



Universal Screening

Group #1

SUMMARY

All front-line professionals who work with adults and children need to be mindful of how domestic violence can lead to intimate partner homicide. All front-line professionals must screen for domestic violence in all cases and be prepared with appropriate referrals and resources if needed.

Criminal Investigations

Recommendations 2004-1, 2006-28, 2007-30

It is recommended that Universal Screening for domestic violence be part of every criminal investigation. Intervention in domestic violence has two goals, victim safety (intervention) and offender risk reduction/containment (case management). It is recommended that police receive ongoing training in recognizing domestic violence.

Healthcare professionals

Recommendations 2004-1, 2004-7, 2004-12, 2005-8, 2006-6, 2006-13, 2007- 5, 2007-9, 2007-26

It is recommended that all healthcare providers be taught to be mindful of the dynamics of domestic violence and the potential for lethality, especially when working with patients who have a history of alcohol and/or drug abuse, depression, anxiety, or suicidal thoughts. When domestic violence is identified in the patient's life, the potential for lethality should be assessed by the healthcare provider or the patient should be referred to others with expertise in making such assessments.

Front line Service Providers

Recommendations 2004-1, 2004-7, 2004-8, 2004-25, 2005-5, 2005-13, 2006-19, 2007-8, 2007-17, 2007-29

Professionals such as social workers and addictions counsellors should be taught to be mindful of the dynamics of domestic violence and the potential for lethality, especially when working with clients who have a history of alcohol and/or drug abuse, depression, anxiety, or suicidal thoughts.

Education

Recommendations 2004-1, 2007-11

Educators should be taught to be mindful of the dynamics of domestic violence and the potential for lethality. Educators should be prepared to intervene or to contact appropriate service providers who could assist in intervention when a child has disclosed or when IPV is suspected.

The Workplace

Recommendations 2006-8

All workplaces need to design and implement a policy to address domestic violence as it relates to the workplace. The policy should include:

- Educating employees about the issues of domestic violence in order to help them identify an abusive relationship in which they may be involved, and about how to reach out to co-workers for assistance.
- Training employers and managers to identify the signs of abuse and to respond appropriately to employees who are victims and/or perpetrators of domestic violence.
- Providing a resource list of appropriate referral agencies.
- Providing an organized response to direct threats of domestic violence that occur in the workplace.
- Developing and implementing a safety plan for the victim to ensure that a number of security measures are in place for her protection.

Universal Screening - DVDRC Recommendations

Criminal Investigations

Recommendations

2004-1

There is a continuing need to better educate both the public and professionals who come into contact with victims and perpetrators of domestic violence about the dynamics of domestic violence and the need to take appropriate action with potential abusers, victims and their children. In particular, this education has to include an awareness of the risk factors for potential lethality

2006-28

To the MCSCS; OACP: It is recommended that police receive ongoing training in the dynamics of Domestic Violence to assist officers with assessing situations and laying charges where appropriate. (Similar to Recommendation #4/2002) It is recommended that police receive ongoing training in the dynamics of Domestic Violence to assist officers with assessing situations and laying charges where appropriate. (Similar to Recommendation #4/2002)

2007-30

To the Ontario Association of Chiefs of Police (OACP), Ontario Police College (OPC), Ministry of Community Safety & Correctional Services (MCSCS) Policing Services Division:
It is recommended that police officers receive additional/supplemental training, which focuses on the recognition that domestic violence does not always present itself in an obvious way, such as in a domestic violence assault, but may be imbedded in other types of criminal acts. Where domestic violence is at the root of any criminal act, the investigation must be completed within the context and application of the domestic violence policies of the respective services. Victims may be reluctant to disclose violence in their relationship, and this requires a sensitive but thorough intervention. Police must understand that reluctant victims may be at greater risk of continued violence and thereby are in greater need of proactive police response. (Similar to recommendations #4/2002, #5/2004, #23/2006, #28/2006 #25/2006)

Healthcare professionals

Recommendations

2004-1

There is a continuing need to better educate both the public and professionals who come into contact with victims and perpetrators of domestic violence about the dynamics of domestic violence and the need to take appropriate action with potential abusers, victims and their children. In particular, this education has to include an awareness of the risk factors for potential lethality

2004-7

It is recommended that all healthcare providers be taught to be mindful of the dynamics of domestic violence and the potential for lethality, especially when working with patients who have a history of alcohol and/or drug abuse, depression, anxiety, or suicidal ideation. When domestic violence is identified in the patient's life, the potential for lethality should be assessed by the healthcare provider or the patient should be referred to others with an expertise in making such assessments

2004-12

The Committee recommends that healthcare providers use risk assessment tools to assess the potential for domestic violence/abuse, suicide and/or homicide

2005-8

Physicians require further education about the dynamics of domestic violence and the potential lethality, particularly where alcohol abuse, depression, anxiety, or suicidal ideation is present and diagnosed.

2006-6

It is recommended that the College of Family Physicians of Canada, the Ontario Psychiatric Association, in conjunction with the Canadian Psychiatric Association, and the Society of Obstetricians and Gynecologists of Canada develop and/or promote educational interventions that highlight the role of physicians in identifying a history of abuse in assessing patients' health concerns. Studies indicate that minimal intervention can lead to disclosures of intimate partner violence, with resulting positive outcomes (e.g. increased use of victim services; more safety behaviours; less physical abuse). (Repeat Recommendation)

2006-13

It is recommended that the College of Family Physicians of Canada develop and/or promote educational programs that highlight the dynamics and/or warning signs of domestic violence and the potential for lethality, especially when working with patients who have a history of alcohol and/or drug abuse, depression, anxiety or anger. (Similar to Recommendation #12/2004)

2007- 5

To the College of Family Physicians of Canada:

It is recommended that healthcare providers be taught to be mindful of the dynamics of domestic violence and the potential for lethality, especially when working with patients who have a history of drug abuse, depression, anxiety, and suicidal ideation, particularly when there is high conflict in their marriage and a history of numerous separations. (Similar to recommendations #12/2004

2007-9

To Healthcare Providers:

It is suggested that healthcare providers take a more proactive stance, particularly when working with patients in crisis situations, to ask those patients if there are any safety concerns in their intimate relationships. If the provider senses there are concerns, we recommend they use a such danger assessment tool, which will assist both the healthcare provider and the patient to better understand if there is a risk of lethality.

2007-26

To the Ministry of Health and Long Term Care (MHLTC):

It is recommended that provincial Mental Health and Addictions Strategies include screening for domestic violence as a best practice. Mental health and addictions professionals who are working with women need to be provided with assessment tools that will allow them to assess and determine the level of risk. (Similar to recommendations #2/2006, #8/2005)

Front line Service Providers

Recommendations

2004-1

There is a continuing need to better educate both the public and professionals who come into contact with victims and perpetrators of domestic violence about the dynamics of domestic violence and the need to take appropriate action with potential abusers, victims and their children. In particular, this education has to include an awareness of the risk factors for potential lethality

2004-7

It is recommended that all healthcare providers be taught to be mindful of the dynamics of domestic violence and the potential for lethality, especially when working with patients who have a history of alcohol and/or drug abuse, depression, anxiety, or suicidal ideation. When domestic violence is identified in the patient's life, the potential for lethality should be assessed by the healthcare provider or the patient should be referred to others with an expertise in making such assessments

2004-8

It is recommended that frontline service providers (police, shelter workers, paramedics, medical staff) receive training in recognizing that the effects of drug and/or alcohol addictions in the victim can sometimes cloud the assessment of underlying domestic violence.

2004-25

It is recommended that child welfare and protection agencies screen for domestic violence in all cases. As part of the process, it is necessary for them to locate, interview and assess all partners involved. Where there is evidence of domestic violence, they must take the necessary steps to use their authority under the *Child and Family Services Act* to make appropriate interventions with the abuser to protect the mother and child

2005-5

Police and other front-line workers (health/educational/social) need to be made aware of the resources available in their respective communities to address issues of family breakdown, conflict, and mental health, and to make referrals when necessary.

