



Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations – DATABASE RESEARCH PROTOCOL

*[Adapted from the World Health Organizations' "Recommended format for a Research Protocol",
available at http://www.who.int/rpc/research_ethics/format_rp/en/]*

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Part 1

Project Summary: Canadian Domestic Violence Homicide Database

Background

The Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPVP) is a five-year project funded by the Social Sciences & Humanities Research Council (SSHRC) to (1) conduct research on domestic violence homicides in Canada; (2) to identify protocols and strategies that will reduce risk; and (3) to share this knowledge with the wider community. The CDHPVP focuses on four populations that experience increased vulnerability to domestic violence homicide:

- Indigenous populations,
- rural, remote and northern populations,
- immigrant and refugee populations,
- children exposed to domestic violence.

One of the core activities to achieve the above is the development of a national database on domestic violence homicide (“the Database”) to aid in the identification of associated risk factors in these cases. The Database will allow researchers to identify trends, common risk markers, unique factors, and system involvement associated with domestic violence homicides with a specific focus on vulnerable populations. This activity is the focus of this research protocol.

Objective

The Canadian Domestic Homicide Database will document the total population of domestic violence homicides that occurred across Canada from 2010 to 2020, including sex and age of the victim and the accused, type of intimate relationship (e.g. legal spouses, dating), location and cause of death, province/region. It will also seek to collect information from a variety of sources (e.g. Coroner’s files, domestic violence death reviews, court documents, media reports) pertaining to the circumstances of the homicide, victim and accused profiles, identified risk factors, and criminal justice outcomes.

Definition of Domestic Violence Homicide

The following definition will be used to screen homicide cases for a domestic violence homicide classification and subsequent entry into the Database.

For the purposes of the CDHPVP database:

Domestic violence homicide is defined 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.*
- 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.

*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.

Location & Ownership

The Database will be created and managed at the University of Guelph under the supervision of Dr. Myrna Dawson, with a copy of the Database stored at Western University under the supervision of Dr. Peter Jaffe. All data collected for the Database will be owned by and the primary responsibility of Drs. Dawson & Jaffe. Data extracts will be made accessible to all Co-Investigators of the CDHPVP and their graduate students for research purposes as per a Memorandum of Understanding (*currently under development*).

Method

Data will be collected using both short-form and long-form coding instruments within a Statistical Programming Software for the Social Sciences (SPSS) file on an encrypted laptop. The Database will be housed and managed on a secure server using SPSS.

Time Frame

The Database will cover cases that occurred from 2010 to 2020 inclusive.

Expected Outcomes

Data from the Database will be used by the Co-Directors, Co-Investigators, and their students to (1) document and describe the total population of domestic violence homicides in Canada from 2010-2020 and (2) conduct a variety of analyses on risk factors related to domestic violence homicides. The CDHPVP may conduct analyses of CDHPVP data at the request of particular jurisdictions where requested and possible.

Funding Source

This project is funded by the Social Sciences & Humanities Research Council of Canada.

Part 2 Detailed Research Protocol

Protocol Title

Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations – Database.

Project Management

This is a national, multi-university, multi-partner study. The sub-sections below detail the project management breakdown for the Database portion of the CDHPIVP.

Co-Directors

[Dr. Myrna Dawson](#), Director, Centre for the Study of Social and Legal Responses to Violence, University of Guelph

Responsibilities pertaining to the Database:

- Overall conduct and stewardship
- Communication with Coroner's offices and coordinating Research Agreements
- Day-to-day Management and security of primary database at University of Guelph
- Providing Western University with updated database copies as new data becomes available.
- Data collection in jurisdictions as assigned

The Database will be created and managed at the University of Guelph under the supervision of Dr. Myrna Dawson. Dr. Dawson has collected this type of data for more than 20 years. She currently maintains a homicide database spanning 40 years with more than 8,000 cases. She has another SSHRC-funded database that contains information on over 2,000 domestic violence incidents processed through a specialized domestic violence court in a small Ontario city. She is currently working with Statistics Canada confidential data in the Uniform Crime Reports and the Homicide Survey through the Research Data Centre Initiative. Finally, the current data collection instrument used by the Office of the Chief Coroner of Ontario was based on her early research.

[Dr. Peter Jaffe](#), Academic Director, Centre for Research & Education on Violence against

Women & Children (CREVAWC), Western University

Responsibilities pertaining to the Database:

- Overall conduct and stewardship
- Communication with Coroner's offices and coordinating Research Agreements
- Responsible for day-to-day Management and security of database copy at Western University
- Data collection in jurisdictions as assigned.

