

It was suggested that the Co-directors seek standing at a national coroners’ meeting to present the research

program and seek support. Additionally, the CDHPVIP may seek support from coroners already involved in the project to influence other jurisdictions, advocate on our behalf.

**Survey and key informant interviews**

An online survey was launched in January 2017 with a positive response rate. With support of co-investigators, collaborators and partners, more than 1,400 professionals who work with families experiencing domestic violence completed the survey. The survey sought volunteers to participate in interviews. More than 400 people volunteered to be interviewed (Figure 3). Interviews are being conducted based on the following criteria: regularly or frequently conducts risk assessment, risk management or safety planning; provides services to at least one of the vulnerable populations identified; and contributes to geographic representation across Canada. The initial goal was to conduct 200 interviews but additional interviews will be required to meet the numbers required for representation across sectors, geographic location and population. As of October 17, 2017, more than 200 interviews had been conducted. These interviews are still being conducted and we anticipate they will be completed by December 31, 2017. A team of undergraduate and graduate students are currently transcribing the interviews. Thematic analysis will commence in Winter 2018.



**Figure 3. Participation Results for National Online Survey**



CDHPiVP partners provided input on possible research questions to explore with the data collected through the homicide database, online survey and key informant interviews. The exploration of collaboration, communication and information sharing challenges and successes were considered important research priorities. The CDHPiVP was encouraged to further explore intersections – not isolate findings to the four research hubs. Questions and topics to explore include:

- Do service providers feel confident with tools used at organizations? Do they feel that there should be alternatives? Adaptations?
- How does the mainstream population become more aware of vulnerable groups?
- Do service providers refer to culturally sensitive services/collaborations?
- Examine adapted/non-mainstream tools and compare what is assessed
- Are the dynamics in cases of chronic domestic violence where the couples never separate different from cases of separation/repeated separations?
- Should there be research on short-term relationships that may be associated with dating or online dating sites?
- How many DV victims attempted to access shelters? Crisis supports?
- How do we assess the impact of domestic violence on Indigenous women who left their home communities

and were killed by strangers? Are there existing databases that we could access to identify these victims and perpetrators?

- How do we deal with cases of missing or unidentified women?
- Comparative analysis with other countries

### **Interviews with attempted homicide survivors and proxy interviews for homicide victims**

The third research project which will be undertaken involves comparing domestic homicide cases with attempted homicide/severe abuse cases. This research involves conducting interviews with survivors and proxies for homicide victims to learn about risk factors, any risk assessment, safety planning or risk management plans that were put in place, effectiveness of the plans, missed opportunities, and initiatives that helped saved lives. Things to consider as we move forward with this research include:

- How to measure attempted homicide/severe domestic violence
- How to identify relevant proxies for domestic homicide victims
- How to recruit, sample and screen for victims and proxies of victims
- How to conduct the research in a trauma-informed manner

Dr. Jackie Campbell presented lessons learned from the multi-site intimate partner femicide study research she conducted in the United States. Vicarious trauma, staff selection, identifying proxies for homicide victims, importance of establishing a control group, definitions of attempted homicide, recruitment strategies, identifying involvement of children, use of language were identified as topics for consideration when proceeding with this research.

Meeting participants were asked to provide input on the topics addressed by Dr. Campbell and those presented above. A summary of these discussions provided below will inform the next phase of research and ethics submissions.

### ***Ethical recruitment and identification of research participants***

Suggestions for identifying and recruiting research participants include:

- Working collaboratively with community partners, cultural and religious leaders, elders, to identify possible participants, make contact, introduce and describe the project
- Making presentations on the topic to a community to introduce the research study in community settings, asking for people to come forward
- Connecting with survivors through shelters, support groups for bereaved families, police who bonded with family members through homicide trials

Once participants are identified, it may require multiple attempts and strategies to make contact, engage and receive responses (e.g., letters, phone calls, email, home visits). Each strategy must be considered carefully due to possible safety concerns.