2005-13

All front-line professionals that deal with individuals and families in crisis should adopt an appropriate risk assessment process and a mechanism or protocol at a local level to facilitate and enhance communication between agencies and professionals when a person is identified to be at risk. For example, such a protocol should permit any professional evaluating a high risk case to contact the local

police service's case manager or domestic violence coordinator to establish a case conference to ensure appropriate tracking and response to the case.

2006-19

To the Ministry of Children and Youth Services, and the Ontario Association of Children's Aid Societies: Efforts should be made to enhance training and protocols regarding domestic violence to ensure that a full risk assessment of victims and perpetrators is undertaken, to include assessment of the potential danger posed to children during separation. (Similar to Recommendation #25/2004)

2007-8

To Ontario Works:

We recommend that Ontario Works ensure that all of its employees are well trained in recognizing situations of domestic violence and assisting their clients in obtaining the services they require

2007-17

It is recommended that all agencies ensure adequate training and supervision in assessing domestic violence within same-sex relationships in cases where children are involved. It is also recommended that Children's Aid Societies follow-up on a referral with all parties involved with the child or children.

2007-29

To the Ontario Women's Directorate (OWD):

Given the high co-occurrence between addictions and domestic violence, we expand on previous recommendations to include more education for counsellors who work with clients with addiction problems who may be perpetrators of domestic violence. We recommend routine screening in every case and where there are indicators of domestic violence, we would recommend a thorough assessment of risk and risk management of the case including contact with the victim to engage in safety planning. We would not expect addiction counsellors to become experts in domestic violence work but we would recommend that they collaborate closely with the VAW sector in their community. (Similar to recommendations #7/2004, #8/2004, #5/2002)

Education

Recommendations

2004-1

There is a continuing need to better educate both the public and professionals who come into contact with victims and perpetrators of domestic violence about the dynamics of domestic violence and the need to take appropriate action with potential abusers, victims and their children. In particular, this education has to include an awareness of the risk factors for potential lethality

2006-31

It is recommended that The Ministry of Education mandate pre-service courses on domestic violence at Faculties of Education in Ontario in order to prepare educators for their future roles in this area such as responding to children living with domestic violence or promoting violence prevention programs. (Similar to Recommendation #5/2005)

2007-11

To the Ministry of Education:

It is recommended that the Ministry of Education who provides funding for Adult Education, alternative education programs, and regular school programs that may involve young parents, ensure that education and training is provided to individuals who deal with young parents in such programs on how to respond to suspected or known cases of intimate partner violence among their clients.

The Workplace

Recommendations

2006-8: To the Ministry of Labour: It is recommended that all workplaces design and implement a policy to address domestic violence as it relates to the workplace. The policy should include:

- Educating employees about the issues of domestic violence in order to help them identify an abusive relationship in which they may be involved, and about how to reach out to co-workers for assistance.
- Training employers and managers to identify the signs of abuse and to respond appropriately to employees who are victims and/or perpetrators of domestic violence
- Providing a resource list of appropriate referral agencies
- Providing an organized response to direct threats of domestic violence that occur in the workplace
- Developing and implementing a safety plan for the victim to ensure that a number of security measures are in place for her protection (Similar to Recommendation #10/2005)



Service Coordination

Group #2

SUMMARY

The Domestic Violence Death Review Committee (DVDRC) recommendations (2004-2007) recognize the need for coordination of services in order to ensure seamless services be delivered to women who have experienced intimate partner violence (IPV). Four areas have been identified as priorities to further enhance service coordination to reduce the potential for lethality.

Inter-Ministerial Guidelines

Recommendations 2004-6, 2004-17, 2007-12, 2007-32

- Inter-ministerial guidelines should encourage and provide funding for enhanced coordinated practices and protocols within and between the Police, family and criminal courts as well as court-related services such as victim-witness services, mediation, supervised access, CAS, batterer intervention programs and probation supervision.
- Mention of existing models within the Province of Ontario could be replicated to manage high-risk cases.

Development of Inter-sectoral Protocols

Recommendations 2004-3, 2004-14, 2004-15, 2004-19, 2004-21, 2006-11, 2006-21, 2007-13, 2007-33

It is recommended that protocols be developed between sectors to enhance collaboration, to share information and to formalize practices.

Specific protocols recommended by the DVDRC:

- Child Protective Services and Violence against Women (VAW) Community
- Ontario Association of Children's Aid Societies and Ontario Family Law Bar Association
- Shelters develop central registry of available housing and coordinate transportation services
- Police and Shelters
- Police and Crown: Surety
- Child Protective Services and School Boards
- Police and CPIC: Police response to breaches of restraining orders under the *Family Law Act*

Inter-sectoral Coordination of Services

Recommendations 2004-7, 2004-15, 2005-5, 2006-30, 2007-8

- Develop awareness of available services between sectors to facilitate seamless support to women who have experienced IPV.

Sectors identified: Ontario Works, healthcare, child protective services, VAW community, school boards

High-risk Case Management

Recommendations 2004-5, 2004-16, 2004-17, 2005-12, 2005-14, 2006-5, 2006-14, 2006-20, 2006-33, 2007-23, 2007-32

It is recommended that once a case has been identified as a high-risk case then there must be a systems response so that the case can be actively managed.

Sectors identified: Government (Ministry of Community Safety and Correctional Services and Ministry of the Attorney General), Police, Crown, Child Protective Services, VAW community, Healthcare.

Service Coordination - DVDRRC Recommendations

Inter-Ministerial Guidelines

2004-6

It is recommended that awareness and education programs address the culture of silence surrounding domestic violence and its apparent acceptance that still exists in some families and small communities

2004-17

It is recommended that the Ministry of Community Safety and Correctional Services, Policing Standards Section either develop a stand-alone model to manage high risk domestic violence cases, or include domestic violence in the current standard that addresses high-risk cases

2007-12

To the Ministry of Community Safety & Correctional Services (MCSCS):

It is recommended the MCSCS review their current procedures for assessing risks posed by domestic violence perpetrators to assist in case planning and management and that they ensure adequate funding is in place for batterer intervention programs. (Similar to recommendations #16/2004, #17/2004, #20/2006)

2007-32

To the Ministry of the Attorney General (MAG) and Ministry of Community Safety & Correctional Services (MCSCS):

It is recommended that once a case has been identified as a high risk case then there must be a systems response so that the case can be actively managed. This would require that the justice partners involved with the case meet to discuss management options and strategies. Such dedicated teams already exist in parts of Ontario and should be the model for other communities to follow. (Similar to recommendations #27/2004, #14/2002)

Development of Inter-sectoral Protocols

2004-3

It is recommended that child welfare and protection agencies address the following issues:

- CAS/VAW Collaboration Agreement
- specialized training and education, especially on intervening directly with the offender on risk reduction and containment
- use of assessment reports that examine lethality risk
- quality assurance component
- increase skill and comfort level of workers in dealing with abusers and in supporting women at risk

2004-14

It is recommended that in any community where there are a number of shelters available to assist victims of domestic violence, a central registry of available beds for victims, as well as a means of transportation to the available facility, be established.

2004-15

It is recommended that shelters be supported to create ways to effectively coordinate services and referrals to minimize the need for a woman seeking shelter to navigate the system on her own, and to maximize the ways shelters can work together to provide a seamless and supportive response to the woman and her children

2004-19

It is recommended that a protocol be established between police and Crown counsel to ensure that persons proposed as surety:

- be properly investigated as to their suitability to act as surety;
- be fully informed about their responsibilities as surety both in writing and on the court record; and
- be warned, in writing and on the court record, as to their potential liability under estreatment [the obligations entered into when one agree to be a surety] and as party to a criminal offence in the event they breach their duty.