Management Team

[Marcie Campbell](#), Research Associate Centre for Research & Education on Violence against Women & Children (CREVAWC), Western University

Responsibilities pertaining to the Database:

- Collaborating with Co-Directors on database development process
- Advising and supporting Co-Directors in research assistant training, data collection, entry, storage and security, and analysis

[Dr. Jordan Fairbairn](#), Postdoctoral Fellow, Centre for Research & Education on Violence against Women & Children (CREVAWC), Western University

Responsibilities pertaining to the Database:

- Collaborating with Co-Directors on database development process, drafting research protocol, and developing Research Ethics Board Applications

[Anna-Lee Straatman](#), Project Manager, Centre for Research & Education on Violence against Women & Children (CREVAWC), Western University

Responsibilities pertaining to the Database:

- Collaborating with Co-Directors on database development process
- Management of funds and reporting requirements
- Advising and supporting Co-Directors in research assistant training, data collection, entry, storage and security, and analysis

Co-Investigators

[Dr. Diane Crocker](#), Saint Mary's University

Responsible for:

- Data collection in New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland & Labrador
- Research Ethics Board application and process through Saint Mary's University

- Data collection in jurisdictions as assigned.

[Dr. Myriam Dubé](#), Université du Québec à Montréal

Responsible for:

- Data collection in Quebec
- Research Ethics Board application and process through Université du Québec à Montréal
- Data collection in jurisdictions as assigned.

[Dr. Mary Hampton](#), University of Regina

Responsible for:

- Data collection in Saskatchewan
- Research Ethics Board application and process through University of Regina
- Data collection in jurisdictions as assigned.

[Dr. Nicole Letourneau](#), University of Calgary

Responsible for:

- Data collection in Alberta
- Research Ethics Board application and process through University of Calgary
- Data collection in jurisdictions as assigned.

[Dr. Kate Rossiter](#), Simon Fraser University and Ending Violence Association of BC

Responsible for:

- Data collection in British Columbia
- Research Ethics Board application and process through Simon Fraser University in collaboration with Dr. Margaret Jackson
- Data collection in jurisdictions as assigned.

[Dr. Jane Ursel](#), University of Manitoba

Responsible for:

- Data collection in Manitoba
- Research Ethics Board application and process through University of Manitoba
- Data collection in jurisdictions as assigned.

Project Rationale & Background Information

Over the past 15 years, there has been significant research identifying risk factors associated with domestic violence and homicide leading to a general consensus about the most common and relevant factors that indicate risk for lethality (Kropp, 2008). In contrast, there is a relative paucity of research on risk factors associated with domestic violence homicide for particular vulnerable populations.

The overall goal of the CDHPVIP is to enhance and inform domestic violence risk assessment, risk management and safety planning strategies to decrease the risk of lethality for some of these vulnerable populations, specifically Indigenous populations; rural, northern, and remote communities; immigrants and refugees; and children exposed to domestic violence. These groups were selected based on a review of the literature, the higher reported incidence of domestic violence within Indigenous communities, the fact that children are often overlooked in terms of impact of domestic violence and homicide, and the greater challenges for some, if not all, of these populations to access culturally-relevant resources.

Currently, there is a lack of data collected systematically regarding domestic violence homicides. Statistics Canada's Homicide Survey collects annual data on all homicides that occur across the country; however, only basic information is collected from police jurisdictions (e.g., number of homicides; gender and age of victim and perpetrator; type of relationship between the couple). More detailed and contextual information is not available through this data source nor is it available publicly. Domestic Violence Death Review Committees (DVDRCs) in some jurisdictions across the country have data on domestic violence homicide cases reviewed by the committee. Some provinces have inquests or special inquiries into domestic violence deaths. Data from these sources are much more comprehensive than data from Statistics Canada because they can include information on risk factors identified; whether children witnessed or were present during the homicide; and prior court and community agency involvement with the family. However, these data are limited and typically only shared in annual reports.

The CDHPVIP database will be a unique resource for research in domestic violence homicide prevention because it will compile detailed data from partnering Coroner and Medical Examiner offices, DVDRCs, and publicly-available court cases and media articles. It will create a national snapshot on domestic violence homicide across the country as well as provide a research avenue to examine vulnerable subpopulations that may be at greater risk but are not the focus of this study. The Database will allow researchers to identify common risk factors as well as specific risk factors associated with certain populations to inform and enhance risk management and safety planning strategies.

Reference

Kropp, P.R. (2008). Intimate partner violence risk assessment and management. *Violence and Victims*, 23(2), 202-220.

Study Goals and Objectives

1. Primary Objective of CDHPVIP: Developing a sustainable national domestic homicide database: Starting in 2015 and continuing through 2020, the CDHPVIP will develop a national database of domestic violence homicides with retrospective data collected from coroner and medical examiner offices, court documents, and media. The database will include homicides from 2010 to 2020.

The main research question to be examined is what risk factors are unique to the four vulnerable populations being examined. This information will be used to enhance risk assessment, risk management and safety planning strategies for these groups.