### ***Conducting trauma-informed research and interviews***

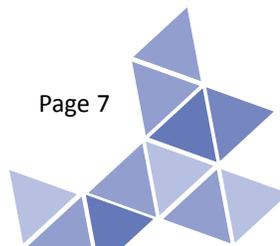
Participating in the research project must offer a reciprocal relationship where the researchers and the “research subjects” both gain from the experience. Research subjects should be given choice and voice about how they will participate in the project. Participants should be given choice about who they will be interviewed by, where the interview will take place, who they will seek support from if necessary, and have a voice in sharing their information with the broader community. Research subjects may seek or require the following when participating in the research study: adequate compensation, transportation, childcare,

assurance of confidentiality, culturally appropriate support persons, counselling, interpretation services or conducting the interview in participant’s first language. We must make the results of the research accessible and available to the participants. Information about the research study, process, consent, and how results will be disseminated must be presented in accessible formats. It must be made clear to research subjects that they are free to withdraw consent to participate at any time.

Helpful strategies for minimizing stress when conducting interviews include:

- offering choices for how, when, where and with whom the interview will be conducted
- providing interview questions in advance for review and preparation
- meeting interviewer in advance – so not telling personal details to a stranger
- offering multiple breaks during an interview session
- conduct interviews in the form of a conversation – allow for as much open-ended discussion and storytelling as possible
- ensure survivors have access to appropriate counselling (existing counsellor on standby or referral from interviewer)

Interviewers must receive training on interpersonal violence, cultural sensitivity, crisis intervention, safety planning, community resources prior to conducting interviews. Interviewers must be aware of the cultural background of those to be interviewed in advance of meeting them. Awareness of sensitivities related to honor and shame, cultural norms, and Indigenous history will assist in providing sensitivity during the interview process. Table 1 identifies some things that research participants may be seeking, or need, to be involved in the research study, and how the interviewer can meet those needs. Interviewers should conduct a number of practice or mock interviews with other team members before interviewing research participants.



**Table 1. How Interviewers Can Meet the Needs of Research Subjects**

 <b>Choice and Voice: What people being interviewed may want or need to participate in a research study</b>	<b>What interviewers need to know or have</b> 
Choice about when, where, how they will participate; who they will speak with	Be trauma-informed – support and respond to choices and needs of person being interviewed
A chance to tell their story at their own pace in their own language	Empathy, warmth, awareness of trauma reactions, active listening skills. Offer breaks, flexibility in interview schedule
An interpreter with expertise in field of domestic violence	Awareness of potential language and interpretation needs of those being interviewed
To know that their contribution matters, will have an impact on preventing tragedies in similar circumstances in the future; to understand the purpose and intended outcome of the study; that they can revoke consent at any time	Understanding of purpose of research and ability to convey this in plain language; clarify ongoing consent
Respect, to be believed, acknowledgement	Open mind, non-judgmental
Assurances of confidentiality	Ability to maintain confidentiality
Follow-up and referral to culturally appropriate support services	Culturally specific sensitivity training, awareness of help sources, referrals
A support person at the interview or available directly after the interview	Be aware of potential trauma responses and how to respond appropriately  Ensure that supports are available if required

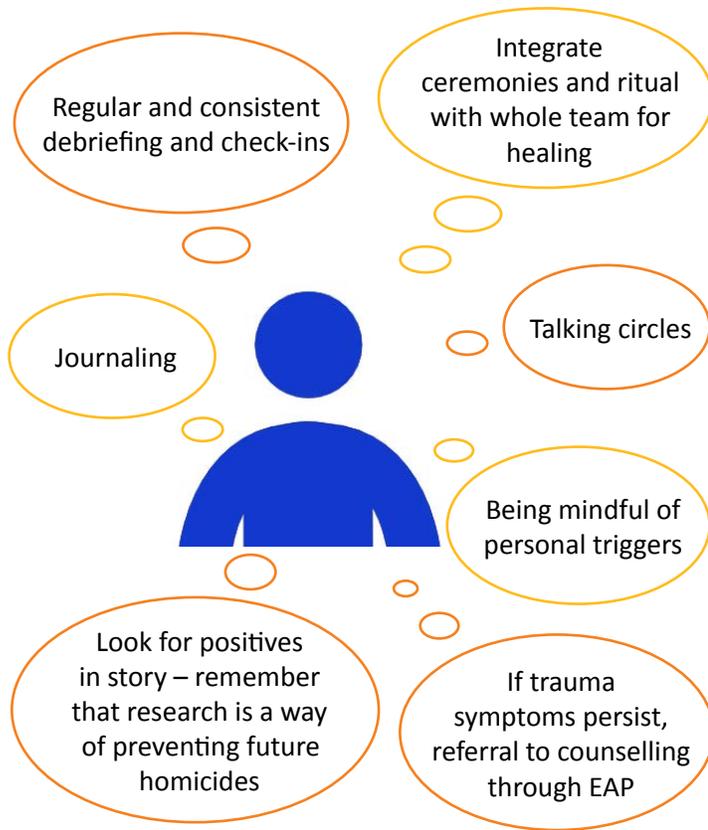
***Strategies for mitigating potential vicarious trauma of research team members***