2004-21

It is recommended that a protocol be established for immediately entering restraining orders into the CPIC (Canadian Police Information Centre) system so that if there is a breach, the police can act immediately under the *Family Law Act*

2006-11

To the Ministry of Children and Youth Services, and the Ontario Association of Children's Aid Societies (OACAS): It is recommended that a protocol be established to ensure that when Children's Aid Societies (CAS) receive information about domestic abuse from other professionals such as school guidance counsellors, that the information be forwarded in a structured way to all appropriate authorities, including police so that monitoring of such cases should involve and link all appropriate agencies

2006-21

The Ontario Association of Children's Aid Societies and Ontario Family Law Bar Association should jointly develop protocols regarding children who appear to be in danger in the context of parental separations with a history of domestic violence. These children may not qualify for CAS protection because their mother appears to be trying to manage a safety plan as a private family matter. However, the CAS may be in a better position to limit any unsupervised access as a temporary measure pending a thorough assessment by the family court. Rationale: The perpetrator had access to the children without supervision even after he had put their lives in danger. CAS / police might have considered charging the perpetrator and requesting no access as a term of release, or alternatively making supervised visits with no access as a term of supervision pending a full court hearing

2007-13

To the Ministry of Community Safety & Correctional Services (MCSCS), Policing Standards Division, and the Ontario Association Chiefs of Police (OACP):

Police services across Ontario should consider implementing procedures that stipulate that when there are grounds to arrest and /or charge a person in relation to a domestic assault, and where there are public safety issues, or a delay in processing the charges, the accused should immediately be placed on the Canadian Police Information Centre (CPIC) as a Special Interest Police (SIP) entry, advising that grounds exist to arrest. (Similar to recommendation #21/2004)

2007-33

To the Ministry of the Attorney General (MAG) and Ministry of Community Safety & Correctional Services (MCSCS):

It is recommended that all potential sureties be required to watch an educational videotape on their role as it relates to domestic violence cases (e.g. Huron County Crown video). As well, that each police department assign a police officer to routinely call all sureties in high risk cases to check on bail compliance and the stability of the accused. (Similar to recommendations #19/2004, #20/2004)

Inter-sectoral Coordination of Services**2004-7**

It is recommended that all healthcare providers be taught to be mindful of the dynamics of domestic violence and the potential for lethality, especially when working with patients who have a history of alcohol and/or drug abuse, depression, anxiety, or suicidal ideation. When domestic violence is identified in the patient's life, the potential for lethality should be assessed by the healthcare provider or the patient should be referred to others with an expertise in making such assessments

2004-15

It is recommended that shelters be supported to create ways to effectively coordinate services and referrals to minimize the need for a woman seeking shelter to navigate the system on her own, and to maximize the ways shelters can work together to provide a seamless and supportive response to the woman and her children

2005-5

Police and other front-line workers (health/educational/social) need to be made aware of the resources available in their respective communities to address issues of family breakdown, conflict, and mental health, and to make referrals when necessary

2006-30

It is recommended that the Ministry of Education encourage school boards to make professional development and distribution of resource material on domestic violence a priority. Ontario has available

materials ranging from educators' resource guides to curriculum material on domestic violence prevention that could be implemented in a more comprehensive, consistent and integrated basis. (e.g., Handbook for Educators, Choices, 4thR). The goal of the training should be to prepare all staff to help youth/children who are victims of domestic violence (dating violence) or who have been exposed to domestic violence. Assisting these students may mean providing support, guidance and referrals to appropriate community services. Staff need to be prepared to deal with disclosures that may transpire in a formal (counseling session) or informal (after class) setting, and be prepared to follow-up with students who may be dealing with chronic problems in this area. (Similar to Recommendation #9/2002)

2007-8

To Ontario Works:

We recommend that Ontario Works ensure that all of its employees are well trained in recognizing situations of domestic violence and assisting their clients in obtaining the services they require.

High-risk Case Management

2004-5

It is recommended that there be ongoing training for police on the appropriate response to domestic violence cases that involve child custody and access, which may be a time of high risk requiring special vigilance. These cases require the development of a high-risk case management protocol specific to domestic violence cases. Such a protocol needs to be accompanied by appropriate training focused on addressing the dual goals of victim safety (intervention) and offender risk reduction/containment (case management).

2004-16

It is recommended that police put processes into practice to identify, monitor and manage high-risk cases, and to vigorously enforce bail conditions arising from a violent offence or threat of violence. Further, it is recommended that police services institute a dedicated police unit that has links to community-based experts to deal specifically with high-risk domestic violence cases, to ensure an appropriate case management response in such cases

2004-17

It is recommended that the Ministry of Community Safety and Correctional Services, Policing Standards Section either develop a stand-alone model to manage high risk domestic violence cases, or include domestic violence in the current standard that addresses high-risk cases

2005-12

It is recommended that each police service appoint an appropriate number of officers, specially trained in the issues of domestic violence, as case managers. The case managers' duties would include reviewing all domestic violence cases, identifying—i.e., “red flagging”—any high risk matters, and tracking the cases as they proceed to completion.

2005-14

There is a need for greater use of case conferencing systems that share information and action plans between justice partners, health professionals, and counsellors regarding safety issues and “high risk” cases.

2006-5

It is recommended that the Ministry of the Attorney General take the lead in consultations with justice and community stakeholders and develop a provincial plan for high risk management of domestic violence cases that present with indicators of potential dangerousness or lethality. (Similar to Recommendation #17/2004)

2006-14

To the Ministry of the Attorney General, and the Ministry of Community Safety and Correctional Services: It is recommended that when the courts have mandated intervention/counselling programs related to domestic violence incidents, there be some mechanism to ensure that the conditions and orders are monitored and followed up, regardless of whether the accused person is the primary offender/aggressor or not.

2006-20

To the Ministry of Community Safety and Correctional Services (MCSCS), Policing Standards Division; and the Ontario Association of Chiefs of Police (OACP): Police services across Ontario as well as Police Colleges should encourage monitoring of high-risk domestic violence perpetrators who could be red-flagged because of the extreme dangers that they pose to their ex-partners and children. This should

include a proactive approach to victims and perpetrators without the need for further calls to the police, and may involve a coordinating function with other service providers such as Child Protection Agencies. (Similar to Recommendation #17/2004)

2006-33

It is recommended that the College of Physicians and Surgeons of Ontario caution psychiatrists offering an opinion on child custody and access arrangements for separating parents that the opinion should be based on assessment of both parents and children as well as having collateral sources of information. Furthermore, the Ontario Psychiatric Association should provide and/or promote continuing medical education regarding the dynamics of domestic violence and the risk factors for lethality associated with separation, divorce, custody and access issues. (Similar to Recommendation #8/2004)

2007-23

Recommendation 23

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

It is recommended that CAS refer cases with multiple risk factors like alleged child abuse, parental alcoholism and domestic violence to high risk case management. (Similar to recommendation #8/2004)

2007-32

To the Ministry of the Attorney General (MAG) and Ministry of Community Safety & Correctional Services (MCSCS):

It is recommended that once a case has been identified as a high risk case then there must be a systems response so that the case can be actively managed. This would require that the justice partners involved with the case meet to discuss management options and strategies. Such dedicated teams already exist in parts of Ontario and should be the model for other communities to follow. (Similar to recommendations #27/2004, #14/2002)



Family and Criminal Law

Group #3

SUMMARY

There is a continuing need to educate both the public and professionals who come into contact with victims and perpetrators of domestic violence about how domestic violence works and the importance of taking appropriate action with potential abusers, victims and their children. In particular, this education has to include an awareness of the risk factors for murder and suicide. Protocols need to be developed to allow police, lawyers and the judiciary to pay attention to the dynamics of family violence.

Family Law

Recommendation: 2004-4

It is recommended that lawyers in family law practice receive continuing education on understanding and recognizing the dynamics of domestic violence and the risk factors for lethality associated with separation, divorce and custody and access.

Recommendation: 2006-21

The Ontario Association of Children's Aid Societies and Ontario Family Law Bar Association should jointly develop protocols regarding children who appear to be in danger in the context of parental separations with a history of domestic violence. These children may not qualify for CAS protection because their mother appears to be trying to manage a safety plan as a private family matter. However, the CAS may be in a better position to limit any unsupervised access as a temporary measure pending a thorough assessment by the family court.

Police- Protocol and Training for Child Access and Custody

Recommendation: 2004-5

It is recommended that there be ongoing training for police on the appropriate response to domestic violence cases that involve child custody and access, which may be a time of high risk requiring special vigilance. These cases require the development of a high-risk case management protocol. Such a protocol needs to be accompanied by appropriate training focused on addressing the dual goals of victim safety (intervention) and offender risk reduction/containment (case management).

