Office of the Chief Coroner
Province of Ontario

Domestic Violence Death Review Committee

2022 - 2023 Annual Report

November 2025

Table of Contents

This report was prepared by staff in the Office of the Chief Coroner including Dr. Elizabeth Urbantke and Indira Stewart, Co-Chairs of the Domestic Violence Death Review Committee (DVDRC), Hannah O'Brien (Verrips) – Senior Policy & Program Advisor and Executive Lead, DVDRC and Debika Burman –Epidemiologist Lead for the DVDRC. Hayley Crooks – Articling Student, also provided exceptional support in finalizing the report.

Please note: This document includes discussions about homicide, suicide, child abuse, mental health, substance use, and other intersections between marginalized communities and intimate partner violence. If this content affects you, you are encouraged to reach out to a local mental health resource or visit https://www.ontario.ca/page/find-mental-health-support to find resources available in Ontario.

Message from the Co-Chairs

This annual report reflects the activities of the Domestic Violence Death Review Committee (DVDRC) from 2022 to 2023. The multidisciplinary dedicated experts who form the DVDRC review all intimate partner violence-related deaths in Ontario. During this reporting period, the committee reviewed 28 cases involving 43 deaths, resulting in 66 recommendations.

The DVDRC was established in 2003 in response to inquest recommendations arising from the deaths of Arlene May and Gillian Hadley. Through expert analysis, the DVDRC seeks to deepen our understanding of the risk factors for intimate partner homicide and identify opportunities for systemic change to help prevent further tragedies.

The period from 2022 to 2023 marked a time of renewal and transformation for the DVDRC. Under the leadership of Dr. Dirk Huyer, Chief Coroner for Ontario, and Prabhu Rajan, former DVDRC Chair, the committee underwent a comprehensive review process. As a result, the committee expanded and diversified its membership through a competitive recruitment process to better represent the many different communities of Ontario. This transformation was supported by the committee's exceptional Executive Lead, Hannah O'Brien (Verrips), who assumed the role in February 2023.

Today's DVDRC includes both new and long-standing members with expertise in various sectors including front-line service provision, advocacy, academia, law, and law enforcement. This report reflects the fresh perspectives and rigorous analysis brought forward by this committed group of professionals.

The 43 deaths reviewed during this period were analyzed through seven key themes:

- Aging Populations
- Children in the Aftermath of Intimate Partner Homicide
- Family Law
- Firearms
- Immigrant, Refugee, and Precarious Status Communities
- Mental Health and Substance Use
- 2SLGBTQQIA+ Communities

This thematic approach allows for a broader and more in-depth understanding of the systemic factors contributing to intimate partner violence and homicide, leading to more meaningful and actionable recommendations.

In 2024, the DVDRC established an Indigenous subcommittee comprising of four Indigenous members with extensive experience in the field, marking an important step toward reconciliation. The subcommittee follows a more inclusive and culturally and trauma-informed review process that acknowledges the ongoing legacy of colonialism and the realities and resilience of Indigenous communities. We look forward to learning more from the Indigenous subcommittee as this essential work continues.

We are privileged to support the work of the DVDRC and extend our gratitude to its members for their unwavering commitment to the people of Ontario. Their time, expertise, and contributions have been instrumental in shaping a deeper, province-wide understanding of intimate partner violence and how we can work together to inform the prevention of intimate partner violence and intimate partner homicide.

Finally, we remember and honour all the individuals who have lost their lives to intimate partner violence and acknowledge the profound and lasting impact on their loved ones.

Dr. Elizabeth Urbantke
Regional Supervising Coroner
Office of the Chief Coroner
Co-Chair, Domestic Violence Death Review Committee

Indira Stewart
Inquest Counsel
Office of the Chief Coroner
Co-Chair, Domestic Violence Death Review Committee

Land Acknowledgement

The Office of the Chief Coroner (OCC) acknowledges that its work takes place across the traditional territories of many Indigenous Nations throughout the province now known as Ontario.

This land is covered by 46 treaties and other agreements,[1] reflecting the enduring presence and rights of First Nations, Métis, and Inuit peoples.

The OCC's headquarters is located in Toronto, which is situated on the traditional territory of many Nations, including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee, and the Wendat peoples. This land is covered by Treaty 13 with the Mississaugas of the Credit.

We express our deep gratitude to the Indigenous peoples who have cared for these lands since time immemorial and who continue to contribute to the strength and vitality of Ontario and its communities. The OCC acknowledges the historical and ongoing impacts of colonialism and reaffirms its commitment to meaningful partnership, respect, and reconciliation.

[1] https://www.ontario.ca/page/map-ontario-treaties-and-reserves.

Committee Membership (2022)

Prabhu Rajan
Chair
Chief Legal Counsel
Office of the Chief Coroner

Tope Adefarakan, PhD
Director, Black Women, Girls and Gender Diverse Peoples (B-WGGD) Initiative

Dr. Lopita Banerjee, MSc MD FCFP
Family Physician/Coroner

Marcie Campbell, M.Ed
Counsellor/Counselling Supervisor (Sexual Violence) - York University

Barb Forbes
Ministry of the Solicitor General
Regional Director, Probation and Parole
Western Region

Peter Jaffe, Ph.D., C.Psych.
Professor Emeritus,
Western University

Rebecca Law
Crown Counsel
Ministry of the Attorney General

Jana Chu
Executive Lead, DVDRC
Senior Policy & Program Advisor
Office of the Chief Coroner

Nneka MacGregor, LL.B.
Executive Director, WomenatthecentrE

Rebecca Miller-Small
Detective Sergeant, Peel Regional Police
Intimate Partner Violence Unit

Deborah Sinclair, MSW, Ph.D, RSW
Independent Practice

Eva Zachary
Executive Director,
Muskoka Victim Services

Julie Erbland
Executive Lead,
Child Youth Death Review Analysis
Office of the Chief Coroner

Dan Pyrah
Ontario Provincial Police

Committee Membership (2023)

Office of the Chief Coroner Staff

Prabhu Rajan
Chair
Chief Counsel
Office of the Chief Coroner

Hannah O'Brien (Verrips)
Executive Lead, DVDRC
Senior Policy & Program Advisor
Office of the Chief Coroner

Debika Burman
Epidemiologist Lead
Office of the Chief Coroner

Dymond Parker-Wallace
Program Administrator
Office of the Chief Coroner

Laurie Ioannou
Inquest Investigator
Office of the Chief Coroner

Detective Constable Kelly Rees
Inquest Investigator
Office of the Chief Coroner

DVDRC Members

Tamara Bernard
Instructor, Lakehead University
Faculty of Indigenous Learning

Robyn Bourgeois, Ph.D.
Associate Professor & Vice-Provost, Indigenous Engagement
Brock University

Humberto Carolo
Chief Executive Officer,
White Ribbon

Pamela Cross
Advocacy Director,
Luke's Place

Carolyn Fraser, Ph.D.
Instructor,
Ontario Police College

Barb Forbes
Regional Director, Probation and Parole Western Region
Ministry of the Solicitor General

Marlene Ham
Executive Director,
Ontario Association of Interval & Transition Houses

Peter Jaffe, Ph.D., C.Psych.
Professor Emeritus,
Western University

Shalini Konanur
Executive Director/Lawyer,
South Asian Legal Clinic of Ontario

Rebecca Law
Crown Counsel,
Ministry of the Attorney General

Erin Lee
Executive Director,
Lanark County Interval House

Deepa Mattoo
Executive Director,
Barbra Schlifer Commemorative Clinic

Sandra Montour
Executive Director,
Ganohkwasra Family Assault Support Services

Jeanne Françoise Mouè
Conseillère-Formatrice
NIMAYÄ GESTION SOLUTIONS

Sandra Parker
Provincial Nurse Manager,
Office of the Chief Coroner

Katreena Scott, Ph.D.
Professor, Clinical Psychology, and Academic Director (CREVAWC),
Western University

Deborah Sinclair, MSW, Ph.D, RSW
Independent Practice

Eva Zachary
Executive Director,
Muskoka Victim Services

Executive Summary

The 2022–2023 annual report of the Domestic Violence Death Review Committee (DVDRC) presents a comprehensive examination of intimate partner violence (IPV)-related deaths in Ontario. The DVDRC supports the Office of the Chief Coroner for Ontario (OCC) by reviewing IPV-related deaths. Through detailed case analysis, the committee seeks to understand the circumstances surrounding these deaths, identify risk factors and potential intervention points, and evaluate systemic responses. The DVDRC's mission is to foster learning, inform systemic change, and promote accountability through the public dissemination of findings and recommendations that support the safety and well-being of individuals and communities across the province.

The DVDRC conducts reviews only after all related investigations and legal proceedings have concluded. Once a case is deemed eligible, a reviewer performs a detailed analysis of available records — including those from police, child protection services, healthcare providers, and the justice system — to identify risk factors, emerging themes, and potential recommendations. These findings are presented to the committee for collective discussion and refinement to develop informed, actionable recommendations to help prevent further IPV-related deaths.

We recognize that each life lost to IPV was someone's loved one — a parent, child, sibling, friend, or neighbour. These individuals are not defined solely by the circumstances of their deaths. Through our work, we strive to honour the lives of those who have died by learning from their stories, identifying opportunities for prevention, and working toward a future where such tragedies no longer occur.

Since its inception in 2003, the DVDRC has reviewed 420 cases involving 606 deaths. Of these, 76% were homicides and 85% of the victims were women. Trauma (cuts or stabs, assault, and blunt force) was the leading cause of death (51%), followed by firearms (25%) and asphyxia (15%). Most deaths (81%) occurred in the home or on the victim's property. In 70% of cases, seven or more risk factors were identified, most commonly a history of intimate partner violence (77%), an actual or pending separation (64%), and threats to kill (34%).

In 2022–2023, the DVDRC reviewed 28 cases involving 43 deaths, including both homicides and homicide-suicides. To deepen its analysis, the committee established subcommittees to explore seven major themes that emerged across the reviewed cases. These themes are reflected in the chapters of this report and highlight the diverse contexts in which IPV occurs:

- **Aging Populations**: Six cases involving individuals aged 55 and older revealed unique risk factors such as declining physical and mental health, dementia and social isolation. The chapter presents five recommendations emphasizing the need for tailored risk assessment

tools, sector-specific training, improved information sharing and coordinated efforts to protect and support older adults.

- **Children and IPV**: Drawing from seven cases involving child survivors, the chapter highlights the profound trauma children experience when exposed to IPV-related deaths. Many children witness the violence or its aftermath and face disruptions in caregiving and inconsistent access to support. The chapter presents five recommendations aimed at improving intersectional approaches, reinstating the Provincial Child Advocate, and expanding funding and specialized training for professionals to ensure timely, culturally appropriate and sustained support for affected children.

- **Family Law**: Seven cases involving active or pending legal proceedings at the time of death or cases where opportunities existed for formal family court assistance illustrate the heightened risks survivors face during separation and custody disputes. Systemic gaps, including disbelief of abuse allegations and pressure to pursue shared parenting arrangements, can be particularly harmful to women and children. The chapter presents 15 recommendations to improve safety and equity in family law, including enhanced judicial training, public education, and trauma-informed legal supports. The recommendations also emphasize the need to reduce barriers and promote safer, more accessible pathways to the family court system for survivors who may be apprehensive about engaging with it due to fear, past negative experiences, or systemic mistrust.

- **Firearms**: Nine cases involving firearms resulted in 15 deaths, including the deaths of children and a pregnant woman. These cases underscore the lethal role of firearms in IPV, particularly in rural areas. The chapter identifies lapses in licence revocation and monitoring and presents 11 recommendations to strengthen firearm control, support legislative reforms (for example, Bill C-21), and improve justice sector responses. This chapter also highlights how Ontarians need more information about the intersection between IPV and access to firearms. Professionals, friends and family members need to know how to report concerns about someone's access to firearms and trust that the appropriate authorities will address concerns to enhance safety. Considerations for public education may be through messaging included in firearms safety courses and visibility in places frequented by gun owners, such as gun stores and shooting ranges.

- **Immigrant, Refugee, and Precarious Status Communities**: Twelve cases involving individuals from immigrant, refugee and precarious status communities highlight how economic dependence, language barriers, social isolation and fear of jeopardizing immigration status can prevent victims of IPV from seeking help. The chapter emphasizes the need for culturally responsive, trauma-informed and linguistically accessible services and offers 10 recommendations to improve outreach, training and secure immigration pathways.

- **Mental Health and Substance Use**: Sixteen of the 28 IPV-related deaths reviewed involved significant mental health or substance use concerns. These issues often co-occurred and contributed to impaired judgment, heightened aggression, and increased risk of lethal violence. The chapter stresses the importance of integrated prevention and intervention strategies, consistent risk assessments, cross-sector collaboration and long-term support services, and provides eight recommendations to support these measures.

- **2SLGBTQQIA+ Communities**: Drawing on one recent and two previously reviewed cases, this chapter explores IPV among individuals of diverse sexual orientations and gender identities. Despite comparable or higher rates of IPV in the 2SLGBTQQIA+ community, public awareness and access to services remain limited. The chapter presents six recommendations focused on inclusive education, early intervention, culturally responsive services, and increased funding for community-led initiatives.

The findings and recommendations presented in this annual report reflect the urgent need for coordinated, intersectional and sustained action to prevent IPV and the devastating loss of life it causes. The DVDRC's work is intended to support learning, collaboration and system-wide improvement. By continuing to examine these deaths with care and respect, the committee aims to contribute to a more informed, responsive and supportive approach to preventing IPV and promoting safety for all individuals and communities.

Domestic Violence Death Review Committee Aims and Objectives

Purpose

The purpose of the Domestic Violence Death Review Committee (DVDRC) is to assist the Office of the Chief Coroner (OCC) in the review of intimate partner violence (IPV)-related deaths after an initial investigation has been completed by the coroner and to make recommendations to help prevent further deaths.

Function

By conducting a thorough and detailed examination and analysis of IPV-related deaths, the DVDRC strives to develop a comprehensive understanding of why such deaths occur and how they might be prevented. The committee will consider all relevant information including, the history and circumstances of those believed to have caused the death, the victims and their families. Reviews will include the identification of risk factors, the examination of possible points of intervention, and whether and how institutions and individuals responded to incidents of domestic violence. The committee, where appropriate, will make case-specific and systemic recommendations that may assist with preventing further deaths. Reviews will not be conducted until the completion of any ongoing criminal proceedings.

Mission

The mission of the committee is to lead the analysis of IPV-related deaths in Ontario to better understand why such deaths occur, and to further systemic change through comprehensive case analysis, development of transformative recommendations and public dissemination of the committee's reports. The committee aims to aid in the elimination of IPV-related deaths in Ontario and promote increased attention and accountability in the consideration and implementation of recommendations.

Objectives

1. To provide and coordinate a confidential multidisciplinary review of intimate partner violence deaths pursuant to the *Coroners Act*, R.S.O. 1990 Chapter c.37, as amended ("*Coroners Act*").
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 the person who caused the death(s) in intimate partner violence-related 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 of 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 further deaths, based on the aggregate data collected from the intimate partner violence death reviews.

Note: All of the above-described objectives and attendant committee activities are subject to the limitations imposed by the *Coroners Act* and the *Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. F.31 ("*Freedom of Information and Protection of Privacy Act*").

History

The DVDRC is a multidisciplinary advisory committee of experts established in 2003 in response to recommendations made from two inquests into the deaths of Arlene May and Randy Iles and Gillian and Ralph Hadley.

Membership

The DVDRC consists of representatives with broad expertise in IPV from front-line services (for example, victim services and shelters), healthcare, criminal and family justice systems, academia, advocacy groups and social services, including child protection, victim services, law enforcement, justice, citizenship and immigration, and education.

Membership has evolved over the years to address changing and emerging issues. In 2023, the DVDRC underwent a revitalization to select new members to participate. Some members of the committee have been involved since the DVDRC's inception in 2003.

Definition of Domestic Violence/Intimate Partner Violence

Scope of Domestic Violence-Related Deaths

While the term "domestic violence" has historically been used to describe the violence examined by this committee, "intimate partner violence" (IPV) is now a more commonly used term. As such, these terms may be used interchangeably throughout this report.

In May 2023, the definition and scope of what is considered an IPV-related death for committee review were updated based on input from the new members of the DVDRC. The aim of this new definition and scope was to be more inclusive of different relationships and intimate encounters that did not fit within the committee's historically used definition of domestic violence. The newly defined scope of the DVDRC is as follows:

The Domestic Violence Death Review Committee will review a death if:

1. Violence or abuse by a person's current or former intimate, dating, or sexual partner, or
2. Violence or abuse by someone who has, had, or expressed a sexual or romantic interest in the person,

likely contributed to the death of the person or an associated person.

For clarity:

- A current or former intimate partner, dating partner or sexual partner may include, but is not limited to:
  - A married or common-law spouse or ex-spouse,
  - A boyfriend or girlfriend, or ex-boyfriend or ex-girlfriend,
  - Someone the person is dating or used to date casually,
  - Someone who had a sexual encounter with the person at any time, regardless of whether the encounter was consensual,
  - Someone the person has dated through online or virtual means, regardless of whether they have met in person.

- Someone who has, had, or expressed a sexual or romantic interest in the person may include, but is not limited to:
  - Someone who attempted or intended to establish an intimate, romantic, or sexual relationship with the person,
  - Someone whose sexual advances towards the person were rejected,
  - Someone who perceived there to be an intimate, romantic, or sexual relationship with the person, even though the perception was not mutual,
  - Someone who is romantically infatuated with the person, regardless of whether their feelings are made known to the person or whether they have met,
  - Someone who expresses a sexual or romantic interest in the person through an online interaction, such as a dating website,
  - Someone who is stalking the person.

- "Likely contributed to the death" means that it is reasonable to believe that the violence or abuse was a factor that likely led to the death but is not necessarily the only or most significant factor that led to the death. For example:
  - The violence or abuse may have been a reason the person committed suicide,
  - The violence or abuse may have led to an accident-causing death, or

- The violence or abuse may have caused a serious injury that resulted in further medical complications, causing death.

➢ An associated person may include, but is not limited to:
- A member of the person's family, including their child(ren),
- A member of the person's household,
- A bystander to an incident of violence against the person,
- Someone who attempted to intervene in an incident of violence against the person, such as a law enforcement officer.

For further clarity, while domestic violence-related deaths meeting the criteria above disproportionately involve men killing women, the criteria applies regardless of the victim's gender and sexual orientation or that of the person who is believed to have caused the death(s). For example, the criteria may be satisfied in cases of deaths of children, men, and people who are Two-Spirit, trans and non-binary. It also applies to cases involving violence or abuse in the context of same-sex partners, relationships, or interests. Additionally, not all killings of women, or femicides, will meet the above criteria.

For the purposes of statistical comparisons, it is important to note that the definitions and criteria of domestic violence deaths used 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 criminal justice proceedings — including trials and appeals — have been completed. As such, DVDRC reviews often take place several years after the death(s) occurred.

When an intimate partner (IP) 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 homicide-suicide cases generally do not result in criminal proceedings, they are typically reviewed more expeditiously.

Once it has been determined that a case is ready for review, the case file is assigned to a committee 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, among others.

Each reviewer conducts a thorough examination and analysis of facts within individual cases and

presents their findings to the broader committee. Information considered within this examination includes the history and circumstances of the person who caused the death(s), the victim(s) and their families. Community and systemic responses are examined to determine risk factors, identify possible points of intervention and develop recommendations that could assist with the prevention of further deaths. In general, the DVDRC strives to develop a comprehensive understanding of why IP homicides occur and how they might be prevented.

Recommendations

One of the primary goals of the DVDRC is to make practical and implementable recommendations aimed at preventing further deaths and reducing IPV in general. Recommendations are distributed to relevant organizations and agencies through the Chair(s) of the DVDRC. The phrase "no new recommendations" indicates that either no issues prompting recommendations were identified from the case review; or that an issue or theme was identified where a previous recommendation (or recommendations) had been made in a prior case. In some cases, recommendations from previous reviews may be relevant to the current review, and will be included for information purposes.

Similar to recommendations generated through coroners' inquests, the recommendations developed by the DVDRC are not legally binding and there is no obligation for agencies and organizations to implement them. However, organizations and agencies are asked to respond back to the DVDRC on the status of implementation of recommendations within six months of distribution. All reports and recommendations are distributed electronically.

Responses to recommendations are available to the public upon request at: occ.deathreviewcommittees@ontario.ca

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*. For this reason, there may be limitations on the types of records that can be accessed for the DVDRC review, particularly as they relate to living individuals (for example, the person who caused the death(s)) and are therefore protected under other privacy legislation.

All information obtained as a result of a coroner's investigation and provided to the DVDRC is subject to confidentiality and privacy limitations imposed by the *Coroners Act* and the *Freedom of Information and Protection of Privacy*. Unless, and until, an inquest is called with respect to a specific death or deaths, the confidentiality and privacy interests of the deceased persons, 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. Redacted versions of the report that do not contain personal information are available to the public. Each committee member enters into, and is bound by, a confidentiality agreement that recognizes these interests and limitations.

Reviews are limited to the information and records collected to further the coroner's investigation. It is not the intent or mandate of the DVDRC to re-open or re-investigate deaths, question investigative techniques or comment on decisions made by judicial bodies. Furthermore, it is not the mandate nor role of the DVDRC to lay blame, make findings of legal liability or make any legal determinations.

Annual Report

The terms of reference for the DVDRC direct that the committee, through the Chairs, report annually to the Chief Coroner regarding the trends, risk factors, and patterns identified through the reviews, and make appropriate recommendations to prevent further deaths.

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*. 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.

Analysis of Intimate Partner Homicides and Homicide-Suicides

Collection of Data

Since its inception in 2003, a variety of data have been collected from intimate partner (IP) homicide and homicide-suicide cases investigated by the Office of the Chief Coroner (OCC). As the committee has evolved, so have the processes for collecting, reviewing, and analyzing data and information. The DVDRC strives to provide analyses and findings that are accurate and useful to stakeholders.

Types of Data

Results presented in this report are derived from two sets of data:

1. Data collected through coroner death investigations

In Ontario, coroner investigations aim to answer five questions: who (identity of the deceased), when (date of death), where (location of death), how (medical cause of death), and by what means (natural, accident, suicide, homicide, or undetermined). Data collected through death investigations include personal information about the deceased person (for example, date of death, age, sex, gender, and address) and information describing the circumstances surrounding the death.

2. Findings from cases reviewed by the DVDRC

As outlined in the Domestic Violence Death Review Committee Objectives section, reviews include the identification of risk factors, and case-specific and systemic recommendations that may assist in preventing further deaths. Information about the person who caused the death(s) (for example, sex, age) is also collected through each case review.

Cases Reviewed by the DVDRC in 2022 and 2023

In 2022 and 2023, the DVDRC reviewed 28 cases (14 homicides and 14 homicide-suicides) involving 43 deaths (Table 1). Among the 29 homicide victims, 23 (79%) were adult females, two (7%) were adult males, two (7%) were females 18 and under, and two (7%) were males 18 and under (Table 2).

Table 1: Number of cases and deaths, by case type, for cases reviewed in 2022 and 2023

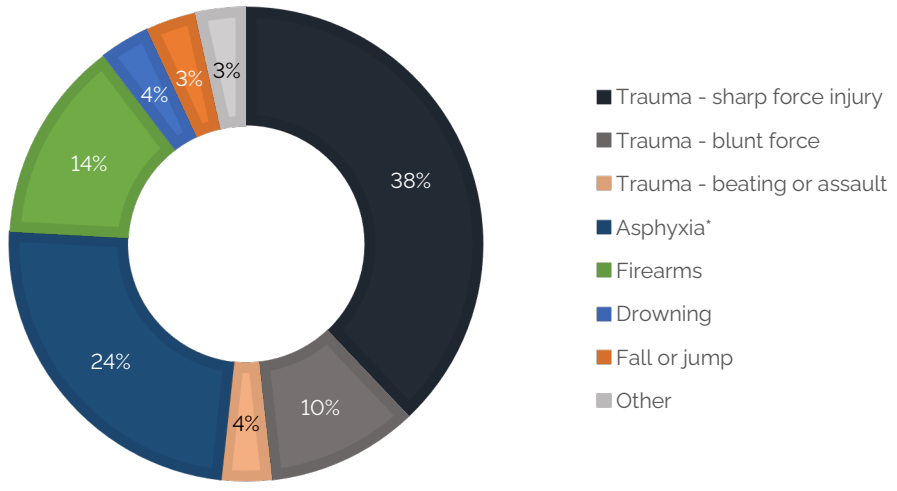
Case type	Number of cases	Number of deaths
Homicide	14	14
Homicide-suicide	14	29
Total	**28**	**43**

Table 2: Number of homicide victims by age group and sex, among cases reviewed in 2022 and 2023

Sex of homicide victim	Age of homicide victim		Total
	18 and under	19 and older	
Female	2	23	25
Male	2	2	4
Total	**4**	**25**	**29**

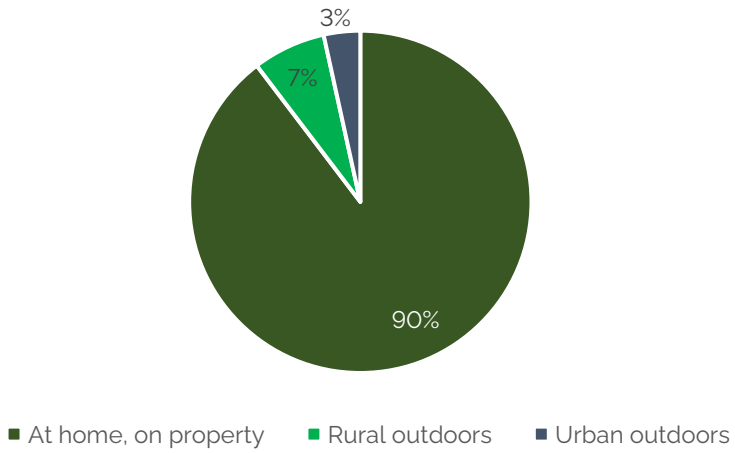
Among homicide victims, 15 (52%) died as a result of trauma (cuts or stabs, assault, and blunt force), seven (24%) died from asphyxia, and four (14%) died by firearms (Figure 1). Twenty-six victim deaths (90%) occurred at home/on property, two (7%) occurred in the rural outdoors, and one (3%) occurred in the urban outdoors (Figure 2).

Figure 1: Percent of homicide deaths by cause, among cases reviewed in 2022 and 2023



*Asphyxia (oxygen deprivation) includes airway obstruction through strangulation, neck compression, or smothering. It also includes poisoning by carbon monoxide.

Figure 2: Percent of homicide deaths, by location, among cases reviewed in 2022 and 2023



Among the 28 cases reviewed, the individual who caused the death(s) was male in every case except three. The ages of these individuals ranged from 26 to 85 years. In four cases, the victim and person who caused the death(s) were aged 65 or older (two were homicide-suicides).

Based on findings from IPV research, the DVDRC has created a list of 41 risk factors which apply to both the victim and/or the person who caused the death(s). These risk factors indicate the potential for IPV-related homicide and are assessed for in each case reviewed by the committee. Topics covered by the risk factors include history of IPV and/or abuse, prior threats, assault, and/or violence, mental illness and suicide threats, drug and alcohol use, unemployment, separation and/or new partner, and parenting time, decision-making responsibilities, and contact with children. The risk factors carry equal weight, however, some risk factors may be more predictive of future harm (for example, prior assault with a weapon, choked/strangled victim in the past).

A complete list of risk factors and their definitions is included in **Appendix B**.

The most common risk factors identified were history of domestic violence (89%); victim vulnerability (82%); and excessive alcohol and/or drug use by the person who caused the death (PWCD; 61%) (Figure 3). Nearly 80% of the cases reviewed in 2022 and 2023 had seven or more risk factors (Table 3).

Figure 3: Percent of cases reviewed in 2022 and 2023, by top 10 risk factors

Table 3: Number and percent of cases by number of risk factors identified, among cases reviewed in 2022 and 2023

Number of risk factors	Number of cases	Percent of cases
Zero	0	0%
One to three	0	0%
Four to six	6	21%
Seven to nine	7	25%
10 to 19	12	43%
20 or more	3	11%
Total	**28**	**100%**

A brief narrative of the circumstances surrounding the death(s) in each case reviewed in 2022-2023, as well as a full list of the recommendations towards the prevention of further deaths made by the DVDRC as a result of these reviews is included in **Appendix C** and **Appendix D** respectively.

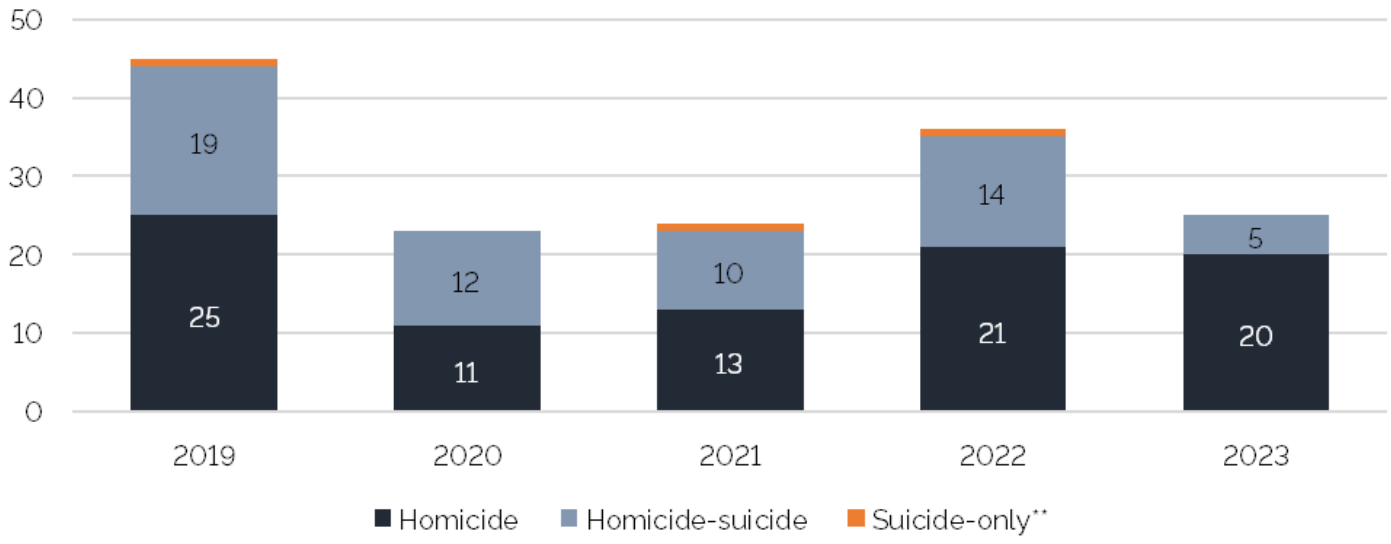
Five Year Trends: Intimate Partner Violence Deaths Investigated by a Coroner between 2019 and 2023

Intimate partner violence (IPV)-related deaths are defined as homicides where the person who caused the death(s) was a current or former intimate partner (for example, spouse, partner, boyfriend, girlfriend, etc.) of the victim. Deaths of involved children are also included. If the person who caused the death(s) of their intimate partner or any involved children also dies by suicide, that individual is included as well (as a homicide-suicide).

Some of these cases may have undergone review by the DVDRC while others are pending review upon completion of legal proceedings (for example, criminal trials).

The results below summarize IPV-related deaths over the five-year period between 2019 and 2023. Between 2019 and 2023, 153 deaths across 116 IPV-related cases were investigated by a coroner. Seventy-four percent of these cases were homicides and 24% were homicide-suicides. Figure 4 below presents the number of deaths, by year, and by case-type. Of all intimate partner homicide victims from 2019-2023, 83% were female.