Research Costs

The CDHPVIP is funded by a five-year (2015-2020) SSHRC Partnership Development Grant. The CDHPVIP will cover any research costs associated with collecting data for the database. Coroner and medical examiner offices will incur no expenses from sharing their files for data collection.

Study Design

Type of Study

- Dataset construction
- Retrospective case analysis

Research Population

- Domestic violence homicides in Canada that occurred between 2010 and 2020. Domestic violence homicides will be identified through the screening of all homicide cases for domestic violence involvement.

Recruitment Process

Our research process involves seeking the permission of Chief Coroners and Chief Medical Examiners in each province/territory to access existing homicide records. A separate research agreement will be required for each jurisdiction prior to gaining access to the records. We anticipate working with one primary representative from the Chief Coroner or Medical Examiner office in each of the 10 provinces and 3 territories. Although their participation is integral to the construction of the Database, there is no specific time commitment required. Their involvement will consist of allowing our project research assistants to access and code data from their files. Research assistants will screen these files for domestic violence homicide inclusion.

It is important to note that a key part in obtaining SSHRC funding for this Partnership grant was to engage potential partners/participants/collaborators who would support the creation of the national domestic violence homicide database. Because of this, a number of Coroners and Medical Examiners were identified between 2008-2015 and their support was obtained for the grant application. The Co-Directors of this project, Dr. Dawson and Dr. Jaffe, have had longstanding research agreements with the Ontario Coroner's Office.

Inclusion/Exclusion Criteria

Each case in the Database will represent one domestic violence homicide victim (i.e. it will be a victim-based dataset). Cases that occurred in Canada between 2010 and 2020 will be included.

The following definition will be used to screen homicide cases for a domestic violence homicide classification and consequential entry into the CDHPVIP database.

For the purposes of the CDHPVIP database:

Domestic violence homicide is defined 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.*
- 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.

*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.

Expected Duration of Study

Data will be collected from 2016 to 2020.

Research Benefits

Conducting this research will be beneficial through increased understanding of vulnerable populations and their risk of lethal violence. Such knowledge will be

invaluable towards the development of safety planning and risk management tools that are more appropriate for reducing violence and mortality among these populations in Canada.

This research will also be beneficial through the encouragement of information sharing among academics/partners/collaborators. Such collaboration shall contribute to enhancing risk assessment tools and intervention strategies so that they are sensitive to the needs of these diverse populations who may face unique barriers to accessing supports and services.

There may be a downstream benefit to Canadian Society as improved knowledge, risk assessment tools, and intervention strategies may reduce incidents of domestic violence homicide. The particular populations of focus for this research will directly benefit from this study as they will be able to use the findings to support better and more streamlined and culturally sensitive services hopefully resulting in reduced susceptibility to being vulnerable to domestic violence homicide. Fundamentally, the research is intended to save the lives of future potential victims in the targeted vulnerable populations.

Potential Risks

For Coroners/Medical Examiners: As all participating Chief Coroner and Chief Medical Examiner offices will have institutional support before signing on to this project, there are no foreseeable risks for these individuals. The CDHPVP will cover all financial costs associated with Coroner/Medical Examiner participation in this research.

For victims' families and/or perpetrators and their families: The risks are minimal for victims' and/or perpetrators' families given that much of the data to be collected is publicly available from a variety of sources and can be accessed by others as a result. However, to address the fact that some coroner and medical examiner data is not available publicly, only minimal information is being collected from these records to allow us to document the total population of domestic violence homicides for which data are to be collected. Therefore, a short-form data collection instrument is being used for this portion of the research and will collect general case information such as victim information, offender information, victim-offender relationship information, circumstances of the homicide, and criminal justice information.

Confidentiality is a key issue for this project. Based on previous experience with the institutions from which data is being requested (e.g. Office of Chief Coroners, Medical Examiners), primary concerns will be related to privacy and confidentiality and, therefore, safeguarding information about all individuals involved in the domestic violence homicide is of the utmost importance, although the majority of

cases have been subject to extensive media coverage and, thus, much of this information is available publicly. Nonetheless, we are taking significant precautions to safeguard this data, as outlined in the section on data collection, storage and security.

For researchers on this project: Given the nature of this data, there is potential for distress or vicarious trauma for research assistants who are reviewing and coding cases. To help mitigate the impacts of vicarious trauma on research assistants, resources and debriefing opportunities related to studying domestic violence homicide will be provided throughout the duration of this project. Additionally, a training session webinar will be held with all research assistants prior to beginning coding for the Database, and local supervisors will debrief regularly with research assistants to check in on their emotional well-being and provide any additional supports that may be needed.

Research Process

Table 1: Research Process Chart lists the various steps of the CDHPVIP Database research process with a corresponding timeline. Each is described in detail below.