Police- Protocol -Entering Restraining Orders into CIPIC

Recommendation: 2004-21

It is recommended that a protocol be established for immediately entering restraining orders into the CPIC (Canadian Police Information Centre) system so that if there is a breach, the police can act immediately under the *Family Law Act*.

Child Custody and Law

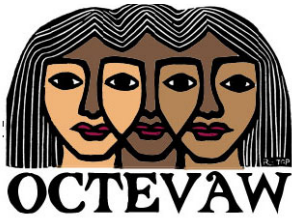
Recommendation: 2004-23

It is recommended that the province review the *Children's Law Reform Act* and work in collaboration with the federal government's review of the *Divorce Act* to ensure that domestic violence is given a prominent role in judicial decision-making when considering child custody. Similarly, the *Child and Family Services Act* should also be reviewed to ensure consistency with the legislation noted above in requiring specific consideration of the presence and effect of domestic violence in custody cases.

Child Custody: Family Court to Look at Criminal Record

Recommendation: 2004-24

It is recommended that before deciding on the nature of access, assessment reports for Family Court Judges, prepared by qualified assessors with domestic violence training, should be considered. This assessment is especially valid when dealing with someone who has a history of domestic violence as demonstrated by a prior criminal record for related offences.



Marginalized Communities

Group #4

SUMMARY

The Domestic Violence Death Review Committee (DVDRC) recommendations (2004-2007) recognize the need for cross cultural training to be developed and delivered to recognize the diversity of our community in order to reduce potential for lethality for women who have experienced intimate partner violence (IPV). Training should be developed and delivered by trained experts from the cultural communities being served. It must address the need to overcome cultural barriers. Cultural competency training should be a mandatory component of all training programs for front-line workers.

Public education and awareness

Recommendations 2004-6, 2005-2, 2005-6, 2005-7, 2006-24

- Public education should target potential victims and perpetrators of domestic violence, should be directed towards persons of all cultures, languages, and faiths; and should address the need to overcome cultural barriers and the feeling of “shame” as related to mental health issues, with the goal of reducing stigma.
- Cross-cultural and cultural competence training should be a mandatory component of all training programs for front line workers, such as police, healthcare, and social workers.

Focus on youth

Recommendations 2004-9, 2006-30, 2006-32

- School boards should institute curriculum-based healthy relationship programs as an essential part of the education system and should include emphasis on the reality that intimate relationships in adolescence pose similar concerns as in adult relationships.
- Educators and school staff need to be prepared to deal with disclosures that may transpire and be prepared to follow-up with students who may be dealing with chronic problems in this area.

Focus on the Aboriginal community

Recommendations 2007-6, 2007-7, 2007-10

- Resources for Aboriginal educational campaigns on domestic violence should be provided to raise awareness in aboriginal communities about the risks associated with IPV.
- It is recommended that government recognize the enormous lack of resources available to First Nations communities, including making available culturally appropriate service providers that would be adequately trained in providing an effective response to the complex issues facing Aboriginal families and that this be a priority of government.

Focus on IPV in same-sex relationships

Recommendations 2007-17, 2007-18

- It is recommended that social service providers, including police, physicians, and child protection services receive proper training regarding the dynamics of domestic violence in same-sex relationships.

Focus on resources

Recommendation 2004-28, 2007-7

- It is recommended that additional resources be made available to develop or provide access to domestic violence services for people living in northern (rural and remote) communities.

Marginalized Communities - DVDRC Recommendations

Public education and awareness

2004-6

It is recommended that awareness and education programs address the culture of silence surrounding domestic violence and its apparent acceptance that still exists in some families and small communities

2005-2

Public education should target potential victims and perpetrators of domestic violence. The education should:

- include the fact that risk of violence increases substantially during the time that a partner is leaving the relationship;
- address the needs of depressed and suicidal men who require counselling and risk reduction interventions, such as the removal of firearms from the home to prevent the escalation of the circumstances that result in the tragedies we have reviewed;
- be directed towards persons of all cultures, languages, and faiths; and
- address the need to overcome cultural barriers and the feeling of “shame” as related to mental health issues, with the goal of reducing stigma.

2005-6

Training workshops have to be developed and delivered by trained experts from the cultural communities being served.

2005-7

Cross-cultural and cultural competence training should be a mandatory component of all training programs for front line workers, such as police, healthcare, and social workers

2006-24

It is recommended that the Ontario Women's Directorate, through its public education campaigns and professional education programs (through police, social services, mental health, and medical associations) address the need for a differentiated approach to victims of domestic violence who may not recognize the dangers posed by the (ex-)partner to themselves and their children

Focus on youth

2005-9

School boards should institute curriculum-based healthy relationship programs as an essential part of the education system

2006-30

It is recommended that the Ministry of Education encourage school boards to make professional development and distribution of resource material on domestic violence a priority. Ontario has available materials ranging from educators' resource guides to curriculum material on domestic violence prevention that could be implemented in a more comprehensive, consistent and integrated basis. (e.g., Handbook for Educators, Choices, 4thR). The goal of the training should be to prepare all staff to help youth/children who are victims of domestic violence (dating violence) or who have been exposed to domestic violence. Assisting these students may mean providing support, guidance and referrals to appropriate community services. Staff need to be prepared to deal with disclosures that may transpire in a formal (counseling session) or informal (after class) setting, and be prepared to follow-up with students who may be dealing with chronic problems in this area. (Similar to Recommendation #9/2002)

2006-32

To the Ontario Women's Directorate and Ministry of Education: Public awareness programs (such as OWD's Neighbours, Friends and Families) and Ministry initiatives on domestic violence should include emphasis on the reality that intimate relationships in adolescence pose similar concerns as in adult relationships.

Focus on the Aboriginal community

2007-6

To the Ontario Association of Chiefs of Police (OACP); First Nations Police; First Nations Police Association & Ministry of Community Safety & Correctional Services (MCSCS) Policing Standards Division:

Recognizing the critical role that police play in responding to domestic violence calls, particularly in rural and remote communities where frequently they are the only resource available to families in trouble, police officers require ongoing training in the dynamics of domestic violence especially when faced with reluctant and ambivalent victims and perpetrators who have a history of past domestic violence, suicidal behaviour and addictions. (Similar to recommendations #7/2002, #5/2002, #4/2002, #8/2004 & #28/2006)

2007-7

To the Government of Ontario (Ministry of Aboriginal Affairs), Government of Canada (Department of Indian Affairs):

We recommend that First Nation communities be prioritized by government to address the enormous lack of resources available to them, including making available culturally appropriate service providers that would be adequately trained in providing an effective response to the complex issues facing Aboriginal families. These issues include the impact of intergenerational trauma on families with the consequence of high rates of mental health issues, addictions, domestic violence, unemployment and living in chronic states of poverty. (Similar to recommendation #28/2004)

2007-10

To the Ontario Women's Directorate (OWD):

Kanawayhitowin is an Aboriginal public awareness campaign that was launched in the fall of 2007 to raise awareness about the signs of woman abuse in First Nations communities, so that people who are close to at-risk women or abusive men can provide support. It reflects a traditional and cultural approach to community healing and wellness. Educational materials include brochures, public service announcements, a training video and CD-ROM. We recommend that the OWD consider making this campaign available to all Aboriginal communities across the province

Focus on IPV in same-sex relationships

2007-17

It is recommended that all agencies ensure adequate training and supervision in assessing domestic violence within same-sex relationships in cases where children are involved. It is also recommended that Children's Aid Societies follow-up on a referral with all parties involved with the child or children.

2007-18

It is recommended that social service providers, including police, physicians, and child protection services receive proper training regarding the dynamics of domestic violence in same-sex relationships.

Focus on resources

2004-28

It is recommended that additional resources be made available to develop or provide access to domestic violence services for people living in northern (rural and remote) communities.