Figure 4: Number of IPV deaths, by case type, by year, 2019-2023*



* Results for 2023 are considered preliminary and subject to change. **Three cases, one in each of 2019, 2021, and 2022, where the individual died by suicide, and had a history of suffering violence by an intimate partner.

Cases Reviewed by the DVDRC from 2003 to 2023

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

From the DVDRC's inception in 2003 until the 2023 review year, the DVDRC has reviewed 420 cases involving 606 deaths. Of the cases reviewed, 277 (66%) were homicides and 143 (34%) were homicide-suicides. See Table 4 for a detailed breakdown by year.

In 2015, a concerted effort was made to address the accumulation of cases awaiting review by the DVDRC. Forty-nine cases underwent an "executive review" by a core team of representatives of the DVDRC. The executive review included a thorough analysis of the circumstances

surrounding the deaths and compilation of risk factors identified in each case. None of the executive reviews resulted in recommendations. In 2019, the core team conducted executive reviews of cases where the relationship between the victim and individual who caused the death(s) was not clearly established and where the intimate partner was not confirmed as the intended victim.

Table 4: Number of cases by case type, number of deaths, and number of recommendations, by year of review

Review year	Review type	Cases	Type of Case		Deaths	Recommendations
			Homicide	Homicide - Suicide		
2003	**Full**	11	2	9	24	18
2004	**Full**	9	7	2	11	29
2005	**Full**	14	5	9	19	10
2006	**Full**	13	5	8	21	35
2007	**Full**	15	8	7	24	33
2008	**Full**	15	13	2	19	33
2009	**Full**	16	6	10	26	11
2010	**Full**	18	6	12	36	14
2011	**Full**	33	28	5	41	31
2012	**Full**	20	14	6	32	18
2013	**Full**	19	17	2	22	9
2014	**Full**	14	12	2	16	25
2015	**Full**	21	12	9	30	28
	Executive	49	46	3	57	0
2016	**Full**	22	11	11	37	23
2017	**Full**	22	12	10	35	33
2018	**Full**	18	15	3	25	28
2019	**Full**	20	17	3	24	32
	Executive	2	2	0	2	0
2020	**Full**	13	8	5	20	27
2021	**Full**	28	17	11	42	55
2022	**Full**	16	10	6	23	66
2023	**Full**	12	4	8	20	
Total		**420**	**263**	**143**	**606**	**558**

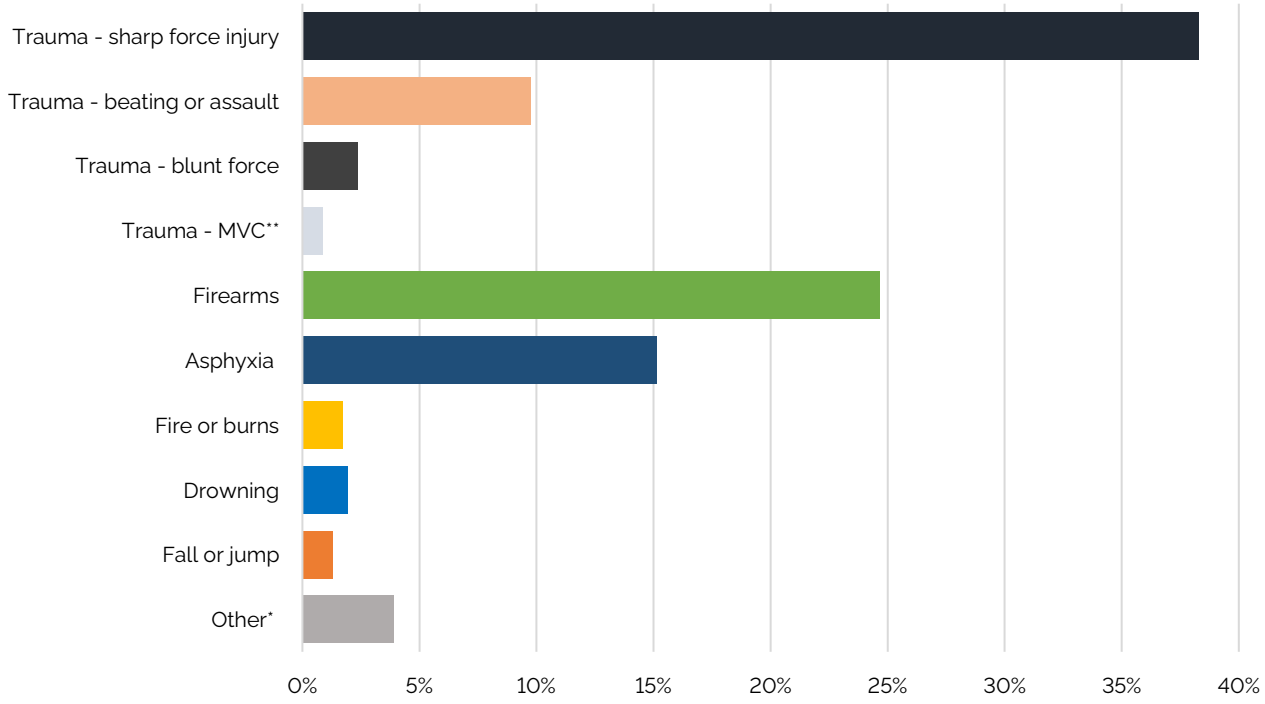
Among the 606 deaths, 463 (76%) were homicide victims, 396 (85%) of whom were female. Victims ranged in age from five months to 91 years. Table 5 presents the number of victims by age and sex.

Table 5: Number of homicide victims by age group and sex, among cases reviewed between 2003 and 2023

Sex of homicide victim	Age of homicide victim		Total
	18 and under	19 and older	
Female	30	366	396
Male	19	48	67
Total	**49**	**414**	**463**

From 2003-2023, more than half of the homicide victims whose cases were reviewed by the DVDRC died as a result of trauma; 25% died from firearms, and 15% died from asphyxia (Figure 5).

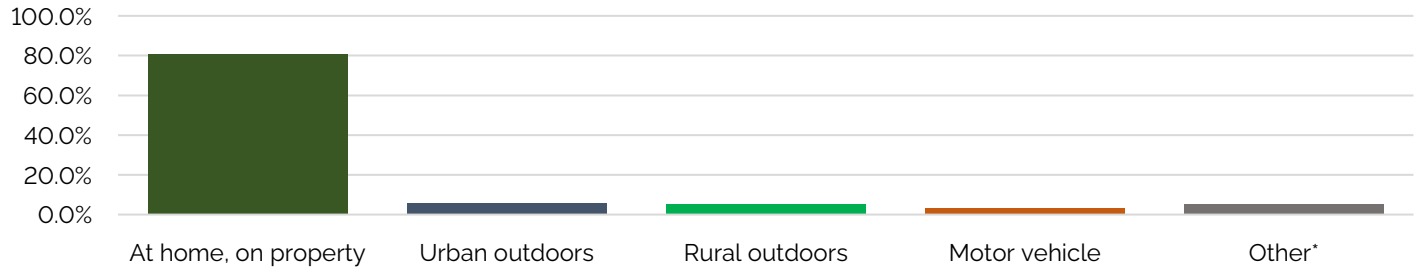
Figure 5: Percent of homicide deaths by cause among cases reviewed between 2003 and 2023



*Other includes drug and alcohol toxicity, explosion, and category not ascertained or defined.
**MVC – Motor Vehicle Collision.

81% of victim deaths occurred at home/on property; 6% in the urban outdoors, and 5% in the rural outdoors (Figure 6).

Figure 6: Percent of homicide deaths, by location, among cases reviewed between 2003-2023



*Other includes inside, other than residence, hotel or motel, workplace, railway or subway, long-term care facility, and hospital.

Our analysis shows that several risk factors are common among most of the cases reviewed by the committee. Among cases reviewed by the DVDRC between 2003 and 2023, 77% identified a history of domestic violence; 64% identified actual or pending separation, and 55% of cases identified depression in the person who caused the death(s). See Figure 7 for the top 20 risk factors identified.

In nearly 80% of cases reviewed, seven or more risk factors were identified. In 11% of cases, 20 or more risk factors were identified. Among all cases reviewed, the median number of risk factors was nine. Table 6 presents a count of cases by the number of risk factors flagged. The recognition of multiple risk factors within a relationship may allow for enhanced risk assessment, safety planning, and even prevention of further deaths through appropriate interventions by the justice system, healthcare partners, and others.

Figure 7: Percent of cases reviewed between 2003 and 2023, by top 20 risk factors identified

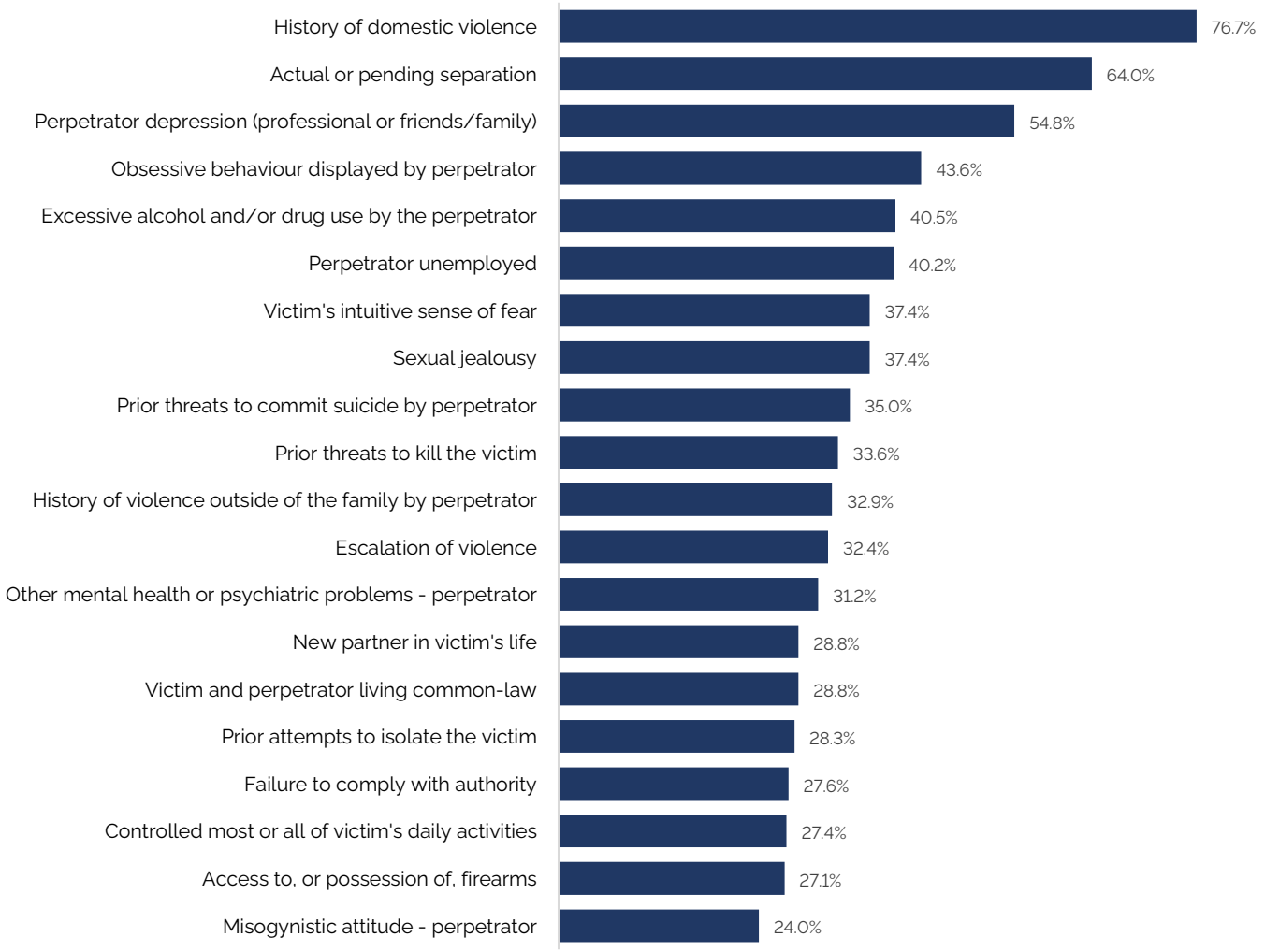


Table 6: Number and percent of cases by number of risk factors identified, among cases reviewed between 2003 and 2023

Number of risk factors	Number of cases	Percent of cases
Zero	7	2%
One to three	55	13%
Four to six	65	15%
Seven to nine	90	21%
10 to 19	175	42%
20 or more	28	7%
Total	**420**	**100%**

Chapter One:

Intimate Partner Homicide in Aging Populations

Report on the matter of the deaths of:

DVDRC 2022-05, DVDRC 2022-13, DVDRC 2022-15,
DVDRC 2023-03, DVDRC 2023-04, & DVDRC 2023-11

A summary of each death reviewed can be found in **Appendix C.**

Foreword

This chapter addresses the issue of intimate partner (IP) homicide in aging populations, with a focus on older women who are at risk of violence from their partners.[2] Despite prevailing cultural values that often emphasize respect and care for older adults, the specific vulnerabilities of this population in regard to intimate partner violence (IPV) are frequently unrecognized. Through the review of six cases, this chapter highlights systemic gaps in awareness, public education, and professional awareness, as well as opportunities for coordinated supports that may help to avoid fatal outcomes. The analysis and corresponding recommendations follow key themes including the need for expanded education across sectors, improved risk assessment practices for aging individuals, and enhanced service integration in order to strengthen prevention and intervention efforts for members of this community.

Introduction

For many cultures and families in Canada, elderly and aging individuals are held in high esteem as the knowledge and history holders of the family, culture, or society. Many elderly parents and grandparents are met with profound respect, honour, and dignity. Despite these beliefs and values, the plight of older women facing IPV is often ignored, placing them at risk for IPV and IP homicide. The risks and realities often leading up to these fatal outcomes may not be recognized by family, friends, and professionals who miss the warning signs in this vulnerable population. Public and professional education, as well as necessary supports and services in place for identification, protection, and wrap-around supports and care for aging populations, are essential based on the homicides reviewed for this report.

There are not many headlines or public awareness campaigns that discuss the tragic stories about IP homicide in aging populations or couples. In fact, media stories about IPV and IP

[2] The DVDRC members that were part of the subcommittee that wrote this chapter include Erin Lee, Peter Jaffe, Marlene Ham, and Sandra Montour.

homicide rarely include accounts such as "my grandfather killed my grandmother". Sometimes the IP homicide of an older person is portrayed by their partner as a "mercy killing", that is, the victim was experiencing ongoing suffering which they wanted to end. However, this was not the case in any of the six deaths reviewed by the DVDRC for this report, as none of the aging women killed expressed a wish to die, and still enjoyed many aspects of their lives. The cases reviewed as part of this report fit the patterns found in national and international research in which structural sexism and ageism promotes ignorance of the serious risks some older women face at the hands of their intimate partners.

Background

This report is based on the review of six IP homicide reviews involving aging individuals, as well as consultation with community experts to gather insight, wisdom, and direction related to tangible actions and recommendations. In an effort to be more inclusive, the DVDRC used the age 55 and older to capture the aging population in this report. It is important to note that this age range corresponds to some research in the field, although other research on aging individuals is focused on 65 years and older.

This report's review comes on the heels of a recent coroner's inquest (Fall 2023), which examined the IP homicide-suicide of an aging couple that occurred in October 2017 in Cobourg, Ontario.[3] The inquest jury made 32 recommendations focused, in large part, on better training, information sharing and collaboration in the health care sector in Ontario.

To contextualize what is known about IPV and aging individuals, the following presents a general understanding related to the challenges that persist in this vulnerable population:

- Systems that most often engage with the aging community, especially the health care system, do not frequently consider, screen for, or assess the potential for IPV and IP homicide in that population.
- Aging couples present with unique IP homicide risk factors that are distinct from younger couples. Rather than a history of IPV and a recent separation, older couples' risk factors often stem from declining physical and mental health, with the perpetrator of violence perceiving homicide or homicide-suicide as a (or the only) solution to these challenges.
- Many of the current elderly and aging women in Ontario did not grow up in a time and societal space where women were seen or heard. For example, many women may have perceived the notion of "what happens in the home, stays in the home" impacting whether and to whom they would disclose any IPV or potential for IPV.

[3] The inquest into the deaths of Thomas and Helen Ryan proceeded between September 18 and October 3, 2023. The inquest jury's recommendations can be found on the website of the Office of the Chief Coroner: (https://www.ontario.ca/page/2023-coroners-inquests-verdicts-and-recommendations#section-8).

    - These historically patriarchal beliefs are magnified for aging racialized, Indigenous, and immigrant women. Colonization, intergenerational oppression, racism, and conditioning can all contribute to these populations of aging women keeping any occurrences of IPV quiet or hidden, not only from family and friends, but especially from care providers, health care personnel, or police.
- The COVID-19 global pandemic posed a unique challenge and created a vulnerability for the aging community in Ontario and beyond. Since the aging population was at a higher risk for infection, the public was encouraged to keep a distance by relying on porch drop-offs and telephone calls for check-ins. While these precautions may have protected the aging population from contracting COVID-19, it also potentially perpetuated their risk of IPV due to isolation and/or declining health.
- According to the Canadian Centre for Justice and Community Safety statistics,[4] older women (65+ years of age) were most likely to be killed by a family member and five times more likely to be killed by an intimate partner in comparison to older men.
- Between 2017 and 2023, one in four victims of IP homicide in Ontario was aged 55 and older. Of these, 86% were women and 14% were male. Among victims aged 55 and older, 69% were between 55 and 74 years old.
    - These statistics indicate that gender-based violence exists across the life span and that intervention and prevention efforts must target all age groups, including older women.
- Some of the deaths reviewed for this report had no history of IPV between the couple, yet memory loss, dementia, or Alzheimer's played a significant role in an escalated change in behaviour in the time leading up to the death(s).
    - Dementia is currently the seventh leading cause of death and one of the major causes of disability and dependency among older people globally.[5] The symptoms of dementia may include the development of aggressive and angry behaviours towards caregivers, including loved ones. These behaviours can create a significant risk of IPV for the spouses, partners, and cohabitating family members of those with memory loss.[6] Therefore, it is reasonable to conclude that dementia, Alzheimer's and/or other memory loss-related illnesses could have been a primary risk factor that led to the evolution in violence, which resulted in the deaths reviewed to prepare this report.
- There is increasing research on risk factors and tools to assess the risks to older women facing IPV,[7] presenting an opportunity for death review committees and other applicable bodies to introduce age-specific risk factors that may help to identify unique risks in the aging population.

[4] https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00017-eng.pdf.

[5] https://www.who.int/news-room/fact-sheets/detail/dementia.

[6] https://theconversation.com/dementias-hidden-darkness-violence-and-domestic-abuse-104308.

[7] https://doi.org/10.1016/j.avb.2019.101339.

Major Themes and Recommendations

While aging and elderly couples demonstrate a lower rate of overall risk for IP homicide, reviews conducted by the DVDRC found it is evident that unique factors related to one or both partners having declining physical and/or mental health are often present. As the population in Ontario ages, it is critical the risk for IPV and IP homicide be considered and assessed in all service engagements with elderly and aging couples regardless of IPV history. In 50% of the cases reviewed for this report, there was a history of serious health and wellness issues, including memory loss, for one or both individuals involved. There is a need for an intersectional analysis that understands IPV in the context of aging couples and a framework across the life span that includes risks, health signs, and service engagement at every intersection.

While older women in intimate relationships are at risk for IPV and IP homicide, this risk is often overlooked by family members and professionals who may witness the warning signs in this vulnerable population but may not recognize them as risks. It is necessary to ensure public and professional education, as well as wrap-around supports and services, are in place to help those involved identify vulnerabilities, protect their loved ones, and connect them with the care and services they need to prevent violence.

Based on the cases reviewed, consultation with professionals with expertise in working with aging adults, and key recommendations from the Fall 2023 inquest, the following major themes were generated for recommendation consideration:

- Public Education;
- Professional education: a wider reach to traditional and non-traditional supports for the aging population, including human resource departments, real estate agents, 2SLGBTQQIA+ organizations, food supports, health care providers, financial institutions, and others who engage with older individuals on a day-to-day basis;
- Sector-specific education related to health, housing, care/support services for the aging population, family, and caregivers;
- Enhanced coordination and information sharing within and among systems and service providers; and,
- Recognizing the importance, when working with older couples, of risk assessment, safety planning for victims, and risk management with perpetrators.

Recommendations

This report is based on the review of six intimate partner homicide death investigations involving aging individuals, as well as consultation with community experts. In an effort to be more inclusive, the DVDRC used the age 55 and older to capture the aging population in this report.

To the Ontario Ministry of Seniors and Accessibility (MSAA):

Recommendation #1:
The MSAA should actively recognize and address ageism across service sectors to meet the growing needs of Ontario's aging population. This includes reviewing practices to avoid inadvertent ageism in all ministries and organizations involved with older persons.

Recommendation #2:
The MSAA should establish a provincial steering committee with key sector partners to support aging individuals experiencing IPV. This committee would:

- Enhance communication and information sharing;
- Coordinate interventions and follow-up;
- Improve information sharing within services;
- Refer at-risk individuals to other services; and
- Provide coordinated supports for those experiencing IPV.

Recommendation #3:
The MSAA should continue its support for programs like Elder Abuse Prevention Ontario and the It's Not Right campaign to enhance outreach and collaboration with community groups, 2SLGBTQQIA+ supports, non-traditional professionals, and service agencies. These organizations can address IPV with aging individuals, their caregivers, families, and the public, building on past campaigns.

Recommendation #4:
The MSAA should coordinate with other ministries and service providers to develop occupation-specific training programs. These programs would enhance the ability to identify and respond to IPV in the aging population, ensuring safety for clients, patients, victims, and staff. Training modules could include:

- Recognizing IPV, identifying risk factors, and engaging in risk; assessment/management for the elderly;
- Improving information sharing within and between services; and
- Practicing culturally safe and informed approaches.

To the Ontario Ministry of Long-Term Care (MLTC), Ontario Ministry of Health (MOH), Ontario Ministry of Children, Community, and Social Services (MCCSS), Ontario Ministry of Education (EDU), Ontario Ministry of the Attorney General (MAG), and the Ontario Ministry of the Solicitor General (SOLGEN):

Recommendation #5:

The MLTC, MOH, MCCSS, EDU, MAG, and SOLGEN should review their policies and procedures for screening IPV in aging communities. This review must ensure staff guidance on identifying and responding to IPV and IP homicide concerns in older populations. Policies should include:

- IPV risk factors and risk assessment for older couples;
- Protocols for IPV disclosures and injuries; and
- Information sharing and recording of IPV concerns.

Limitations

The DVDRC recognizes that an aging population creates special demands on public funding to ensure housing, support, and care for its older, vulnerable citizens. Current demands on the health and long-term care systems are growing exponentially. The recommendations are intended to be embedded in these efforts to keep the assessment and response to IPV in older adults as a critical component in any planning.

Conclusion

In 2020, 2.52 million people aged 65 years and over were living in Ontario, accounting for approximately 15% of the province's population.[8] A recent report[9] by Home Care Ontario identifies that Ontario's population of seniors will grow by 650,000 from 2024 to 2029 (a 23% increase), while the population of people aged 75 and up will grow by 350,000 in the same time frame (a 27% increase). It is therefore critical to consider the impact that IPV can have on this vulnerable population. We must honour the aging population in Ontario and connect the critical intersections of aging, memory care, culture, community, family, service provision, risk, and violence that continue to lead to homicide. The IP homicides reviewed in this report illustrate the tragic consequences of not understanding that IPV affects vulnerable older women and men. We must not forget the needs of our aging community members.

Acknowledgments

The DVDRC is grateful to Elder Abuse Prevention Ontario, It's Not Right campaign, and the Assaulted Women's Helpline (Senior Support Line) for offering their insights into this critical area of review. In particular, the committee appreciates the valuable input from Raeann Rideout, Margaret McPherson, Marta Hajek, and Huong Pham. Further, the DVDRC is grateful for the work of Katherine Reurink, a research assistant at the Centre for Research & Education on Violence Against Women & Children at Western University.

[8] https://www.ontario.ca/page/aging-confidence-ontario-action-plan-seniors.
[9] https://homecareontario.ca/wp-content/uploads/2024/03/KraljSweetman-Home-Care-Ontario-Report-06Feb2024.pdf.

In closing, the DVDRC is committed to reviewing existing risk factors to consider the need to add factors unique to the aging community. All systems have a responsibility to work within the construct of prevention and change, and the DVDRC will demonstrate inclusion and accountability to all in our efforts to enhance the prevention, earlier recognition and intervention of IP homicide in this community.

Chapter Two:

Children in the Aftermath of Intimate Partner Homicide

Report on the matter of the deaths of:

DVDRC 2022-11, DVDRC 2023-01, DVDRC 2023-02, DVDRC 2023-06, DVDRC 2023-08, DVDRC 2023-09, & DVDRC 2023-12

A summary of each death reviewed can be found in **Appendix C**.

Foreword

This chapter examines the profound impact intimate partner (IP) homicides have on child survivors, shedding light on their unique needs and the challenges they face in the aftermath.[10] It emphasizes the importance of providing enhanced support to these children and their caregivers through community services and increased provincial funding. The IP homicide reviews considered in this chapter highlight cases involving children who have endured severe trauma and life-altering circumstances. The report delves into the broader themes and context, culminating in actionable recommendations to improve the responsiveness of policies and services in this critical area.

Introduction

An 11-year-old girl, the eldest of three siblings, is awoken by her mother's screams coming through the bedroom wall she shares with her parents. When she goes into the hallway to ask about mom's well-being, her father tells her to go back to bed. In the morning her mother is missing. She is found dead, her body disposed of in a suitcase and thrown into a river. And it turns out her dad is responsible.

Four children under the age of ten are home when their father ambushes their family, murdering their pregnant mother, physically assaulting their grandmother, and stabbing their aunt. In the process, the father holds one of the children hostage before stabbing them and a sibling. While both children survive, their parents and unborn sibling are dead.

Two small boys under the age of six witness their father beat, stab, and decapitate their mother. The father places his jacket over his wife to "protect the kids". After his arrest, their father writes a letter to his sons expressing his eternal love for them while also justifying his violence against

[10] The DVDRC members that were part of the subcommittee that wrote this chapter include Robyn Bourgeois, Tamara Bernard, Carolyn Fraser, Peter Jaffe. Shalini Konanur, Deborah Sinclair, and Eva Zachary.

their mother because she "deserved it". He also prays that his sons are blessed with wives better than their mom.

In the early morning hours of a new day, a four-year-old boy hears banging and screaming coming from his mom's room followed by silence and the departure of her boyfriend. He makes his way into the room and tucks into bed beside his mom to fall asleep. When he awakes later that morning, he notices a large pool of blood around his mom and goes to a neighbour's house for help.

A grandfather goes to the media to express his frustration about being unable to find any counsellors to help his young grandchildren who were exposed to the aftermath of their father killing their mother, when police discovered the children in the home with their mother's body. The children did not receive counselling until two years after her death.

What Happens to the Children in the Aftermath of Intimate Partner Homicide?

This question guides the commentary and recommendations made in this report. The stories that open this discussion come directly from our case files, drawn from seven of the cases reviewed by the DVDRC in 2022 and 2023, where children were present and/or harmed when their mothers were murdered. These cases have been reviewed together to develop this report. As a committee, the DVDRC is deeply concerned that children are forgotten victims in the aftermath of IP homicide. Despite childhood experiences of intimate partner violence (IPV) being a risk factor for multiple negative outcomes, including perpetrating IPV later in life, existing social structures are failing children in the aftermath of IP homicide. Our recommendations aim to address this.

In the first section of this report, a brief literature review outlines key findings related to the impact of IPV and IP homicide on children. The research grounds our analysis and recommendations in existing research which, in turn, reinforces our findings. This section discusses key concerns the DVDRC has identified through the review of case files about the experiences of children in the aftermath of IP homicide, informing the recommendations made later in this report.

The Impact of Intimate Partner Homicide on Children: A Literature Review

Children living with exposure to IP homicide is a worldwide problem. According to the United Nations Office on Drugs and Crime,[11] every year, almost half a million people die as a victim of homicide, with at least one in seven of these homicides perpetrated by an intimate partner.[12] Current research has conservatively estimated that if 40% of the victims have children, and if an

[11] https://www.unodc.org/unodc/en/data-and-analysis/WDR-2011.html

[12] https://pubmed.ncbi.nlm.nih.gov/23791474/.

average family includes two children, then over 55,000 children worldwide are impacted by IP homicide.[13] The DVDRC has seen similar patterns, as in many of the cases reviewed by the committee, children are killed along with their parent or may have witnessed the homicide or discovered their parent's body. When one parent kills the other, children are faced with many losses. More specifically, in cases of homicide-suicide, the children lose both parents, and in cases of homicide, one parent is deceased, and the other is likely incarcerated. These are major disruptions in the lives of surviving children, as it impacts who they live with, where they live, where they go to school, and the loss of support from parental figures. The aftermath is further complicated by extended paternal and/or maternal families who may have competing narratives about what happened, potentially even initiating a custody dispute. The children's mental health, attachments and well-being may be severely impacted by the incident and could result in long-term trauma and suffering. Further, the homicide may have been the culmination of years of violence witnessed by children, ultimately exacerbating their trauma. [14,15]

Children are forever changed by IP homicide. In the blink of an eye, their lives are thrown into chaos that is largely beyond their control. One or both of their parents are dead, possibly in addition to siblings and other family members. Maybe they were present during the murders, and maybe they were physically harmed. In the aftermath, children may encounter a myriad of well-intentioned people trying to make sense of the violence and figure out how to help by interviewing them, whether or not they are ready to discuss the incident. Children may end up in the care of family members or the Children's Aid Society.

The trauma experienced by children impacted by IP homicide and their profound needs must be addressed. Other jurisdictions, including the United States and Australia, have researched these issues, and sought to prioritize treatment for these children as well as implementing policy and practice innovations.[16]

Concerns Identified in the Deaths Reviewed

In the aftermath of IP homicide and despite their vulnerability, children are frequently forgotten victims failed by existing systems of support, whether intentional or not.

i) Challenges with familial support

Like the children impacted by IP homicide, their family members or loved ones are also processing their trauma while also adapting to suddenly becoming caregivers for the children. Given the complexity of this trauma, family members may make decisions for themselves based

[13] https://doi.org/10.1007/s10567-015-0193-7.
[14] https://pubmed.ncbi.nlm.nih.gov/28976977/.
[15] https://pubmed.ncbi.nlm.nih.gov/17766726/.
[16] http://socialwork.asu.edu/family-violence-center/acasi and https://trauma-recovery.net.

on their existing capacity and skills that unintentionally negatively impact the children. Maybe they don't know how to talk to the kids about violence, so remain silent, or perhaps their coping mechanism is emotionally shutting down and moving on. Maybe they are scared to do anything because they do not want to harm the children further, or perhaps they don't know what to do because the social systems they reach out to for assistance have failed them. Maybe the family members reject those systems because they feel the systems have failed them or their murdered loved one previously. It may also be the outcome of familial patterns of abuse. All these possibilities are considered in our recommendations.

ii) Time limits to access counselling

Sometimes, the neglect of children in the aftermath of IP homicide is the outcome of social systems intended to protect them. There can be delays in initial access to services, as in the case reviewed where two children witnessed their mother's murder and waited more than two years to receive counselling. Further, agencies are often bound to time limits on accessing counselling for victims, with only special cases pursued alongside agency advocacy being considered beyond these limits. Funding limitations impact the ability of children to access desperately needed short- and long-term support. Sometimes, the system of support is ineffective in the absence of a smooth transition of care between agencies. Other challenges include inconsistencies in how services are delivered across the province, the absence of a provincial child advocate position, and failure to employ an intersectional social analysis when making decisions which creates barriers to access.