Table 1: Research Process Chart

RESEARCH STAGE	TIMELINE
Develop and pilot short-form coding form for data collection from Coroner files	2016
Sign research agreements with Coroner/ Medical Examiner in each province/territory	2016 – 2017
Obtain Northern research licenses	2016 – 2017
Obtain Research Ethics Board approvals for each Co-Investigator	2016 – 2017
Data collection	2017 –2020
Data entry	2017 – 2020
Data analysis	2017 – 2020

1. Research agreements with Coroners/Medical Examiners

The Coroner and Medical Examiner’s office in each jurisdiction must sign a Research Agreement before any homicide files can be turned over to the CDHPVIP for data collection. This agreement is between the Coroner/Medical Examiner Office and an institutional signing authority to sign on behalf of University of Guelph and Western University.

Research Agreements will vary slightly by jurisdiction depending on the regional

Coroner/Medical Examiners data-sharing requirements.

There will be a Master file containing data with identified information accessed only by the Co-Directors and their designates. The individual(s) responsible for storing, securing, managing, distributing the information in compliance with Coroners' agreements are Dr. Myrna Dawson on behalf of University of Guelph and Dr. Peter Jaffe on behalf of Western University.

As per the Research Agreements, Co-Investigators and their research assistant(s) at participating institutions will have access to de-identified data for research purposes. Any individual accessing data from the Database will be required to sign an agreement governing research use and confidentiality.

2. Working with Indigenous Communities

We will take a participatory approach to the research by engaging and consulting with our Indigenous partners and collaborators from across the country on the execution of the research and the interpretation of findings in the context of cultural norms and traditional knowledge. For jurisdictions, such as the North where there are special considerations for research with Indigenous peoples, the CDHPVIP will obtain separate research licenses for conducting research with Indigenous communities.

3. Short-form coding form for data collection from Coroner files

The short form coding instrument can be found as Appendix x. This form was developed with Coroner/Medical Examiner files in mind. While the CDHPVIP will collect available information, we recognize that the Coroner/Medical Examiner files may only contain basic information, such as victim name, date of homicide, location of homicide, and cause of death. However, this information is important as it allows the CDHPVIP to establish a total population of domestic violence homicides and to supplement this foundational data with death review reports, court documents, and media articles.

4. Research Ethics Board approvals for each Co-Investigator

Each Co-Investigator will obtain Research Ethics Board (REB) approval through their University to cover data collection from the jurisdiction for which they are a liaison. This REB approval must be renewed on an annual basis. Data collection from non-public data (e.g. Coroner/Medical examiner files, including police records, and unpublished death review reports) will not begin in a jurisdiction until the REB approval has been granted and Research Agreement for that jurisdiction is signed.

Waiver of consent: signed consent for data collection of national domestic violence homicide data is not possible because the primary individuals are deceased. Rather, we will have signed research agreements in place with Coroners and Medical Examiners to

access their records. This institutional consent is required since the data collected will be accessed through institutional records.

5. Data collection

Description of data

The data we will be working with will be the result of primary data collection which will begin with the examination and data coding from Coroner and Medical Examiner records on all homicides from which Research Assistants will select domestic violence homicides as per the definition provided in this document. This will be followed by subsequent data collection for the same cases from death reviews, court documents, police records, and media reports.

Collection of data from Coroner and Medical Examiner offices

Data collection from Coroner/Medical Examiner offices will begin following (1) Research Ethics Board approval for a province or territory and (2) a signed Research Agreement in place with a province or territory's Chief Coroner or Chief Medical Examiner. Research licenses will also be in place in the Northwest Territories, Nunavut, and Yukon. All Research Assistants (RAs) and graduate students will sign a confidentiality agreement before beginning data coding both with the project as well as with the institutions from which data are being collected. RAs will also have completed the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans Course on Research Ethics (TCPS 2: CORE) prior to beginning data collection.

Each local Co-Investigator will coordinate with the Coroner's Office representative and the local RAs to determine mutually agreeable dates and times for the RA to travel to the local office. Multiple visits may be necessary, depending on the number of cases that exist, to code data files retrospectively (2010-present). Moving forward from 2017-2020, the local Co-Investigator, in consultation with the Co-Directors, will work out an arrangement with the Coroner/Medical Examiner for collecting data from case files for homicides that occurred in the later years of the project as they become available.

To participate in this research, the CDHPVP is asking each Coroner and Medical Examiner office to generate a list of homicide victims from 2010-2015, and then annually as cases become available. Corresponding files for the cases on the list will then be made available to RAs, who will assess to see if they are domestic violence homicides as per the CDHPVP definition (although some jurisdictions flag homicides with a domestic violence code, the CDHPVP will review all homicides to ensure no case is missed due to varying definitions).

The Project will provide RAs with a password protected, encrypted laptop, on which

the RA will complete digital coding within an SPSS file.