2007-7

See above



Public Education

Group #5

SUMMARY

The Domestic Violence Death Review Committee (DVDRC) recommendations (2004-2007) recognize the continuing need to better educate both the public and professionals who come into contact with victims and perpetrators of domestic violence about the dynamics of IPV and the need to take appropriate action with potential abusers, victims and their children. In particular, this education has to include an awareness of the risk factors for potential lethality.

Recommendations 2004-1, 2005-6, 2007-1, 2007-4, 2006-24

Public education and awareness

- There is a continuing need to better educate family members, friends, and colleagues who come into contact with victims and perpetrators of domestic violence about the dynamics of domestic violence and the need to take appropriate action with potential abusers, victims, and their children.
- In particular, this education has to include an awareness of the risk factors for potential lethality.
- This is particularly important when the couple is going through a separation or the individual is showing signs of depression or suicidal or homicidal thoughts. The risk increases even further if the perpetrator has an addiction problem.

General Public

2005-1, 2005-3, 2006-1, 2006-7, 2006-13, 2006-26, 2006-27, 2007-19, 2007-24, 2007-28

Youth in Schools

2005-9, 2006-30, 2006-32, 2007-11

Aboriginal Community

2007-10

Other specialized groups

2004-6, 2004-20, 2005-2, 2005-16, 2006-4, 2006-8, 2006-18,

Training for front-line professionals working with individuals and families

Recommendations 2004-8, 2005-4, 2005-7, 2006-9, 2007-17, 2007-18,

- There is a need for ongoing training in the issues of domestic violence and potential lethality for front-line professionals working with individuals and families, specifically police, social workers/counsellors, clergy, the justice community and physicians.

Child Protective Services

2004-2, 2004-3, 2006-19

Justice

2004-4, 2004-11

Healthcare

2004-7, 2005-8, 2006-2, 2006-3, 2006-6, 2006-8, 2006-12, 2006-22, 2006-29, 2007-5, 2007-2, 2007-15

Educators

2006-10, 2006-31

Counsellors, Social Workers and Social Service workers

2006-17, 2007-29

Police

2006-28, 2007-3, 2007-6, 2007-20, 2007-21

Public Education - DVDRC Recommendations

2004-1

There is a continuing need to better educate both the public and professionals who come into contact with victims and perpetrators of domestic violence about the dynamics of domestic violence and the need to take appropriate action with potential abusers, victims and their children. In particular, this education has to include an awareness of the risk factors for potential lethality.

2005-6

Training workshops have to be developed and delivered by trained experts from the cultural communities being served.

2007-1

To the Ontario Women's Directorate (OWD):

It is recommended that all Government agencies involved with victims and perpetrators continue to educate the public about domestic violence including information on the dynamics and/or warning signs of domestic violence and an awareness of the risk factors for potential lethality. (Similar to recommendation #1/2002) In addition, such programs should include information on where and how to ask for help, and when to take appropriate action with potential abusers, victims, and their children. These programs should also underscore the fact that Intimate Partner Violence (IPV) and postpartum depression can have a similar negative impact on a woman's functioning and well-being.

2007-4

To the Ontario Women's Directorate (OWD):

It is recommended that OWD continue to educate both the public and professionals who come into contact with victims and perpetrators of domestic violence about the dynamics of domestic violence and suicide prevention. Also, OWD should provide information to help the public and professionals understand their role in assisting abusers, victims and their children. (Similar to recommendation #1/2006)

Public education and awareness

General Public

2005-1

There is a need to better educate the public about the dynamics of domestic violence and appropriate responses where such dynamics are recognized in potential abusers or victims.

2005-3

The requirement for third parties to report child abuse when a child's safety and life is placed at risk needs to be more widely publicized.

2006-1 and 7

It is recommended that the Ontario Women's Directorate continue to develop and implement public education programs about Domestic Violence (e.g. The Neighbours, Friends and Families Campaign).

2006-13

To the Ontario Women's Directorate (OWD): Public awareness campaigns are needed that highlight how to recognise (and respond appropriately) when a strained relationship is becoming a potentially lethal one. Important additional risk factors are high stress situations like extreme financial pressure and imminent family breakdown. (Similar to Recommendation #1/2002)

2006-26

It is recommended that the Ontario Psychiatric Association, in conjunction with the Canadian Psychiatric Association, develop and/or promote educational materials that highlight the correlation between depression and the risks associated with intimate partner violence (IPV). (Repeat Recommendation)

2006-27

It is recommended that the Ontario Women's Directorate continue to develop and implement public education programs about Domestic Violence (e.g. The Neighbours, Friends and Families Campaign). (Repeat Recommendation)

2007-19

To the Ontario Women's Directorate (OWD):

It is recommended that the public be educated on the dynamics of domestic violence, including in same-sex relationships.

2007-24

To the Ontario Women's Directorate (OWD):

It is recommended that OWD continue to educate the members of the public who come into contact with victims and perpetrators of domestic violence about the dynamics of domestic violence and provide information on practical steps that can be taken to reduce the risk for assault and lethality. (Similar to recommendation #1/2006)

2007-28

To the Ontario Women's Directorate (OWD):

There is a continuing need to better educate family members, friends, and colleagues who come into contact with victims and perpetrators of domestic violence about the dynamics of domestic violence and the need to take appropriate action with potential abusers, victims, and their children. In particular, this education has to include an awareness of the risk factors for potential lethality. This is particularly important when the couple is going through a separation or the individual is showing signs of depression or suicidal or homicidal thoughts. The risk increases even further if the perpetrator has an addiction problem. (Similar to recommendations #1/2006, #1/2002, #1/2004, #3/2005)

Youth in Schools

2005-9

School boards should institute curriculum-based healthy relationship programs as an essential part of the education system.

2006-30

It is recommended that the Ministry of Education encourage school boards to make professional development and distribution of resource material on domestic violence a priority. Ontario has available materials ranging from educators' resource guides to curriculum material on domestic violence prevention that could be implemented in a more comprehensive, consistent and integrated basis. (e.g., Handbook for Educators, Choices, 4thR). The goal of the training should be to prepare all staff to help youth/children who are victims of domestic violence (dating violence) or who have been exposed to domestic violence. Assisting these students may mean providing support, guidance and referrals to appropriate community services. Staff need to be prepared to deal with disclosures that may transpire in a formal (counseling session) or informal (after class) setting, and be prepared to follow-up with students who may be dealing with chronic problems in this area. (Similar to Recommendation #9/2002)

2006-32

To the Ontario Women's Directorate and Ministry of Education: Public awareness programs (such as OWD's Neighbours, Friends and Families) and Ministry initiatives on domestic violence should include emphasis on the reality that intimate relationships in adolescence pose similar concerns as in adult relationships.

2007-11

To the Ministry of Education:

It is recommended that the Ministry of Education who provides funding for Adult Education, alternative education programs, and regular school programs that may involve young parents, ensure that education and training is provided to individuals who deal with young parents in such programs on how to respond to suspected or known cases of intimate partner violence among their clients.

Aboriginal Community

2007-10

To the Ontario Women's Directorate (OWD):

Kanawayhitowin is an Aboriginal public awareness campaign that was launched in the fall of 2007 to raise awareness about the signs of woman abuse in First Nations communities, so that people who are close to at-risk women or abusive men can provide support. It reflects a traditional and cultural approach to community healing and wellness. Educational materials include brochures, public service announcements, a training video and CD-ROM. We recommend that the OWD consider making this campaign available to all Aboriginal communities across the province.

Other

2004-6

It is recommended that awareness and education programs address the culture of silence surrounding domestic violence and its apparent acceptance that still exists in some families and small communities.

2004-20

It is recommended that, in cases of domestic violence, the police give persons proposed as surety written or video information about the risk factors for potential lethality, and that receipt of that material be confirmed on the court record

2005-2

Public education should target potential victims and perpetrators of domestic violence. The education should:

- include the fact that risk of violence increases substantially during the time that a partner is leaving the relationship;
- address the needs of depressed and suicidal men who require counselling and risk reduction interventions, such as the removal of firearms from the home to prevent the escalation of the circumstances that result in the tragedies we have reviewed;
- be directed towards persons of all cultures, languages, and faiths; and
- address the need to overcome cultural barriers and the feeling of “shame” as related to mental health issues, with the goal of reducing stigma.