It was noted that it is not possible to prevent vicarious trauma among research team members, but the trauma may be mitigated through self-care and trauma-informed approaches. These strategies must be provided in the context of comprehensive training on vicarious trauma and

the interview process, and ongoing supervision. Not every person is suited to this type of work, and those conducting interviews should be screened and carefully selected. Personal trauma histories may have a positive or negative impact on this work.

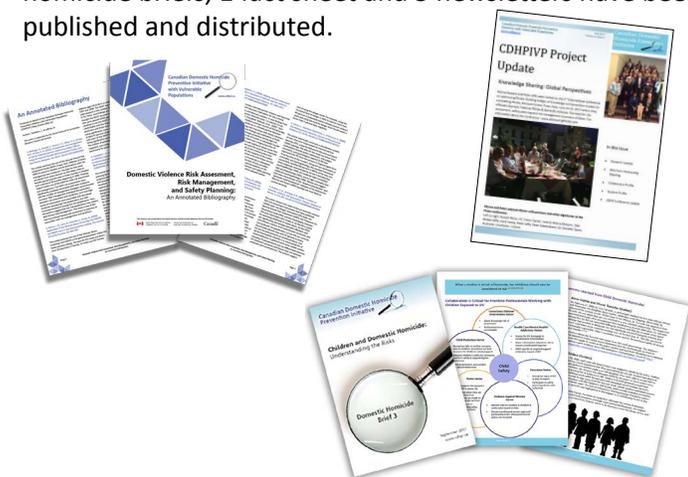


## Figure 4. Strategies for Mitigating Vicarious Trauma



### Knowledge mobilization activities

The CDHPIVP has developed a comprehensive knowledge mobilization plan which includes quarterly newsletters, homicide briefs, comprehensive literature review, peer-reviewed and grey literature publications, webinars, and website ([www.cdhipi.ca](http://www.cdhipi.ca)). The Partnership meeting was followed by a 2- day conference which included 4 plenaries, 59 workshops, poster session, and 435 registrants. To date, 10 annotated bibliographies, 3 homicide briefs, 1 fact sheet and 5 newsletters have been published and distributed.



Meeting attendees provided input on how to enhance the existing knowledge mobilization plan and activities. Suggestions included expanding knowledge products beyond written materials. People are reading less or have less time to read everything that is created. Suggestions included presenting research findings to partner organizations; more use of webinars, TedTalks, podcasts, sound bites and videos.

Suggestions to improve reach included ensuring the website is user-friendly and accessible; providing resources in multiple languages, reaching out to remote communities via personal connections. Use of social media was encouraged, however it is important to understand who the audience is and tailor messaging accordingly.

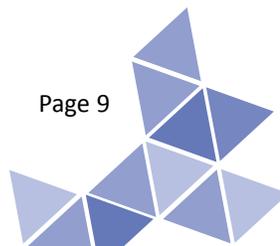
### Partnership Evaluation

Meeting attendees provided input on how to keep partners and collaborators engaged with the project. It was recommended that we determine what each partner's needs, goals and/or desired level of engagement are to determine how to meet these needs. We need to determine where partners' strengths and interests lie and match these to the skills sets required for various activities within the project. Questions to consider for role clarification include:

- What can I do to contribute to the project? Can I do more?
- What will be the value added? For the project? For the partners?
- When is input needed?

The CDHPIVP needs to keep partners informed of project results (via email and social media) and provide shareable information to partners. Partners would like to receive more information on the outcomes, and the impact that the project is having as it progresses.

It was suggested that in-person meetings be held more frequently to keep partners apprised of activities, results and foster further collaboration and engagement in the project. Instead of conference calls, consider face-to-face meetings using technology such as Zoom. To further project engagement, we should include partners in event planning and coordination. Additionally, the CDHPIVP should consider putting the names and/or logos of all partners on all knowledge products disseminated by the project.