RAs will code available data from the hard copy files at the Coroner's office. At no time, will the actual Coroner/Medical Examiner files leave the office, and no photocopies will be made of any documents from these files.

The data that the CDHPVP is looking to obtain from Coroner's files is included in the short coding form. However, again, we recognize that only a very small portion of this data may actually be available for collection.

Identifying information

The data the CDHPVP will be working with will be the result of primary data collection which will begin with the examination and data coding from Coroner and Medical Examiner records on domestic violence homicides (e.g. general case information, victim information, offender information, victim-offender relationship information, circumstances of the homicide, criminal justice information) which will be captured using the short data instrument (see Appendix A for detailed list of variables). Information collected from these records is private and will be contained in a completely separate database from publicly available information to help mitigate the risk of inadvertent disclosure (i.e., users of the database can clearly see which data are private).

A second database will be developed containing the same cases, but will involve data collection from court documents, media reports and other public documents which will be captured using the long data instrument (see Appendix B for Long form coding instrument).

Master list of names

The electronic master list of victim names is a separate entity from the database itself. The master list contains the victim names and the unique numeric and non-sequential codes for each case, which will be kept in a secure location at both Western and Guelph that only the Co-Directors (Dr. Dawson and Dr. Jaffe) and their designates will have access to. When all the case information is complete, the appropriate sections of the master list will be electronically shredded.

To ensure that RAs do not record any victim names on their coding sheets, the following process will be in place for creating the master list of names:

(1) The Coroner/Medical Examiner will generate a list of victim names containing the corresponding unique institutional file code used within their office to identify individual files. This list will then be sent directly to Dr. Myrna Dawson and Dr. Peter Jaffe via a secure messaging server.

This list will exist only for the purposes of (1) updating cases in the Database as future information (e.g. sentencing of offender) becomes available or known, and/or (2) supplementing data collected from Coroner's/Medical Examiner files with publicly available information collected from sources such as court documents and media reports.

(2) The Coroner/Medical Examiner will then print a list containing only their unique institutional file code for each homicide file. The RA will use this list to retrieve the appropriate files from the Coroner/Medical Examiner office for coding.

(3) When coding files, the RA will not record victim name, but instead will record only the corresponding code provided by the Coroner/Medical Examiner. Thus, should there be a need to look up the case by name, this will be done by Dr. Dawson or Dr. Jaffe. The RA will also give each case a numeric non-sequential code generated by the CDHPVP. It should be noted that only the CDHPVP code will be used in the database to ensure that the data is de-identified and again, only the Co-Directors, Drs. Dawson and Jaffe, and their designates, will have access to the Master list with identifying information.

The Master list will be encrypted and stored on an encrypted and password protected computer in a secure room at the two centres where the project leaders are located: The Centre for the Study of Social and Legal Responses to Violence, University of Guelph and the Centre for Research & Education on Violence Against Women & Children, Western University. The Master list will be located on a secure server on a host computer at each Centre. Only the Principal Investigators (Dr. Dawson and Dr. Jaffe) and their designates will have access to the Master list.

6. Data entry

Data entry from coded material will occur under the supervision of Dr. Myrna Dawson in a locked office dedicated to this project at the Centre for the Study of Social and Legal Responses to Violence (CSSLRV) at the University of Guelph. Access to the office will be restricted to Dr. Dawson and RAs that have been hired to work with her on this project.

7. Data analysis

Various types of analysis will occur including descriptive, bivariate, and multivariate analysis that will focus on aggregate trends and patterns only so as not to identify individuals in small jurisdictions. Additionally, case narratives may be used for qualitative research. In these cases, all potential identifying information will be removed to ensure the case will not be identifiable.

Data Security and Storage

Data Security

Data security policies are being developed according to University of Guelph's Guidelines for Categorization and Security of Research Data and Information: <https://www.uoguelph.ca/ccs/infosec/rdc>.

Annual security audits will be conducted at both University of Guelph and Western University.

The data being collected falls under the information category "confidential/sensitive" which is defined as:

- Information is protected by government legislation (e.g. FIPPA, PIPEDA, PHIPA, Controlled Goods Regulations, etc.)
- Information is not otherwise protected by legislation but is protected by contractual agreements or as part of participant's consent agreement
- Information is only available to authorized persons
- Unauthorized disclosure could result in a significant level of risk to an individual, sponsors of research, the University or affiliates and cause serious financial impact or damage to reputation of the University, affiliates or sponsors of research.

The level of risk relative to the probability and magnitude of harm should the data be lost, stolen or accessed by unauthorized parties is substantial and therefore is considered 'high risk' making the information security level at Level III, the highest information security level.

To address this high level of security required, the CDHPVP will follow the guidelines outlined in the University of Guelph's Guidelines for Categorization and Security of Research Data and Information.