A major deficiency the DVDRC is seeing is that children impacted by IP homicide need long-term support but this is not always recognized or available. There are often strict time limits on how long children can get counselling, which does not consider the many reasons why they might not get help right after their parent(s)' death(s). In addition, children and their caregivers might not be ready for counselling immediately after an IP homicide. Time-limited counselling fails to recognize the possibility that individuals may not be open to counselling until months or years after the death(s) occurred or that they may require ongoing counselling for years to come.

There are also structural gaps such as referrals between agencies not taking place, long waitlists, lack of accessible support, and high costs. Funding limits mean that only those with insurance or financial resources can continue to get help, leaving others without the support they need. Agencies with limited budgets have to find creative ways to extend counselling to children after IP homicide.

iii) Need for an intersectional analysis

An intersectional analysis demands consideration to how multiple social factors (for example, race, gender, sexuality, class, ability, age, and location) work together to structure lived realities.

Failing to consider these factors together can create barriers for children attempting to access support in the aftermath of IPV. Consider the following:

- Indigenous children have distinct needs when it comes to support in the aftermath of IP homicide and IPV. The historical and ongoing impact of colonialism not only means that Indigenous children are often dealing with the consequences of intergenerational trauma, they may also experience a strong distrust of agencies such as police or child welfare who have participated in the colonization of Indigenous nations. Indigenous children may feel alienated from mainstream non-Indigenous agencies and wish to engage in culturally safe support options informed by Indigenous practices. Whether living in urban, rural, or reserve communities, Indigenous children may not have access to the culturally safe support they need because the programs do not exist, are not available in their community or they are not affordable to them (meaning travel costs to communities with programs, accommodations, fees). Language may also pose a barrier as few supports are offered in Indigenous languages.

- Some of the children in the deaths reviewed were either the children of a parent(s) who immigrated to Ontario or were immigrants themselves. Skin colour, cultural differences, and language skills make some of these children vulnerable to experiencing racism and alienation within mainstream support services. The absence of extended family in Ontario may leave the child/children on their own in navigating the system in the aftermath of IP homicide. In the case of children without immigration status, it can be particularly challenging to access necessary services.

- Additionally, some of the children in the deaths reviewed had existing disabilities at the time of the homicide. Are victim support services prepared to accommodate disabilities to make their support accessible? Is trauma support offered concurrently with disability support? Are staff trained to work with people with disabilities? Does the organization have relationships with agencies that specialize in supporting people with disabilities? An answer of no to any of these questions means that support may be inaccessible to children with disabilities.

These examples demonstrate that an intersectional analysis exposes lived social complexities that can help us develop informed, appropriate, and accessible support for all children in the aftermath of IP homicide. Surviving IP homicide is a lifelong journey, and more needs to be done to support children through their adolescence and into adulthood.

Major Themes and Recommendations

The deaths reviewed for this chapter have exposed systemic challenges that warrant action given the dire negative consequences for children in the aftermath of IP homicide. Our reviews have identified the following themes and recommendations:

A) Funding

Limited public funding restricts the support available to vulnerable children after IP homicide. For example, individual funding limits for counselling reduce children's access to this essential support. As a result, we have learned that supporting agencies must get creative with their limited budgets and capacities to extend this support. These funding limits do not consider that IP homicide survivors may not immediately be ready for support and may require lifelong care. Instead of supporting everyone according to their needs, limited funding forces agencies to make difficult decisions about who they can support and for how long. They must balance these decisions with the need to stay financially stable so they can continue to care for children.

To the Ontario Ministry of Children, Community, and Social Services (MCCSS):

Recommendation #1:
MCCSS should consider expanding its Victim Quick Response Program (VQRP) to adequately fund psychotherapy into adulthood for children exposed to intimate partner homicide to specifically recognize the unique needs of children who are dealing with the aftermath of this traumatic experience.

Further Context:
The VQRP offers short-term support for victims, their families, and witnesses after violent crimes like intimate partner homicide. Current funding and counselling sessions are insufficient for children's needs after such events. Expanding funding and access would provide better support for affected children.

B) Child Advocacy

The absence of the Office of the Provincial Advocate for Children and Youth means that individual people (for example, caregivers, police officers, social workers, and health care providers) are left to champion the support needs of children in the aftermath of IP homicide. While some operate within existing support systems and know how things work, others have little or no knowledge and/or experience navigating systems of care. Moreover, some children may have no one to champion their needs. This gap results in some children not receiving needed support.

For example, two young child survivors in one of the cases reviewed waited more than two years to receive counselling after witnessing their mother's murder and decapitation, with only their maternal grandfather, also dealing with his trauma, to advocate for their needs. This delay, partially caused by the COVID-19 pandemic, occurred despite the boys being identified as needing immediate psychiatric care.

To the Ontario Ministry of Children, Community, and Social Services (MCCSS):

Recommendation #2:

MCCSS should ensure that Children's Aid Societies (CAS) have the resources needed to better support children who are in the care of CAS in the aftermath of an IP homicide to ensure:

i) the children's needs are met, and supports are in place for extended family members taking on the responsibility for the children; and

ii) that additional referrals to services be made for these children once they reach an age where CAS may no longer stay involved (i.e., 18+).

Further Context:

By ensuring that children receive the necessary support, CAS could help prevent re-traumatization on multiple fronts including having to repeatedly recount the details of their experiences; feeling helplessness similar to what they experience during and after the IP homicide; and/or feeling alone or abandoned by systems meant to support them. CAS could play a crucial role in improving short and long-term outcomes for childhood survivors of IP homicide.

To the Government of Ontario:

Recommendation #3:

Consider restoring the Office of the Provincial Advocate for Children and Youth.

Further Context:

Previously, children and youth had a dedicated provincial advocate. Now, they share the Ombudsman's services with adults. For children to succeed, they need adults who prioritize their well-being and understand how the system operates. Without this support, children who are impacted by IP homicide risk falling through the cracks.

C) Service Gaps

There are numerous service gaps that prevent children from receiving appropriate support after intimate partner homicide. These gaps raise several interconnected issues, including:

- Failure to make appropriate recommendations for support services;
- Inconsistency in how victim services operate across the province;

- Inconsistency in how Family and Children's Services operates across the province;
- Agencies not complying with their mandates, policies and procedures to protect children;
- Extended wait times;
- Organizational silos and lack of collaboration; and,
- The absence of a smooth transition between agencies for clients.

To the Ontario Ministry of the Attorney General (MAG) and the Ontario Ministry of the Solicitor General – Community Safety (SOLGEN):

Recommendation #4:

MAG and SOLGEN should provide funding and seek a partnership with an Ontario university program to develop a study to learn from the lived experiences of children exposed to IP homicide.

Further Context:

An example of this type of partnership has proven effective, as seen in the United States where the U.S. Department of Justice Office for Victims of Crime and the Arizona Department of Public Safety have provided grants to Arizona State University to establish the Arizona Child & Adolescent Survivor Initiative (ACASI). The ACASI provides services to both children who have lost a parent to intimate partner homicide and their adult caregivers. These services are provided throughout the state of Arizona.[17]

To the Ontario Ministry of Children, Community, and Social Services (MCCSS), the Ontario Association of Children's Aid Societies (OACAS), and the Ontario Association of Chiefs of Police (OACP):

Recommendation #5:

The MCCSS, OACAS, and the OACP should collaborate to develop and implement training to promote increased professional awareness regarding the impact of IPV and IP homicide on children, with a particular focus on the ongoing mental health and social needs of these children directly following a traumatic incident.

Further Context:

Children's Aid Societies (CAS) and police services are key in identifying and supporting children affected by IPV or IP homicide. They can advocate for ongoing support if they understand the long-term effects. Publicly funded children's mental health centers, often the first to receive referrals, must be prepared to handle these complex cases.

[17] https://socialwork.asu.edu/family-violence-center/faqs

Conclusion

Of the 28 cases reviewed by the DVDRC in 2022 and 2023, this chapter considered seven. Each of the cases reviewed involved children, many of whom witnessed IPV throughout their parents' relationship, and/or were present during the homicide. Since the DVDRC's inception in 2003, over 50% of cases reviewed involved children. This statistic demonstrates the importance of ensuring that the surviving children are equipped with adequate and meaningful supports throughout the rest of their youth and adolescence, as well as into adulthood while they continue their lifelong journey of healing from losing one or both parents to IP homicide.

Acknowledgements

The DVDRC is grateful for Brian Bratt at the Kristen French Child Advocacy Centre Niagara for offering important input and insight into this critical area of review, as their contributions helped to shape the committee's understanding of the realities of providing support to youth affected by IP homicide and what recommendations could be made to help improve outcomes of those involved.

Chapter Three:

Intimate Partner Homicide and Family Law

Report on the matter of the deaths of:

DVDRC 2022-01, DVDRC 2022-14, DVDRC 2023-02,
DVDRC 2023-05, DVDRC 2023 -08, DVDRC 2023-09, & DVDRC 2023 -12

A summary of each death reviewed can be found in **Appendix C.**

Foreword

Every year women, and sometimes their children, are killed by their current or former intimate partners, often after they have taken steps to leave or end abusive relationships. While family courts are meant to help resolve parenting issues and protect children's well-being, the family law system can sometimes overlook the dangers survivors may face—especially when it encourages cooperation and shared parenting without fully considering the risks these arrangements may pose. For many survivors from marginalized communities, including Indigenous, racialized, immigrant, and low-income families, the family court system can be especially inaccessible or feel unsafe due to systemic discrimination, cultural barriers, and a long history of mistrust in legal institutions. These challenges can make it even harder for survivors to seek protection or assert their rights.

This chapter explores the complex issues of intimate partner violence (IPV), intimate partner (IP) homicide, and their intersections with the family court system in Ontario.[18] It presents 15 recommendations aimed at improving safety, fairness, and support for all families and professionals navigating the intersection of IPV and family law.

Introduction

Family law is deeply intertwined with the critical issues of family violence, IPV, and lethality, presenting complex challenges that require a multi-faceted approach. This chapter explores the urgent need for enhanced professional and public education, as well as specialized training for family court professionals. It emphasizes the importance of child protection workers and agencies in identifying IPV within family law cases, particularly where the welfare of children is concerned. Additionally, it highlights the necessity for increased and alternative family law options for survivors, especially for those from marginalized communities, to enhance access to services and prevent further deaths.

[18] The DVDRC members that were part of the subcommittee that wrote this chapter include Pamela Cross, Robyn Bourgeois, Tamara Bernard, Deepa Mattoo, and Katreena Scott.

Family Violence, Lethality, and Family Law: Making the Connections

Women and children continue to die after leaving abusive situations. As identified in past DVDRC reports, both the point of separation and parenting disputes are risk factors for lethality.[19] From 2003-2023, actual or pending separation was the second most common risk factor for intimate partner (IP) homicide and was identified in 64% of cases. In many of these cases, the survivors were also engaged with the family law system. Survivors, especially those with children, who leave an abusive partner are likely to engage with the family law system to resolve issues related to post-separation parenting, child support, financial and property issues, as well as for orders to protect them from ongoing abuse by their former partner. However, survivors and their children may also be involved with child protection and/or criminal law proceedings, which can complicate or delay the progress of their family law cases.

All the legal contexts presented pose unique challenges to survivors of IPV, which may increase risk of lethality.[20] Some of these are a result of the law itself; some are related to process; some to perspectives of the people working in the family court, criminal justice, and child protection systems. The abuser is the cause of many of the challenges, as is the trauma the victim may be experiencing because of past and ongoing abuse.

Survivors are often not believed when they share information about having been abused, making them reluctant to report it. If survivors raise issues of family violence but do not have independent evidence of the abuse, they can be accused of alienation.[21] When individuals do not report their experiences of abuse, it can have a significant impact on the outcomes of family law cases, including any orders relating to safety measures.

Family courts often encourage friendly parenting, compromise, early settlement, and alternative dispute resolution like mediation. However, these processes can be challenging for those subjected to post-separation abuse or trauma. Survivors may feel pressured to agree to joint decision-making or shared parenting time, even when they have legitimate safety concerns. When survivors seek sole decision-making or supervised parenting time with their ex-partner to protect their children, they are sometimes unfairly viewed as unreasonable or vindictive, rather than acting in their children's best interests.

The combination of past and ongoing abuse leads to trauma for many survivors of IPV, which can create further challenges during family court proceedings. The family court process itself may be re-traumatizing, as it requires the survivor to remain engaged with the abuser and re-tell their story several times.

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[19] https://www.ontario.ca/document/domestic-violence-death-review-committee-2018-annual-report/appendix-b-dvdrc-risk-factor-descriptions.

[20] https://lukesplace.ca/wp-content/uploads/2013/01/When-Shared-Parenting-and-the-Safety-of-Women-and-Children-Collide.pdf.

[21] https://publications.gc.ca/site/eng/9.932042/publication.html.

Changes made in 2021 to the *Divorce Act* and to Ontario's *Children's Law Reform Act* require that courts consider family violence when deciding what parenting arrangements may be in the best interests of children. Family violence is broadly defined to ensure that all forms of violence, including coercive control,[22] are captured and considered. Given the recent changes to the above-noted Acts, and the persisting violence seen throughout the DVDRC's reviews, it is evident that further education is needed regarding the intersections between family court and family violence.

Of the 28 death reviews conducted by the DVDRC between 2022-2023, this report considers seven which intersected with the theme area of family law.

Major Themes and Recommendations

A) Judicial Education

Judges would benefit from enhanced education on the various forms of violence that may result in intimate partner homicide, including intimate partner and gender-based violence. It is important for judges and other members of the legal system to recognize that violence and abuse can also come from people beyond just intimate partners, including harm from family members, friends, co-workers, or others in their social circle. A more comprehensive understanding of these forms of violence can help ensure that judicial decisions are informed by the diverse realities and challenges that survivors may encounter. Further, there is a need for greater awareness of the risks that survivors and children face after separation, the impact of violence on children, and the dynamics of coercive control.

In recent years, significant strides have been made in the development of new legislation at both the federal and provincial levels, advocating for judicial education on IPV (see IP Homicide and Family Law Appendix for details of the relevant legislation). Despite these advances, substantial gaps persist in understanding the entities responsible for developing and delivering this education, the curriculum's scope, and the accountability measures in place.

This theme was reflected in DVDRC 2022-01, in which repeated court orders failed to protect a very young child from her father, who had been abusive to her mother during the marriage. More specifically, the following recommendation aims to empower judges with the knowledge and skills necessary for navigating the complexities of IPV cases, fostering a more informed and empathetic judicial response.

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[22] Coercive control in the context of IPV refers to a pattern of behavior where one partner uses tactics such as intimidation, isolation, control, and manipulation to dominate and restrict the other's freedom and autonomy, often resulting in the victim/survivor feeling trapped and powerless.

The implementation of a judicial education program, with the associated accountability and oversight mechanisms, would contribute significantly to the overall improvement of the family court system's handling of IPV cases.

To the National Judicial Institute (NJI):

Recommendation #1:
Consider developing a comprehensive educational program for family court judges to enhance their understanding of family violence dynamics and effective legal approaches, with a focus on intersectionality and marginalization. The program should be developed, reviewed and regularly updated with feedback from community groups and survivors of IPV. Further details for each of these suggested elements can be found in the IP Homicide and Family Law Appendix.

B) Public Education

Victims, neighbours, friends, family and others who are aware of IPV and abuse, often under-identify risk and/or are unaware of common risk factors for lethality. There is currently a lack of public education materials that specifically address the risk factors for lethality, the many forms of post-separation abuse or violence, and the connections between coercive control and lethal violence.

Many members of the public have limited awareness or understanding of family law and the family court system unless they have personally engaged with it. As a result, survivors may not realize they have legal rights and responsibilities, or that legal remedies are available to help keep themselves and their children safe. They might not know how to find a family law lawyer, apply for legal aid, or access services like Ontario's Family Court Support Worker Program. Additionally, the family, friends, neighbours, or colleagues they turn to for help may also be unaware of the support and services that family law and family courts can provide.

In five of the cases reviewed[23] family members, friends, work colleagues and/or others who knew the victim were aware of the ongoing abuse but may not have understood the risk of lethality to either the victim or their children, nor the legal options available to them. The victims themselves also tended to downplay the seriousness of ongoing abuse and to believe they could manage it themselves. They likely could have benefited from formal supports.

To the Ontario Ministry of Community and Social Services (MCCSS), and the Neighbours, Friends, and Families (NFF) Campaign in the Centre for Research & Education on Violence Against Women & Children at the University of Western Ontario:

[23] DVDRC 2022-14, DVDRC 2023-08, DVDRC 2023-12, DVDRC 2023-02, and DVDRC 2023-09

Recommendation #2:
MCCSS should collaborate with NFF to expand public resources on IPV, post-separation abuse, and the family court system.

Recommendation #3:
MCCSS, in partnership with NFF, should consider co-developing new materials with a community organization to educate survivors, neighbours, friends, and families on identifying post-separation risk factors, including coercive control, risks to children, and the impact of family law issues. These materials should also provide information on accessing support services and basic family law topics to enhance public education and knowledge.

C) Training for Family Court Connected Professionals

All professionals who provide services to families where violence has occurred require specialized training in understanding the dynamics and nuances of family violence. Many professionals may become involved to help settle a family dispute or offer assessments for the court's consideration on a parenting plan in the children's best interests. These professionals may include child protection workers, legal aid staff, lawyers, mediators, referral workers, Office of the Children's Lawyer staff, Section 30 parenting assessors, and parenting coordinators.

This training should cover a wide range of topics, explored to different depths depending on who is being trained. Please see the IP Homicide and Family Law Appendix for a detailed description of the key topics to be covered.

In its review, the DVDRC identified several cases[24] in which improved training of professionals engaged with the families may have prevented the deaths of the mother and/or the child(ren).

To the Ontario Association of Children's Aid Societies (OACAS) and the Ontario Ministry of Children, Community, and Social Services (MCCSS):

Recommendation #4:
Introduce mandatory family violence and family law training for all those working in the child protection field, especially regarding the intersections between IPV, IP homicide and family court involvement.

[24] DVDRC 2022-01, DVDRC 2023-02 and DVDRC 2023-05.

To the Law Society of Ontario (LSO):

Recommendation #5:
Mandate the LSO's two-day "Primer on Managing the Family Violence File"[25] for all lawyers practicing family law.

Recommendation #6:
Reinstate the mandatory domestic violence awareness training for all LSO staff and per diem lawyers.

To the Ontario Bar Association (OBA):

Recommendation #7:
Provide regular training on family violence and family law, with Continuing Professional Development hours, for Ontario Bar Association members.

To the Council of Canadian Law Deans:

Recommendation #8:
Ensure that students at all Ontario law schools have access to specialized courses on gender-based violence, including intimate partner and family violence.

D) Child Protection Services

In reviewing previous DVDRC and inquest recommendations, as well as the cases considered in this report, it is evident that challenges continue in the child protection response to family law cases where IPV intersects with the welfare of children.

Child protection workers and assessors often do not identify risk to women and children appropriately as is illustrated by several cases[26] in this report as well as the broader literature. A 2022 report prepared by the Centre for Research & Education on Violence Against Women & Children (CREVAWC) and the London Family Court Clinic identified that "concerns were expressed that ongoing and potentially escalating domestic violence risk is not consistently and reliably recognized and responded to by child welfare services across the province."[27]

[25] https://store.lso.ca/a-primer-on-managing-the-family-violence-file-day-two
[26] DVDRC 2022-01, DVDRC 2023-02, DVDRC 2023-05, and DVDRC 2023-12.
[27] https://www.learningtoendabuse.ca/resources-events/pdfs/Roadmap-DVDRC-Full-Nov30.pdf.

To the Ontario Association of Children's Aid Societies (OACAS):

Recommendation #9:
OACAS should develop a policy to recognize the nuances of family violence in risk assessments, provide guidelines for supervisory involvement, and enhance training with practical sessions and case studies.

Recommendation #10:
The OACAS should implement cultural sensitivity training focused on intersectionality to meet the needs of marginalized and Indigenous communities.

To the Ontario Ministry of Children, Community, and Social Services (MCCSS):

Recommendation #11:
MCCSS should encourage all child protection agencies to provide comprehensive training for their staff on family court processes, the needs of survivors and their children, and trauma-informed practices. This training should use an intersectional approach to address trauma in diverse family structures, especially in high-risk situations where the parties involved have already gone to court. For more considerations regarding this recommendation, please see the IP Homicide and Family Law Appendix.

E) Increased Family Law-Related Options for Survivors

Survivors of IPV, particularly those from marginalized communities, often face significant barriers in accessing family law options, including the court system. This arises from a complex interplay of cultural, economic, and systemic factors, which can be compounded by historical injustices. As a result, some survivors choose not to engage with the family law system.

Survivors of IPV face numerous barriers within the family law system, such as limited access to legal resources and unequal power dynamics. These issues significantly influence their decisions, particularly for women, on whether to engage with the family law system, highlighting the need for a comprehensive understanding of the systemic barriers affecting survivors.

The family law system is unaffordable to many. Legal aid financial eligibility criteria are low, meaning many who lack the financial resources to pay for a lawyer do not qualify for a certificate and thus are unrepresented during their family law case. Even those who qualify for a legal aid certificate may struggle to find a lawyer who will accept the certificate, especially in small, rural, or northern communities. Further, certificates do not cover all legal issues and may not provide enough hours for proper representation. Unrepresented survivors of IPV face additional physical and emotional safety concerns due to direct interactions with their abuser through the legal process, which can lead to poor outcomes.

Survivors of IPV from immigrant and precarious status communities face distinct challenges, including language barriers, unfamiliarity with the legal system, and fear of repercussions related to immigration status.[28] These intersecting factors compound the difficulties faced by survivors, exacerbating their reluctance by significantly deterring them from engaging with family law options.

Hesitancy to engage in the family law system by Indigenous survivors is deeply rooted in historical and ongoing challenges. The Sixties Scoop, representing the theft of Indigenous children,[29] along with the enduring impact of colonization and residential schools, has fostered a profound mistrust of the Canadian legal system. The resulting historical trauma, combined with systemic factors, creates formidable barriers for Indigenous victims, often rendering the family law system inaccessible.[30]

The intersections of systemic inequality, discrimination, and violence contribute to a pervasive lack of trust in and knowledge of the family court system, hindering survivors from navigating it effectively. The following recommendations recognize systemic barriers exist and aim to address the specific needs of Indigenous, immigrant, and other marginalized communities with compassion and cultural sensitivity. By recognizing there are distinct experiences between these groups, the recommendations seek to transform the family law system into one that is more inclusive, responsive, and supportive.

To the Ontario Ministry of the Attorney General (MAG):

Recommendation #12:

Explore alternative options for survivors to engage with the family court system through non-mainstream methods. This approach may be developed through working groups involving survivors of IPV, community workers, lawyers, and stakeholders. This could also include the expansion of the Family Court Support Worker program through additional funding to ensure victims have access to comprehensive services, including risk assessment, safety planning, and information about family law rights and responsibilities.

Recommendation #13:

Increase funding and resources for Legal Aid Ontario for family law to improve accessibility and legal representation for victims of intimate partner and family violence throughout their family law cases.

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[28] https://canlii.ca/t/7n3d3.

[29] https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Final_Report_Vol_1a-1.pdf.

[30] https://www.ohrc.on.ca/en/interrupted-childhoods.

To Legal Aid Ontario (LAO):

Recommendation #14:

LAO should consider enhancing its recruitment and outreach efforts to expand the roster of lawyers who accept legal aid certificates, particularly geared toward those who work in family law or have experience working with survivors of IPV. This could include targeted campaigns to raise awareness amongst legal professionals about the benefits of joining the certificate program, as well as streamlining the onboarding process to reduce barriers to participation.

Further Context:

Many survivors of IPV who are dealing with family law-related matters face financial barriers that limit their ability to access legal representation. LAO plays an important role in bridging this gap by providing certificates that cover the cost of legal services. However, the availability of lawyers who accept these certificates—particularly those with expertise in family law, IPV, and trauma-informed practice—is often limited, especially in rural and remote communities. By expanding the roster of certificate lawyers and increasing recruitment efforts, this can improve survivors' access to legal support and assist them in navigating the justice system safely and effectively.

To the Ontario Ministry of the Attorney General (MAG), Legal Aid Ontario (LAO), and the Ontario Ministry of Children, Community, and Social Services (MCCSS):

Recommendation #15:

MAG, LAO, and MCCSS should ensure that services and resources are provided in multiple languages for survivors of IPV dealing with family law. Interpreter services should be trauma-informed and culturally sensitive to help victims navigate the legal system with compassion and understanding.

Limitations

As each case reviewed and considered within this report involved families with children, the subcommittee did not have the opportunity to explore the unique issues faced by women who without children who are engaged with the family court system and are killed by their partner/former partner. This is a significant area of concern and needs to be explored in the future. Efforts should be made to ascertain whether family law issues existed for all victims whose cases are being reviewed by the DVDRC.

Conclusion

Family law involvement is present in many IP homicides, as actual or pending separation is a significant risk factor for IP homicide. To improve responses to family violence by the family law

system and, ultimately, to reduce the rate of IP homicide, we need to understand where the gaps are and implement changes to eliminate them.

Acknowledgments

The DVDRC is grateful to Michelle Gingrich at the Ontario Association of Children's Aid Societies who provided important input on the complexities and realities facing the child welfare system.

IP Homicide and Family Law: Appendix

Theme A) Judicial Education: Relevant legislative changes

Judges Act (R.S.C., 1985, c. J-1)

https://laws-lois.justice.gc.ca/eng/acts/j-1/

Sec 60(2)(b) indicates that the Council may:

- Establish seminars for the continuing education of judges, including seminars on matters related to sexual assault law, intimate partner violence, coercive control in intimate partner and family relationships and social context, which includes systemic racism and systemic discrimination.

Sec 62.1(1) indicates that:

- Within 60 days after the end of each calendar year, the Council should submit to the Minister a report on the seminars referred to in paragraph 60(2)(b) on matters related to sexual assault law, intimate partner violence, coercive control in intimate partner and family relationships and social context, which includes systemic racism and systemic discrimination, that were offered in the preceding calendar year. The report should include the following information:

a) the title and a description of the content of each seminar, its duration and the dates on which it was offered; and
b) the number of judges who attended each seminar.

Sec 62.1(2) Tabling of report
The Minister shall cause a copy of any report received to be tabled in each House of Parliament on any of the first 10 days on which that House is sitting after the Minister receives the report.

Courts of Justice Act (R.S.O. 1990, c. C.43)

https://www.ontario.ca/laws/statute/90c43

Sec 51.10.1 (1) indicates that:

- The Chief Justice of the Ontario Court of Justice may establish courses for newly appointed judges and for the continuing education of judges, which may include courses respecting,

a) sexual assault law;
b) intimate partner violence;
c) coercive control in intimate partner and family relationships; and
d) social context, which includes systemic racism and systemic discrimination. 2023, c. 12, Sched. 3, s. 3.

Sec 51.10.1 (2) indicates that:

- The Chief Justice may, in establishing courses respecting matters mentioned in clauses (1) (a) to (d), consult with such persons, groups and organizations as the Chief Justice considers appropriate, which may include survivors of sexual assault, survivors of intimate partner violence and persons, groups and organizations that support these survivors, including Indigenous leaders and representatives of Indigenous communities. 2023, c. 12, Sched. 3, s. 3.

Sec 51.10.1 (3) indicates that:

- The Chief Justice may designate courses, including courses established under subsection (1), for newly appointed judges. 2023, c. 12, Sched. 3, s. 3.

Sec 51.10.1 (4) establishes that:

- No later than February 28 in each year, the Chief Justice shall submit to the Attorney General a report setting out the following information:
  1. The title, duration and dates of each course established by the Chief Justice respecting matters mentioned in clauses (1) (a) to (d) that was offered to judges during the previous calendar year.
  2. A description of the topics covered in each course.
  3. The number of judges who attended each course. 2023, c. 12, Sched. 3, s. 3.

Sec 51.10.1 (5) indicates that:

- The Attorney General shall cause a copy of a report submitted under subsection (4) to be tabled in the Legislative Assembly on any of the first 10 days on which that House is sitting after the Attorney General receives the report. 2023, c. 12, Sched. 3, s. 3.

Ontario's Children's Law Reform Act, R.S.O. 1990, c. C.12
https://www.ontario.ca/laws/statute/90c12

Sec. 18(1) of the Children's Law Reform Act indicates that the definition of "family violence" means:

- any conduct, whether or not the conduct constitutes a criminal offence, by a family member towards another family member, that is violent or threatening or that constitutes a pattern of coercive and controlling behaviour or that causes that other family member to fear for their own safety or for that of another person — and in the case of a child, the direct or indirect exposure to such conduct.

Sec. 18(2) also notes that the conduct need not constitute a criminal offence, and includes:

a) physical abuse, including forced confinement but excluding the use of reasonable force to protect themselves or another person;
b) sexual abuse;
c) threats to kill or cause bodily harm to any person;
d) harassment, including stalking;
e) the failure to provide the necessaries of life;
f) psychological abuse;
g) financial abuse;
h) threats to kill or harm an animal or damage property; and
i) the killing or harming of an animal or the damaging of property;

Divorce Act (R.S.C., 1985, c. 3)
https://laws-lois.justice.gc.ca/eng/acts/D-3.4/section-16.html

Sec.16(2) specifies that:

- The court shall give primary consideration to the child's physical, emotional and psychological safety, security and well-being.

Sec. 16(3) outlines that when determining the best interest of the child, the court shall consider all factors related to the circumstances of the child. This includes family violence related provisions including:

j) Any family violence and its impact on, among other things,
   i) The ability and willingness of any person who engaged in the family violence to care for and meet the needs of the child, and
   ii) The appropriateness of making an order that would require persons in respect of whom the order would apply to cooperate on issues affecting the child;

Sec. 16(4) outlines factors relating to family violence and notes that the court shall take the following into account:

a) the nature, seriousness and frequency of the family violence and when it occurred;
b) whether there is a pattern of coercive and controlling behaviour in relation to a family member;
c) whether the family violence is directed toward the child or whether the child is directly or indirectly exposed to the family violence;
d) the physical, emotional and psychological harm or risk of harm to the child;
e) any compromise to the safety of the child or other family member;
f) whether the family violence causes the child or other family member to fear for their own safety or for that of another person;

g) any steps taken by the person engaging in the family violence to prevent further family violence from occurring and improve their ability to care for and meet the needs of the child;
h) any other relevant factor.

Recommendation #1: *A comprehensive educational program for family court judges should be developed to enhance their understanding of family violence dynamics and effective legal approaches, with a focus on intersectionality and marginalization. The program should be developed, reviewed and regularly updated with feedback from community groups and survivors of IPV.*

Additional suggestions regarding each of these elements can be found below:

1. **Community Involvement and Accountability:**
   - Consider mandating active involvement of community-based IPV experts and survivors in developing and delivering judicial education.
   - Establish clear accountability measures for the development, delivery, and assessment of judicial education, ensuring transparency and effectiveness.

2. **Enhanced Curriculum on Intersectionality and Marginalization:**
   - Intensify the focus on intersectionality within the curriculum, emphasizing race, immigration status, and Indigenous experiences.
   - Incorporate nuanced discussions on systemic issues related to racism, immigration challenges, and the specific experiences of Indigenous peoples.
   - Embed comprehensive content addressing the unique challenges faced by marginalized groups in cases of intimate partner violence.

3. **Curriculum Content:**

The committee recommends the integration of a comprehensive IPV education program for judges, comprising both in-person and virtual components, with a total duration of 15 – 20 hours. The suggested curriculum may encompass the following key elements:

- Definition of Terms: Establishing a shared vocabulary for discussing IPV-related concepts.
- Prevalence and Types of IPV: Emphasizing post-separation abuse and coercive control to enhance judges' awareness.
- Common Risks/Red Flags: Identifying potential signs of lethality and understanding their significance.
- Power and Control Tactics: Exploring common tactics employed by perpetrators in IPV situations.
- Survivor Behavior: Understanding the motivations behind survivors' decisions to stay or return to abusive relationships.