Areas where the CDHPVIP has had less impact in the first two years of the grant include:

- Clearly delineating roles for partners and collaborators
- Enhancing opportunities for collaboration and connection among partners
- Stimulating changes in government policies and funding
- Dissemination in peer-reviewed journals
- Knowledge mobilization that is beneficial to community partners in their own work
- Planning for the possibility of long-term change in domestic violence service practices.

These results indicate that the CDHPVIP has work to do to improve the experiences of partners, collaborators and students involved with the project. Experiences of benefit vary depending on the person's level of engagement and length of time linked to the project. The CIROP will be administered again at the end of the project.



# Appendix A: CDHPIVP Partnership Members

## *Co-Investigators*

Diane Crocker, Saint Mary's University  
Myriam Dube, Université du Québec à Montréal  
Mary Hampton, University of Regina  
Nicole Letourneau, University of Calgary  
Kate Rossiter, Simon Fraser University  
Jane Ursel, University of Manitoba

## *Collaborators<sup>1</sup>*

Joanne Baker, BC Society of Transition Houses  
Linda Baker, Western University  
Mohammed Baobaid, Muslim Resource Centre for Social Support and Integration  
Janelle Braun, Manitoba Justice Victim Services  
Julie Czeck, Provincial Office of Domestic Violence, British Columbia  
Deborah Doherty, Public Legal Education and Information Service of New Brunswick  
Jo-Anne Dusel, Provincial Association of Transition Houses and Services of Saskatchewan  
Anuradha Dugal, Canadian Women's Foundation  
Claudette Dumont-Smith, Consultant  
Jordan Fairbairn, Consultant  
Crystal Giesbrecht, Provincial Association of Transition Houses and Services of Saskatchewan  
Carolyn Goard, Alberta Council of Women's Shelters  
Sepali Guruge, Ryerson University  
N. Zoe Hilton, Waypoint Centre for Mental Health Care  
Catherine Holtmann, Muriel McQueen Fergusson Centre for Family Violence Research  
Margaret Jackson, FREDA Centre for Research on Violence Against Women and Children  
Randy Kropp, Forensic Psychiatric Services Commission, British Columbia  
Geneviève Lessard, Laval University

Maggie MacKillop, Homefront Calgary  
Barb MacQuarrie, Western University  
Lise Martin, Women's Shelters Canada  
Cathy Menard, Northwest Territories Office of the Chief Coroner  
Pertice Moffitt, Aurora Research Institute  
David O'Brien, Government of Prince Edward Island  
Aruna Papp, Consultant  
Tracy Porteous, Ending Violence Association of BC  
Clark Russell, Provincial Office of Domestic Violence, British Columbia  
Katreena L. Scott, Ontario Institute for Studies in Education  
Deborah Sinclair, Consultant  
Verona Singer, Consultant  
Rona Smith, Government of Prince Edward Island  
Catherine Talbott, Provincial Office of Domestic Violence, British Columbia  
Wendy Verhoek-Oftedahl, Government of Prince Edward Island  
Lana Wells, University of Calgary  
Lorraine Whalley, Fredericton Sexual Assault Crisis Centre

## *Partner Organization Representatives<sup>2</sup>:*

Alberta Council of Women's Shelters -Carolyn Goard  
Alberta Human Services  
Awo Taan Healing Lodge -Josie Nepinak  
BC Forensic Psychiatric Services Commission – Randy Kropp  
BC Office of the Representative for Children & Youth  
BC Society of Transition Houses - Joanne Baker, Amy Fitzgerald  
Canadian Network of Women's Shelters and Transition Houses – Krystle Maki  
Canadian Women's Foundation



Centre de recherche interdisciplinaire sur la violence familiale et la violence faite aux femmes - Pamela Alvarez-Lizotte

Centre for Research & Education on Violence against Women & Children – Linda Baker, Barbara MacQuarrie

Child and Family Services, Prince Edward Island -Wendy Verhoek-Oftedahl

Circling Buffalo – Sharon Mason, Patricia Dorion

Ending Violence Association of BC – Tracy Porteous

FREDA Centre for Research on Violence against Women and Children – Margaret Jackson