2005-16

Every community where a domestic violence related homicide takes place should be supported to undertake a community-based education process focusing on prevention. It is recommended that a central provincial resource be identified to provide resources, support, and expertise to assist that community to use the tragedy as a catalyst for action. Ensuring that members of the local community take the lead in planning the educational process, the provincial government should provide necessary assistance, such as funding for public education materials, meetings, and other public awareness events. This provincial response to each domestic violence homicide would ensure that each community is supported in creating its own unique response that promotes collective awareness of spousal and child abuse, and can help make a difference in the prevention of future deaths.

2006-4

It is recommended that creative ways must be provided to offer family members appropriate information and support in cases where they have concerns about a family member's safety. (Similar to Recommendation #1/2004)

2006-8

To the Ministry of Labour: It is recommended that all workplaces design and implement a policy to address domestic violence as it relates to the workplace. The policy should include:

- Educating employees about the issues of domestic violence in order to help them identify an abusive relationship in which they may be involved, and about how to reach out to co-workers for assistance.
- Training employers and managers to identify the signs of abuse and to respond appropriately to employees who are victims and/or perpetrators of domestic violence
- Providing a resource list of appropriate referral agencies
- Providing an organized response to direct threats of domestic violence that occur in the workplace
- Developing and implementing a safety plan for the victim to ensure that a number of security measures are in place for her protection

2006-18

The Ontario Women's Directorate should encourage public and private sector employers to raise awareness about their role and responsibility for domestic violence victims and perpetrators in the event that warning signs are visible in the workplace. (Similar to Recommendation #1/2004)

Training for front-line professionals working with individuals and families

2004-8

It is recommended that frontline service providers (police, shelter workers, paramedics, medical staff) receive training in recognizing that the effects of drug and/or alcohol addictions in the victim can sometimes cloud the assessment of underlying domestic violence

2005-4

There is a need for ongoing training in the issues of domestic violence and potential lethality for police, social workers/counsellors, clergy, and physicians.

2005-7

Cross-cultural and cultural competence training should be a mandatory component of all training programs for front line workers, such as police, healthcare, and social workers

2006-9

It is recommended that all Government agencies involved with victims and perpetrators continue to educate the public about domestic violence and should include information on the dynamics and/or warning signs of domestic violence and an awareness of the risk factors for potential lethality. There is also a need to educate on where and how to ask for help, and when to take appropriate action with potential abusers, victims, and their children. (Similar to Recommendation #1/2002)

2007-17

It is recommended that all agencies ensure adequate training and supervision in assessing domestic violence within same-sex relationships in cases where children are involved. It is also recommended that Children's Aid Societies follow-up on a referral with all parties involved with the child or children

2007-18

It is recommended that social service providers, including police, physicians, and child protection services receive proper training regarding the dynamics of domestic violence in same-sex relationships.

Child Protective Services

2004-2

It is recommended that child welfare and protection agencies receive ongoing training to recognize the risk factors for domestic violence. Furthermore, this training should address effective interventions that promote the safety of mothers and children.

2004-3

It is recommended that child welfare and protection agencies address the following issues:

- CAS/VAW Collaboration Agreement
- specialized training and education, especially on intervening directly with the offender on risk reduction and containment
- use of assessment reports that examine lethality risk
- quality assurance component
- increase skill and comfort level of workers in dealing with abusers and in supporting women at risk

2006-19

To the Ministry of Children and Youth Services, and the Ontario Association of Children's Aid Societies: Efforts should be made to enhance training and protocols regarding domestic violence to ensure that a full risk assessment of victims and perpetrators is undertaken, to include assessment of the potential danger posed to children during separation. (Similar to Recommendation #25/2004)

Justice

2004-4

It is recommended that lawyers in family law practice receive continuing education on understanding and recognizing the dynamics of domestic violence and the risk factors for lethality associated with separation, divorce and custody and access.

2004-11

It is recommended that the Ontario Court of Justice consider using high-risk cases where judicial interim releases occurred, as reviewed by the DVDRRC, as case scenarios in the ongoing educational programs for Justices of the Peace who conduct the majority of bail hearings in the province.

Healthcare

2004-7

It is recommended that all healthcare providers be taught to be mindful of the dynamics of domestic violence and the potential for lethality, especially when working with patients who have a history of alcohol and/or drug abuse, depression, anxiety, or suicidal ideation. When domestic violence is identified in the patient's life, the potential for lethality should be assessed by the healthcare provider or the patient should be referred to others with an expertise in making such assessments

2005-8

Physicians require further education about the dynamics of domestic violence and the potential lethality, particularly where alcohol abuse, depression, anxiety, or suicidal ideation is present and diagnosed.

2006-2

It is recommended that the Ontario Psychiatric Association, in conjunction with the Canadian Psychiatric Association, develop and/or promote educational materials that highlight the correlation between depression and the risks associated with intimate partner violence (IPV).

2006-3

It is recommended that the College of Family Physicians of Canada actively develop and/or promote educational tools that highlight the unique role family physicians have in identifying domestic violence. (Similar to Recommendation #12/2004)

2006-6

It is recommended that the College of Family Physicians of Canada, the Ontario Psychiatric Association, in conjunction with the Canadian Psychiatric Association, and the Society of Obstetricians and Gynecologists of Canada develop and/or promote educational interventions that highlight the role of physicians in identifying a history of abuse in assessing patients' health concerns. Studies indicate that minimal intervention can lead to disclosures of intimate partner violence, with resulting positive outcomes (e.g. increased use of victim services; more safety behaviours; less physical abuse). (Repeat Recommendation)

2006-12

It is recommended that the College of Family Physicians of Canada develop and/or promote educational programs that highlight the dynamics and/or warning signs of domestic violence and the potential for lethality, especially when working with patients who have a history of alcohol and/or drug abuse, depression, anxiety or anger. (Similar to Recommendation #12/2004)

2006-22

The College of Family Physicians of Canada should develop and/or promote educational tools that ensure that appropriate risk assessment and safety planning is undertaken whenever patients disclose ongoing intimate partner violence (IPV). (Repeat Recommendation) Rationale: The victim's doctor was aware of the abuse and apparently did not do a risk assessment or offer risk reduction strategies

2006-29

It is recommended that the College of Family Physicians of Canada ensure that educational interventions for family physicians and family medicine residents on mental illness highlight the way that such problems elevate the risk for lethality in situations of ongoing IPV. (Repeat Recommendation)

2007-2

To the College of Family Physicians of Canada, Canadian Pediatric Society, Society of Obstetricians and Gynecologists, College of Midwifery of Ontario:

It is recommended that organizations involved in educating health professionals, such as the College of Family Physicians of Canada, Canadian Pediatric Society, the Society of Obstetricians and Gynecologists, and the College of Midwifery of Ontario, promote educational programs that explore the dynamics and/or warning signs of domestic violence and the potential for lethality, especially when working with patients who have depression and/or anxiety. In addition, such programs need to highlight for practitioners caring for women and/or their children that IPV can lead to and/or exacerbate an underlying depression. (Similar to recommendation #12/2004 & #12/2006 & #15/2006)

2007-5

To the College of Family Physicians of Canada:

It is recommended that healthcare providers be taught to be mindful of the dynamics of domestic violence and the potential for lethality, especially when working with patients who have a history of drug abuse, depression, anxiety, and suicidal ideation, particularly when there is high conflict in their marriage and a history of numerous separations. (Similar to recommendations #12/2004 & #12/2006)

2007-15

To the Ontario Women's Directorate (OWD), College of Family Physicians of Canada, Ontario & Canadian Psychiatric Associations:

There must be more public education regarding the risk that suicidality poses, not only to the suicidal person but also to others involved with him/her. Within the Health Care system, men who are in relationships and who threaten or attempt suicide should consistently be screened for abusive behaviour in their relationships. Part of this screening process must involve some contact with the female partner to offer information and support regarding disclosure of abuse, services and supports available, etc.