- Intersections with Child and Animal Abuse: Recognizing the interconnections between IPV, child abuse, and animal abuse.
- Impact on Children: Examining the effects of IPV on children and understanding their unique needs.
- Challenges in Family Court: Addressing issues such as parental alienation claims and legal bullying specific to IPV cases.
- Creating a Safe Space: Providing judges with tips for establishing a secure environment, with a focus on survivors and children.
- Intersectional Analysis: Highlighting the impact of race, poverty, ability, immigration status, and gender diversity on families affected by IPV.
- Trauma-Informed Approach: Describing the characteristics of a survivor-centered, trauma-informed, culturally sensitive approach in family court.
- Managing Unrepresented Parties: Offering strategies for handling cases involving unrepresented and self-represented parties.
- Introduction to Family Court Support Worker Program: Familiarizing judges with available support resources.
- Qualifying/Role of IPV Experts: Understanding the role and qualifications of IPV experts at various stages, including trial.
- Involvement in Multiple Court Systems: Recognizing the sequential or simultaneous involvement of parties in criminal, immigration, child protection, and family court systems.
- Case Law Review: Staying informed on relevant legal precedents and decisions.
- Available Resources: Providing judges with a comprehensive overview of available resources for IPV cases.
- Implicit Bias Training: Implementing training to raise awareness of and address implicit biases that may affect judgments in IPV cases, promoting fair and impartial decision-making.
- Post-Training Support: Establishing a system for post-training support, such as mentorship programs or ongoing resources, to ensure that judges can seek guidance and clarification as they apply their knowledge in real-world cases.

4. Delivery Methods:

- Mandate self-directed virtual learning, ensuring accessibility for judges with diverse schedules.
- Promote engaging lecture presentations with discussions that encourage an open dialogue on intersectionality and cultural sensitivity.
- Facilitate small group problem-solving and skills-development activities, with scenarios that reflect the diverse experiences of individuals from marginalized backgrounds.
- Feature presentations by lawyers, survivors, community advocates, and Family Court Support Workers, with a focus on sharing diverse perspectives and insights.

5. **Education Extension:**
    - Extend intimate partner violence (IPV) education to all judges, irrespective of their tenure, highlighting the continuous and evolving nature of learning in the context of IPV cases.

Training for Family Court Connected Professionals

Key topics of a practical and case-based training may include:

- Overview of family law and its responsibilities in situations involving family violence;
- Overview of family court processes;
- The need to bring an intersectional- and trauma-informed approach when working with families dealing with family violence;
- The prevalence and types of family violence, including intimate partner violence and child abuse;
- Connections between family violence and animal abuse;
- Common risk factors and red flags;
- Common power and control tactics, including the use of false allegations of parental alienation during family court proceedings;
- Prevalence of post-separation abuse, including litigation abuse;
- Coercive control and its implications during a family court case;
- Common victim self-protection behaviours.

Recommendation #11: *MCCSS should encourage all child protection agencies to provide comprehensive training for their staff on family court processes, the needs of survivors and their children, and trauma-informed practices. This training should use an intersectional approach to address trauma in diverse family structures, especially in high-risk situations where the parties involved have already gone to court.*

Additional Consideration:

Consider training at least one staff member or team to be subject matter experts and resources for other staff on the dynamics of family violence and its repercussions on children. Further, consider implementing an accountability system to track changes resulting from training ensuring ongoing review and improvement, and review cases where a death occurs to create learning opportunities across the child protection system.

Chapter Four:

Intimate Partner Homicide by Firearm

Report on the matter of the deaths of:

DVDRC 2020-11, DVDRC 2020-13, DVDRC 2021-04,
DVDRC 2021-24, DVDRC 2021-27, DVDRC 2022-05, DVDRC 2023-01,
DVDRC 2023-04, & DVDRC 2023-08

A summary of each death reviewed can be found in **Appendix C.**

Foreword

This chapter examines the intersection of firearm access and intimate partner violence (IPV).[31] Drawing on nine cases reviewed by the DVDRC, the findings of this chapter demonstrate how the presence of firearms can escalate IPV to homicide, particularly in contexts where prior concerns about violence or control have been documented. The deaths reviewed reveal recurring patterns in which opportunities for intervention may not have been fully realized, including challenges related to the enforcement of firearm restrictions and the identification of escalating risk factors. By reviewing these tragedies collectively, this chapter aims to inform the development of more effective, system-level strategies to contribute to the prevention of firearm-related IPV deaths.

Introduction

This chapter explores cases of intimate partner (IP) homicide in which a firearm was used to kill the victim(s). Included are four cases reviewed in 2022 and 2023 as well as five other cases reviewed in 2020 and 2021 that resulted in deaths by firearm, to provide a more comprehensive analysis of this issue.

In five of the nine cases reviewed, the person who caused the death(s) killed themself either immediately after the homicide or died during intervening interactions with law enforcement. In a majority of the cases reviewed, the person who caused the death(s) had, at some point in their history, been required to relinquish their firearms due to concerns about their risk to others. Three cases involved couples over the age of 70 where firearm access had not previously been

[31] The DVDRC members that were part of the subcommittee that wrote this chapter include Barb Forbes, Carolyn Fraser, Peter Jaffe, Katreena Scott and Eva Zachary. Data on DVDRC reviews was provided by Debika Burman.

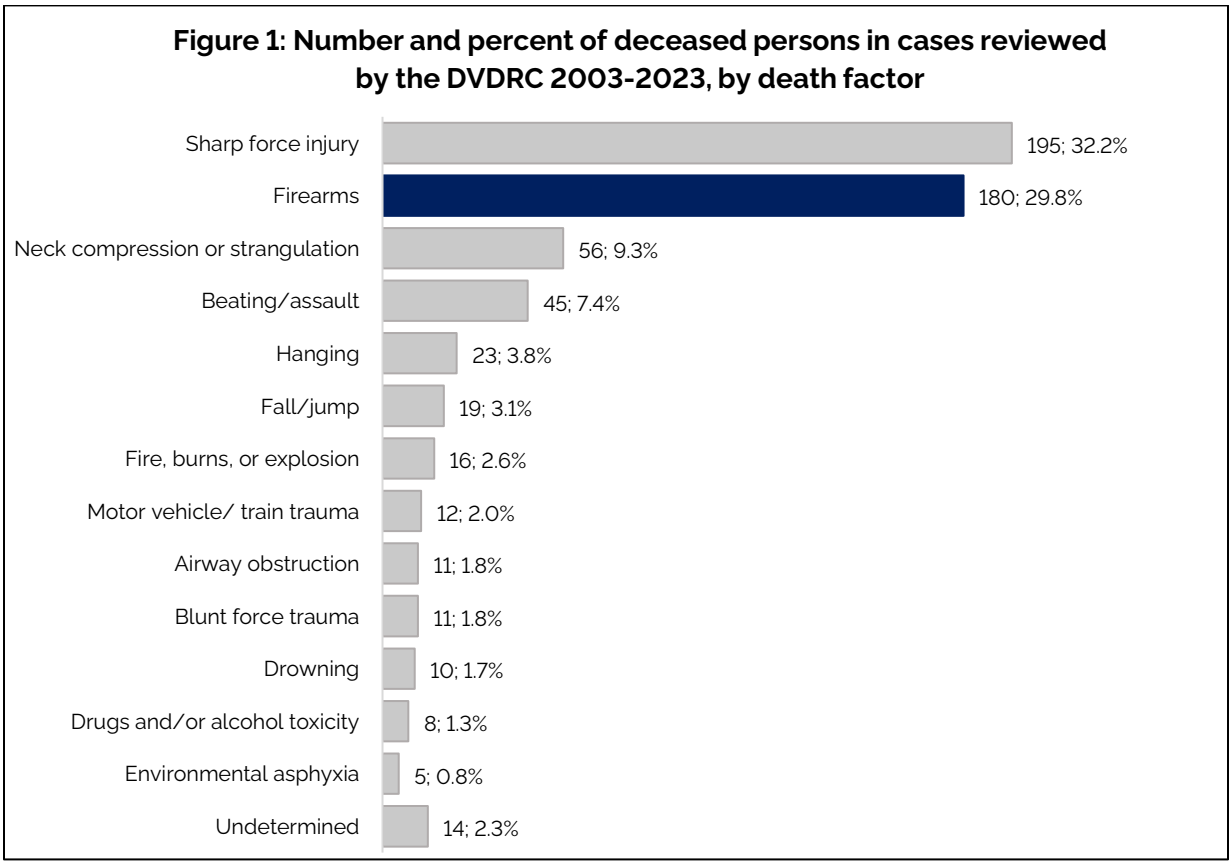
identified as a concern, though other risk factors had emerged in the months leading up to the deaths. For these cases, recommendations from the chapter on IP Homicide in Aging Populations should also be considered.

Background

Approximately One Quarter of Intimate Partner Homicides in Ontario Involve the Use of a Firearm

Firearms are often used in IP homicide. DVDRC reviews conducted between 2003 and 2023 (N= 419) demonstrate that 24.7% of cases involved firearms and 28.8% of all deceased persons (inclusive of victims and persons who caused the death(s), N = 605) died by firearm (see Figure 1). Firearms are second only to sharp force injury as the cause of death in IP homicide.

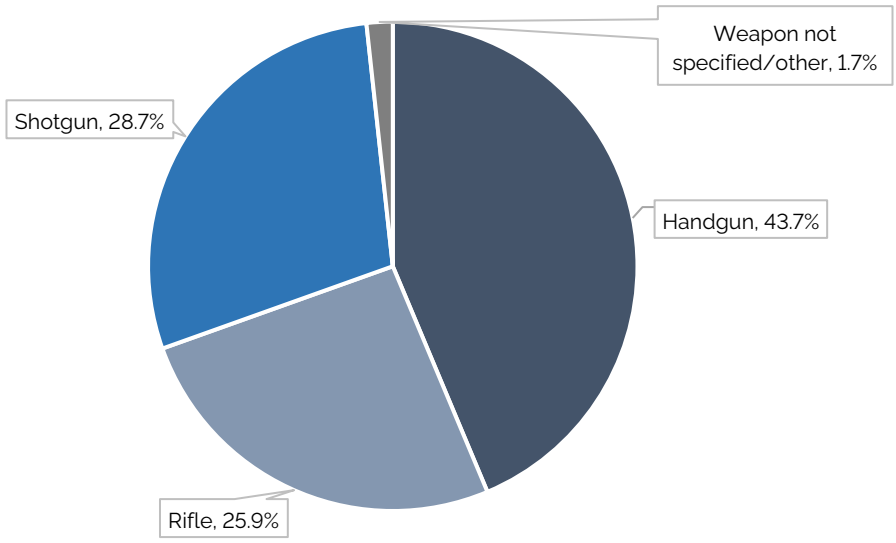
Figure 1: Number and percent of deceased persons in cases reviewed by the DVDRC 2003-2023, by death factor



Intimate Partner Homicides in Ontario Reporting: Use of Weapons

As shown in Figure 2, firearm deaths were slightly more likely to involve the use of shotguns or rifles—used in 55% of firearm deaths—than handguns, which were used in 44% of firearm deaths.

Figure 2: Proportion of firearm deaths by firearm type for all DVDRC reviews 2003-2023

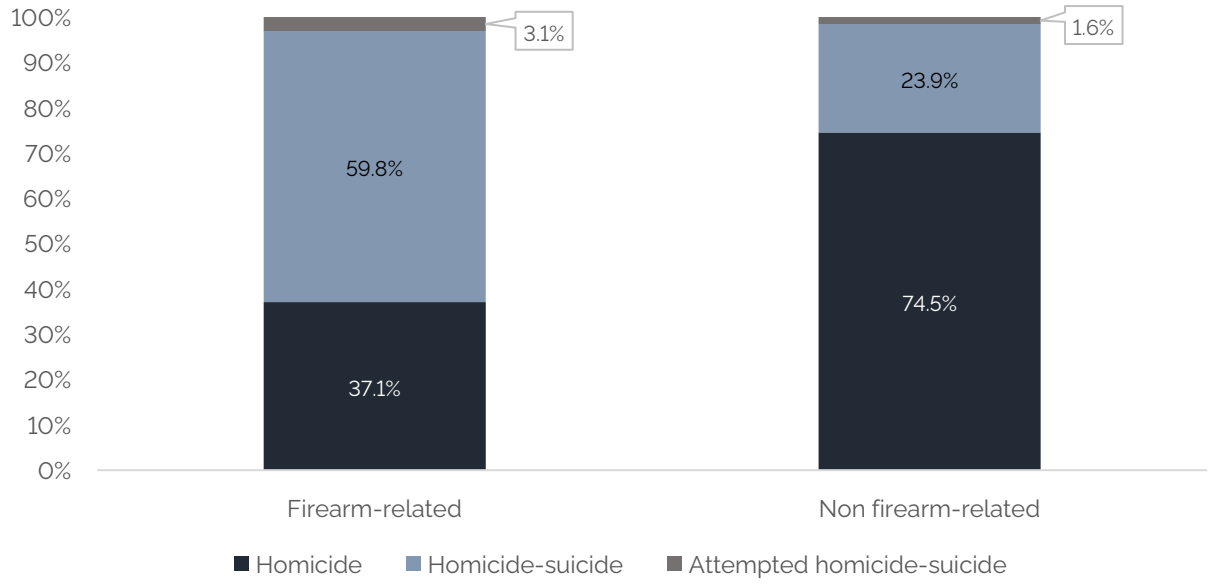


Access to, or possession of, a firearm is tracked as a risk factor in DVDRC case reviews, regardless of whether the firearm was used in the IP homicide. Across the 419 cases reviewed since 2003, this risk factor was present in just over one quarter (27.2%) of cases. In most of the cases reviewed for this chapter, the person who caused the death's access to firearms was known by authorities. In three of the cases reviewed, there was evidence that the person who caused the death(s) had (or very likely had) current licences to possess firearms. In another two cases, the person who caused the death(s) had previously been required to relinquish their firearms due to concerns about their risk to others but still had access. In one case, the person who caused the death's firearms licence had expired, however his guns had not been removed. Overall, there appeared to be a general absence of follow-up and accountability regarding concerns about firearm ownership and access. There were no cases in which escalating concerns about risk for IP homicide led to reporting of concerns about access to firearms.

When Intimate Partner Homicides Involve the use of a Firearm, More People Die

In IP homicide cases that involved a firearm, compared to those that do not, there are more people killed. In cases reviewed between 2003 and 2023, there were an average of 1.8 deaths in firearm cases and 1.3 deaths among cases that did not involve the use of a firearm. This difference is accounted for by the fact that cases involving a firearm are much more likely to be homicide-suicides. Specifically, 59.8% of all cases that involved a firearm were homicide-suicides, as compared to 23.9% of non-firearm cases.

Figure 3: IP homicide and homicide-suicide in all firearm and non firearm-related cases reviwed by the DVDRC 2003-2023



IP homicides have devastating consequences for children. Children lose their parents, they are often present at the scene, they may be the ones to discover the deaths, or they may be victims of firearm-related IP homicides. Since 2003, firearm-related IP homicides involved the killing of 11 children and youth.

Firearm-Involved Intimate Partner Homicides are More Likely in Rural than Urban Areas

According to the most recent data released in the Royal Canadian Mounted Police (RCMP) Commissioner of Firearms Report in 2023,[32] there were 2,364,726 firearm licence holders in Canada and 1,296,221 registered firearms. It is noteworthy that, according to this data, only restricted and prohibited firearms are required to be registered. There are also many unregistered firearms in Canadian households. Estimates of the number of unregistered firearms vary, but the number may exceed two million.[33]

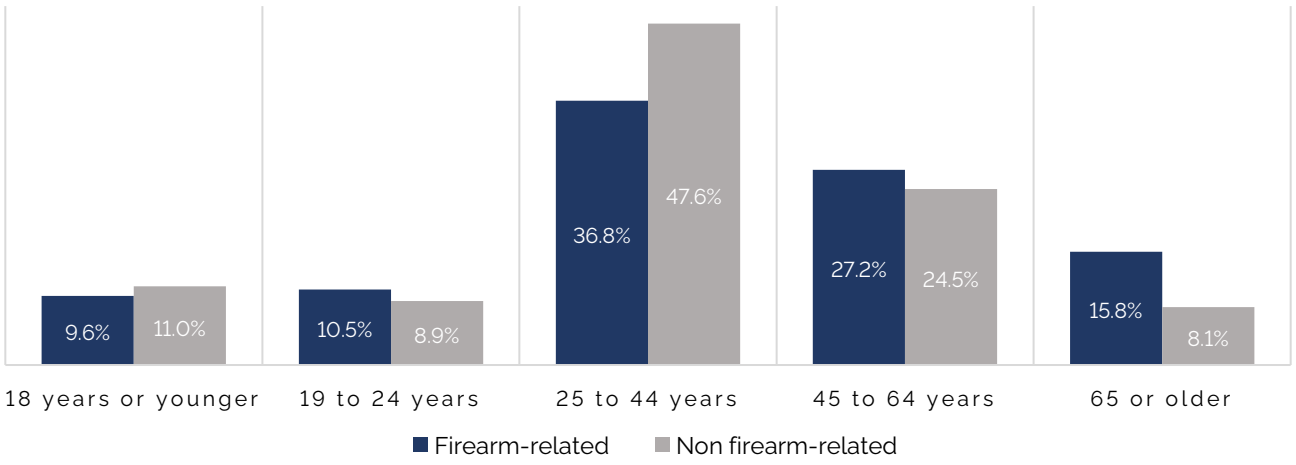
In Ontario, in 2023, there were 672,938 firearm licence holders. Firearm licence holders are much more likely to be men (85%) than women (15%). Rural per capita ownership of guns is almost double urban per capita ownership (4,500 per 100,000 vs. 2,500 per 100,000).[34] Firearm-related violent crime in urban areas is more likely to involve the use of a handgun, whereas firearm-related violent crime in rural areas is more likely to involve a shotgun or rifle.[35]

[32] https://rcmp.ca/en/corporate-information/publications-and-manuals/2023-commissioner-firearms-report.
[33] https://thegunblog.ca/facts-stats/.
[34] https://www.gazette.gc.ca/rp-pr/p2/2022/2022-11-09/html/sor-dors219-eng.html.
[35] https://www150.statcan.gc.ca/n1/pub/85-002-x/2022001/article/00009-eng.htm.

Consistent with these patterns, both gender and rurality were related to firearm-related IP homicide. Since 2003, males accounted for 97.4% of persons who caused a firearm-related IP death, compared to 89.6% of IP homicide cases that did not involve a firearm. Moreover, rural locations were more common among firearm-involved deaths than other locations.

Age is also a factor in firearm-related IP homicides. As show in Figure 4, a larger proportion of deaths occurred in older adults (45-64 and 65 plus) in firearm-related cases, compared to non-firearm-related cases.

Figure 4: Percent of victim deaths by age group in all firearm and non firearm-related IP homicides reviewed by the DVDRC 2003-2023



Major Themes and Recommendations

Recommendations in this report focus on missed opportunities and prevention associated with greater recognition and response to the risk firearms pose in cases of IPV. Given that almost one in four cases of IP homicide reviewed by the DVDRC involve firearms, and 24.7% of victims were killed with a firearm, this focus is proven necessary.

It is important to note that recommendations are made in the context of recent amendments to the *Firearms Act* and Bill C-21 (*An Act to amend certain Acts and to Make Certain Consequential Amendments (Firearms)*, which received Royal Assent on December 15, 2023. These amendments include several provisions aimed at preventing firearm-related risks to victims of gender-based violence and IPV, including:

- Preventing individuals who are subject to a protection order or who have been convicted of certain offences relating to IPV from being eligible to hold a firearms licence.
- Mandating that the Chief Firearms Officer revoke an individual's firearms licence within 24 hours if there are reasonable grounds to suspect that they engaged in an act of IPV or stalking or if they become subject to a protection order.

        - For the purpose of this revocation, domestic violence is broadly defined to include physical, sexual, psychological, financial abuse, threats, harassment and stalking, and is inclusive of acts regardless of whether or not they constitute a criminal offense.
- Implementing a new "Red Flag Law" which allows any individual to apply to the court for an emergency weapons prohibition order in relation to a person who possesses a firearm and poses a danger to themselves or others.

These changes significantly enhance the ability of victims, their supports, and law enforcement to remove firearms from individuals whose actions could lead to death(s). For maximum impact, they should be paired with public and professional education, policy changes, and increased funding for gun control measures.

A) Public Education

Public education about IP homicide and IP homicide-suicide risks associated with firearm possession is essential. In many of the cases reviewed as part of this report, the person who caused the death's access to firearms was longstanding, and family members were aware of it. Many of these individuals had a current or recent licence to own firearms and had purchased their firearm legally. Only in one case, where the individual had a lengthy criminal history and had recently been released from a federal penitentiary, was it likely that a new gun was accessed through criminal networks. With broader public awareness of the risk factors for IP homicide and the specific risk of firearms, others might have been able to intervene to have firearms removed.

Public education on the use of firearms in IP homicide must reflect the reality of long-term gun ownership and counter the myth that, if a firearm were unavailable, the victim would have been killed through different means. Research indicates that the use of a gun in an attempted homicide is more likely to lead to death than attempted homicide by other means. There is an aspect of homicide and homicide-suicide that is situational and impulsive, making the availability of a firearm an important contributing risk factor.[36]

In cases reviewed by the DVDRC, family and friends are often concerned about the victim and recognize important risk factors such as access to firearms. They can identify many of the warning signs of IP homicide, however, they may not realize that these signs indicate a serious risk to the victim's life. Greater public awareness of the risk of IP homicide associated with

[36] Please see the following:
https://nursesunions.ca/wp-content/uploads/2019/11/2018_CFNU-Position-Statement_Gun-Control_EN.pdf.
https://www.acpjournals.org/doi/10.7326/m13-1301.
https://www.rand.org/research/gun-policy/key-findings/what-science-tells-us-about-the-effects-of-gun-policies.html.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1586136.

firearms is warranted. A public awareness campaign on firearms as a risk factor in situations of IPV should include the following information:

- Close to one-quarter of IP homicides in Ontario are committed with guns, and account for 29% of all IP homicide-related deaths (both victim and person who caused the death(s)).
- Access to firearms is an important risk factor for IP homicide.
- When firearms are used, there are likely to be more victims.
- Access to firearms is also an important concern when someone is suicidal. Suicidality, in turn, is an important risk factor for IP homicide.

Public education is needed on recent changes in legislation (such as Bill C-21) as they relate to strengthening provisions for the protection of IPV survivors. Specifically, the public needs to be aware that any individual can apply to the court for an emergency weapons prohibition order against a person who possesses firearms and poses a danger to themselves or others. The Chief Firearms Officer of Ontario (CFO) has a responsibility to revoke a firearms licence if there are reasonable grounds to suspect that an individual who holds a licence may have engaged in an act of IPV or stalking.

The goal is for anyone with a firearm to be both law-abiding and responsible. Gun owners are interested in safety and concerned about IPV, suicidality, and mental health.[37] Their perspectives are important for shaping effective public education messages and reaching key audiences who might not otherwise be engaged.

The Canadian Firearms Safety Course (CFSC) is required to obtain a Possession Acquisition Licence (PAL) in Ontario. While the course does include a module on "Social Responsibilities of the Firearms Owner/User"[38] containing information (albeit limited) about signs of risk for suicide and homicide, no specific mention of IPV is made. The Firearms Safety Education Service of Ontario (FSESO) is the sole provider of the CFSC and Canadian Restricted Firearms Safety Course (CRFSC) in Ontario. Instructors are designated by the CFO to teach and examine these courses. The FSESO could include information on risk factors and warning signs for IP homicide in the standard education materials for both basic and advanced firearms safety courses, as instructed by the CFO or recommended by FSESO.

Ontario residents lack access to clear and accessible information on the lawful requirements for acquiring, possessing, carrying, and storing restricted and non-restricted firearms. Of critical importance is clear information about how to raise concerns regarding legal and illegal gun ownership. When friends, family members, or professionals are aware of legal or illegal gun ownership and the potential for violence, they need to be able to report these concerns and have

[37] https://injepijournal.biomedcentral.com/articles/10.1186/s40621-023-00430-z.
[38] https://publications.gc.ca/collections/collection_2015/grc-rcmp/PS99-2-2-1-2014-eng.pdf.

them acted on, especially in the context of concerns about IPV, suicidality, and other serious mental health problems.

To the Chief Firearms Officer of Ontario (CFO):

Recommendation #1:

The CFO should create a website and associated promotional materials to provide clear, easy to access information about firearm regulations, the use of firearms in IP homicides and when and how to report and respond to concerns about firearm access and ownership in the context of intimate partner violence.

Further details for each of these suggested elements can be found in the IP Homicide by Firearm Appendix.

To the Chief Firearms Officer of Ontario (CFO), the Firearms Safety Education Service of Ontario (FSESO), and Public Safety Canada:

Recommendation #2:

The CFO, FSESO, and Public Safety Canada should consider working collaboratively to develop and launch an awareness campaign to inform the public that access to firearms is a significant risk factor for IP homicide. The campaign should:

1. Emphasize the dangers of firearm access in cases of IPV.
2. Provide information on the processes available to report, relinquish or seek the removal of firearms, recent updates to related legislation and firearm safety.
3. Include a link to all provincial and territorial Chief Firearms Officer websites for information on lawful requirements and channels to raise concerns.
4. Engage relevant stakeholders in developing and sharing public education materials, including provincial-based gun clubs, and rifle associations.

To the Royal Canadian Mounted Police (RCMP), the Chief Firearms Officer of Ontario (CFO), and the Firearms Safety Education Service of Ontario (FSESO):

Recommendation #3:

The RCMP, the CFO, and the FSESO should consider including information in the Canadian Firearms Safety Course about firearm access being a risk for IP homicide.

B) Professional Education

In addition to public education, it is critical that all health care and social service providers are educated on the risks associated with IPV and possession of or access to firearms. In many of the cases reviewed, there had been recent contact with a health care and/or social service

professional. Greater awareness of risks associated with IPV might have led to indicated screening and discussion of firearms and their dangers by the professional.

When there are indications of violence, a history of IPV, risk factors for IPV, or suicidality, professionals should inquire about the availability of firearms and discuss the need to remove them. They should be well-informed about the new powers of the Chief Firearms Officer under Bill C-21. Additionally, health care and social service professionals should raise awareness among patients and clients about the risks of homicide and suicide associated with firearms in the home. They should provide strategies for removal of firearms or collaborating with police to remove firearms from homes where there is a risk of harm.

Furthermore, there is a need for specific education on the intersection of aging, declining physical, cognitive, and mental health, access to firearms, and IP homicide. Reviewed cases include three IP homicides involving older individuals with declining health. These cases highlight opportunities for enhanced education on these issues to help professionals recognize and respond to the unique risks associated with aging and declining health in the context of firearm access and IPV. This education will empower professionals to effectively raise and respond to concerns, ensuring the safety and well-being of their patients and clients.

Previous reviews have similarly found that victims and persons who caused the death(s) had contact with health, social service, and other professionals, with professional education being one of the most common recommendations from DVDRC reviews.

To Professional Colleges for Health and Social Service Professionals including the: College of Naturopaths of Ontario; College of Nurses of Ontario; College of Physicians and Surgeons of Ontario; College of Psychologists and Behaviour Analysts of Ontario; College of Registered Psychotherapists of Ontario; College of Traditional Chinese Medicine and Acupuncturists of Ontario; College of Midwives of Ontario; College of Homeopaths of Ontario; Ontario College of Social Workers and Social Service Workers, College of Occupational Therapists of Ontario; College of Chiropractors of Ontario; College of Massage Therapists of Ontario; College of Kinesiologists of Ontario; College of Pharmacists of Ontario; College of Physiotherapists of Ontario; and the College of Respiratory Therapists of Ontario:

Recommendation #4:
Each respective professional college should develop and distribute comprehensive educational materials on recognizing and responding to risks associated with IPV and access to firearms. Further, these materials should also include the links between aging, declining physical, cognitive, and mental health, access to firearms and IP homicide.

To Ontario Association of Chiefs of Police (OACP):

Recommendation #5:

The OACP should develop and distribute comprehensive educational materials to all their member police services in Ontario to emphasize the importance of specialized training for police officers in responding to IPV-related incidents and the high-risk nature that firearm access poses in these events. These materials should highlight the proven benefits of establishing dedicated IPV units within police services, and the necessity for these units to be staffed with officers who have advanced training in IPV risk factors, IP homicide, and the role of firearms.

To the Probation Officer Association of Ontario and the Ontario Ministry of the Solicitor General (SOLGEN):

Recommendation #6:

Annual and ongoing professional education on IPV should be provided to probation officers to address risks associated with firearms, mental illness, and suicidality in individuals with a history of IPV.

To the Chief Firearms Officer of Ontario (CFO):

Recommendation #7:

The CFO should undertake substantial and ongoing professional education on IPV when onboarded to the position, as they have an essential role providing oversight and education on firearms including the associated risks of IPV.

C) Policy Changes Related to the Possession and Acquisition Licence (PAL)

In one of the cases reviewed as part of this report, the person who caused the death obtained a firearm from a friend and lied to him about having a licence. He also did not disclose there was an order prohibiting him from owning a firearm. While it is an offence for a licensed non-restricted firearm owner to transfer a firearm into the possession of a transferee knowing that that person is prohibited or unlicensed, there is no corresponding requirement for the owner to take steps to ensure that the transferee is legally permitted to possess a firearm. This is a gap in law that should be addressed in federal legislation. In addition, improvement to the current framework could be achieved by including training and assessment in the PAL application process that encourages applicants to take steps to ensure that any person they transfer a non-restricted firearm to is legally entitled to possess a firearm.

For PAL applications, the DVDRC is encouraged that both current and former conjugal partners must be identified and contacted during the application and renewal process. It is also noteworthy that in 2023, Canada had 60,755 expired licences for restricted or prohibited firearms.

Of these, 56,573 were renewed, but 4,202 were not.[39] The DVDRC recognizes that following up with those who do not renew their licences to ascertain the status of their firearms will be time-consuming and require adequate resources.

To Public Safety Canada and the Department of Justice:

Recommendation #8:

Consider enacting or amending legislation to prohibit the sale or transfer of a firearm from one person to another without proof of the recipient having a valid firearm licence.

D) Ongoing Review and Enhancement of Work within the Justice Sector to Recognize and Respond to Concerns about Firearms Monitoring and Enforcement

Justice partners including police and probation officers must recognize heightened risks associated with possession of a firearm for individuals with a history of IPV. In one of the cases reviewed, police had recently attended the residence and in another case, there was evidence that a probation officer had knowledge that the person who caused the death may be in possession of, or seeking, a firearm. It is essential that, in cases of IPV, heightened risk for IPV, or suspected IPV, justice system professionals make use of provisions to remove firearms.

As previously mentioned, Bill C-21 makes amendments that allow for more immediate action to be taken when working with individuals who perpetrate IPV. Specifically, this Bill a) prevents individuals who are subject to a protection order or who have been convicted of certain offences relating to IPV from being eligible to hold a firearms licence; b) allows a victim to apply to the court for an emergency weapons prohibition order in relation to a person who possesses firearms and poses a danger to themselves or others and; c) declares that the Chief Firearms Officer can revoke a firearms licence, within 24 hours, if they have reasonable grounds to suspect that an individual who holds a licence may have engaged in an act of IPV or stalking, whether or not the actions constitute a criminal offense. These are important changes, but they will only be effective to the extent that they are enforced.

Increasing available options to order the removal of a firearm and/or suspend or revoke firearms licences is important, however, its implementation will be limited by the resources available. A current challenge for the Chief Firearms Officer is follow-up to orders for removal. Police are generally tasked with carrying out this order. Adequate resources are required to execute the resulting firearm seizures and revocation orders.