Fredericton Sexual Assault Crisis Centre – Lorraine Whalley

Halifax Regional Police – Scott MacDonald

HomeFront – Liz Driessen

Ma Mawi Wi Chi Itata – Diane Redsky

Manitoba Domestic Violence Death Review Committee – Crystal Gartside

Muriel McQueen Fergusson Centre for Family Violence Research – Jael Duarte

Muslim Resource Centre for Social Support and Integration – Mohammed Baobaid

National Aboriginal Circle Against Family Violence – Carole Brazeau, Anita Olsen Harper

Native Women’s Association of Canada

Office of the Chief Coroner - NWT – Cathy Menard

Office of the Chief Coroner - Ontario Domestic Violence Death Review Committee – Carol Ritchie

Provincial Association of Transition Houses and Shelters of Saskatchewan – Jo-Anne Dusel, Crystal Giesbrecht

Provincial Office of Domestic Violence, BC

RESOLVE Alberta – Nicole Letourneau

Saint Marys University – Diane Crocker

University of Calgary, Faculty of Social Work

University of Guelph – Myrna Dawson

University of Manitoba – Jane Ursel

University of Regina – Mary Hampton

University of Western Ontario

### *Invited Guests*

Tammy Bobyk, Ontario Native Women’s Association

Jacquelyn Campbell, Johns Hopkins School of Nursing

Busra Yalcinoy, University of Guelph

### *Research Assistants and Students<sup>3</sup>*

Abir Al Jamal, Muslim Resource Centre for Social Support and Integration

Danielle Bader, University of Guelph

Jennifer Bon Bernard, University of Calgary

Keri Cheechoo, University of Ottawa

Randal David, Western University

Meghan Gosse, Dalhousie University

Anna Johnson, University of Guelph

Nicole Jeffrey, University of Guelph

Marlee Jordan, Saint Marys University

Natasha Lagarde, Native Women’s Association of Canada

Salima Massoui, Université du Québec à Montréal

Laura Olszowy, University of Western Ontario

Mariana Paludi, Saint Marys University

Camille Pare-Roy, Université du Québec à Montréal

Olivia Peters, University of Manitoba

Julie Poon, University of Guelph

Katherine (Kay) Reif, Western University

Dylan Reynolds, University of Guelph

Gursharan Sandhu, University of Guelph