Educators

2006-10

To the Ministry of Education: It is recommended that the Ministry ensure that teachers, administrators and support staff receive ongoing training on recognition of risk factors for domestic violence, including effective intervention that promotes the safety of the child. (Similar to Recommendation #25/2004)

2006-31

It is recommended that The Ministry of Education mandate pre-service courses on domestic violence at Faculties of Education in Ontario in order to prepare educators for their future roles in this area such as responding to children living with domestic violence or promoting violence prevention programs. (Similar to Recommendation #5/2005)

Counsellours, Social Workers and Social Service workers

2006-17

To Universities and Community Colleges offering social work programs, and to professional associations of social workers (Ontario College of Social Workers):

Curricula should include pre-service and continuing education programs on risk assessment for victims and perpetrators of domestic violence. (Similar to Recommendation #5/2005)

2007-29

To the Ontario Women's Directorate (OWD):

Given the high co-occurrence between addictions and domestic violence, we expand on previous recommendations to include more education for counsellors who work with clients with addiction problems who may be perpetrators of domestic violence. We recommend routine screening in every case and where there are indicators of domestic violence, we would recommend a thorough assessment of risk and risk management of the case including contact with the victim to engage in safety planning. We would not expect addiction counsellors to become experts in domestic violence work but we would recommend that they collaborate closely with the VAW sector in their community. (Similar to recommendations #7/2004, #8/2004, #5/2002)

Police

2006-28

To the MCSCS; OACP: It is recommended that police receive ongoing training in the dynamics of Domestic Violence to assist officers with assessing situations and laying charges where appropriate. (Similar to Recommendation #4/2002)

2007-3

To the Ontario Association of Chiefs of Police (OACP) and Ontario Police College (OPC); Ministry of Community Safety and Correctional Services (MCSCS), Policing Standards Division:

It is recommended that there be ongoing training for police on the most effective response to domestic violence cases especially where there is a history of homicidal and suicide threats, separations, obsession with the victims, prior incidents of domestic violence and/or child abuse. (Similar to recommendation #4/2002 & #16/2004)

The development of a high-risk case management protocol specific to these complicated domestic violence cases needs to be accompanied by additional training focused on addressing the dual goals of victim safety and offender risk reduction.

2007-6

To the Ontario Association of Chiefs of Police (OACP); First Nations Police; First Nations Police Association & Ministry of Community Safety & Correctional Services (MCSCS) Policing Standards Division:

Recognizing the critical role that police play in responding to domestic violence calls, particularly in rural and remote communities where frequently they are the only resource available to families in trouble, police officers require ongoing training in the dynamics of domestic violence especially when faced with reluctant and ambivalent victims and perpetrators who have a history of past domestic violence, suicidal behaviour and addictions. (Similar to recommendations #7/2002, #5/2002, #4/2002, #8/2004 & #28/2006)

2007-20

To the Ontario Association of Chiefs of Police (OACP), Ontario Police College (OPC); Ministry of Community Safety & Correctional Services (MCSCS) Policing Standards Division:

It is recommended that there be ongoing training for police on the most effective response to domestic violence cases where there is a history of homicidal and suicidal threats, a recent separation, and where prior history includes domestic violence, serious substance abuse and/or child abuse. (Similar to recommendation #5/2004, #2/2005, #3/2005)

2007-21

To the Ontario Association of Chiefs of Police (OACP), Ontario Police College (OPC); Ministry of Community Safety & Correctional Services (MCSCS) Policing Standards Division:

It is recommended that police services reinforce with their members the requirements of the Domestic Violence Occurrences (LE24) and Firearm Occurrences (LE029) of the Provincial Adequacy Standard Guidelines regarding the seizure of firearms during the course of Domestic Violence Occurrences. This training should be conducted on an annual basis placing emphasis on ensuring officers are appropriately educated on their authorities to conduct weapons seizures with and without a warrant. (Similar to recommendation #15/2002)



Risk Assessment

Group #6

SUMMARY

The Domestic Violence Death Review Committee (DVDRC) recommendations (2004-2007) recognize the need for the use of and training in risk assessment tools across sectors in assessing aggressors and women who are experiencing intimate partner violence (IPV). Four areas have been identified to further enhance usage of risk assessment in intervention and as a means of safety planning to reduce the potential for lethality.

Intervention by Professionals who work with individuals and families

Recommendations 2004-3, 2004-22, 2004-25, 2005-10, 2005-11, 2005-13, 2006-11, 2006-21, 2006-23, 2007-14, 2007-23, 2007-27, 2007-31

- It is recommended that professionals who come into contact with individuals and families who have experienced intimate partner violence receive the necessary training on the dynamics of domestic violence, the potential risk for lethality and have the necessary tools to assess risk.
- When high-risk cases are assessed it is necessary to provide skilled safety planning.
- Risk assessment should be used as a tool in safety planning.

Police: Identifying and monitoring high-risk cases

Recommendations 2004-16, 2005-12, 2006-20, 2006-25, 2007-12

It is recommended that:

- Police should have a dedicated unit to address domestic violence.
- Police should develop inter-sectoral high-risk case management protocols and strategies.
- All domestic violence cases be screened for lethality.

Police should develop case planning and management strategies.

Use of risk assessment tools by Healthcare professionals

Recommendations 2004-7, 2004-12, 2005-8, 2006-33, 2007-2, 2007-9, 2007-15, 2007-27

- It is recommended that all healthcare providers be taught to be mindful of the dynamics of domestic violence and the potential for lethality, especially when working with patients who have a history of alcohol and/or drug abuse, depression, anxiety, or suicidal ideation.
- When domestic violence is identified in the patient's life, the potential for lethality should be assessed by the healthcare provider or the patient should be referred to others with an expertise in making such assessments.
- Public education should be developed by the healthcare community to address the correlation of high risk individuals and the potential for suicidality and lethality.

Assistance to Front-line professionals who are at risk

Recommendations 2004-9, 2004-10

- It is recommended that a change in the organizational cultures within sectors be initiated to establish a climate conducive to disclose mental health and emotional problems without fear of recrimination or employment restrictions.

Risk Assessment - DVDRRC Recommendations

Intervention by Professionals who work with individuals and families

2004-3

It is recommended that child welfare and protection agencies address the following issues:

- CAS/VAW Collaboration Agreement
- specialized training and education, especially on intervening directly with the offender on risk reduction and containment
- use of assessment reports that examine lethality risk
- quality assurance component
- increase skill and comfort level of workers in dealing with abusers and in supporting women at risk

2004-22

The committee recommends that the provincial policy stating that, upon conviction for a domestic violence offence, the Crown seek an order requiring an offender to attend a batterer intervention program such as Partner Assault response (PAR) as part of a probation term be followed.

2004-25

It is recommended that child welfare and protection agencies screen for domestic violence in all cases. As part of the process, it is necessary for them to locate, interview and assess all partners involved. Where there is evidence of domestic violence, they must take the necessary steps to use their authority under the *Child and Family Services Act* to make appropriate interventions with the abuser to protect the mother and child

2005-10

There is a need to have appropriate assessment tools available to those who work with victims and perpetrators of domestic violence to better assess the potential for lethal violence in their lives. Correspondingly, once the risk is identified, victims and perpetrators of domestic violence need access to appropriate services and programs. The person at risk requires access to:

- a specialized and comprehensive risk assessment by an appropriate agency;
- skilled assistance to engage the victim in developing a safety planning process; and
- risk management, for both the victims and the perpetrator

2005-11

All victims experiencing any form of domestic violence should be referred to and directly involved in a safety planning process whenever abuse is disclosed to social workers/counsellors, shelter, or other services for abused persons, such as physicians, the police, and victim services.