[39] https://rcmp.ca/en/corporate-information/publications-and-manuals/2023-commissioner-firearms-report.

In February 2022, the National Police Federation submitted a "Study on Gun Control, Illegal Arm Trafficking, and Gun Crimes"[40] to the House of Commons Standing Committee on Public Safety and National Security. In this report, the Federation called for the development of a unified program led by the RCMP, to provide adequate support for firearms control in Canada that would concentrate support, control, and investigative tools in one place and implement a strategy to curb the proliferation of illegal firearms manufacturing. The Federation further recommends that the federal government add this item to the RCMP's mandate and provide sufficient funding for the personnel and resources needed to create, administer, and manage this National Operational Investigative Program. Such work has potential to lead to downstream reductions of the availability of illegal firearms, which in turn, will help to reduce IP homicide.

To the Ontario Ministry of the Solicitor General (SOLGEN) and the Ontario Ministry of the Attorney General (MAG):

Recommendation #9:
Working collaboratively, SOLGEN and MAG should develop and provide education to all justice system partners on the new provisions under Bill C-21 for responding to risks associated with IPV including to police, Probation Officers, Assistant Crown Attorneys, Justices of the Peace, and staff at Partner Assault Response Programs.

To Public Safety Canada:

Recommendation #10:
Consider investment in proactive enforcement of firearm control as a method to maintain and enhance public safety as outlined by the National Police Federation's a "Study on Gun Control, Illegal Arm Trafficking, and Gun Crimes".[51]

To Associations of Specialist Service Providers in Gender-Based Violence including the: Ontario Association of Interval and Transition Houses, Ontario Coalition of Rape Crisis Centres, Women's Shelters Canada, Ontario Network of Sexual Assault/Domestic Violence Treatment Centres, Action Ontarienne, Ontario Women's Justice Network and the Centre for Research and Education on Violence Against Women and Children's Learning Network:

Recommendation #11:
Develop and provide education on the new provisions under Bill C-21 with respect to responding to risks associated with IPV to front-line service providers to ensure knowledge of the new provisions under Bill C-21 and how they may be used.

[40] https://www.ourcommons.ca/Content/Committee/441/SECU/Brief/BR11547746/br-external/NationalPoliceFederation-e.pdf.

Limitations

This report acknowledges several limitations inherent in themed reviews. While focusing on firearm-related IP homicides provides valuable insights, it inevitably excludes other critical aspects unique to each case. The origins of many firearms used in the reviewed cases remain unknown, representing a missed area for potential recommendations. Additionally, the report's findings are based on a limited number of cases, which may not fully capture the broader trends and complexities of IPV involving firearms.

Conclusions

As part of writing this report, committee members had formal and informal conversations with colleagues from many areas of work. An almost universal reaction was that of surprise about the fact that so many IP homicides involve firearms. Clearly, more needs to be done to publicize and share information about the risks of firearms in the context of IPV, and more action needs to be taken to recognize and respond to these risks. Failure to do so is a missed opportunity to prevent further deaths.

IP Homicide by Firearm: Appendix

Recommendation #1 - Guidance for Implementation

a) **General education:** It is recommended that the website should include links to key information such as how to get a licence, how to register a firearm, how to report concerns, and provide information and links to all other information that Ontario residents need to know about firearms. This website should link to the Canadian Firearms Program number (1-800-731-4000) for reporting safety concerns about the application, the renewal process and during the valid period of a PAL The website for the Chief Firearms Office of Alberta provides a good template. https://www.alberta.ca/albertas-chief-firearms-office. Of critical importance is that this website should include clear information about how to raise concerns regarding legal and illegal gun ownership and access.

b) **Safety information specific to domestic violence, suicidality, and other significant mental health problems:** When friends, family members or professionals are aware of legal or illegal gun ownership and/or the potential for violence, they need to be able to report these concerns and have them acted on. Family members, victims, adult children, neighbours and professionals concerned about an individual may be uncertain of where to turn to for information, and how to act on their concerns. It is therefore recommended that the website for the Chief Firearms Officer of Ontario include a section that specifically addresses safety in the context of concerns about IPV, suicidality and other serious mental health problems. This might be included alongside other safety issues (for example, see the safety subpage https://www.alberta.ca/firearms-safety where a range of safety issues including borrowing safely and displaying safely are covered).

c) **Broad publication of this website:** Once the website for the Chief Firearms Officer of Ontario is developed, it should be broadly publicized both in online and offline spaces. Search engine optimization should ensure that an Ontario-based Google/Bing/Safari/other query for "firearm information" or "how to report concerns about a firearm" or similar queries should efficiently lead to this website. Additionally, all local police services in Ontario should include a link to this website. There are also many off-line places where this information could be advertised. It is recommended that the CFO develop a series of messages that can be made into posters, postcards and/or pamphlets that include information and a link to this website. These materials could then be displayed (voluntarily or non-voluntarily) at shooting ranges, firearms merchants, and gun clubs. It may also be useful to explore providing this information on receipts from gun sales and considering making information about this website part of the standard waiting message for those calling police services.

Chapter Five:

Immigrant, Refugee, and Precarious Status Communities Experiencing Intimate Partner Homicide

Report on the matter of the deaths of:

DVDRC 2022-03, DVDRC 2022-04, DVDRC 2022-05, DVDRC 2022-08, DVDRC 2022-09, DVDRC 2022-10, DVDRC 2022-12, DVDRC 2022-14, DVDRC 2022-15, DVDRC 2023-05, DVDRC 2023-06, & DVDRC 2023-11

A summary of each death reviewed can be found in **Appendix C.**

Foreword

The deaths reviewed as part of this chapter have identified systemic barriers that may leave individuals within immigrant, refugee and precarious status communities without safe, accessible, and culturally appropriate support when experiencing intimate partner violence (IPV).[41] Immigrant, refugee, and precarious status communities often face intersecting barriers such as fear of deportation, language inaccessibility, and social isolation, which can prevent community members from seeking help or knowing where to turn for support. The themes identified in this chapter reflect this complexity and present recommendations for systemic change. Themes include the need for increased public education and community outreach for immigrant and refugee communities, trauma-informed training for front-line service providers, training courses for postsecondary students, and increased supports for settlement and language service providers. These insights are intended to inform a more inclusive and effective community response to ensure all individuals can access the protection and support they need.

Introduction

Immigrant and precarious status[42] communities offer a diverse mosaic of cultures, histories, and personal narratives, collectively shaping the intricate landscape of challenges encountered by individuals within these groups. This chapter highlights the need for customized prevention

[41] The DVDRC members that were part of the subcommittee that wrote and reviewed this report include Barb Forbes, Turab Ibrahim, Deepa Mattoo, Jeanne Francoise Moue, and Shalini Konanur.

[42] Precarious status is a concept that refers to various forms of less-than-full legal status. Specifically, it is marked by any of the following: the absence of permanent residence; lack of work authorization; depending on a third party for residence or employment rights; restricted or no access to public services and protections available to permanent residents (for example, healthcare, education, workplace rights); and deportability. Precarious status in Canada includes "documented" but temporary workers, students, and refugee applicants, as well as unauthorized forms of status, such as visa and permit overstayers, failed refugee claimants and undocumented entrants (See https://yorkspace.library.yorku.ca/items/f69f006f-ade0-4b5e-95b5-df0ac61a4897).

strategies and comprehensive support systems to tackle these challenges efficiently and alleviate the grievous outcomes of IPV among immigrant communities. Of the 28 cases reviewed by the DVDRC in 2022 and 2023, this chapter considers 12, revealing a clear theme: immigrant populations are at a high risk of enduring the destructive impacts of IPV and intimate partner (IP) homicide.

Background

Immigration status, particularly when precarious, can significantly heighten an individual's vulnerability to abuse. Without permanent residency, many individuals are dependent on partners, sponsors, or employers for legal status, housing, and income. This dependency can create dangerous power imbalances, where the threat of deportation or loss of status is used as a tool of coercion and control. Fear of jeopardizing immigration applications often prevents victims from reporting abuse or accessing services, delaying critical interventions. In contrast, secure immigration status can empower individuals to leave abusive relationships, access legal protections, and connect with essential services such as counselling, housing, and healthcare without fear of immigration-related consequences. Immigration status should never be a barrier to support, and the justice system should aim to deliver services that foster trust and safety rather than fear and shame.

Economic insecurity further compounds these risks. Precarious status often limits access to stable employment, healthcare, and social support, increasing financial stress and isolation—both of which are known risk factors for IPV. In some cases, individuals may be forced to remain in abusive relationships due to a lack of alternatives, especially when language barriers, cultural stigma, or unfamiliarity with Canadian systems make it difficult to seek help.

It is also essential to recognize the diversity and resilience within immigrant, refugee, and precarious status communities as they bring rich cultural traditions, histories, and strengths, but they also face unique challenges shaped by migration experiences, trauma, and systemic racism. For women in particular, the intersection of gender, immigration status, and cultural expectations can create profound barriers to safety. A lack of culturally safe, linguistically accessible, and trauma-informed services often leaves survivors without meaningful pathways to support.

IPV in immigrant, refugee, and precarious status communities cannot be understood through a single lens. IPV is shaped by a web of factors including immigration policy, gender inequality, economic precarity, cultural stigma, and institutional bias. Addressing it requires a holistic, intersectional approach that centers the voices and needs of those most affected.
The recommendations in this report aspire to address the specific needs of each community through prevention strategies that resonate with the tragic realities of IPV in immigrant, refugee, and precarious status communities.

Major Themes and Recommendations

A) Public Education, Community Outreach, and Information Dissemination

Public education and community outreach are vital tools in raising awareness and fostering the prevention of IPV within immigrant, refugee, and precarious status communities. Educational materials that explore power dynamics in sponsored relationships, vulnerabilities tied to precarious employment or immigration status, and the unique risks faced by international students and workers can help build a broader understanding of IPV. These types of resources aid in recognizing the signs of abuse and contribute to the public's understanding of how to seek help and support one another. To be effective, it is important that public education efforts are available in multiple languages and distributed in locations frequently accessed by immigrant, refugee, and precarious status communities, such as settlement agencies, places of worship, community centers, workplaces, and transit hubs. This inclusive approach ensures that the information contained in public education campaigns reaches those who need it most. For victims, timely access to this information can be lifesaving by connecting them to support services, legal protections, and safe pathways forward.

Further, social isolation can increase vulnerability to IPV by limiting access to information, support networks, and community resources. By investing in culturally responsive programs that foster connection, raise awareness about rights and available services, and provide safe spaces for dialogue, we can help reduce risk factors associated with IPV in immigrant, refugee, and precarious status communities while promoting the safety, dignity, and well-being of all newcomers.

To the Ontario Ministry of Labour, Immigration, Training, and Skills Development (MLITSD), and Immigration, Refugees and Citizenship Canada (IRCC):

Recommendation #1:

MLITSD, and IRCC should consider collaborating to create a comprehensive public education campaign and outreach initiative tailored to the challenges faced by immigrants, refugees, and those with precarious status. Public education materials should explore power dynamics in sponsored relationships, precarious status as workers or students, and the vulnerabilities related to precarious employment, including the risk of IPV in all circumstances. These materials should be translated into the top languages spoken in Ontario beyond the official languages of English and French including (but not limited to) Arabic, Hindi, Persian, Bengali, Urdu, Mandarin, Cantonese, Spanish, and Tagalog.[43] Additionally, targeted outreach strategies should be considered, especially through social media platforms commonly used by immigrant and refugee communities.

[43] https://www12.statcan.gc.ca/census-recensement/2016/as-sa/fogs-spg/Facts-PR-Eng.cfm?TOPIC=5&LANG=Eng&GK=PR&GC=35

Recommendation #2:
Allocate targeted funding to support newcomer integration programs that address social isolation, particularly among elderly newcomers, as a preventative measure for IPV and other forms of abuse.

B) Trauma-informed Training for Front-line Service Providers

Trauma-informed training for front-line service providers, including border services officers, police officers, and child protection workers, is essential to ensuring compassionate and equitable support for individuals from immigrant, refugee, and precarious status communities. These professionals often serve as the first points of contact when arriving to Canada or during moments of crisis, offering a critical opportunity for early intervention. Such interactions are especially important, as power imbalances and fear of immigration consequences can affect an individual's willingness to seek help when experiencing IPV. Training that addresses the complexities of immigration status dependency and the lasting impacts of trauma can help dismantle barriers to support. It also enables service providers to create environments that foster trust, dignity, and safety, shifting systems away from fear and shame, and toward healing and empowerment.

To the Canada Border Services Agency (CBSA):

Recommendation #3:
Consider establishing an inclusive, trauma-informed training program for Canada Border Services Agency (CBSA) officers, with a focus on power dynamics inherent in familial relationships, precarious immigration statuses, and applications in each immigration category, including family class and humanitarian and compassionate grounds. The purpose of training would be to help officers recognize a person's potential risk for IPV and would aid in their ability to refer individuals to appropriate services. This training could also underscore the importance of navigating sensitive interactions with empathy, cultural sensitivity, and an understanding of the power imbalances prevalent in immigration status dependent situations.

To the Ontario Association of Children's Aid Societies (OACAS):

Recommendation #4:
Develop a trauma-informed training module for all child protection service workers, focusing on relationship power imbalances linked to immigration status and the intersection with IPV and family violence. The training should include real-life cases of sponsored relationships, precarious employment, students, and temporary workers. It must highlight systemic challenges faced by these families, emphasizing the necessity for sensitivity in language and expression and available resources in Ontario.

To the Ontario Ministry of Children, Community, and Social Services (MCCSS):

Recommendation #5:
Establish specialized units or individuals within child protection services with expertise in the challenges faced by immigrant, refugee, and precarious status families, especially regarding gender-based violence. These specialists should have the skills and understanding needed to navigate these complexities.

To the Ontario Chiefs of Police (OACP) and the Ontario Ministry of the Solicitor General (SOLGEN):

Recommendation #6:
The Ontario Chiefs of Police, in partnership with the Ministry of the Solicitor General, should develop and distribute trauma-informed educational materials for police officers engaging with immigrant, refugee, and precarious status communities. These materials should aim to prevent IPV and IP homicide by ensuring officers across understand immigrant, refugee, and precarious status communities' unique needs and risk factors.

C) Mandatory Training Course for Colleges and Universities in Ontario

Comprehensive training on gender-based violence and IPV for postsecondary international students in Ontario is extremely important, as these individuals are often unfamiliar with local laws, cultural norms, and available support systems. Mandatory trainings in postsecondary institutions can equip students with critical knowledge about their rights, how to recognize signs of abuse, and where to access confidential resources and support. By fostering awareness and understanding, institutions can contribute to the creation of safer, more inclusive environments and help prevent violence before it occurs.

To the Ontario Ministry of Colleges, Universities, Research Excellence and Security (MCURES):

Recommendation #7:
Consider including comprehensive training on gender-based and IPV at all postsecondary institutions in orientation programs for international students. This training should aim to prevent IPV and educate newcomers on their rights and accessing resources and support.

Course content could include:

- Power imbalances linked to precarious immigration status
- Rights of temporary-status immigrants (students and workers)
- Permanent residency application process
- Abuse Prevention
- Resources for international students

- Recognizing signs of IPV, understanding risk factors and fostering supportive environments

D) Pathways to Secure Immigration Status in Ontario

Implementing a pathway to permanent residency for individuals within vulnerable immigrant and refugee communities can significantly contribute to reducing potential lethality and violence. There are several ways in which such a pathway can be transformative, as outlined in the Immigration, Refugee, and Precarious-Status Communities Experiencing Intimate Partner Homicide Appendix.

To the Ontario Ministry of Labour, Immigration, Training and Skills Development (MLITSD):

Recommendation #8:
Consider creating a new stream in the Ontario Immigrant Nominee Program (OINP) to secure immigration status for individuals facing intimate partner violence. This priority pathway should allow women facing IPV to apply for permanent residence, considering the challenges of dependent relationships and/or precarious employment or student situations.

E) Settlement Services and Not-for-Profit Organization Funding

New partnerships with settlement service organizations should be explored, and existing partnerships should be maintained with increased financial resources. These organizations play a vital role in offering culturally sensitive and linguistically appropriate services. It is crucial to recognize the diversity of community-based organizations, including grassroots initiatives deeply rooted in immigrant communities. These organizations possess invaluable local knowledge and trust, enabling them to effectively support vulnerable individuals. Therefore, funding should empower these grassroots organizations to continue their essential work without creating barriers. By investing in a diverse range of community-based organizations and removing financial obstacles, governments can strengthen the capacity of these organizations to provide comprehensive services and support to immigrant and precarious status communities.

To the Ontario Ministry of Children, Community and Social Services (MCCSS), the Ontario Ministry of Labour, Immigration, Training, and Skills Development (MLITSD), and Immigration, Refugees and Citizenship Canada (IRCC):

Recommendation #9:
Consider providing increased funding and tailored support to not-for-profit organizations working with immigrant, refugee and precarious status communities.

F) Funding for Language Services

Adequate funding for language services and interpretation is an important step toward bridging communication gaps that disproportionately affect vulnerable individuals, particularly from immigrant, refugee, and precarious status communities experiencing IPV. Language barriers can isolate victims, hinder their ability to seek help from front-line service providers, and prevent them from fully understanding their rights and the resources available to them. By investing in accessible, high-quality interpretation and translation services, victims will be better supported in navigating complex systems, reporting abuse safely, and accessing appropriate resources.

To the Ontario Ministry of Children, Community, and Social Service (MCCSS) and the Ontario Ministry of Labour, Immigration, Training, and Skills Development (MLITSD):

Recommendation #10:

Consider providing increased funding for language services, including the Language Interpreter Services (LIS) program, to address linguistic needs of those from immigrant, refugee and precarious status communities who are experiencing IPV.

Conclusion

This chapter aimed to highlight a range of opportunities for intervention and service improvements to support victims of IPV and IP homicide. To meet the diverse needs of various immigrant, refugee, and precarious status communities, a holistic approach must be adopted across systems and service providers to ensure that individuals can access and receive culturally appropriate and safe supports. This includes not only improving language access and trauma-informed care, but also addressing systemic barriers such as fear of deportation, lack of legal status, and social isolation, which can prevent individuals from seeking help. Collaborative efforts between immigration services, law enforcement, healthcare, housing, and culturally or religiously based community organizations are essential in creating a coordinated response that prioritizes safety, prevention, and intervention. Such efforts must support both survivors of IPV and those who have caused harm, with the goal of preventing further violence and death in immigrant, refugee, and precarious status communities.

Acknowledgments

The DVDRC is grateful to Erin Dean, a Team Lead at the Ministry of Labour, Immigration, Training, and Skills Development (MLITSD), who provided valuable information about the current programs available to Ontario's newcomers.

Immigrant, Refugee, and Precarious Status Communities Experiencing IP Homicide: Appendix

Recommendation #7: Pathways to Secure Immigration Status in Ontario

Further information for consideration:

- Empowering Independence: A pathway to permanent residency diminishes individuals' dependency on sponsors or specific employment situations, mitigating the potential for exploitative relationships where power imbalances can lead to violence.
- Fear prevention: With the fear of deportation or jeopardizing immigration status alleviated, individuals are more likely to report incidents of violence. This contributes to a safer environment by enabling timely intervention and support.
- Facilitating Access to Support Services: Permanent residency opens doors to a wider array of social services and support networks. Victims of violence can access counselling, legal assistance, and community resources without the fear of repercussions related to their immigration status.
- Encouraging Economic Stability: Permanent residency provides a more stable foundation for employment. Individuals can seek and maintain jobs without the precariousness associated with temporary or sponsor-dependent work, reducing financial stressors that may contribute to violence.
- Improving Mental Health Outcomes: Uncertainty about one's immigration status can be a source of significant stress and trauma. A pathway to permanent residency contributes to mental well-being by providing a sense of stability and security.
- Preventing Forced Relationships: Victims in sponsored relationships may face coercion due to the threat of losing sponsorship. Permanent residency eliminates this power dynamic, allowing individuals to exit abusive relationships without fear of jeopardizing their immigration status.
- Fostering Trust in Authorities: Permanent residency grants individuals a more secure legal standing, fostering trust in law enforcement and other authorities. This trust is essential for victims to come forward, report incidents, and seek justice.

Chapter Six:

Mental Health & Substance Use: Intersections with Intimate Partner Homicide

Report on the matter of the deaths of:

DVDRC 2022-02, DVDRC 2022-04, DVDRC 2022-05, DVDRC 2022-06, DVDRC 2022-07, DVDRC 2022-10, DVDRC 2022-12, DVDRC 2022-13, DVDRC 2022-14, DVDRC 2022-15, DVDRC 2022-16, DVDRC 2023-02, DVDRC 2023-07, DVDRC 2023-09, DVDRC 2023-11 & DVDRC 2023-12

A summary of each death reviewed can be found in **Appendix C.**

Foreword

This chapter examines the complex intersections between mental health challenges, substance use disorders, intimate partner violence (IPV), and intimate partner (IP) homicide.[44] It is important to emphasize that the intention of this report and analysis is not to stigmatize or assign blame to individuals who experience mental health or substance use struggles—whether they are survivors or perpetrators of violence. Rather, the focus is on understanding these intersections as potential risk factors to ensure the development and implementation of appropriate supports and preventative measures. By highlighting these factors, the aim is to contribute to a more informed and compassionate approach to addressing IPV and IP homicide by raising awareness and identifying opportunities for intervention to prevent further deaths.

Introduction

The connection between mental health, substance use, and IPV leading to homicide is a complex and multifaceted issue that underscores the intersectionality of these factors. Mental health issues, particularly depression, and substance use have been identified as risk factors for IPV, as they can lead to or provoke behaviour that may escalate to lethal outcomes. To effectively combat IPV, prevention and intervention strategies must work to address underlying mental health and substance use concerns alongside efforts to address IPV. Early identification and access to mental health services, substance use treatment programs, and comprehensive support systems for victims and perpetrators of violence are crucial in mitigating the risk of IPV-related homicides.

[44] The DVDRC members that were part of the subcommittee that wrote this chapter include Eva Zachary, Humberto Carolo, Barb Forbes, Jeanne Francoise Moue, and Deborah Sinclair.

Background

Previous research on IP homicide fatality reviews have identified that "male depression is one of the top four risk factors associated with domestic homicide"[45] and that "more than half of domestic homicide perpetrators had a substance abuse problem".[46] This demonstrates a direct linkage between mental health, substance use, and the increased risk for IPV and IP homicide.

The above statement is evident within the cases examined as part of this chapter, as 16 of the 28 IPV-related deaths reviewed by the DVDRC between 2022-2023 intersected with the areas of mental health and substance use. Several core themes were identified through these case reviews, including:

- A need for public education and awareness regarding IPV, and the role of mental health and substance use in relationships.
- A need for consistent use of risk assessments across systems.
- A need for increased collaboration between all community partners involved in the provision of care for mental health, substance use, and IPV.
- A need for ongoing and long-term counselling supports for victims and perpetrators with mental health and substance use concerns.
- A need for increased public and professional awareness and education regarding the intersections between IPV, mental health, and substance use.
- The financial struggles that exist for both victims of IPV and front-line service providers who respond to IPV.

History of Domestic Violence Risk Factors

Over 80% of the individuals who caused the death(s) in the cases reviewed as part of this chapter had a history of IPV with their current partner, and approximately 33% of the individuals had a history of IPV with previous partners. Over half of the cases involved couples who were in the process of separating or were already separated.

Other Risk Factors and Themes

An additional risk factor identified in the cases reviewed was that more than 60% of the persons who caused the death(s) were unemployed, resulting in financial stability concerns, adding to the stressors of already abusive relationships. Due to the repetitive cycle of IPV, several victims were highly vulnerable to revictimization, and expressed an intuitive sense of fear of their abuser. Further, several victims and individuals who caused the death(s) were observed to have an escalation in mental health and substance use concerns along with an escalation of violence (physical and/or emotional) prior to the homicides occurring.

[45] https://pubmed.ncbi.nlm.nih.gov/31370737/.

[46] https://pubmed.ncbi.nlm.nih.gov/30486719/.

Major Themes and Recommendations

Both the statistical analysis and the death review process by the DVDRC of these 16 cases have prompted the identification of several themes and corresponding recommendations aimed at addressing the intersections between mental health, substance use concerns, and how this may contribute to an increased risk of IPV and IP homicide.

A) Professional Training and Education

Training front-line service professionals on mental health and substance use in the context of IPV is crucial for effective prevention, intervention, and support.

Of the 16 cases reviewed for this chapter, many were identified as having missed opportunities for intervention by service professionals and criminal justice partners as well as a lack of early, preventative supports aimed at addressing the behaviours and circumstances of the individuals who caused the death(s).

Professionals such as counsellors, social workers, and healthcare providers play a key role in identifying and addressing the complex interplay between mental health, substance use, and IPV. Increased or further specialized training would assist these essential care providers to recognize signs of mental health or substance use concerns within IPV, and thereby provide more comprehensive and tailored assistance and intervention to victims, survivors, and the perpetrators of such violence.

Training would also foster a deeper understanding of the unique challenges faced by individuals experiencing or perpetrating IPV, enabling professionals to offer empathetic, informed, and culturally sensitive intervention and care. This can lead to improved outcomes and long-term healing for both the survivors and the individuals who caused the violence. For instance, in a recent academic study, it was identified that 77% of IP homicide-suicide perpetrators had contact with a general practitioner within the year of the homicide, with 42% reporting psychological problems.[47] This demonstrates that there are opportunities for intervention by service professionals that may help in reducing rates of IP homicide.

To the Ontario Ministry of the Solicitor General (SOLGEN), Ontario Ministry of the Attorney General (MAG), Ontario Ministry of Children, Community and Social Services (MCCSS), and the Ontario Ministry of Education (EDU):

Recommendation #1:

[47] https://awspntest.apa.org/record/2020-20123-007.

An annual training initiative should be implemented across each respective sector to raise awareness and develop skills to address how substance use and mental health issues affect intimate partner relationships. Consider including the following topics in the training curriculum:

- Impact of substance use, anxiety, depression, and other mental health concerns in the context of intimate partner violence
- Early education, engagement, and intervention strategies
- Understanding risks and potential for lethality
- Realities of and risk factors for recidivism
- Escalation of violence (physical and emotional)
- Training and awareness about the intersections of gender, masculinities, mental health, substance use, and IPV

Training sectors should include judicial partners, community/social services, family services, prevention organizations, and educational institutions.

To the College of Physicians and Surgeons of Ontario (CPSO), the College of Nurses of Ontario (CNO) and the Ontario College of Pharmacists (OCP):

Recommendation #2:
The CPSO, CNO, and the OCP should consider distributing the full "Mental Health and Substance Use: Interactions with Intimate Partner Homicide" chapter from the DVDRC 2022/2023 Annual Report (when published) to raise awareness, among health care providers, of the intersections between mental health, substance use disorders, and IPV.

B) Public Awareness and Education

Public awareness and education campaigns are vital for addressing the complex issue of mental health, substance use, and the intersections with IPV. Public awareness campaigns can help communities recognize warning signs and provide support to those in need. By promoting an understanding of how untreated mental health conditions and substance use can escalate tensions within relationships and contribute to abusive behaviours, campaigns can empower individuals to seek help and access resources to support families, friends, colleagues, and neighbours in identifying concerning behaviours and seek appropriate resources and supports. Moreover, educating the public about the role of trauma-informed care and destigmatizing mental health treatment can foster healthier relationships and safer environments for all individuals involved, especially for individuals who may be hesitant to seek help or treatment due to shame, gender norms, or other barriers. Such campaigns not only promote empathy and understanding, but also pave the way for early intervention and prevention strategies to address IPV effectively.

To the Ontario Women's Directorate at the Ministry of Children, Community, and Social Services (MCCSS), Public Safety Canada's National Crime Prevention Centre (NCPC), and the Neighbours, Friends and Families (NFF) Campaign in the Centre for Research & Education on Violence Against Women & Children at the University of Western Ontario:

Recommendation #3:

The Ontario Women's Directorate, as part of MCCSS, should collaborate with the NCPC, NFF, and prevention and education organizations including those that work with men and boys, to:

- Develop public awareness materials on identifying mental health and substance use concerns, their connection to increased IPV risk, and effective intervention and support strategies; and
- Create a public awareness campaign for both survivors of IPV and individuals who use violence in relationships who struggle with substance use and/or mental health issues. This campaign could focus on identifying victimization factors, understanding how violence is perpetrated, and providing information on where and how to seek help and support. It should be culturally adapted and promote increased awareness and engagement for men to seek mental health and substance use treatment and support, especially in circumstances where they are confronted with life stressors that may lead to the use of IPV.

To the Ontario Ministry of Education (EDU):

Recommendation #4:

Consider incorporating awareness about the intersection between mental health, substance use disorders, and IPV, including intersections with masculinities, harmful gender norms, and cultural references, into the current postsecondary curriculum when teaching about healthy intimate or romantic relationships.

To the Ontario Ministry of Public and Business Service Delivery and Procurement (MPBSDP):

Recommendation #5:

Consider developing a mental health resource guide for new business owners, providing education and resources on the intersection between financial stressors, mental health, substance use, and their impact on intimate partner relationships. This guide could include information on identifying concerning behaviours and when, how, and where to seek help.

Further Context:

One of the cases reviewed by the DVDRC[48] involved a couple who owned and operated a business. They were struggling with financial stressors related to money owing to both the bank and the Canada Revenue Agency. The resulting financial stress appears to have contributed to

[48] DVDRC 2022-05.

the homicide-suicide. If the couple had been provided with resources available to those struggling with financial difficulties upon opening up their own business, they may have been aware of options available to them for support.

C) Cross-Collaboration of Services

Cross-collaboration of services plays a vital role in early intervention efforts for IPV. By fostering partnerships among various sectors, including healthcare, social services, law enforcement, diverse ethnocultural organizations, and community organizations, a more comprehensive support network can be established for survivors. Additionally, more effective education, engagement, and prevention programming and services can be available for those who perpetrate IPV. This approach ensures that victims of IPV receive timely access to a range of resources including medical assistance, legal support, counselling, and shelter services, ultimately increasing their safety and well-being. Further, by providing effective intervention and wrap-around supports to those struggling with mental health and substance use issues who perpetrate IPV, it may contribute to the reduction and elimination of their use of violence in relationships.

Moreover, cross-collaboration enables professionals and community leaders from different disciplines to share expertise, coordinate efforts, and implement integrated strategies, leading to more effective prevention and intervention measures that are community specific. However, current challenges can prevent this cross-collaboration as inadequate funding, lack of staff resources, and high employment turnover can contribute to inconsistent case management, as well as missed opportunities for intervention and support. With adequate resourcing and increased collaboration, these diverse stakeholders can address the complex and multifaceted intersection of mental health, substance use, and IPV, breaking the cycle of violence and promoting healthier relationships within communities.

To the Ontario Ministry of the Solicitor General (SOLGEN) and the Ontario Ministry of the Attorney General (MAG):

Recommendation #6:

SOLGEN and MAG high-risk committee tables across the province should consider including community partners from the mental health, substance use, and IPV sectors to provide expertise on intervention strategies when reviewing cases where these issues are prevalent.

Further Context:

The DVDRC has identified that a multi-agency approach may have a positive impact on discussions and outcomes at high-risk committee tables, and that the voices and perspectives of experts in mental health, substance use, and IPV could be effective at suggesting appropriate resources and intervention strategies in these cases.

D) Consistent Use of Risk Assessments

The consistent use of risk assessments in IPV cases is crucial for several reasons. Firstly, they help professionals gauge the severity and potential lethality of a situation, enabling tailored interventions. By identifying factors such as past violence, access to firearms, or escalation of threats, risk assessments prioritize safety measures for victims.