Short term data storage & management

Data will be housed and managed at the University of Guelph, and a copy of the database will be stored at Western University. At Guelph, it will be stored at the Centre for the Study of Social and Legal Responses to Violence (CSSLRV). Data at Western University will be stored at the Centre for Research & Education on Violence Against Women & Children in the Faculty of Education. At both Centres, data will be stored in a locked office, and computer screens will be locked when the research team member is not in the locked office. Any data sent electronically will be encrypted. The computer is encrypted and requires two layers of passwords to access. Data will be transferred electronically using a secure messaging system that is used by one of the largest Office of Chief Coroner jurisdictions to transfer their own data.

Data management will be performed in accordance with the requirements of the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – 2nd edition*. This statement provides guidance on data management aspects of research involving humans, such as consent, privacy and confidentiality, indigenous people's rights, secondary use of data and data linkage. All project team members working with CDHPIVP Database data have completed the TCPS-2 Core Certificate.

Data transfer

Data will be transferred electronically using a secure messaging system that is used by one of the largest Coroner jurisdictions to transfer their own data. Data-transfer procedures will be written into agreements (or as an addendum to existing agreements), which will outline confidentiality standards to be adhered to including the requirement that all electronic records containing identifiers be sent using a secure messaging server. No data will be transferred by fax.

Database access

Data obtained from Coroner/Medical Examiner files and unpublished death review documents are considered private or non-public. Data obtained from court documents and media coverage are considered public.

The Database will not be used for commercialization purposes nor will it be made available to the public or any third party.

Long Term Data Retention & Stewardship

The Project involves two co-Principal Investigators, Dr. Peter Jaffe at The University of Western Ontario and Dr. Myrna Dawson at the University of Guelph. Each of the co-Principal Investigators will maintain and be the data custodian of a database containing information about the Project. Data collected for the Database will remain in possession of the research team for an indefinite period given that effort to achieve sustainability of the data collection is a goal of this project. Dr. Myrna Dawson will be charged with stewardship of the identifiable information along with designated RAs who are working with her on this project. In the event of the death, incapacitation, resignation or termination of one of the co-Principal Investigators of the Project (the "Transferor"), the database developed by and in the custody and control of the Transferor as part of the Project shall be assigned and transferred to the other co-Principal Investigator.

According to SSHRC guidelines, all research data collected with the use of SSHRC funds must be preserved and made available for use by others within a reasonable period of time which is considered to be within two years of the completion of the research project for which the data was collected (<http://www.sshrc->

crsh.gc.ca/about-au_sujet/policies-politiques/statements-enonces/edata-donnees_electroniques-eng.aspx). Therefore, the Database will continue to be stored and managed at the Centre for the Study of Social and Legal Responses to Violence at the University of Guelph for at least two years post-completion of the project with a backup stored at the Centre for Research and Education on Violence Against Women and Children at Western University.

The Database can be used for analysis long term. It is necessary for the Principal Investigators (Dawson and Jaffe) to retain personal identifiers including the Master list after the data collection is complete for the purpose of being able to refer to the list to ensure accuracy and consistency in updating information obtained from public sources relating to the case. In addition, a case identified as a homicide by the coroner/medical examiner may be subsequently identified as an accidental death and the coding would need to be revised accordingly. However, when all the case information is complete for individual cases, the appropriate sections of the master list will be electronically shredded.

The master list will be stored on an encrypted and password protected computer in a secure room at the Centre for the Study of Social and Legal Responses to Violence, University of Guelph. Only the Principal Investigators (Dr. Dawson and Dr. Jaffe) and their designates will have access to the master list. RAs will be required to electronically shred all coded data from their designated project laptops once this information has been securely transferred and received.

Future long-term use of the data will be ensured by placing the data into the *Repository*, ensuring that best practices in digital preservation will safeguard the Database. Support around ongoing maintenance, management, and destruction (if needed) of the database will be provided within the infrastructure of Western University and the University of Guelph and policies and protocols will be outlined by each institutions Information Technology Services (ITS) department.

Appendix A

**Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations
SHORT FORM CODING INSTRUMENT**

CASENUM _____ PROV_CODE _____ OCC/ME

NUMBER _____

HOMDATE _____

DODEATH _____ YEAR _____

HOMTIME _____ DAY _____ HOMTYPE

REPORT _____ OTRVREPORT _____

_____ OREQUEST _____

DISCOVER _____

VICTIM INFORMATION:

VSEX _____ VDOB _____ VAGE _____ VPREG _____ VHUB _____

OFFENDER INFORMATION:

OSEX _____ ODOB _____ OAGE _____ OSUICIDE _____ OHUB _____

VICTIM-OFFENDER RELATIONSHIP:

VOR _____

—

RELGTH _____ TIMESEP _____

CIRCUMSTANCES OF KILLING:

LOCATION _____

ATWORK _____ DWELLING _____ NUMVICT _____ NUMOFFS _____

REGION

OTHINJ _____ METHOD _____

MULMTHD _____ GUNTYPE _____ SEXASSLT _____ MUTILATE _____

EXFORCE _____ CONDBODY _____ CONCEAL _____ OSCENE _____

CRIMINAL JUSTICE INFO: ARRDATE _____ OCHARGE _____

OPLEA _____ OCONVTN _____ SENLGTH _____

NARRATIVE: [If necessary, use other side of page]

RA:

Date:

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VERSION DATE 21 July 2016

Appendix B

APPENDIX B Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations LONG FORM CODING INSTRUMENT

CASENUM _____

PROV_CODE _____

RA _____

victim information:

***If more than one victim, this information is for primary victim (i.e. intimate partner)*

nAME: _____

VSEX _____ VAGE _____ VDOB _____ VDOD _____

VMS _____ VKIDS _____ VPREG _____ VFETUS _____

VRESID _____ VEDUC _____ VEMP _____

VJOBTYPE _____ VPRIORS _____ VDV _____ VOTHVIOL _____

VNONVIOL _____ VRESTVIOL _____ VBAILVIOL _____

VPROBVIOL _____

VFCHIST _____

VTREATHIST _____ VMED _____

VMEDPRESC _____

VPSYDRUG _____ VSUICATT _____ VSIGCHG _____

VCHILDSEX _____ VCHILDPHY _____ VCHILDDV _____

OFFENDER INFORMATION:

OSEX _____ OAGE _____ ODOB _____ ODOD _____

OMS _____ OKIDS _____ OPREG _____ OFETUS _____

ORESID _____ OEDUC _____ OEMP _____

OJOBTYPE _____ OPRIORS _____ ODV _____ OOTHVIOL _____

ONONVIOL _____

ORESTVIOL _____ OBAILVIOL _____ OPROBVIOL _____

OFCHIST _____

OTREATHIST _____

OMED _____

OMEDPRESC _____

OPSYDRUG _____ OSUICATT _____ OSIGCHG _____

OCHILDSEX _____ OCHILDPHY _____ OCHILDDV _____

INCIDENT:

HOMDATE _____ DCALL _____ CALLTIME _____

DODEATH _____ HOMTYPE _____ REPORT _____

NUMVICT _____

OTHERV _____

NONFATALV _____

OINJURE _____ WHOINJUREO _____

LOCATION OF CRIME:

LOCATION _____ DWELLING _____

VFOUND _____

ABORIGLOC _____

CAUSE OF DEATH (PRIMARY VICTIM):

METHOD _____

MULMTHD _____ MULSPECIFY _____

VSUBUSE _____ OSUBUSE _____

WEAPON USE:

WEAP _____ WEAPTYPE _____

GUNOWN _____ GUNLGL _____

GUNLGLDATE _____ GUNREQUEST _____

GUNORDER _____

WITNESS INFORMATION:

WITNESS _____ CHLDWIT _____

INTERVEN _____

OFFENDER'S ACTIONS AFTER FATALITY:

OSUICIDE _____ ATMPTMTHD _____

SUICMTHD _____ SUICPLAN _____ SUICLGTH _____

SUICCUST _____ SUICNOTE _____ SUICNOTEPREC _____

SUICNOTEDTAIL _____ SCENE _____

LOCAPPREH _____ ARRTIME _____

VICTIM/OFFENDER RELATIONSHIP HISTORY:

VOR _____ RELGTH _____ TIMEDIV _____

TIMESEP _____ SEPIMMIN _____

EVIDSEPIMMIN _____

VNEWPART _____ SEPIMMIN _____ HISTSEP _____ NUMSEP _____

VATTLEAVE _____ VSTEPSLEAVE _____

CHILDREN INFORMATION:

VOCHILD _____ NUMVOCHILD _____ LEGALCUST _____

PHYSCUST _____ CUSTAGREMNT _____

VPREVCHLD _____ VNUMPREVCHLD _____ VPREVCHLDAGE _____

VPREVCHLDLIVE _____

HISTORY OF DOMESTIC VIOLENCE:

PRIORDV _____ VIOLTYPE _____ PRIORDVREPT _____

VHISTO _____

VHISTODTAIL _____

ESCTYPE _____

SYSTEM CONTACTS:

BACKGROUND

VPHONE _____ VRSRCEKM _____ VTRNSPRT _____ VSAFEPLN _____

VACTPLN _____

AGENCIES/INSTITUTIONS

AGENCNTCT _____

POLICE _____
POLICEDATES _____
POLICEDTAIL _____
POLICEOUT _____
CRWN _____
CRWNDATES _____
CRWNTAIL _____
CRWNOUT _____
DEF _____
DEFDATES _____
DEFDTAIL _____
DEFOUT _____
CRT _____
CRTDATES _____
CRTDTAIL _____
CRTOUT _____
CRRCT _____ CRRCTDATES _____
CRRCTDTAIL _____
CRRCTOUT _____
PROB _____
PROBDATES _____
PROBDTAIL _____
PROBOUT _____
PAROLE _____
PAROLEDATES _____
PAROLEDTAIL _____
PAROLEOUT _____
FCRT _____
FCRTDATES _____
FCRTDTAIL _____
FCRTOUT _____
FLAW _____
FLAWDATES _____
FLAWDTAIL _____
FLAWOUT _____
CRTADV _____
CRTADVDATES _____
CRTADVDTAIL _____
CRTADVOUT _____
VWAP _____
VWAPDATES _____
VWAPDTAIL _____
VWAPOUT _____
VICTIM SERVICES (INCLUDING DOMESTIC VIOLENCE SERVICES)

SHELTER _____
SHELTERDATES _____
SHELTERDTAIL _____
SHELTEROUT _____
SAPROG _____
SAPROGDATES _____
SAPROGDTAIL _____
SAPROGOUT _____
SADVTRMTPROG _____ SADVTRMTDATES _____
SADVTRMTDTAIL _____
SADVTRMTOUT _____
OTHRDV _____
OTHRDVDATES _____
OTHERDVDTAIL _____
OTHRDVOUT _____
COMADV _____ COMADVDATES _____
COMADVDTAIL _____
COMADVOUT _____
CHILDREN SERVICES
SCHOOL _____
SCHOOLDATES _____
SCHOOLDTAIL _____
SCHOOLOUT _____
VISITCEN _____
VISITCENDATES _____
VISITCENDTAIL _____
VISITCENOUT _____
CPS _____
CPSDATES _____
CPSDTAIL _____
CPSOUT _____
HEALTH CARE SERVICES
MH _____
MHDATES _____
MHDTAIL _____
MHOUT _____
MHPROG _____
MHPROGDATES _____
MHPROGDTAIL _____
MHPROGOUT _____
HC _____
HCDATES _____
HCDTAIL _____
HCOUT _____

TRAUMA _____
TRAUMADATES _____
TRAUMADTAIL _____
TRAUMAOUT _____
HOSP _____
HOSPDATES _____
HOSPDTAIL _____
HOSPOUT _____
AMB _____
AMBDATES _____
AMBDTAIL _____
AMBOUT _____
OTHER COMMUNITY SERVICES
ANGER _____
ANGERDATES _____
ANGERDTAIL _____
ANGEROUT _____
BIP _____
BIPDATES _____
BIPDTAIL _____
BIPOUT _____
MCOUNS _____
MCOUNSDATES _____
MCOUNSDTAIL _____
MCOUNSOUT _____
SUBAB _____
SUBABDATES _____
SUBABDTAIL _____
SUBABOUT _____
RELIG _____
RELIGDATES _____
RELIGDTAIL _____
RELIGOUT _____
IMMIG _____
IMMIGDATES _____
IMMIGDTAIL _____
IMMIGOUT _____
ANIM _____
ANIMDATES _____
ANIMDTAIL _____
ANIMOUT _____
CULTURE _____
CULTUREDATES _____

CULTUREDTAIL _____
CULTUREOUT _____
FIRE _____
FIREDATES _____
FIREDTAIL _____
FIREOUT _____
HMELESS _____
HMELESSDATES _____
HMELESSDTAIL _____
HMELESSOUT _____

RISK ASSESSMENT:

RACOMPLETE _____ RAAUTHOR _____ RADATE _____
RAOUT _____
RAACT _____ OHISTOTHRVIOL _____
OHISTDV _____ OTHREAT _____ OTHREATWEAP _____
OASSAULTWEAP _____ OSUICHTREAT _____ OSUICATTMPT _____
ISOLATE _____ CONTROL _____ HOSTAGE _____ FORCESA _____
CUSTDISP _____ DESTROY _____ PETVIOL _____ PREGASSAULT _____
CHOKE _____ OCHILDDV _____ ESCALATE _____ OBSESS _____
UNEMPLOY _____ COMMONLAW _____ STEPCHILD _____
MINIMIZE _____ SEPARATE _____ OSUBUSE _____
ODEPRESS _____ ODEPRESSDIAG _____ OMENTAL _____
OFIREARM _____ VNEWPART _____ OFAILCOMPLY _____
OFAMSUIC _____ OACCESSV _____ YOUTH _____ OSEXJEAL _____
OMYSOGYN _____ DISPARITY _____ VFEARO _____
OTHREATCHILD _____ OTHER _____

DVDR COMMITTEE RECOMMENDATIONS:

PREVENT _____ PREVENTDTAIL _____ ISSUEDTAIL _____
FUTISSUES _____ ADDCOMMENT _____