2005-13

All front-line professionals that deal with individuals and families in crisis should adopt an appropriate risk assessment process and a mechanism or protocol at a local level to facilitate and enhance communication between agencies and professionals when a person is identified to be at risk. For example, such a protocol should permit any professional evaluating a high risk case to contact the local police service's case manager or domestic violence coordinator to establish a case conference to ensure appropriate tracking and response to the case

2006-11

To the Ministry of Children and Youth Services, and the Ontario Association of Children's Aid Societies (OACAS): It is recommended that a protocol be established to ensure that when Children's Aid Societies (CAS) receive information about domestic abuse from other professionals such as school guidance counsellors, that the information be forwarded in a structured way to all appropriate authorities, including police so that monitoring of such cases should involve and link all appropriate agencies

2006-21

The Ontario Association of Children's Aid Societies and Ontario Family Law Bar Association should jointly develop protocols regarding children who appear to be in danger in the context of parental separations with a history of domestic violence. These children may not qualify for CAS protection because their mother appears to be trying to manage a safety plan as a private family matter. However, the CAS may be in a better position to limit any unsupervised access as a temporary measure pending a thorough assessment by the family court. Rationale: The perpetrator had access to the children without supervision

even after he had put their lives in danger. CAS / police might have considered charging the perpetrator and requesting no access as a term of release, or alternatively making supervised visits with no access as a term of supervision pending a full court hearing

2006-23

To the MCSCS, Policing Standards Division; OACP; and OACAS: Police and CAS training should reinforce that risk assessment is not an end in itself but rather an ongoing process that requires safety planning, risk reduction and coordination of a community plan. (Similar to Recommendation #5/2004)

2007-14

To the Ontario Women's Directorate (OWD):

It is recommended that Community agencies in partnership with Government should explore the creation of an easily accessible, non-threatening mechanism for friends and family to get information and consult with a trained individual regarding situations where they have concerns that a woman is at risk from her intimate partner. This resource could provide direction where they are not sure how to intervene and/or how to help protect the victim's safety. (Similar to recommendation #1/2006)

2007-23

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

It is recommended that CAS refer cases with multiple risk factors like alleged child abuse, parental alcoholism and domestic violence to high risk case management. (Similar to recommendation #8/2004)

2007-27

To Healthcare Providers:

As with Case # 2004-2221 above, it is recommended that all healthcare providers must be mindful of the dynamics of domestic violence and the potential for lethality. Where concerns may be raised for the patient's safety, an appropriate screening tool must be considered, as it may assist both the healthcare provider and the patient to better understand the lethality risks, and proactively plan appropriately for safety (i.e. calling the police, going to a shelter or safe place, meeting with a specialist in safety planning). If the patient is reluctant to take these steps on her own, she may need to be accompanied. (Similar to recommendations #2/2006, #12/2004, #7/2004)

2007-31

To the Ministry of the Attorney General (MAG) and Ministry of Community Safety & Correctional Services (MCSCS):

It is recommended that in every domestic violence case, there be a requirement that risk be assessed. If a high-risk case is identified, it needs to be specifically red flagged for further follow up. (Similar to recommendations #10/2002, #17/2004, #27/2004)

Police: Identifying and monitoring high-risk cases

2004-16

It is recommended that police put processes into practice to identify, monitor and manage high-risk cases, and to vigorously enforce bail conditions arising from a violent offence or threat of violence. Further, it is recommended that police services institute a dedicated police unit that has links to community-based experts to deal specifically with high-risk domestic violence cases, to ensure an appropriate case management response in such cases.

2005-12

It is recommended that each police service appoint an appropriate number of officers, specially trained in the issues of domestic violence, as case managers. The case managers' duties would include reviewing all domestic violence cases, identifying—i.e., “red flagging”—any high risk matters, and tracking the cases as they proceed to completion

2006-20

To the Ministry of Community Safety and Correctional Services (MCSCS), Policing Standards Division; and the Ontario Association of Chiefs of Police (OACP): Police services across Ontario as well as Police Colleges should encourage monitoring of high-risk domestic violence perpetrators who could be red-flagged because of the extreme dangers that they pose to their ex-partners and children. This should include a proactive approach to victims and perpetrators without the need for further calls to the police, and may involve a coordinating function with other service providers such as Child Protection Agencies. (Similar to Recommendation #17/2004)

2006-25

To the MCSCS, Policing Standards Division; and OACP: It is recommended that Police Services require responding officers to complete a lethality screen on each and every domestic occurrence, whether or not criminal charges are laid. This lethality screen should be modeled after similar tools in existence such as the Domestic Violence Lethality Assessment Protocol for the Maryland Coordinated Community, or Dr. Jacquelyn Campbell's Danger Assessment tool. (Similar to Recommendation #17/2004

2007-12

To the Ministry of Community Safety & Correctional Services (MCSCS):

It is recommended the MCSCS review their current procedures for assessing risks posed by domestic violence perpetrators to assist in case planning and management and that they ensure adequate funding is in place for batterer intervention programs. (Similar to recommendations #16/2004, #17/2004, #20/2006)

Use of risk assessment tools by Healthcare professionals

2004-7

It is recommended that all healthcare providers be taught to be mindful of the dynamics of domestic violence and the potential for lethality, especially when working with patients who have a history of alcohol and/or drug abuse, depression, anxiety, or suicidal ideation. When domestic violence is identified in the patient's life, the potential for lethality should be assessed by the healthcare provider or the patient should be referred to others with an expertise in making such assessments

2004-12

The Committee recommends that healthcare providers use risk assessment tools to assess the potential for domestic violence/abuse, suicide and/or homicide

2005-8

Physicians require further education about the dynamics of domestic violence and the potential lethality, particularly where alcohol abuse, depression, anxiety, or suicidal ideation is present and diagnosed

2006-33

It is recommended that the College of Physicians and Surgeons of Ontario caution psychiatrists offering an opinion on child custody and access arrangements for separating parents that the opinion should be based on assessment of both parents and children as well as having collateral sources of information. Furthermore, the Ontario Psychiatric Association should provide and/or promote continuing medical education regarding the dynamics of domestic violence and the risk factors for lethality associated with separation, divorce, custody and access issues. (Similar to Recommendation #8/2004)

2007-2

To the College of Family Physicians of Canada, Canadian Pediatric Society, Society of Obstetricians and Gynecologists, College of Midwifery of Ontario:

It is recommended that organizations involved in educating health professionals, such as the College of Family Physicians of Canada, Canadian Pediatric Society, the Society of Obstetricians and Gynecologists, and the College of Midwifery of Ontario, promote educational programs that explore the dynamics and/or warning signs of domestic violence and the potential for lethality, especially when working with patients who have depression and/or anxiety. In addition, such programs need to highlight for practitioners caring for women and/or their children that IPV can lead to and/or exacerbate an underlying depression. (Similar to recommendation #12/2004 & #12/2006 & #15/2006)

2007-9

To Healthcare Providers:

It is suggested that healthcare providers take a more proactive stance, particularly when working with patients in crisis situations, to ask those patients if there are any safety concerns in their intimate relationships. If the provider senses there are concerns, we recommend they use a such danger assessment tool, which will assist both the healthcare provider and the patient to better understand if there is a risk of lethality.

2007-15

To the Ontario Women's Directorate (OWD), College of Family Physicians of Canada, Ontario & Canadian Psychiatric Associations:

There must be more public education regarding the risk that suicidality poses, not only to the suicidal person but also to others involved with him/her. Within the Health Care system, men who are in relationships and who threaten or attempt suicide should consistently be screened for abusive behaviour

in their relationships. Part of this screening process must involve some contact with the female partner to offer information and support regarding disclosure of abuse, services and supports available, etc.

2007-27

To Healthcare Providers:

As with Case # 2004-2221 above, it is recommended that all healthcare providers must be mindful of the dynamics of domestic violence and the potential for lethality. Where concerns may be raised for the patient's safety, an appropriate screening tool must be considered, as it may assist both the healthcare provider and the patient to better understand the lethality risks, and proactively plan appropriately for safety (i.e. calling the police, going to a shelter or safe place, meeting with a specialist in safety planning). If the patient is reluctant to take these steps on her own, she may need to be accompanied. (Similar to recommendations #2/2006, #12/2004, #7/2004)

Assistance to Front-line professionals who are at risk

2004-9

Persons working in occupations with access to firearms, such as police, may experience barriers in the workplace to the disclosure of mental health and emotional problems. It is recommended that a change in the organizational culture be initiated to establish a climate conducive to such disclosure without fear of recrimination or employment restrictions.

2004-10

It is recommended that where feasible and practical, police services should give consideration to supervised control of issue firearms when officers are off duty