Additionally, risk assessments inform decisions about the level of support and protection required, ensuring efficient and appropriate resource allocation. Consistent use across all front-line support services allows front-line service providers to track changes in risk levels over time and adjust intervention strategies as needed. Ultimately, risk assessments are instrumental in helping understand an abuser's level of distress in order to offer them appropriate supports, which may help to prevent further harm and potentially reduce lethality in cases of IPV.

To the Ontario Ministry of the Solicitor General (SOLGEN), Ministry of the Attorney General (MAG), the Ministry of Children, Community and Social Services (MCCSS), the Ontario Association of Chiefs of Police (OACP), the College of Physicians and Surgeons of Ontario (CPSO), The College of Nurses of Ontario (CNO), the Ontario College of Social Workers and Social Service Workers (OCSWSSW), the College of Psychologists and Behaviour Analysts of Ontario (CPBAO), and the College of Registered Psychotherapists of Ontario (CRPO):

Recommendation #7:

SOLGEN, MAG, MCCSS, OACP, CPSO, CNO, OCSWSSW, CPBAO, and the CRPO should ensure risk assessment tools are being utilized for all IPV situations within their respective sectors and police services.

To the Ontario Ministry of the Solicitor General (SOLGEN), Ministry of the Attorney General (MAG), the Ministry of Children, Community and Social Services (MCCSS), the Ontario Association of Chiefs of Police (OACP):

Recommendation #8:

Inter-ministerial and law enforcement collaboration should occur to ensure that common risk assessment tools and criteria are used across sectors, and the same measures are being employed across the province.

Further Context:

There are significant inconsistencies in how risk assessments for IPV are conducted across sectors such as public safety, justice, health, social services, and policing. This is due to the use of various tools, including the Ontario Domestic Assault Risk Assessment (ODARA), B-Safer, Danger Risk Assessment, and individual police risk assessments. Additionally, there is often a lack of

documentation on whether risk assessments were utilized when victims interacted with social services or police. A streamlined tool or approach would help ensure that risk is assessed in the same capacity across sectors, and may assist in leading to more effective referrals, interventions, and supports.

Limitations

Throughout the review process, the DVDRC has observed several limitations which have impacted the overall recommendations. These limitations include:

- Inconsistencies in how various sectors gather information during IPV-related occurrences across the province of Ontario. Thus, mental health and/or substance use concerns are not always identified appropriately.
- External research has noted that "depression and suicidality are not included in many domestic violence risk assessment instruments, thus making it difficult to assess the risk that these intersecting concerns may pose to an individual experiencing IPV".[49]

Conclusion

The intertwined relationship between mental health, substance use, and IPV presents a significant challenge to the criminal justice and public health systems. Effective intervention must address the underlying mental health and substance use issues contributing to both perpetration and victimization. Increased funding and resources for mental health services, substance use treatment programs, education and prevention programs, partner assault prevention, and IPV shelters are essential. A comprehensive, multidisciplinary approach is needed to address these correlations, prioritizing early intervention and holistic support services to create safer, and healthier communities for all Ontarians.

Acknowledgments

The DVDRC is grateful to Jake Verrips, a Social Worker at the Ministry of the Solicitor General, who provided information about the current programs available to IPV offenders in Ontario's correctional institutions and the training received by staff who work with these individuals in custody, as well as staff at Family Services Toronto who provided helpful context about their experiences working with individuals affected by IPV and their intersections with mental health or substance use struggles. This information helped to shape the committee's understanding of existing areas of prevention and support as well as opportunities for increased service provision.

[49] https://psycnet.apa.org/record/2020-20123-007.

Chapter Seven:

Intimate Partner Homicide in the 2SLGBTQQIA+ Community

Report on the matter of the deaths of:

DVDRC 2023-10, 2003-09, & DVDRC 2007-10

A summary of each death reviewed can be found in **Appendix C.**

Foreword

This chapter addresses intimate partner (IP) homicide within the Two-Spirit, lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, and additional sexually and gender-diverse (2SLGBTQQIA+) community, drawing attention to the distinct challenges and systemic inequities that contribute to risk and vulnerability.[50] Through the review of a homicide between a gay couple, and consideration of two previously reviewed DVDRC IP homicide cases within the 2LSGBTQQIA+ community, this chapter identifies areas for intervention, including the need for targeted public awareness campaigns, inclusive education that affirms 2SLGBTQQIA+ youth and promotes healthy relationships, as well as specialized outreach, services, and programming tailored to the community. The chapter concludes with recommendations aimed at fostering equity, safety, and systemic accountability in the prevention and intervention of intimate partner violence (IPV) within the 2SLGBTQQIA+ community.

Introduction

Historically, IPV-related research, prevention strategies, education, and survivor support programs have been geared towards heterosexual cisgender people,[51] and have not always been inclusive of those in the 2SLGBTQQIA+ community. Given that IP homicide extends beyond heteronormative relationship structures, it is critical that specific research, recommendations, prevention strategies, and survivor supports be provided for the 2SLGBTQQIA+ community. In the past decade, scholars and advocates have begun to turn their attention to intimate partner and gender-based violence (GBV) in the 2SLGBTQQIA+ community and have concluded that IPV against 2SLGBTQQIA+ persons "may occur at rates comparable to those reported in the heterosexual IPV literature"[52] but that those in the 2SLGBTQQIA+ community "experience GBV in

[50] The DVDRC members that were part of the subcommittee that wrote this chapter include Humberto Carolo, Pamela Cross, Marlene Ham, and Erin Lee.
[51] https://www.neighboursfriendsandfamilies.ca/blogs/2023/part_2_ipv_in_2slgbtqia_communities.html.
[52] https://oxfordre.com/socialwork/display/10.1093/acrefore/9780199975839.001.0001/acrefore-9780199975839-e-1133.

a way that cisgender and heterosexual people do not".[53] More specifically, public understanding of GBV has been developed in a frame of heteronormativity by constructing domestic violence and IPV as a binary gendered problem of men abusing their women partners, resulting in a perception that ignores contexts of violence in 2SLGBTQQIA+ relationships. Further, recent data has shown that sexual minority women are "much more likely to experience all forms of IPV than heterosexual women in Canada"[54] and that "more than half of sexual minority men have experienced IPV in their lifetime," which is much higher than their heterosexual counterparts.[55] These challenges can be further compounded for 2SLGBTQQIA+ individuals who are also Indigenous, racialized, living with disabilities, or part of immigrant, refugee, and precarious status or other marginalized communities, as they often face intersecting forms of discrimination and systemic barriers when seeking support.

Additionally, it is critical to understand and highlight the history of the 2SLGBTQQIA+ community to contextualize hesitancies to seek out supports or identify IPV in their relationships and experiences. The 2SLGBTQQIA+ community has been excluded, persecuted, and shamed for several generations across the globe, which has contributed to feelings of shame, fear, and guilt amongst many within the community. Many individuals fear "coming out" to their friends, family, colleagues, and peers and thus may not disclose their sexuality or relationship status to those around them. As such, members of the 2SLGBTQQIA+ community may not feel comfortable or safe discussing their experiences of IPV, as many spaces are not perceived to be safe or accepting of these relationships in the first place. Therefore, those within the 2SLGBTQQIA+ community involved in romantic, intimate, and/or sexual relationships often lack proper education, resources, or support to navigate through experiences of violence or abuse by their partners. Overall, it is evident that holistic efforts are needed to address all forms of IPV in the 2SLGBTQQIA+ community.

Background

This chapter is based on the review of one IP homicide which involved a male couple in the 2SLGBTQQIA+ community. To be more inclusive, two other cases involving members of the 2SLGBTQQIA+ community that were previously reviewed by the DVDRC[56] were assessed by the current committee membership to identify common themes and recommendations identified in the past that may still be applicable. Considered together, the cases provided the committee with an opportunity to address systemic issues and the specific needs of the 2SLGBTQQIA+ community as they pertain to the prevention of IPV in Ontario. The recommendations generated from the review of the present case—in consultation with community experts[57]—align with previous DVDRC recommendations related to homicides in the 2SLGBTQQIA+ community. It is,

[53] https://cnpea.ca/images/queeringgbvprevention-and-response_english.pdf.
[54] https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00005-eng.htm.
[55] https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00004-eng.htm.
[56] DVDRC 2003-09 and DVDRC 2007-10.
[57] See Acknowledgements section at the end of this chapter.

therefore, critical that attention be drawn to these pervasive issues that have existed for decades and do not appear to have been addressed.

Major Themes and Recommendations

A) Public Awareness, Outreach, and Programming for the 2SLGBTQQIA+ Community

Previous DVDRC recommendations in relation to deaths in the 2SLGBTQQIA+ community highlight the need for both professional and public education on the dynamics of IPV in the 2SLGBTQQIA+ community. This would assist service providers, including police, healthcare providers, and child protective services, as well as family members, to recognize IPV in non-heterosexual relationships and intervene when needed. More specifically, both the review of DVDRC 2007-10 and DVDRC 2023-10, identify that while family, friends, and neighbours may have been aware of the abuse in the relationships, they may have also had decreased levels of concern since the relationships did not display a "typical" representation of what the public knows to be IPV (meaning man/woman). While DVDRC 2007-10 involved a same-sex relationship between two women and DVDRC 2023-10 involves a male couple, different stereotypical beliefs may have been prevalent amongst family, friends, and service providers in the assessment of abuse in both relationships such as the understanding that women cannot hurt one another, or that men are "tough" and do not need intervention or supports.

According to consultations conducted with key organizations serving the 2SLGBTQQIA+ community, education campaigns, outreach, and programming aimed at IPV prevention in the community continue to be scarce and largely focused on urban centres. There is significant need to improve awareness of IPV as it impacts the community in disproportionate ways. Intersecting forms of discrimination, exclusion, and violence continue to contribute to the shame and stigma experienced by community members as it relates to IPV and proactive access to important services. In the case reviewed, there was no evidence that either member of the couple sought support from community services and organizations. Approaches and programming need to provide safe, community-specific spaces and be offered through mainstream organizations. An intersectional perspective, aimed at different age groups, should be used to address the needs of the 2SLGBTQQIA+ community throughout their lifespan. A focus on addressing stigma and shame across systems should also be employed.

To the Neighbours, Friends, and Families (NFF) Campaign in the Centre for Research & Education on Violence Against Women & Children at the University of Western Ontario:

Recommendation #1:
NFF should consider partnering with 2SLGBTQQIA+ organizations to create community-led public education resources and programs aimed at preventing IPV in 2SLGBTQQIA+ relationships. These initiatives could:

- Address myths and stigmas, and review heteronormative public awareness approaches to IPV prevention in order to remove barriers for the 2SLGBTQQIA+ community;
- Include information for 2SLGBTQQIA+ community members about the early signs of conflict and violence, IPV risk factors, de-escalating violence, promoting healthy masculinity, and where to seek help; and
- Address specific vulnerabilities such as disabilities, mental illness, substance use, HIV/AIDS, immigration status and other forms of discrimination.

B) Inclusion and Visibility of 2SLGBTQQIA+ Youth in the Education System

In addition to the need for improved public education about the dynamics of same-sex relationships, it is evident that such education is also crucial for 2SLGBTQQIA+ youth. For example, a 2002 DVDRC recommendation identified the need to incorporate programs in school to teach adolescents about healthy relationships, specifically in non-heterosexual relationships. While characteristics of healthy relationships are currently discussed in elementary education in Ontario starting in grade 3, the topics of sexuality and gender identity are not discussed until grades 5-8. Research has identified that 2SLGBTQQIA+ youth begin thinking about their sexuality at a median age of 10-13 but may not "know for sure" what their sexual orientation is until their late teens, between the ages of 15 and 18 years old.[58]

Early experiences of violence and intersecting forms of discrimination (homophobia, transphobia, racism) introduce elements of shame and stigma that negatively impact young people's safety, well-being, healthy development, future relationships, and access to supports.

It is important that the dynamics of healthy relationships between non-heterosexual couples be discussed from an early age and continue into both middle school and high school so that 2SLGBTQQIA+ youth and adolescents can understand what these relationships may look like as they grow into adults and learn more about their sexual and gender identity.

The education system in Ontario has an opportunity to proactively address the systemic discrimination and exclusion experienced by the 2SLGBTQQIA+ community. This education needs to start early and include the support of government, school boards, educators, unions, and the parent community so that young people learn to understand and expect healthy, safe, and normalized relationships.

To the Ontario Ministry of Education (EDU):

Recommendation #2:

Consider reviewing and revising school curriculum with the assistance of subject matter experts in the 2SLGBTQQIA+ community to ensure greater 2SLGBTQQIA+ inclusion in the discussion of

[58] https://www.pewresearch.org/social-trends/2013/06/13/chapter-3-the-coming-out-experience/.

healthy, safe, consensual, and equal relationships as well as information about where to go for help when relationships feel unsafe.

Recommendation #3:
Consider introducing workshops to combat 2SLGBTQQIA+ discrimination and bullying in schools through partnerships with 2SLGBTQQIA+ organizations or continuing these initiatives where they already exist.

C) Law Enforcement and IPV in the 2SLGBTQQIA+ Community

Several concerns were identified in the case reviewed regarding the police investigation, including the reliance on traditional viewpoints about the victim and perpetrator, rather than focusing on the dynamics of harm within the relationship. These concerns are compounded by the lack of information in this case file. The community has raised ongoing concerns about police handling of 2SLGBTQQIA+ IPV investigations and homicides, highlighted in particular by the homicides committed by Bruce McArthur in Toronto. While some progress has been made in law enforcement's relations with the 2SLGBTQQIA+ community, improvements do not appear to be consistently applied.

To the Ontario Association of Chiefs of Police (OACP) and the Ministry of the Solicitor General (SOLGEN) - Ontario Police College (OPC):

Recommendation #4:
Consider conducting a review of how incidents of IPV, including but not limited to IPV homicides, involving the 2SLGBTQQIA+ community are investigated by law enforcement officers and police services.

Recommendation #5:
Consider developing a specific curriculum about the unique elements of IPV within non-heterosexual couples and relationships to be included in IPV courses taken by all police officers. The curriculum should be developed in consultation with 2SLGBTQQIA+ community partners.

D) Funding to Address IPV in the 2SLGBTQQIA+ Community including the Redesign of Programs and Services

Transformative change is necessary in programs and initiatives aimed at addressing IPV in 2SLGBTQQIA+ communities. The current levels of funding may not allow community organizations to implement sustained changes to their programs and initiatives or support the creation of necessary new programs and services. Current programs and services are largely designed from a heteronormative perspective, without providing the necessary nuanced approaches to address the complex needs of the 2SLGBTQQIA+ community. Where there are

existing services demonstrating positive results and effective approaches, these are often small-scale, and limited by geography, time and resources. A diversity of funding approaches is needed, including local funds to support the redesign of programs and services and to increase access and decrease isolation for 2SLGBTQQIA+ community members living in rural areas in particular.

Recent literature has also identified that sexual minorities have a high risk of experiencing stigma and mental health challenges and are also at a high risk of being victims of IPV.[59] Specifically, 2SLGBTQQIA+ individuals report a higher prevalence of mood and anxiety disorders as well as suicidality than their heterosexual counterparts.[60,61] This may be due to shame, fear, or anxiety surrounding their sexual orientation or gender identity. While the connection between mental health and IPV is multifaceted and complex,[62] it is known that when a partner in a relationship has a history of depression and/or struggles with mental health or addiction, this can exacerbate the risk of violence and lead to lethal outcomes. Providing adequate, safe, and tailored mental health supports for members of the 2SLGBTQQIA+ community is critical, as sexual minority individuals are vulnerable to experiencing violence in their relationships and susceptible to struggling with their mental health.

To the Ontario Ministry of Children, Community, and Social Services (MCCSS):

Recommendation #6:

Funding should be allocated to 2SLGBTQQIA+ and gender-based violence organizations to develop education, programming, resources, outreach, and capacity to address and prevent intimate partner violence in diverse 2SLGBTQQIA+ relationships.

Limitations

This report is limited in how it addresses the full aspects of the impacts of IPV and IP homicide in the 2SLGBTQQIA+ community. It is evident that more research is needed regarding the unique complexities of IPV and IP homicide in the 2SLGBTQQIA+ community.

Conclusion

Research indicates that IPV rates in the 2SLGBTQQIA+ community are as high, if not higher, than in mainstream communities. However, awareness and proactive measures remain largely absent. Systemic transformation is needed, including individual awareness, curriculum development, funding, service redesign in the IPV/ GBV sector, and ongoing law enforcement reform.

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[59] https://journals.sagepub.com/doi/full/10.1177/08862605211072180.
[60] https://www150.statcan.gc.ca/n1/en/pub/45-20-0002/452000022023003-eng.pdf?st=Z6Z-bie6.
[61] https://www.mhanational.org/issues/lgbtq-communities-and-mental-health.
[62] Mental Health and Substance Use: Intersections with Intimate Partner Homicide - DVDRC 2022-2023 Annual Report.

Acknowledgments

The DVDRC is grateful for the contributions and important work of the 2SLGBTQQIA+ organizations and key partners that participated in the consultations to inform this report. These include Brittany Jakubiec at Egale Canada, Tina Horan, Jessie Manley, and Rachel Cheung with Family Service Toronto, and Debbie Owusu-Akyeeah at the Canadian Centre for Sexual and Gender Diversity.

In closing, the DVDRC is committed to reviewing existing risk factors to consider the need to add factors unique to the 2SLGBTQIAA+ community. All systems have a responsibility to work within the construct of prevention and change, and the DVDRC strives to demonstrate inclusion and accountability to all in our efforts to enhance the prevention, earlier recognition and intervention of IP homicide in this community.

Appendix A: DVDRC Reviews – Frequently Asked Questions

Selection of Cases for Review

What cases are reviewed by the DVDRC?

The DVDRC reviews all homicides and homicide-suicides that occur in Ontario and are consistent with the above definition of domestic violence/ intimate partner violence, or where the circumstances surrounding the death(s) are consistent with other cases reviewed by the DVDRC.

Review Process

How long does it take for a case to be reviewed?

Reviews are conducted by the DVDRC after all other investigations and criminal justice proceedings—including trials and appeals—have been completed. As such, DVDRC reviews often take place several years after the actual incident. Deaths involving homicide-suicides are generally reviewed more expeditiously as these deaths typically do not proceed to criminal proceedings.

What is the process for reviewing a case with the DVDRC?

When an intimate partner violence-related death takes place in Ontario, the investigating coroner indicates this during their investigation. The Executive Lead of the DVDRC inputs all cases into a database, and works together with a police liaison officer assigned to the DVDRC to periodically verify the status of judicial and other proceedings to determine if the review can commence. Since deaths involving homicide-suicides generally do not result in criminal proceedings, these deaths are reviewed closer to the time of death.

Once it has been determined that a death is ready for review (meaning all other proceedings and investigations have been completed), the file is assigned to a reviewer (or reviewers). The 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 review of the facts of the individual death and presents their findings to the DVDRC as a whole. Information considered within this examination includes the history and circumstances of the victim, the person who caused the death(s), and their families. Community and systemic responses are examined to determine primary risk factors, to identify possible points of intervention and to develop recommendations that could assist with the prevention of further deaths. In general, the DVDRC strives to develop a comprehensive

understanding of why IPV-related deaths occur and how they might be prevented.

Can family members or other stakeholders provide input into DVDRC reviews?

Family members and other stakeholders may provide input to the DVDRC through the relevant Regional Supervising Coroner responsible for the area where the IPV-related death(s) took place. Information provided through the course of the initial coroner's investigation will also be included with the comprehensive package of materials available to the DVDRC reviewer.

What information is reviewed by the DVDRC?

The DVDRC will review all relevant information obtained through items seized under the authority of the *Coroners Act* that will contribute to understanding of the circumstances surrounding the death(s) with a view to identifying possible opportunities for intervention and the development of recommendations towards the prevention of further deaths. The DVDRC is a records-based review of the facts and does not include analysis of media or other unofficial sources. The DVDRC does not "re-open" investigations and does not analyze investigative or judicial findings. The DVDRC may also review documentation from family members, friends, and co-workers submitted to the Office of the Chief Coroner through a regional office.

What are the limitations on information reviewed and the final report of the DVDRC?

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*. For this reason, there may be limitations on the types of records accessed for the DVDRC review, particularly as they relate to living individuals (for example, the individual who caused the death(s)) and therefore protected under other privacy legislation.

All information obtained from the coroners' investigations and provided to the DVDRC is subject to confidentiality and privacy limitations imposed by the *Coroners Act* and the *Freedom of Information and Protection of Privacy Act*. Unless, and until, an inquest is called for a specific death or deaths, the confidentiality and privacy interests of the deceased persons, as well as those involved in the circumstances of the death, will prevail. Accordingly, individual reports with personal identifiers, 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.

Risk Factors

Why is identifying risk factors important?

Risk factors identified in case reviews are risk factors for **lethality** and are not limited to being predictive for recurrent IPV of a non-lethal nature.

Are some risk factors more important than others?

Risk factors identified in DVDRC reviews are all "weighted" equally. It is recognized, however, that some risk factors (for example, choked/strangled victim in the past) are likely more predictive of future lethality than other risk factors.

What is the importance of multiple risk factors?

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 (for example, social service and community agencies), including safety planning and high-risk case management, should be implemented to prevent further violence and possibly death. Research has been conducted using data from the DVDRC which suggests the importance of looking at both individual risk factors and multiple risk factors.

What is the significance of the trends in risk factors?

Risk factors that frequently recur in DVDRC case reviews may be illustrative of ongoing gaps in several areas, including awareness, education, and training. Not uncommonly, family, friends and co-workers have been aware of "troubled" relationships, however, they 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, criminal and family courts also miss opportunities for proactive interventions that provide avenues of potential safety for victims, and much needed counselling and supports for the person who caused the death(s).

What does it mean when the number of risk factors is minimal?

The lack (or small number) of risk factors may impact the ability to predict or foresee lethality in the relationship and as a result, preventative or mitigating actions may not have been recognized as warranted or deemed necessary. Many of the homicide-suicide cases involving elderly individuals had very few risk factors identified. However, there are patterns which are unique with information held by health care professionals and related to declining physical and mental health of both the victim and the person who caused the death(s). These issues have more recently been highlighted by the Ryan and Ryan Inquest in September 2023 (2023 coroner's inquests' verdicts and recommendations | ontario.ca) as well as research in the field. With minimal risks identified, it likely would have been difficult to predict, and therefore prevent, the tragic outcome.

Recommendations

How are recommendations developed and distributed?

If the DVDRC determines that there may be opportunities to identify gaps, bring awareness to, or encourage change to specific areas identified during the review of the circumstances surrounding IPV-related deaths, recommendations will be made.

One of the primary goals of the DVDRC is to make recommendations aimed at preventing further IPV-related deaths and to reduce IPV in general. Recommendations are distributed to relevant organizations and agencies through the Chairs of the DVDRC. The phrase "no new recommendations" indicates that either no issues requiring recommendations were identified from the case review, or that an issue or theme was identified where a previous recommendation (or recommendations) had been made in a prior case. In some cases, recommendations made from previous reviews that may also be relevant to the current review, are included for information purposes.

Are recommendations binding?

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 them. However, organizations and agencies are asked to respond back to the DVDRC on the status of implementation of recommendations within six months.

While they are not binding, recommendations are intended to encourage discussion and identify opportunities that may contribute to the prevention of deaths involving intimate partner violence in the province.

Are there trends in the theme of recommendations over the years?

Upon analysis of cases reviewed since inception of the DVDRC in 2003, the following general themes have emerged:

- The need for better **education** for the public and targeted professionals (for example, physicians, counsellors, lawyers, police) on assessing and addressing the risks associated with IPV.
- The continued need for **public education** for neighbours, friends and families of victims or potential victims.
- Case reviews have identified that some **specific or targeted communities** may require additional focus to emphasize and bring attention to addressing issues of IPV within their unique environments or situations.
- **Public policies** relating to violence in the workplace, bullying and stalking (including cyber and online harassment) continue to evolve.
- **Mental health** and how it impacts IPV.
- The recognition and assessment of **risk factors** (particularly the most prevalent risk factors of history of IPV, actual or pending separation and depression) when interacting with victims (or potential victims) and preparing safety plans.
- **Financial** and other stressors (for example, health concerns).
- **Substance use** by victims and/or the person who caused the death(s).
- **Parenting time, decision-making responsibilities, contact with children,** family court decisions and child welfare concerns and the implications on IPV.

Is there follow-up to recommendations?

Organizations and agencies are asked to respond back to the Office of the Chief Coroner on the status of implementation of recommendations within six months of distribution. Much like recommendations from coroner's inquests, responding organizations are encouraged to "self-evaluate" the status of their response to the recommendations. The Office of the Chief Coroner does not challenge or question responses received.

At the 2022 inquest into the deaths of Carol Culleton, Anatasia Kuzyk and Nathalie Warmerdam, the jury recommended a provincial implementation committee to monitor recommendations made on domestic homicide deaths: (https://www.ontario.ca/page/2022-coroners-inquests-verdicts-and-recommendations#section-4)

Are the responses that the recipients of DVDRC recommendations provide to the OCC available to the public?

Yes - responses to recommendations are available upon request to the Office of the Chief Coroner at occ.deathreviewcommittees@ontario.ca.

Appendix B: Risk Factor Descriptions

The person who caused the death(s) = The primary aggressor in the relationship
Victim = The primary target of the person who caused the death(s) abusive/maltreating/violent actions

		Definition / Considerations
	History of the person who caused the death(s)	
1	The person who caused the death(s) was abused and/or witnessed DV as a child	As a child/adolescent, the person who caused the death(s) was victimized and/or exposed to any actual, attempted, or threatened forms of family violence/abuse/maltreatment.
2	The person who caused the death(s) was exposed to/witnessed suicidal behavior in family of origin	As a(n) child/adolescent, the person who caused the death(s) was exposed to and/or witnessed any actual, attempted or threatened forms of suicidal behaviour in their family of origin. Or somebody close to the person who caused the death (for example, caregiver) attempted or committed suicide.
	Family/Economic Status	
3	Youth of couple	Homicide victim and the person who caused the death(s) were between the ages of 15 and 24.
4	Age disparity of couple	Women in an intimate relationship with a partner who is significantly older or younger. The disparity is usually nine or more years.
5	Victim and the person who caused the death(s) living common-law	The victim and the person who caused the death(s) were cohabiting.
6	Actual or pending separation	The victim wanted to end the relationship. Or the person who caused the death(s) 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. Or the person who caused the death(s) believed the homicide victim was going to end the relationship.
7	New partner in victim's life	There was a new intimate partner in the victim's life or the person who caused the death(s) perceived this to be the case.
8	Family law disputes related to the children	Any dispute related to parenting arrangements for any children, including formal legal proceedings or any third parties having knowledge of such arguments.
9	Presence of stepchildren in the home	Any child(ren) that is(are) not biologically related to the person who caused the death.

10	The person who caused the death(s) is unemployed	Employed means having full-time or near full-time employment (including self-employment) outside the home. Unemployed means experiencing frequent job changes or significant periods of lacking a source of income. Support from government income assisted programs (for example, O.D.S.P.; Worker's Compensation; E.I..) can be considered unemployment.
	Mental Health of the person who caused the death(s)	
11	Excessive alcohol and/or drug use by the person who caused the death(s)	Within the past year, and regardless of whether the person who caused the death(s) received treatment, substance use that appeared to be characteristic of their 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. For example, people described the person who caused the death(s) as frequently intoxicated or claimed that they never saw them without a beer in their hand. This dependence on a particular substance may have impaired the health or social functioning (for example, overdose, job loss, arrest) of the person who caused the death. Comments by family, friends, and acquaintances that indicate annoyance or concern with a drinking or drug problem and any attempts to convince the person who caused the death to end their substance use may be considered.
12	Depression: in the opinion of family/friend/acquaintance	In the opinion of any family, friends, or acquaintances, and regardless of whether the person who caused the death(s) received treatment, the person who caused the death(s) displayed symptoms characteristic of depression.
13	Depression: professionally diagnosed (count as one)	A diagnosis of depression by any mental health professional (for example, family doctor; psychiatrist; psychologist; nurse practitioner) with symptoms recognized by the DSM-IV, regardless of whether the person who caused the death(s) received treatment.
14	Other mental health or psychiatric problems	For example: psychosis; schizophrenia; bi-polar disorder; mania; obsessive-compulsive disorder
15	Prior threats to commit suicide	Any recent (past six months) act or comment made by the person who caused the death(s) that was intended to convey their 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 (for example, "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.
16	Prior suicide attempts	Any recent (past six months) suicidal behaviour (for example, swallowing pills, holding a knife to one's throat), 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.
	Attitude/Harassment/Violence of the person who caused the death(s)	
17	Obsessive behaviour	Any actions or behaviours by the person who caused the death(s) that indicate an intense preoccupation with the victim. For example, stalking behaviours, such as following the victim, spying on or making repeated phone calls to them, or excessive gift giving.
18	Failure to comply with authority	The person who caused the death(s) 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.
19	Sexual jealousy	The person who caused the death(s) continuously accuses the victim of infidelity, repeatedly interrogates them, searches for evidence, tests the victim's fidelity, and sometimes stalks them.
20	Misogynistic attitudes	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".
21	Prior destruction or deprivation of victim's property	Any incident in which the person who caused the death(s) intended to damage any form of property that was owned, or partially owned, by the victim or formerly owned by the person who caused the death(s). This could include slashing the tires of the car that the victim uses, breaking windows or throwing items at a place of residence. Any incident, regardless of charges being laid or those resulting in convictions may be considered.
22	History of violence outside the family	Any actual or attempted assault on any person who is not, or has not been, in an intimate relationship with the person who caused the death(s). 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 (for example, police reports; medical records) or witness (meaning family members; friends; neighbours; co-workers; counsellors; medical personnel).

23	History of domestic violence: **Previous** partners	Any actual, attempted, or threatened abuse/maltreatment (physical; emotional; psychological; financial; sexual) toward a person **who has been in** an intimate relationship with the person who caused the death(s). This incident did not have to necessarily result in charges or convictions and can be verified by any record (for example, police reports; medical records) or witness (meaning family members; friends; neighbours; co-workers; counsellors; medical personnel). It could be as simple as a neighbour hearing the person who caused the death screaming at a previous victim or a co-worker noticing bruises consistent with physical abuse on a previous victim while at work.
24	History of domestic violence: **Current** partner/victim	Any actual, attempted, or threatened abuse/maltreatment (physical; emotional; psychological; financial; sexual) toward a person who **is in an** intimate relationship with the person who caused the death(s). This incident did not have to necessarily result in charges or convictions and can be verified by any record (for example, police reports; medical records) or witness (meaning family members; friends; neighbours; co-workers; counsellors; medical personnel). It could be as simple as a neighbour hearing the person who caused the death screaming at the victim or a co-worker noticing bruises consistent with physical abuse on the victim while at work.
25	Prior threats to kill victim	Any comment made by the person who caused the death(s) 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".
26	Prior threats with a weapon	Any incident in which the person who caused the death(s) threatened to use a weapon (for example, a gun or knife) or other object intended to be used as a weapon (for example, a bat, branch, garden tool, vehicle) for the purpose of instilling fear in the victim. This threat could have been explicit (such as, "I'm going to shoot you" or "I'm going to run you over with my car") or implicit (meaning brandished a knife at the victim or commented "I bought a gun today"). Note: This item is separate from threats using body parts, such as raising a fist.