Gurneet Saini, University of Guelph

Mike Saxton, University of Western Ontario

Danielle Sutton, University of Guelph

Melissa Wuerch, University of Regina

Sarah Yercich, Simon Fraser University



## ***Management Team***

Marcie Campbell, University of Western Ontario

Myrna Dawson, University of Guelph

Peter Jaffe, University of Western Ontario

Anna-Lee Straatman, University of Western Ontario

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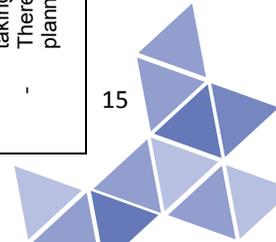
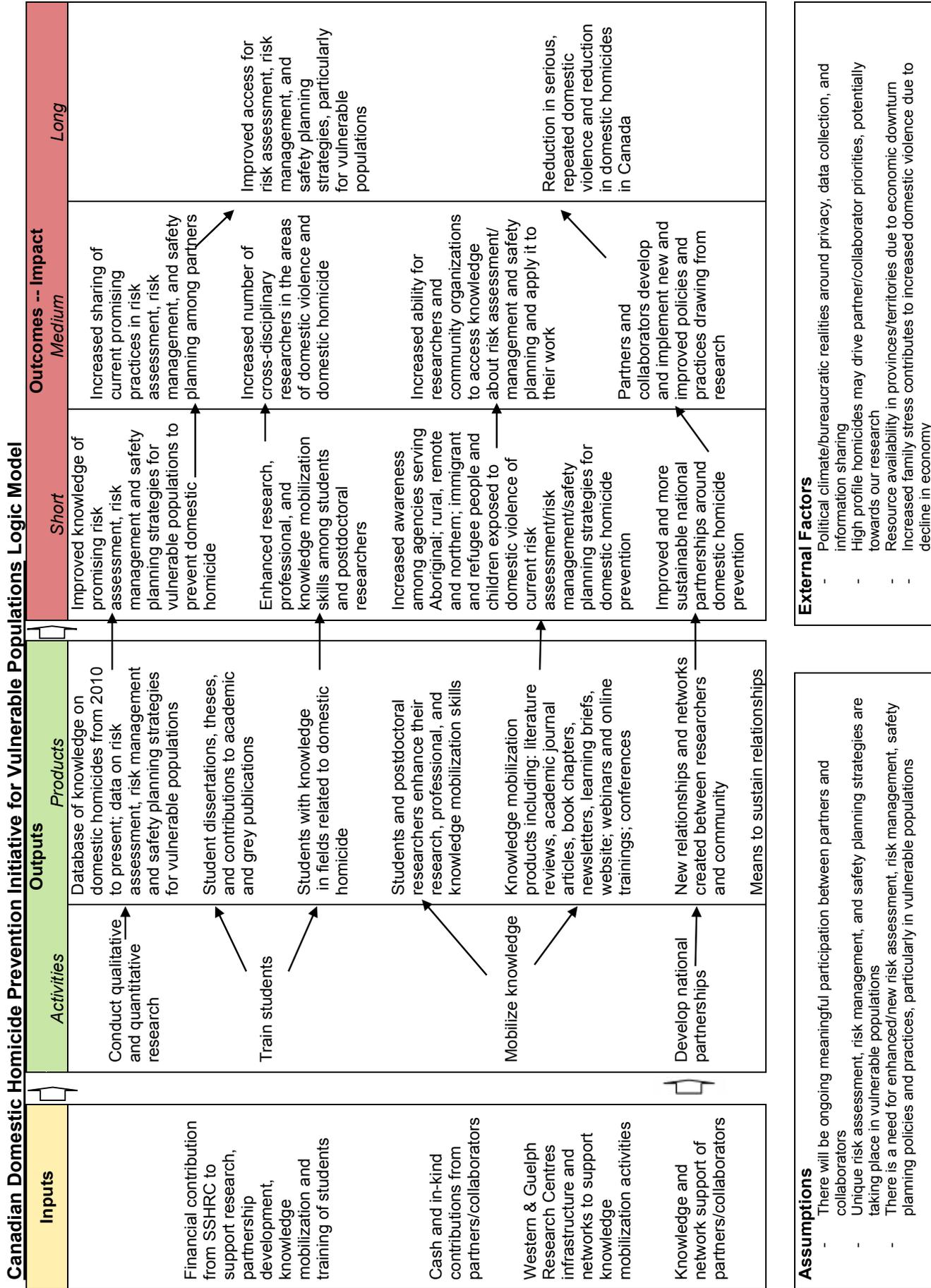
<sup>1</sup>This is a list of all collaborators. Not all were in attendance at the meeting.

<sup>2</sup>All partner organizations are listed and the representative who attended the meeting where applicable. Collaborators may also be partner organization representatives.

<sup>3</sup>Reflects students and research assistants who have contributed to the project since its inception. Not all attended meeting.



# Appendix B: CDHPIVP Logic Model

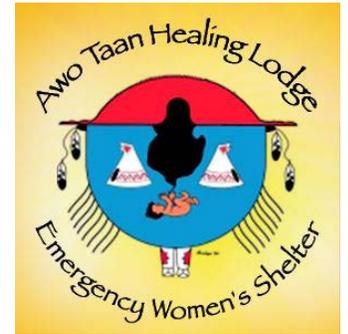


# CDHPiVP Partner Organizations

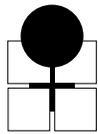
Le cercle national autochtone contre la violence familiale



National Aboriginal Circle Against Family Violence



Office of the Chief Coroner  
Bureau du coroner en chef



**The FREDA Centre**  
for Research on Violence  
Against Women and Children



**Western**  
Centre for Research & Education on  
Violence Against Women & Children



**ENDING VIOLENCE**  
Association of BC



Canadian Network of Women's  
Shelters & Transition Houses  
*United to end violence against women*



BC Society of  
Transition Houses



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SUR LA VIOLENCE FAMILIALE ET  
LA VIOLENCE FAITE AUX FEMMES**



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OF MANITOBA**



**BRITISH  
COLUMBIA**



**BC MENTAL HEALTH  
& SUBSTANCE USE SERVICES**

*An agency of the Provincial Health Services Authority*



**UQAM**

**Université du Québec  
à Montréal**

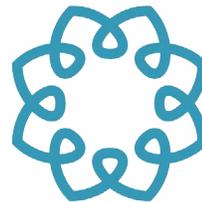


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