27	Prior assault with a weapon	Any actual or attempted assault by the person who caused the death(s) on the victim in which a weapon (for example a gun or knife), or other object intended to be used as a weapon (for example a bat, branch, garden tool, vehicle), was used. Note: This item is separate from violence inflicted using body parts such as fists, feet, elbows, head.
28	Prior attempts to isolate the victim	Any non-physical behaviour by the person who caused the death(s), whether successful or not, that was intended to keep the victim from associating with others. The person who caused the death(s) could have used various psychological tactics (such as guilt trips) to discourage the victim from associating with family, friends, or other acquaintances in the community (for example, "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").
29	Controlled most or all of the victim's daily activities	Any actual or attempted behaviour by the person who caused the death(s), whether successful or not, intended to exert full power over the victim. For example, when the victim was allowed in public, the person who caused the death(s) made them account for where they were at all times and who they were with. Another example could include not allowing the victim to have control over any finances (such as giving them an allowance, not letting them get a job.).
30	Prior hostage-taking and/or forcible confinement	Any actual or attempted behaviour, whether successful or not, in which the person who caused the death(s) physically attempted to limit the movement of the victim. For example, any incidents of forcible confinement (locking the homicide victim in a room) or not allowing them to use the telephone (unplugging the phone when they attempted to use it). Attempts to withhold access to transportation should also be included (taking or hiding car keys). The person who caused the death(s) may have used violence (such as grabbing or hitting) to gain compliance or may have been passive (for example, stood in the way of an exit).
31	Prior forced sexual acts and/or assaults during sex	Any actual, attempted, or threatened behaviour, whether successful or not, used by the person who caused the death(s) to engage the victim in sexual acts (of whatever kind) against their will. Or any assault on the victim, of whatever kind (such as biting, scratching, punching, choking), during the course of any sexual act.

32	Choked/strangled victim in past	Any attempt (separate from the incident leading to death) to strangle the victim. The person who caused the death(s) could have used various things to accomplish this task (for example, hands, arms, rope). This does not include previous attempts to smother the victim (such as suffocation with a pillow).
33	Prior violence against family pets	Any action by the person who caused the death(s) toward a pet of the victim, or a former pet of the person who caused the death, with the intention of causing distress to or instilling fear in the victim. This could range in severity from killing the pet to abducting or torturing it. Do not confuse this factor with correcting a pet for its undesirable behaviour.
34	Prior assault on victim while pregnant	Any actual or attempted form of physical violence by the person who caused the death(s), 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 person who caused the death(s) was aware of this.
35	Escalation of violence	The abuse/maltreatment (physical; psychological; emotional; sexual; etc.) inflicted upon the victim by the person who caused the death(s) was increasing in frequency and/or severity. For example, more regular trips for medical attention or an increase in complaints of abuse to/by family, friends, or other acquaintances.
36	Person who caused the death(s) threatened and/or harmed children	Any actual, attempted, or threatened abuse/maltreatment (physical; emotional; psychological; financial; sexual; etc.) by the person who caused the death(s) towards children in the family. This did not have to necessarily result in charges or convictions and can be verified by any record (such as police reports; medical records) or witness (family; friends; neighbours; co-workers; counsellors; medical personnel)
37	Extreme minimization and/or denial of spousal assault history:	At some point the person who caused the death(s) was confronted, either by the victim, a family member, friend, or other acquaintance, and they displayed an unwillingness to end assaultive behaviour or enter/comply with any form of treatment (for example, batterer intervention programs). Or they denied many or all past assaults, denied personal responsibility for the assaults (meaning blamed the victim), or denied the serious consequences of the assault (such as "She wasn't really hurt").

	Access	
38	Access to or possession of any firearms	The person who caused the death(s) stored firearms in their place of residence, place of employment, or another nearby location (for example, friend's place of residence, or shooting gallery). The purchase of any firearm within the past year, regardless of the reason for purchase should be included.
39	After risk assessment, the person who caused the death(s) had access to the victim	After a formal (for example, performed by a forensic mental health professional before the court) or informal (such as performed by a victim services worker in a shelter) risk assessment was completed, the person who caused the death(s) still had access to the homicide victim.
	Victim's Disposition	
40	Victim's intuitive sense of fear of the person who caused the death(s)	The victim knows the person who caused the death(s) best and can accurately gauge their level of risk. If the victim discloses to anyone their fear that the person who caused the death will harm them or their children, for example statements such as, "I fear for my life", "I think they will hurt me", or "I need to protect my children".
41	Victim vulnerability	A victim may be considered vulnerable due to problems and life circumstances which make reaching out for help more difficult. This may include mental health issues and/or addictions, disability, language and/or cultural barriers (for example new immigrant or isolated cultural community), economic dependence, and living in rural or remote locations. Vulnerability may also be related to factors that place them at risk (such as sex worker or escort). Vulnerability is not defined by issues common to many people such as problems in self-esteem, youth, poverty or any one cultural group (for example Indigenous).

Appendix C: Summary of Cases Reviews (2022 & 2023)

DVDRC Case #	Chapters Included	Summary
2022-01	• Family Law • Mental Health & Substance Use	This case involved the homicide-suicide of a four-year-old girl by her 35-year-old father. The mother/wife was the primary victim of intimate partner violence (IPV) by the person who caused the deaths. The couple had been in ongoing litigation in family court in an attempt to develop a parenting plan. The mother had raised concerns about the father's mental health and recent conduct and raised concerns with the Children's Aid Society that she worried about unsupervised visits between the daughter and the father. The mother was a physician and described as hard working and highly intelligent. The person who caused the deaths (the father) was an engineer but had reportedly falsely claimed some of his education background and life history. The couple had met online and married a year later, but the relationship was described as tumultuous with the mother experiencing physical, sexual, emotional, and financial abuse. They were married for three years but were separated at the time of the deaths. There was significant court involvement, and an interim order was in place that allowed the father generous unsupervised time with the daughter. On a weekend visit, he took her to a conservation area and failed to respond to the mother's calls or text messages and did not attend their planned meeting. Police were then called, and the child and the father were found at the base of a 100-foot-cliff.
2022-02	• Mental Health & Substance Use	This case involved the death of a 44-year-old woman who was killed by her brief dating partner, a 47-year-old man. The victim in this case suffered from mental health and substance use issues. She struggled with economic insecurity and did not have stable housing. The victim had sought psychiatric help for severe depression and suicidal ideation in the months prior to the homicide and had also experienced childhood abuse. The person who caused the death was a victim of childhood sexual abuse and experienced significant instability in housing during his upbringing. He had also been in and out of the care of Children's Aid Society. He had a history of mental health and substance use challenges. The couple had been dating for about seven months. The person who caused the death choked the victim about two months prior to the homicide which resulted in police intervention and a no-contact condition with respect to the victim. The person who caused the death believed that the victim had spent time with another man while he was seeking treatment for substance use and proceeded to ignore the no-contact condition. He went to her residence and attacked her, causing 69 separate injuries which resulted in her death.
2022-03	• Immigrant, Refugee, and Precarious-Status Communities	This case involved the death of a 36-year-old woman by her "on again off again" male partner. The victim and the person who caused her death had met on an online dating website after he immigrated to Canada a few years prior. The couple then had one child together. The couple did not consume alcohol or use recreational substances and were planning on moving in together, buying a house, getting married, and having another child in the future. The person who caused the death was in the process of applying for Canadian citizenship at the time of the victim's death and had both an ex-wife and a son who lived in his country of origin. He was waiting to move in with the victim and their child until

DVDRC Case #	Chapters Included	Summary
		after this citizenship application had been processed, as he did not want to leave the residential address he used on the application. On the night of the incident, the person who caused the death drove to the victim's apartment after dinner and proceeded to feed and bathe their baby and watch a movie together. Later that evening, neighbours heard a scream in the evening, and the person who caused the death left the apartment in the victim's car, drove to a motel with the baby and stayed there overnight. The next day, he turned himself into a police station and explained that he stabbed the victim using a kitchen knife. The police attended the victim's residence and found her deceased in the living room.
2022-04	• Immigrant, Refugee, and Precarious-Status Communities • Mental Health & Substance Use	This case involved the death of a 49-year-old woman by her husband. It is unclear how long the couple had been married. They had four children together, who were adults at the time of the victim's death. There was an extensive history of IPV in the relationship, with the husband attempting to kill his wife (the victim) 10 years prior to the homicide. The husband was deemed mentally unfit to stand trial for the attempted homicide and was institutionalized in a mental health facility. A few years later when he was released from the facility, he moved back to their home country in Europe. Several years later, he moved back to Canada at the request of the victim and resided with her, as she was struggling to pay bills and taxes for the house and needed assistance. The victim also struggled with alcohol use for several years, resulting in her driver's licence being taken away and Children's Aid Society involvement. She was suffering from a liver infection at the time of her death. She had also been prescribed anti-depressants but stopped taking the medication for a period of time. The person who caused the death had reportedly struggled with auditory hallucinations and was prescribed anti-psychotic medication in the past. The person who caused the death stabbed the victim multiple times while she was sleeping, and then left the house. He was later arrested.
2022-05	• Aging Populations • Firearms • Immigrant, Refugee, and Precarious-Status Communities • Mental Health & Substance Use	This case involved the homicide-suicide of a 70-year-old woman by her 69-year-old husband. The couple had immigrated to Canada together several decades prior to their deaths, and appeared to have a happy marriage and were always seen together. The couple had a successful business venture, but in the years prior to the homicide-suicide, the person who caused the death (the husband) suffered from a stroke and was unable to speak. The businesses were in receivership, with the couple owing a significant amount of money to the bank and the Canada Revenue Agency. In the opinion of family and friends, the husband appeared to be under a lot of financial stress and may have started drinking, despite not usually consuming alcohol. They had one child together with whom they had a close relationship. On the day of the homicide-suicide, the husband sent a text to his daughter informing her that they were "shot" and he had called 911. He reportedly called 911 and indicated that he had shot his wife and would shoot himself next, which he did. The couple was found deceased in their bedroom shortly after.
2022-06	• Mental Health & Substance Use	This case involved the death of a 31-year-old woman by her partner of a few years with whom she had an "on again, off again" relationship. The victim in this case had three children from previous relationships as well as one child with the person who caused her death. She had been the victim of abuse by her

DVDRC Case #	Chapters Included	Summary
		stepmother when she was a child, and sustained abuse during her relationship with the person who caused her death. It was reported that both the victim and the person who caused her death struggled with substance use which contributed to violence in their relationship. There were previous occurrences of IPV prior to the homicide, resulting in the person who caused the death being criminally charged and released on bail just three months prior to her death. In the month leading up to the homicide, the person who caused the death came to the victim's house in a drug-induced psychosis and proceeded to yell and scream from outside of the residence. When police intervened at this occurrence, it was reported that both the victim and the person who caused the death were under the influence of drugs and exhibiting irrational thoughts and paranoia. The victim had indicated to friends that if she ever got back together with the person who caused the death that she would "end up dead". On the night of her death, the person who caused the death waited for her to fall asleep and then proceeded to choke her. He then set the house on fire and departed in a vehicle.
2022-07	• Mental Health & Substance Use	This case involved the death of a 28-year-old woman by her 26-year-old common-law partner whom she had been dating for five years. The victim was reported to be developmentally delayed and received financial support through the Ontario Disability Support Program (ODSP). Friends and family described her maturity level and behaviour as "childlike". The victim struggled with anorexia, bulimia and suicidal ideation and had previously attempted suicide when she was 20 years old. She was responsible for helping care for her mother since her father had been charged with assault and was subject to release conditions not to attend the home. The person who caused her death worked part time but received additional support from ODSP as well. He was also reportedly developmentally delayed. He was known to use alcohol and drugs starting in his early adolescence and had previously been removed from an addictions treatment center for having alcohol brought to him during a visit by the victim. A court decision noted that he drank frequently and used drugs heavily including marijuana, crack, cocaine, methamphetamine, and acid. There were also over a dozen police calls related to previous suicide attempts. Friends described the relationship as having many conflicts with patterns of abusive behaviours, and the person who caused the death as trying to isolate the victim. On the night of the incident, the person who caused the death and the victim were using drugs and alcohol. He described the victim as being annoying and strangled her.
2022-08	• Immigrant, Refugee, and Precarious-Status Communities	This case involved the homicide-suicide of a 27-year-old woman by her 35-year-old ex-partner whom she had recently ended a relationship with but who continued to stalk her. The victim was a young woman who had immigrated to Canada about three years prior on a student visa. She had successfully obtained a work permit and permanent residency and was working as a web developer. The person who caused the death was a man who came to Canada nine years prior to the homicide-suicide on a visitor visa. He had applied for refugee status and was denied twice on appeal. There was a nation-wide warrant issued for his arrest three years prior to the homicide for failure to leave the country. He was also under a province-wide suspension of his driver's licence for two charges of careless and impaired driving. It is unclear how the victim and the person who

DVDRC Case #	Chapters Included	Summary
		caused the death met, but it was known that they had been seeing each other for several months when the homicide-suicide occurred. The victim had relayed the relationship to her family and friends as a friendship, whereas the person who caused the death had told their friends and family that they were dating. The victim had ended their relationship when she met someone else and had told the person who caused the death that her parents would not approve of her marrying him anyway since he was not financially secure. However, the person who caused the death continued to contact the victim and convinced her to attend his residence. However, when she did not return home the next day and failed to respond to any phone calls or text messages, her friend and landlord filed a missing person report with the police. On arrival to the person who caused the deaths apartment, they found both the victim and the person who caused the deaths deceased.
2022-09	• Immigrant, Refugee, and Precarious-Status Communities	This case involved the homicide-suicide of a 28-year-old woman by her 36-year-old ex-husband with whom she had an arranged marriage with but had recently separated from. The husband had immigrated to Canada 10 years prior to the deaths, married the victim five years later in their country of origin, and then sponsored her to join him in Canada. The husband was controlling of the victim but not physically violent. He would call her frequently while she was working and would drive her to and from her job. She would reportedly stay late at work because she did not want to return home to him and felt that she was being used for the money she earned at her job. Some time after the couple had separated, the victim missed a shift at her place of employment. Her employer phoned her brother as they were concerned since it was not her usual behaviour. The person who caused the death (the ex-husband) stated that he had not seen or contacted her either. However, surveillance videos last showing the victim displayed her getting into his vehicle. She was later found deceased, with her body wrapped in a blanket. Later that day, the person who cause the death was found deceased by hanging on a local trail.
2022-10	• Immigrant, Refugee, and Precarious-Status Communities • Mental Health & Substance Use	This case involved the double homicide-suicide of a mother and son by their husband/father. The couple had immigrated to Canada with their eldest child in 1996 and had three more children in Canada. Throughout the relationship, the person who caused the deaths was paranoid and jealous of his wife, accusing her of having multiple extramarital affairs. He experienced mental health issues such as paranoia and delusions but was not formally diagnosed. He worked as a bus driver until 2018, when he accidentally hit and killed a pedestrian. According to his eldest child, after this accident, his mental health deteriorated, at which time he was prescribed medication for anxiety and sleep issues from his family doctor. Further, he was experiencing intense pain due to gallbladder cysts that he had refused surgery for, which worsened days prior to the homicides. Two days prior to the homicides, the person who caused the deaths gave his middle daughter his will and said if anything happens to call his lawyer. The day prior to the homicides, he asked his middle daughter again to record a video of himself where he apologized and said a prayer. The daughter thought this had to do with his deteriorating physical health. On the morning of the homicides, the middle daughter woke up to her younger brother screaming as their father was stabbing

DVDRC Case #	Chapters Included	Summary
		him. The father saw his daughter and ran out of the house. The daughter saw her mother in her bedroom bleeding from her neck from stab wounds. Both the mother and the son died of stab wounds. The person who caused the death had run from the house, drove his car to a bridge over a highway, and died by suicide jumping off the bridge.
2022-11	• Children in the Aftermath of IP Homicide	This case involved the homicide of a 40-year-old woman by her 40-year-old husband. The couple were both physicians in an urban community. While dating, the person who caused the death had strangled the victim and she had expressed fear no one would believe the ongoing abuse in their relationship due to the fact he was seen as "charming and powerful". The victim became pregnant in 2004, and the person who caused the death's father forced the couple to marry. Later in their marriage, she discovered her husband was having an extramarital affair and filed for divorce a few days before her death. There were 20 risk factors for intimate partner homicide identified. The couple had three children together. The children witnessed a lot of verbal abuse. One of the daughters was involved in a cyber bullying investigation where she was the aggressor, telling a boy to go and kill himself.
2022-12	• Immigrant, Refugee, and Precarious-Status Communities • Mental Health & Substance Use	This case involved the death of a 28-year-old woman by her 30-year-old partner. She was a Canadian citizen who immigrated to Canada as a refugee in 2005. She had witnessed her parents' murder as they attempted to flee armed conflict and political violence, and was also harmed in the attack. She struggled with mental health issues including post-traumatic stress disorder (PTSD). She also had a low range of cognitive functioning, requiring daily support to care for herself. The victim was unable to work and was supported by ODSP and had a public guardian/trustee to assist her with her finances. She had a child that was born in 2014, who had been apprehended by the Children's Aid Society and was then adopted by an unrelated family. Her relationship with the person who caused the death in this case was known to be tumultuous. He had immigrated to Canada in 2004, but little details are known about his life prior to this. He had two children from previous relationships but did not appear to be involved in their lives. The person who caused the death was unemployed and struggled with substance use relating to alcohol and marijuana. The couple lived together on and off and their relationship was known to be violent, with the victim experiencing heightened abuse while the two consumed alcohol. Police had previously been involved with the couple due to IPV-related occurrences, where the person who caused the death had physically and verbally assaulted the victim. At the time of the death, the person who caused the death was subject to a no-contact order with respect to the victim, and he had just been released from provincial custody. Despite the no-contact order, the couple was spending time together and were consuming alcohol, when the person who caused the death struck the victim in the face, causing her to fall back and hit her head against a wall, resulting in her death.
2022-13	• Aging Populations	This case involved the death of a 59-year-old woman in palliative care due to terminal lung cancer, who was killed by her partner of 40 years. The person who caused the death had a criminal history dating back to the 1980s, which included assault, sexual assault, and assault causing bodily harm, with violence and abuse directed towards the victim, others, and their three children. On the morning of the

DVDRC Case #	Chapters Included	Summary
	• Mental Health & Substance Use	incident, the person who caused the death called his daughter to the residence and told her that her mother had passed in her sleep. After the other children arrived and advised their father that they were going to call the coroner, he became irate and grabbed a knife, causing the children to flee and call 911. It was initially believed he was having a grief reaction due to the victim's passing, but once a post-mortem was conducted citing the cause of death as blunt force trauma, he was arrested and charged with second-degree murder. The victim was reportedly often verbally abusive to others, including her neighbours, receiving multiple complaints due to her behavior and aggressive outbursts. Family members stated that the victim had a mental illness, yet it is unknown if the victim had been formally diagnosed. The person who caused the death was described as suffering from alcohol and substance use disorder and extremely violent. In 2012, he was temporarily employed as a truck driver but was dismissed by his employer after a cargo load went missing. In August 2014, he was apprehended under the *Mental Health Act*. The husband's children described him as having anxiety over the victim's illness.
2022-14	• Family Law • Immigrant, Refugee, and Precarious-Status Communities • Mental Health & Substance Use	This case involved the death of a six-month-old girl by her 26-year-old mother. The person who caused the death (the mother) acknowledged that the homicide was an impulsive act after learning that her common-law partner wanted to end their relationship and take custody of their daughter. The victim was a healthy and happy baby whose parents had been cohabitating and in a relationship for a year and a half. The mother became pregnant within three months of the couple first meeting. The person who caused the death had moved to Canada at age 12 and was born with Duane Syndrome, an eye movement disorder. The person who caused the death struggled with mental health challenges relating to borderline personality disorder as well as self-harm, suicidal ideation and previous suicide attempts. The year prior to giving birth, she had also been admitted to hospital after overdosing on her boyfriend's anxiety medication. At this time, she was diagnosed with depression, a panic disorder, and a cannabis use disorder. She reportedly told her parents and sister that she was trapped in a controlling and abusive relationship. Her partner, the father of the child victim, would keep the mother's bank card and identification with him at work and would monitor her activity during the day to check on her and the baby. Their relationship was described as highly volatile. On the morning of the homicide, the father suggested that they take a break from their relationship and that she should leave the baby with him. The person who caused the death messaged the father that their daughter was deceased, and the police found her located in a crib.
2022-15	• Aging Populations • Immigrant, Refugee, and Precarious-Status Communities	This case involved the death of a 75-year-old woman by her 84-year-old husband of 52 years. The couple had immigrated to Canada together in 2003. They had a son together who described their father (the person who caused the death) to have "moody behaviour" and he was on medications for epilepsy, blood pressure, depression, and anxiety. The person who caused the death had accused the victim of having an affair with someone from their mosque which proceeded to escalate. The couple's son supported his mother and took her to their family cottage for respite from the accusations. A few days later, the person who caused the death attacked the victim with a knife in their kitchen due to his belief that she

DVDRC Case #	Chapters Included	Summary
	• Mental Health & Substance Use	was having an affair. She sustained 6 stab wounds and eventually succumbed to her injuries in hospital.
2022-16	• Mental Health & Substance Use	This case involved the death of a 46-year-old man by his 45-year-old female partner. The couple had been together for 14 years and both struggled with alcohol and drug use as well as verbal and physical abuse towards one another which escalated over the course of the relationship. The couple also had a history of violence in their past, with the victim being involved in IPV with his ex-wife and the person who caused the death's ex-husband being charged with domestic assault while they were together. The couple had a total of seven children between them. The couple had a significant history with the police and Children's Aid Society, with the victim having a firearms prohibition for life and the person who caused the death losing custody of her children due to her struggles with alcohol and drug use. On the day of the incident, the couple got into an argument over alcohol, with the male partner physically assaulting the female partner. The male partner grabbed a metal bar and proceeded to strike her with it several times before she stabbed him.
2023-01	• Children in the Aftermath of IP Homicide • Firearms	This case involved the homicide-suicide of a 27-year-old woman by her 30-year-old partner, with whom she cohabitated, alongside her three children from previous relationships. Her partner - the person who caused the death - had been released from Federal custody several months prior and had a history of domestic violence against previous partners. The victim died from a gunshot wound to her head in the bedroom of her residence, with two of her children home at the time of the incident. One of the children heard banging in the bedroom and in the early hours of the morning went to sleep beside her mother after the person who caused the death left the residence. The child did not realize their mother's condition until the morning when they noticed blood on the mattress and around her face. The child went to the neighbour's house for help, and Emergency Medical Services and police were dispatched. Later that day, the person who caused the death was found in a wooded area near the victim's home. When police arrived to apprehend him, he shot himself and later died in hospital as a result of his injuries.
2023-02	• Children in the Aftermath of IP Homicide • Family Law • Mental Health & Substance Use	This case involved the homicide-suicide of a 34-year-old woman by her 34-year-old husband. The couple had met in high school and had been together for 15 years, of which they were married for seven. They had three children in common. The person who caused the deaths struggled with drug use and remortgaged their home to help pay for the substance use which caused a significant strain on the relationship. He also had a history of suicidal threats. The couple was newly separated and in the process of divorce. Shortly after their separation, an abandoned vehicle was reported to be seen on a bridge, and police were called to attend the vehicle. Upon arrival, police found owner identification and a cell phone, with a recent message to a family member stating that something bad had happened and asking them to get the children. The family member attended the residence, but noticed no activity and did not enter. Later on, police proceeded to do a wellness check at the residence and upon entering, found all three of the

DVDRC Case #	Chapters Included	Summary
		couple's children in the home, one of whom told police that their mother was dead in the bedroom. Police then entered the bedroom and found the victim deceased with stab wounds to the chest and external neck compression. The body of the individual who abandoned their vehicle on the bridge was later recovered from a river, and it was identified as the spouse of the victim - the person who caused her death.
2023-03	• Aging Populations	This case involved the homicide of a 72-year-old woman who was killed by her husband of 41 years. Her husband, the person who caused the death, was diagnosed with dementia and she was his primary caregiver. Reportedly, his condition was deteriorating with more frequent outbursts of aggressive and sometimes violent behaviour. On the evening of her death, the victim was reportedly attempting to prevent her husband from wandering outside, when he picked up a wooden ornament and struck her several times on the head. She managed to get outside and seek help from a neighbour who called 911 but later died in hospital as a result of her injuries. There was no history of IPV, but there was previous police involvement as her husband had been found wandering into other people's homes. The person who caused the death was found to not have the capacity to stand trial and remained in a psychiatric facility for the remainder of his life until he passed away.
2023-04	• Aging Populations Firearms	This case involved the homicide-suicide of an 82-year-old woman (the victim) by her 84-year-old husband of 47 years. Seven days prior to the homicide, the victim called Emergency Medical Services to attend the home regarding a domestic assault that she sustained at the hands of her husband. The police became involved, but no charges were laid. A week later, the victim was found deceased in her home with a single gunshot wound to the head alongside her husband who was also found deceased from a self-inflicted gunshot wound.
2023-05	• Family Law • Immigrant, Refugee, and Precarious-Status Communities	This case involved the homicide-suicide of a 6-year-old boy by his 58-year-old father. The mother and father of the child had met online and married abroad almost a decade prior to the deaths, with the father sponsoring the mother to move to Canada so they could be together. A few years after she moved to Canada, they had a son. They separated shortly after he was born but had a verbal custody agreement in place. The Children's Aid Society had been involved with the family, as the mother had sought shelter due to a violent incident with the father. About three weeks prior to the deaths, the mother had won their child custody case, but the paperwork was still pending. She had agreed that the father could see their child on the weekends and that he was to be dropped off at school on Monday mornings. However, the mother noticed that the father was getting increasingly angry with her, accusing her of taking time away from him with his son and replacing the father with her new partner. When their son was not dropped off as expected on a Monday morning a few weeks after the custody ruling, the mother attended the father's apartment and let herself in through the locked door. She discovered the father hanging suspended from the ceiling and their son deceased in the bedroom.

DVDRC Case #	Chapters Included	Summary
2023-06	• Children in the Aftermath of IP Homicide • Immigrant, Refugee, and Precarious-Status Communities	This case involved the homicide of a 38-year-old woman by her 37-year-old spouse. The victim was 37 weeks pregnant at the time of the homicide, and the couple shared four children together. The victim and the person who caused the death had been having marital discord with documented arguments via text message. The person who caused the death had a history of mental health issues and was off work at the time of the incident. During the incident, the person who caused the death also stabbed his sister and two of the children– all of whom survived their injuries. When police attended the scene, the person who caused the death was observed stabbing one of their other children, and at that time, was shot and killed by police. The victim was found dead in the driveway of the home, and the unborn fetus did not survive.
2023-07	• Mental Health & Substance Use	This case involved the homicide-suicide of a 25-year-old woman by her 35-year-old partner. The couple had been in a relationship for two years and was not known to have any system involvement. The victim had a small circle of friends and was employed at a hospital. The person who caused the death was also employed full time and had a small circle of friends. It appeared that the person who caused the death struggled with alcohol and/or drug use in the past. The victim was a survivor of sexual assault and had recently reached out to her employer to indicate that she was not mentally stable enough to attend her shifts. On the night of the homicide-suicide, the victim's niece was visiting the couple and staying with them for the weekend. The victim's niece went to bed in a spare room of the apartment, and it is believed that the person who caused the death proceeded to consume drugs including cocaine and cannabis. The person who caused the death then proceeded to kill the victim and assault her niece before dying by suicide.
2023-08	• Children in the Aftermath of IP Homicide • Family Law • Firearms	This case involved the homicide of a 39-year-old woman by her 45-year-old common-law spouse. They had been in a relationship with for eight years, during three of which they resided together with the victim's two children from a former relationship. The person who caused the death was highly jealous and had installed cameras inside the house. Shortly before the homicide, the couple had broken up following the victim being verbally and physically assaulted by the person who caused the death, which was witnessed by the children. Friends and family were concerned about the situation, but no formal services were involved. The person who caused the death proposed to the victim a few weeks before the incident, and she and her children moved back in with him, however, shortly afterwards they started to talk about separation. A few weeks after she moved back in, the victim was shot multiple times by her spouse with a handgun while the children were asleep. He then called police and was arrested.
2023-09	• Children in the Aftermath of IP Homicide • Family Law • Mental Health & Substance Use	This case involved the homicide of a 25-year-old woman by her 27-year-old ex-partner. The couple had met in high school, were married in a religious ceremony that was not legally recognized and were separated a few years later. They had two children together but had no formal custody agreement, so the victim granted her ex-partner access to them at her own home. On the day of the homicide, the victim's landlord called 911 after hearing screaming from the attached in-house suite the victim rented with her two children. While attempting to check on their tenant, the landlord reported hearing battering sounds as well as

DVDRC Case #	Chapters Included	Summary
		the victim speaking to a male individual asking him to leave, who was telling her to calm down. Upon arrival, police were admitted to the suite by the person who caused the death, the victim's former common-law spouse and father of her two children, aged three and five, who were present. They found the victim deceased with multiple stab wounds and decapitated. He covered her with a jacket to, according to the testimony of the person who caused the death, protect the children from this violence despite their presence during the murder. The person who caused the death was known to struggle with mental health issues including bipolar disorder, anxiety, and psychosis requiring hospitalization. He had been prescribed medication but was not taking this at the time of the homicide. Further, the person who caused the death had also reportedly struggled with alcohol and prescription pain medication use which had stemmed from a surgery he received for Crohn's disease where he became addicted to morphine. The person who caused the death was convicted of second-degree murder and has since been incarcerated.
2023-10	• 2SLGBTQQIA+ Communities	This case involved the homicide of a 37-year-old man by his 41-year-old husband (the person who caused the death). The couple had been living together for several years. The deceased was described as vulnerable, living with various chronic conditions that resulted in physical weakness. There was no known history of alcohol or substance use and no previous police involvement. According to neighbours, the couple was having marital issues with significant escalation in violence approximately two months prior to the death. Witness statements pointed to a significant amount of psycho-emotional violence being committed by the deceased towards the person who caused the death. The police service involved had received notice from the person who caused the death advising that he had killed his partner and that he was going to die by suicide. The suicide was not successful. The deceased had allegedly punched and pushed the person who caused the death following an argument. The person who caused the death then put the deceased into a chokehold, leading to his death. The person who caused the death pled guilty.
2023-11	• Aging Populations • Immigrant, Refugee, and Precarious-Status Communities • Mental Health & Substance Use	This case involved the homicide-suicide of a 58-year-old woman by her 50-year-old husband. The couple had immigrated to Canada, but it is unknown how long they had lived in the country and whether they were connected to any services or systems. According to family members, the couple had reportedly been experiencing marital stresses due to financial related issues and were in the process of selling their house. The person who caused the death had allegedly struggled with alcohol use and had previously threatened self-harm in the months prior to the incident. In the week leading up to the deaths, he had been prescribed an antidepressant.
2023-12	• Children in the Aftermath of IP Homicide • Family Law	This case involved the homicide-suicide of a 41-year-old woman by her 44-year-old ex-husband. The couple initially got together when the victim was 14 years old and the person who caused the deaths was 16. They had been in an "on and off again" common-law relationship for over 25 years. They had two children together who were born 16 years apart, with the Children's Aid Society becoming involved

DVDRC Case #	Chapters Included	Summary
	• Mental Health & Substance Use	in both children's lives. The person who caused the deaths had a history of experiencing mental health and substance use struggles and had previously threatened to harm the victim and their children. Following the birth of their second child, the victim's life became more stable as she found part time work, housing, and developed friendships in her community. However, the person who caused the deaths experienced the opposite as he was unhoused and unemployed. He continued to stalk the victim despite their relationship being over. About a month prior to the homicide-suicide, the victim had begun a new relationship, which the person who caused the deaths learned about and he documented detailed plans to hurt the victim and her new partner. The victim and the person who caused the death were found deceased at the victim's residence after fire crews were called to extinguish a midday fire. The victim died due to blunt force head injury, and the person who caused the death died by hanging.

Other Case Summaries
(Select cases from prior to 2022 and 2023 included in chapter analyses)

DVDRC Case #	Chapters Included	Summary
2003-09	• 2SLGBTQQIA+ Communities	This case involved the homicide of an individual who had been assigned female at birth but was living outwardly as a man since they were 14 years old. It is believed that they were a transgender individual but did not disclose this gender identity publicly or to any of their partners. This individual was killed by their female partner of five months. The person who caused the death was a victim of IPV and abuse by the deceased, had sustained physical harm requiring hospitalization and was starved by the deceased, losing a total of 32 kg during the relationship. The person who caused the death stabbed the deceased in an act of self-defense. The person who caused the death learned during the police investigation that their partner was biologically female. The deceased individual had a history of abusive relationships with both men and women, had exhibited stalking behaviour and had physically assaulted past partners.
2007-10	• 2SLGBTQQIA+ Communities	This case involved the death of a 2-year-old child by her mother's female intimate partner. Together the couple had four children, each from previous relationships. The mother of the victim in this case had one child, and the partner (the person who caused the death) had three. Both women struggled with mental health and substance use issues, and reportedly had a volatile relationship and frequently argued. The couple had previous police involvements related to IPV, and the Children's Aid Society had been involved with the victim and her mother. The three children of the person who caused the death reported to the police that their mother had physically abused them and the victim, and that they did not feel safe with her. One day, the victim was in the care of the person who caused the death while her mother ran an errand.

		During this time, she was reported missing. After a thorough search, the child was found deceased in the basement of their house.
2020-11	• Firearms	This case involved the homicide-suicide of a 52-year-old woman by her 53-year-old husband. The couple had two children together. The husband used illicit drugs and had been in a motorcycle accident where he sustained a back injury which required pain medication, which led to an opioid dependency. He had three firearms but did not have a licence. In the events leading up to the deaths, the husband had a notable change in behaviour, which caused the couple to increasingly argue. Additionally, he believed that his wife was having an affair, which sparked rage and contributed to the development of tension in the relationship. On the day of the homicide, the wife went to sleep in a separate bedroom from her husband, which he then entered and shot her in the face and neck with a shotgun. The couple's eldest son attempted to intervene, but the husband/father went to the kitchen and shot himself in front of the younger son. Both the victim and the person who caused the death died from gunshot wounds.
2020-13	• Firearms	This case involved the homicide-suicide of a 35-year-old man who was killed by his mother's intimate partner while attempting to intervene in a dispute between them. The mother was in a short-term dating relationship with the person who caused the deaths and had separated from her husband approximately five years prior to the homicide. On the day of the homicide-suicide, the mother and her son were spending time at her partner's residence. The mother and her partner had been arguing throughout the day and into the evening, with the partner becoming increasingly intoxicated and verbally abusive toward her. During the argument, the son intervened to defend his mother. At this time, the partner went to his trailer and returned with a rifle and proceeded to shoot at both the mother and son. The mother was wounded but able to escape, however the son died from a gunshot wound. When police and Emergency Medical Services arrived at the scene, there was an exchange of gunfire, and the person who caused the death died from a self-inflicted gunshot wound.
2021-04	• Firearms	The case involves the death of a 61-year-old woman by her 62-year-old male common-law partner. The couple had been in a relationship for 13 years, and the person who caused the death (the male partner) was alcohol dependent. Both individuals were previously married and had either witnessed intimate partner violence previously from family members or perpetuated this towards their ex-partners. The person who caused the death owned two firearms and had a firearms licence that expired nine months prior to the homicide. The relationship was tumultuous, with the victim being known as controlling and the person who caused the death struggling with substance use and several other health complications. The person who caused the death originally retrieved his shotgun from a locked case to scare the victim, but proceeded to shoot her in the leg and then noticed she was in pain, so shot her again which resulted in her death. The person who caused the death then went to a local bar to eat and drink, returned home, contemplated suicide, but then proceeded to call 911.
2021-24	• Firearms	This case involved the homicide of a 73-year-old woman by her 78-year-old husband. The person who caused the death had access to firearms, was in declining health and displayed paranoid thoughts. The person who caused the

		death had been in the military and was retired at the time of the homicide. Both the victim and the person who caused the death had adult children from their previous relationships and had been married for 27 years. Their adult children were concerned that the person who caused the death was struggling from a memory loss related illness, and he was becoming increasingly paranoid about the victim having an affair, which was unfounded. The victim was a cancer survivor and very socially active in her senior's group. In the weeks leading up to the death, the person who caused the death was hospitalized for pneumonia. There was discussion about whether he should be in a nursing residence, but the victim wanted him to be at home despite his jealousy and paranoia. On the day of the homicide, Emergency Medical Services responded to a report of smoke coming from the couple's residence. The house was engulfed in flames, but the victim was located in the basement and was found to have died from a gunshot wound.
2021-27	• Firearms	This case involved the homicide-suicide of a 33-year-old woman by her 44-year-old husband. The couple had been together for two years. The relationship was marked by jealousy, with the person who caused the death alienating the victim from her friends and family as he felt that she was cheating on him. The person who caused the death had a history of jealous behaviour with previous intimate partners and had access to firearms. The victim was a nurse and had two children, one from a previous relationship, and one from her relationship with the person who caused the death. The victim was pregnant at the time of the homicide-suicide. The person who caused the death was unemployed but had previously worked as a pilot in another province. He enjoyed hunting and often showed off the significant number of guns, ammunition, and other weapons that he had obtained over the years. A previous partner of the person who caused the death had indicated that when he got angry, he would take a gun to the backyard and shoot at random things. He struggled from paranoid thoughts and had previously had firearms, ammunition, and other weapons seized from him by police, but they were returned a few months later. On the day of the homicide-suicide, the person who caused the death posted on a social media account that he had accidentally shot the victim. However, when police arrived at the home, they found the victim deceased due to gunshot wounds, and the person who caused the death with self-inflicted gunshot wounds. He was transported to hospital where he later died.

Appendix D: 2022-2023 Recommendations

Case	Recommendations
2022-01	**To the Ontario Ministry of Children, Community and Social Services - Child Welfare and Protection Division working together with the Ontario Association of Children's Aid Societies:** **Recommendation #1:** Implement annual mandatory training on domestic violence and coercive control, and the impact of this violence and risk to children, and adult parents, as well as safety planning and risk management in these circumstances. Part of the training needs to include collaboration with community partners, understanding the differences between "conflict" and family violence, and managing cases with protective parents who are involved with private parenting disputes under the *Divorce Act* or *Children's Law Reform Act*. **To the Ontario College of Psychologists, Ontario College of Social Workers and the College of Physicians and Surgeons**: **Recommendation #2:** Require that any psychologist, social worker, or psychiatrists involved in parenting evaluations/assessment for the court (for example, Section 30 of the *Children's Law Reform Act* or Social Work Reports for the Office of the Children's Lawyer) undertake at least 16 hours of professional development on family violence and coercive control dynamics in family law given the critical nature of these issues in mother and child safety and then four hours on an annual basis thereafter, provided by experts in the field. **To the Ontario Ministry of the Attorney General and the Department of Justice Canada:** **Recommendation #3:** Work with the Ontario and federal Chief Justices and the respective Family Law Rules Committee to promote the use of 'one family-one judge' for families involved in ongoing litigation in order to ensure a coordinated and informed approach to questions, such as the identification of the relevant issues; the ways children will participate, including the appointment of an independent lawyer for the child; whether a parenting assessment is needed and if so, what qualifications should the assessor have; how the relevant facts required by

	family law legislation will be obtained and presented as evidence; the appropriateness of alternate dispute resolution processes, including judicial dispute resolution; and when it arises, interim and "final" decision making, including making parenting plans. **To the Ontario Ministry of the Attorney General Ontario and Department of Justice Canada:** **Recommendation #4:** Work with Ontario and federal courts to ensure that every judge hearing family law cases has mandatory professional development opportunities to enhance understanding of the dynamics of family violence, including coercive control and the implications for parenting and children's well-being. The Canadian Judicial Council should make this education available through their work with the National Judicial Institute, which delivers programs for all federal, provincial, and territorial judges. The programs need to be ongoing, credible, in-depth, comprehensive, and developed in collaboration with experts in the field. **To the Law Society of Ontario:** **Recommendation #5:** Ensure mandatory training on domestic violence for all lawyers practicing family law and this subject matter should be in Law Society bar preparation materials and exams to reflect that this is a core aspect of necessary competency for lawyers practicing family or criminal law. **To the Ontario Ministry of Colleges, Universities, Research Excellence and Security (MCURES):** **Recommendation #6:** Require that all Ontario universities providing academic degrees for professional practices in law, social work, psychology, nursing, and medicine receive education on family violence as part of their academic program.

Chapter	Recommendations
Intimate Partner Homicide in Aging Populations	**To the Ontario Ministry of Seniors and Accessibility (MSAA):** **Recommendation #1:** The MSAA should actively recognize and address ageism across service sectors to meet the growing needs of Ontario's aging population. This includes reviewing practices to avoid inadvertent ageism in all ministries and organizations involved with older persons. **Recommendation #2:** The MSAA should establish a provincial steering committee with key sector partners to support aging individuals experiencing intimate partner violence (IPV). This committee would: • Enhance communication and information sharing; • Coordinate interventions and follow-up; • Improve information sharing within services; • Refer at-risk individuals to other services; and • Provide coordinated supports for those experiencing IPV. **Recommendation #3:** The MSAA should continue its support for programs like Elder Abuse Prevention Ontario and the It's Not Right campaign to enhance outreach and collaboration with community groups, 2SLGBTQQIA+ supports, non-traditional professionals, and service agencies. These organizations can address IPV with aging individuals, their caregivers, families, and the public, building on past campaigns. **Recommendation #4:** The MSAA should coordinate with other ministries and service providers to develop occupation-specific training programs. These programs would enhance the ability to identify and respond to IPV in the aging population, ensuring safety for clients, patients, victims, and staff. Training modules could include: • Recognizing IPV, identifying risk factors, and engaging in risk; assessment/management for the elderly; • Improving information sharing within and between services; and • Practicing culturally safe and informed approaches.

	To the Ontario Ministry of Long-Term Care (MLTC), Ontario Ministry of Health (MOH), Ontario Ministry of Children, Community, and Social Services (MCCSS), Ontario Ministry of Education (EDU), Ontario Ministry of the Attorney General (MAG), and the Ontario Ministry of the Solicitor General (SOLGEN): **Recommendation #5:** The MLTC, MOH, MCCSS, EDU, MAG, and SOLGEN should review their policies and procedures for screening IPV in aging communities. This review must ensure staff guidance on identifying and responding to IPV and intimate partner (IP) homicide concerns in older populations. Policies should include: • IPV risk factors and risk assessment for older couples; • Protocols for IPV disclosures and injuries; and • Information sharing and recording of IPV concerns
Children in the Aftermath of Intimate Partner Homicide	**To the Ontario Ministry of Children, Community, and Social Services (MCCSS):** **Recommendation #1:** MCCSS should consider expanding its Victim Quick Response Program (VQRP) to adequately fund psychotherapy into adulthood for children exposed to intimate partner homicide to specifically recognize the unique needs of children who are dealing with the aftermath of this traumatic experience. **To the Ontario Ministry of Children, Community, and Social Services (MCCSS):** **Recommendation #2:** MCCSS should ensure that Children's Aid Societies (CAS) have the resources needed to better support children who are in the care of CAS in the aftermath of an IP homicide to ensure: iii) the children's needs are met, and supports are in place for extended family members taking on the responsibility for the children, and iv) that additional referrals to services be made for these children once they reach an age where CAS may no longer stay involved (i.e., 18+). **To the Government of Ontario:** **Recommendation #3:** Consider restoring the Office of the Provincial Advocate for Children and Youth. **To the Ontario Ministry of the Attorney General (MAG) and the Ontario Ministry of the Solicitor General – Community Safety (SOLGEN):**

	Recommendation #4: MAG and SOLGEN should provide funding and seek a partnership with an Ontario university program to develop a study to learn from the lived experiences of children exposed to IP homicide. **To the Ontario Ministry of Children, Community, and Social Services (MCCSS), the Ontario Association of Children's Aid Societies (OACAS), and the Ontario Association of Chiefs of Police (OACP):** **Recommendation #5:** The MCCSS, OACAS, and the OACP should collaborate to develop and implement training to promote increased professional awareness regarding the impact of IPV and IP homicide on children, with a particular focus on the ongoing mental health and social needs of these children directly following a traumatic incident.
Intimate Partner Homicide and Family Law	**To the National Judicial Institute (NJI):** **Recommendation #1:** Consider developing a comprehensive educational program for family court judges to enhance their understanding of family violence dynamics and effective legal approaches, with a focus on intersectionality and marginalization. The program should be developed, reviewed and regularly updated with feedback from community groups and survivors of IPV. **To the Ontario Ministry of Community and Social Services (MCCSS), and the Neighbours, Friends, and Families (NFF) Campaign in the Centre for Research & Education on Violence Against Women & Children at the University of Western Ontario:** **Recommendation #2:** MCCSS should collaborate with NFF to expand public resources on IPV, post-separation abuse, and the family court system. **Recommendation #3:** MCCSS, in partnership with NFF, should consider co-developing new materials with a community organization to educate survivors, neighbours, friends, and families on identifying post-separation risk factors, including coercive control, risks to children, and the impact of family law issues. These materials should also provide information on accessing support services and basic family law topics to enhance public education and knowledge.

To the Ontario Association of Children's Aid Societies (OACAS) and the Ontario Ministry of Children, Community, and Social Services (MCCSS):

Recommendation #4:
Introduce mandatory family violence and family law training for all those working in the child protection field, especially regarding the intersections between IPV, IP homicide and family court involvement.

To the Law Society of Ontario (LSO):

Recommendation #5:
Mandate the LSO's two-day "Primer on Managing the Family Violence File"[63] for all lawyers practicing family law.

Recommendation #6:
Reinstate the mandatory domestic violence awareness training for all LSO staff and per diem lawyers.

To the Ontario Bar Association (OBA):

Recommendation #7:
Provide regular training on family violence and family law, with Continuing Professional Development hours, for Ontario Bar Association members.

To the Council of Canadian Law Deans:

Recommendation #8:
Ensure that students at all Ontario law schools have access to specialized courses on gender-based violence, including intimate partner and family violence

To the Ontario Association of Children's Aid Societies (OACAS):

Recommendation #9:
OACAS should develop a policy to recognize the nuances of family violence in risk assessments, provide guidelines for supervisory involvement, and enhance training with practical sessions and case studies.

[63] https://store.lso.ca/a-primer-on-managing-the-family-violence-file-day-two

Recommendation #10:
The OACAS should implement cultural sensitivity training focused on intersectionality to meet the needs of marginalized and Indigenous communities.

To the Ontario Ministry of Children, Community, and Social Services (MCCSS):

Recommendation #11:
MCCSS should encourage all child protection agencies to provide comprehensive training for their staff on family court processes, the needs of survivors and their children, and trauma-informed practices. This training should use an intersectional approach to address trauma in diverse family structures, especially in high-risk situations where the parties involved have already gone to court.

To the Ontario Ministry of the Attorney General (MAG):

Recommendation #12:
Explore alternative options for survivors to engage with the family court system through non-mainstream methods. This approach may be developed through working groups involving survivors of IPV, community workers, lawyers, and stakeholders. This could also include the expansion of the Family Court Support Worker program through additional funding to ensure victims have access to comprehensive services, including risk assessment, safety planning, and information about family law rights and responsibilities.

Recommendation #13:
Increase funding and resources for Legal Aid Ontario for family law to improve accessibility and legal representation for victims of intimate partner and family violence throughout their family law cases.

To Legal Aid Ontario (LAO):

Recommendation #14:
LAO should consider enhancing its recruitment and outreach efforts to expand the roster of lawyers who accept legal aid certificates, particularly geared toward those who work in family law or have experience working with survivors of IPV. This could include targeted campaigns to raise awareness amongst legal professionals about the benefits of joining the certificate program, as well as streamlining the onboarding process to reduce barriers to participation.

	To the Ontario Ministry of the Attorney General (MAG), Legal Aid Ontario (LAO), and the Ontario Ministry of Children, Community, and Social Services (MCCSS): **Recommendation #15:** MAG, LAO, and MCCSS should ensure that services and resources are provided in multiple languages for survivors of IPV dealing with family law. Interpreter services should be trauma-informed and culturally sensitive to help victims navigate the legal system with compassion and understanding.
Intimate Partner Homicide by Firearm	**To the Chief Firearms Officer of Ontario (CFO):** **Recommendation #1:** The CFO should create a website and associated promotional materials to provide clear, easy to access information about firearm regulations, the use of firearms in IP homicides and when and how to report and respond to concerns about firearm access and ownership in the context of IPV. **To the Chief Firearms Officer of Ontario (CFO), the Firearms Safety Education Service of Ontario (FSESO), and Public Safety Canada:** **Recommendation #2:** The CFO, FSESO, and Public Safety Canada should consider working collaboratively to develop and launch an awareness campaign to inform the public that access to firearms is a significant risk factor for IP homicide. The campaign should: 1. Emphasize the dangers of firearm access in cases of IPV. 2. Provide information on the processes available to report, relinquish or seek the removal of firearms, recent updates to related legislation and firearm safety. 3. Include a link to all provincial and territorial Chief Firearms Officer websites for information on lawful requirements and channels to raise concerns. 4. Engage relevant stakeholders in developing and sharing public education materials, including provincial-based gun clubs, and rifle associations. **To the Royal Canadian Mounted Police (RCMP), the Chief Firearms Officer of Ontario (CFO), and the Firearms Safety Education Service of Ontario (FSESO):**

	Recommendation #3: The RCMP, the CFO, and the FSESO should consider including information in the Canadian Firearms Safety Course about firearm access being a risk for IP homicide. **To Professional Colleges for Health and Social Service Professionals including the: College of Naturopaths of Ontario; College of Nurses of Ontario; College of Physicians and Surgeons of Ontario; College of Psychologists and Behaviour Analysts of Ontario; College of Registered Psychotherapists of Ontario; College of Traditional Chinese Medicine and Acupuncturists of Ontario; College of Midwives of Ontario; College of Homeopaths of Ontario; Ontario College of Social Workers and Social Service Workers, College of Occupational Therapists of Ontario; College of Chiropractors of Ontario; College of Massage Therapists of Ontario; College of Kinesiologists of Ontario; College of Pharmacists of Ontario; College of Physiotherapists of Ontario; and the College of Respiratory Therapists of Ontario:** **Recommendation #4:** Each respective professional college should develop and distribute comprehensive educational materials on recognizing and responding to risks associated with IPV and access to firearms. Further, these materials should also include the links between aging, declining physical, cognitive, and mental health, access to firearms and IP homicide. **To Ontario Association of Chiefs of Police (OACP):** **Recommendation #5:** The OACP should develop and distribute comprehensive educational materials to all their member police services in Ontario to emphasize the importance of specialized training for police officers in responding to IPV-related incidents and the high-risk nature that firearm access poses in these events. These materials should highlight the proven benefits of establishing dedicated IPV units within police services, and the necessity for these units to be staffed with officers who have advanced training in IPV risk factors, IP homicide, and the role of firearms. **To the Probation Officer Association of Ontario and the Ontario Ministry of the Solicitor General (SOLGEN):** **Recommendation #6:**

	Annual and ongoing professional education on IPV should be provided to probation officers to address risks associated with firearms, mental illness, and suicidality in individuals with a history of IPV. **To the Chief Firearms Officer of Ontario (CFO):** **Recommendation #7:** The CFO should undertake substantial and ongoing professional education on IPV when onboarded to the position, as they have an essential role providing oversight and education on firearms including the associated risks of IPV. **To Public Safety Canada and the Department of Justice:** **Recommendation #8:** Consider enacting or amending legislation to prohibit the sale or transfer of a firearm from one person to another without proof of the recipient having a valid firearm licence. **To the Ontario Ministry of the Solicitor General (SOLGEN) and the Ontario Ministry of the Attorney General (MAG):** **Recommendation #9:** Working collaboratively, SOLGEN and MAG should develop and provide education to all justice system partners on the new provisions under Bill C-21 for responding to risks associated with IPV including to police, Probation Officers, Assistant Crown Attorneys, Justices of the Peace, and staff at Partner Assault Response Programs. **To Public Safety Canada:** **Recommendation #10:** Consider investment in proactive enforcement of firearm control as a method to maintain and enhance public safety as outlined by the National Police Federation's a "Study on Gun Control, Illegal Arm Trafficking, and Gun Crimes". **To Associations of Specialist Service Providers in Gender-Based Violence including the: Ontario Association of Interval and Transition Houses, Ontario Coalition of Rape Crisis Centres, Women's Shelters Canada, Ontario Network of Sexual Assault/Domestic Violence Treatment Centres, Action Ontarienne, Ontario Women's Justice Network and the Centre for Research**

	and Education on Violence Against Women and Children's Learning Network: **Recommendation #11:** Develop and provide education on the new provisions under Bill C-21 with respect to responding to risks associated with IPV to front-line service providers to ensure knowledge of the new provisions under Bill C-21 and how they may be used.
Immigrant, Refugee, and Precarious Status Communities Experiencing Intimate Partner Homicide	**To the Ontario Ministry of Labour, Immigration, Training, and Skills Development (MLITSD), and Immigration, Refugees and Citizenship Canada (IRCC):** **Recommendation #1:** MLITSD, and IRCC should consider collaborating to create a comprehensive public education campaign and outreach initiative tailored to the challenges faced by immigrants, refugees, and those with precarious status. Public education materials should explore power dynamics in sponsored relationships, precarious status as workers or students, and the vulnerabilities related to precarious employment, including the risk of IPV in all circumstances. These materials should be translated into the top languages spoken in Ontario beyond the official languages of English and French including (but not limited to) Arabic, Hindi, Persian, Bengali, Urdu, Mandarin, Cantonese, Spanish, and Tagalog.[64] Additionally, targeted outreach strategies should be considered, especially through social media platforms commonly used by immigrant and refugee communities. **Recommendation #2:** Allocate targeted funding to support newcomer integration programs that address social isolation, particularly among elderly newcomers, as a preventative measure for IPV and other forms of abuse. **To the Canada Border Services Agency (CBSA):** **Recommendation #3:** Consider establishing an inclusive, trauma-informed training program for Canada Border Services Agency (CBSA) officers, with a focus on power dynamics inherent in familial relationships, precarious immigration statuses, and applications in each immigration category, including family class and humanitarian and compassionate grounds. The purpose of training would be to

[64] https://www12.statcan.gc.ca/census-recensement/2016/as-sa/fogs-spg/Facts-PR-Eng.cfm?TOPIC=5&LANG=Eng&GK=PR&GC=35

	help officers recognize a person's potential risk for IPV and would aid in their ability to refer individuals to appropriate services. This training could also underscore the importance of navigating sensitive interactions with empathy, cultural sensitivity, and an understanding of the power imbalances prevalent in immigration status dependent situations. **To the Ontario Association of Children's Aid Societies (OACAS):** **Recommendation #4:** Develop a trauma-informed training module for all child protection service workers, focusing on relationship power imbalances linked to immigration status and the intersection with IPV and family violence. The training should include real-life cases of sponsored relationships, precarious employment, students, and temporary workers. It must highlight systemic challenges faced by these families, emphasizing the necessity for sensitivity in language and expression and available resources in Ontario. **To the Ontario Ministry of Children, Community, and Social Services (MCCSS):** **Recommendation #5:** Establish specialized units or individuals within child protection services with expertise in the challenges faced by immigrant, refugee, and precarious status families, especially regarding gender-based violence. These specialists should have the skills and understanding needed to navigate these complexities. **To the Ontario Chiefs of Police (OACP) and the Ontario Ministry of the Solicitor General (SOLGEN):** **Recommendation #6:** The Ontario Chiefs of Police, in partnership with the Ministry of the Solicitor General, should develop and distribute trauma-informed educational materials for police officers engaging with immigrant, refugee, and precarious status communities. These materials should aim to prevent IPV and IP homicide by ensuring officers across understand immigrant, refugee, and precarious status communities' unique needs and risk factors. **To the Ontario Ministry of Colleges, Universities, Research Excellence and Security (MCURES):** **Recommendation #7:**

	Consider including comprehensive training on gender-based IPV at all postsecondary institutions in orientation programs for international students. This training should aim to prevent IPV and educate newcomers on their rights and accessing resources and support. Course content could include: - Power imbalances linked to precarious immigration status - Rights of temporary-status immigrants (students and workers) - Permanent residency application process - Abuse Prevention - Resources for international students - Recognizing signs of IPV, understanding risk factors and fostering supportive environments **To the Ontario Ministry of Labour, Immigration, Training and Skills Development (MLITSD):** **Recommendation #8:** Consider creating a new stream in the Ontario Immigrant Nominee Program (OINP) to secure immigration status for individuals facing intimate partner violence. This priority pathway should allow women facing IPV to apply for permanent residence, considering the challenges of dependent relationships and/or precarious employment or student situations. **To the Ontario Ministry of Children, Community and Social Services (MCCSS), the Ontario Ministry of Labour, Immigration, Training, and Skills Development (MLITSD), and Immigration, Refugees and Citizenship Canada (IRCC):** **Recommendation #9:** Consider providing increased funding and tailored support to not-for-profit organizations working with immigrant, refugee and precarious status communities. **To the Ontario Ministry of Children, Community, and Social Service (MCCSS) and the Ontario Ministry of Labour, Immigration, Training, and Skills Development (MLITSD):** **Recommendation #10:** Consider providing increased funding for language services, including the Language Interpreter Services (LIS) program, to address linguistic needs of

	those from immigrant, refugee and precarious status communities who are experiencing IPV.
Mental Health and Substance Use: Intersections with Intimate Partner Homicide	**To the Ontario Ministry of the Solicitor General (SOLGEN), Ontario Ministry of the Attorney General (MAG), Ontario Ministry of Children, Community and Social Services (MCCSS), and the Ontario Ministry of Education (EDU):** **Recommendation #1:** An annual training initiative should be implemented across each respective sector to raise awareness and develop skills to address how substance use and mental health issues affect IP relationships. Consider including the following topics in the training curriculum: • Impact of substance use, anxiety, depression, and other mental health concerns in the context of intimate partner violence • Early education, engagement, and intervention strategies • Understanding risks and potential for lethality • Realities of and risk factors for recidivism • Escalation of violence (physical and emotional) • Training and awareness about the intersections of gender, masculinities, mental health, substance use, and IPV Training sectors should include judicial partners, community/social services, family services, prevention organizations, and educational institutions. **To the College of Physicians and Surgeons of Ontario (CPSO), the College of Nurses of Ontario (CNO) and the Ontario College of Pharmacists (OCP):** **Recommendation #2:** The CPSO, CNO, and the OCP should consider distributing the full "Mental Health and Substance Use" chapter from the DVDRC 2022/2023 Annual Report (when published) to raise awareness, among health care providers, of the intersections between mental health, substance use disorders, and intimate partner violence. **To the Ontario Women's Directorate at the Ministry of Children, Community, and Social Services (MCCSS), Public Safety Canada's National Crime Prevention Centre (NCPC), and the Neighbours, Friends and Families (NFF) Campaign in the Centre for Research & Education on Violence Against Women & Children at the University of Western Ontario:**

Recommendation #3:
The Ontario Women's Directorate, as part of MCCSS, should collaborate with the NCPC, NFF, and prevention and education organizations including those that work with men and boys, to:

- Develop public awareness materials on identifying mental health and substance use concerns, their connection to increased IPV risk, and effective intervention and support strategies; and
- Create a public awareness campaign for both survivors of IPV and individuals who use violence in relationships who struggle with substance use and/or mental health issues. This campaign could focus on identifying victimization factors, understanding how violence is perpetrated, and providing information on where and how to seek help and support. It should be culturally adapted and promote increased awareness and engagement for men to seek mental health and substance use treatment and support, especially in circumstances where they are confronted with life stressors that may lead to the use of IPV.

To the Ontario Ministry of Education (EDU):

Recommendation #4:
Consider incorporating awareness about the intersection between mental health, substance use disorders, and IPV, including intersections with masculinities, harmful gender norms, and cultural references, into the current postsecondary curriculum when teaching about healthy intimate or romantic relationships.

To the Ontario Ministry of Public and Business Service Delivery and Procurement (MPBSDP):

Recommendation #5:
Consider developing a mental health resource guide for new business owners, providing education and resources on the intersection between financial stressors, mental health, substance use, and their impact on IP relationships. This guide could include information on identifying concerning behaviour and when, how, and where to seek help.

To the Ontario Ministry of the Solicitor General (SOLGEN) and the Ontario Ministry of the Attorney General (MAG):

Recommendation #6:

	SOLGEN and MAG high-risk committee tables across the province should consider including community partners from the mental health, substance use, and IPV sectors to provide expertise on intervention strategies when reviewing cases where these issues are prevalent. **To the Ontario Ministry of the Solicitor General (SOLGEN), Ministry of the Attorney General (MAG), the Ministry of Children, Community and Social Services (MCCSS), the Ontario Association of Chiefs of Police (OACP), the College of Physicians and Surgeons of Ontario (CPSO), The College of Nurses of Ontario (CNO), the Ontario College of Social Workers and Social Service Workers (OCSWSSW), the College of Psychologists and Behaviour Analysts of Ontario (CPBAO), and the College of Registered Psychotherapists of Ontario (CRPO):** **Recommendation #7:** SOLGEN, MAG, MCCSS, OACP, CPSO, CNO, OCSWSSW, CPBAO, and the CRPO should ensure risk assessment tools are being utilized for all IPV situations within their respective sectors and police services. **To the Ontario Ministry of the Solicitor General (SOLGEN), Ministry of the Attorney General (MAG), the Ministry of Children, Community and Social Services (MCCSS), the Ontario Association of Chiefs of Police (OACP):** **Recommendation #8:** Inter-ministerial and law enforcement collaboration should occur to ensure that common risk assessment tools and criteria are used across sectors, and the same measures are being employed across the province.
Intimate Partner Homicide in the 2SLGBTQQIA+ Community	**To the Neighbours, Friends, and Families (NFF) Campaign in the Centre for Research & Education on Violence Against Women & Children at the University of Western Ontario:** **Recommendation #1:** NFF should consider partnering with 2SLGBTQQIA+ organizations to create community-led public education resources and programs aimed at preventing IPV in 2SLGBTQQIA+ relationships. These initiatives could: i) Address myths and stigmas, and review heteronormative public awareness approaches to IPV prevention in order to remove barriers for the 2SLGBTQQIA+ community; ii) Include information for 2SLGBTQQIA+ community members about the early signs of conflict and violence, IPV risk factors, de-escalating violence, promoting healthy masculinity, and where to seek help; and

iii) Address specific vulnerabilities such as disabilities, mental illness, substance use, HIV/AIDS, immigration status and other forms of discrimination.

To the Ontario Ministry of Education (EDU):

Recommendation #2:
Consider reviewing and revising school curriculum with the assistance of subject matter experts in the 2SLGBTQQIA+ community to ensure greater 2SLGBTQQIA+ inclusion in the discussion of healthy, safe, consensual, and equal relationships as well as information about where to go for help when relationships feel unsafe.

Recommendation #3:
Consider introducing workshops to combat 2SLGBTQQIA+ discrimination and bullying in schools through partnerships with 2SLGBTQQIA+ organizations or continuing these initiatives where they already exist.

To the Ontario Association of Chiefs of Police (OACP) and the Ministry of the Solicitor General (SOLGEN) - Ontario Police College (OPC):

Recommendation #4:
Consider conducting a review of how incidents of IPV, including but not limited to IP-homicides, involving the 2SLGBTQQIA+ community are investigated by law enforcement officers and police services.

Recommendation #5:
Consider developing a specific curriculum about the unique elements of IPV within non-heterosexual couples and relationships to be included in IPV courses taken by all police officers. The curriculum should be developed in consultation with 2SLGBTQQIA+ community partners.

To the Ontario Ministry of Children, Community, and Social Services (MCCSS):

Recommendation #6:
Funding should be allocated to 2SLGBTQQIA+ and gender-based violence organizations to develop education, programming, resources, outreach, and capacity to address and prevent intimate partner violence in diverse 2SLGBTQQIA+ relationships.

For further information, please contact:

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