

# Recommendations from the Domestic Violence Death Review Committee

2015

Office of the Chief Coroner  
September 2017

## **BACKGROUND**

### **Domestic Violence Death Review**

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In December 2009, the Department of Public Safety, Chief Coroner's Office, established the Domestic Violence Death Review Committee. The purpose of the Committee is to assist the Office of the Chief Coroner in the review of deaths of persons that occur as a result of domestic violence, and to make recommendations to help prevent such deaths in similar circumstances. The Chair of the Committee is the Deputy Chief Coroner with members from law enforcement, Public Prosecutions, health, academia, research, service provision, interested citizens and government.

A domestic violence death is defined as a homicide or suicide that results from violence between intimate partners or ex-partners and may include the death of a child or other familial members.

The committee provides a confidential multi-disciplinary review of domestic violence deaths. It creates and maintains a comprehensive database about the victims and perpetrators of domestic violence fatalities and their circumstances. It helps identify systemic issues, problems, gaps, or shortcomings in each case and may make appropriate recommendations concerning prevention. It helps identify trends, risk factors, and patterns from the cases reviewed to make recommendations for effective intervention and prevention strategies.

For the period 2010 – 2015, the Committee has reviewed and submitted reports on 6 cases to the Chief Coroner. In turn the Chief Coroner has forwarded the reports to government departments and agencies involved in the cases for response. Departments and agencies involved have responded to the Chief Coroner on the actions they intend to take to implement the recommendations. The recommendations and responses for the five cases reviewed to date are available on the Justice and Public Safety website ([http://www2.gnb.ca/content/dam/gnb/Departments/ps-sp/pdf/Publications/DomesticViolence\\_2012-2013.pdf](http://www2.gnb.ca/content/dam/gnb/Departments/ps-sp/pdf/Publications/DomesticViolence_2012-2013.pdf) ). The recommendations and departmental responses to the latest case are reported on the following pages.

Improving our understanding of why perpetrators of abuse kill their intimate partners and why victims of abuse are vulnerable and using this information to take action to prevent future deaths is essential to reveal systemic gaps and to reduce and eliminate domestic violence in New Brunswick. The Domestic Violence Death Review Committee has an opportunity to educate government and community agencies in New Brunswick with the goal of preventing future domestic homicides and assaults.

The committee continues to meet and review cases.

## **Recommendations and Responses**

1. That the Office of the Chief Coroner implements such policies and procedures as are required to ensure that the DVDRC Case Review Form be completed in all cases where D/IPV conflict is suspected, and that the checklist be included in the Coroner case file.

### **CORONER SERVICES**

The Chief Coroner advises that an intimate partner violence investigative data collection report has been implemented and is completed in all death investigations where intimate partner violence may have been an involvement in the death.

2. That the Minister of Public Safety, in collaboration with the appropriate stakeholders, develop a comprehensive public education program on D/IPV that includes:

- a. recognition of D/IPV risk factors,
- b. D/IPV reporting techniques and strategies for families, friends, and neighbours,
- c. low-risk intervention techniques.

### **PUBLIC SAFETY**

The Roundtable on Crime and Public Safety launched the Love Shouldn't Hurt campaign in October 2015 to help engage NB communities in addressing the serious societal issue of intimate partner violence (IPV). The campaign aims to help change how New Brunswickers think and act about the issue of IPV and reduce society's tolerance for such behaviour. An advisory group comprised of stakeholders from government and non-government organizations meets regularly to collaborate on campaign plans. A Social Marketing Coordinator was hired in September 2015 to manage the (English and French) Facebook and Twitter accounts, recommend website updates, develop communication strategies, prepare social media reports, liaise with media, draft speaking notes, prepare and conduct presentations, moderate online discussions, and collaborate with partners, among other duties.

Eight infographics were produced for the campaign, one of which features the risk factors for D/IPV (both re-assault and lethality), and another highlights how people can help intervene. All of the infographics are available on the Love Shouldn't Hurt website and two infographics were made into postcards for widespread distribution. The "How can you help?" infographic was turned into a social media series to re-purpose content already available and garner more attention and support. Similarly, the "Fact and Fiction" content from the website was converted into a social media series to help address common myths and misunderstandings around D/IPV.

The website also contains information on how to help a victim of IPV – what to say, what to do, as well as how to talk to men who abuse their partners. Three videos targeting different age demographics were produced in both official languages. One of the videos demonstrates how friends or family members can positively and safely intervene while another video calls on neighbours to report abuse and violence to police. The third video targets victims and perpetrators of IPV, advising that help is available. All three videos direct the audiences back to the website where more information can be found, including two directories of services available in New Brunswick (one for victims and the other, for abusive partners). The videos will be launched at a public event in the coming months, and subsequently promoted on the Love Shouldn't Hurt Facebook pages, Twitter, and website.

3. All Government departments and agencies with the responsibility for providing supports and services to children who witness D/IPV and D/IPV homicide, ensure that these children have access to essential services for therapeutic interventions and community based support systems.

### **HEALTH**

As a government department, we recognize that there is a responsibility to ensure that children who have witnessed D/IPV or homicide have access to services and community supports. I am aware that over the years, significant research has surfaced about the negative impact of D/IPV on the wellbeing of children and that this has become a topic of interest and focus for many

government departments. To respond to this, the Women's Equality Branch of the Executive Council Office has offered training to various community partners throughout NB to enhance competencies in this area. Two such examples include a group intervention for children and their mothers and danger assessment training. The group intervention was designed by leaders in the field of D/IPV to promote healing from the effects of woman abuse (Moving forward: A Concurrent Group Program for Children Exposed to Woman Abuse and their Mothers). The danger assessment training referred to involves assessing potential for lethality of a woman to be killed by an intimate partner. The training includes an informative section on children and relating issues such as risk. This particular training has been offered on more than one occasion and I understand that it will be provided once again to a number of professionals, including Health employees, this fall as part of a larger provincial initiative described below.

The Regional Health Authorities are responsible for the provision of assessment and direct therapeutic intervention to children through the Child and Youth Teams at Addictions and Mental Health Services. These services can be accessed in any community in NB via self or third party referral, including by family members or other involved departments or agencies.

### **ABORIGINAL AFFAIRS SECRETARIAT**

AAS has representation on the Round Table on Crime Prevention and participates on the sub-committee on D/IPV. AAS is participating in a pilot project led by Education and Early Childhood Development (and many other departments, agencies and First Nations) to have mental Health Services provided in a continuum model throughout the life of the child into adulthood. Therefore, creating a much greater access to professional services for those in need, with a whole community focused approach regardless of jurisdictional responsibility.

### **PUBLIC SAFETY**

The New Brunswick Woman Victims of Abuse Protocols require police officers responding to D/IPV calls to notify the Department of Social Development if children are living in the home where D/IPV has occurred or is taking place. All front-line police officers were reminded of this requirement during the D/IPV and the Ontario Domestic Assault Risk Assessment (ODARA) training that took place across the province between June 2014 and May 2016. D/IPV is a risk activity of the Quality Assurance Review that staff from the Policing Standards Branch undertake of the Municipal/Regional Police Forces in New Brunswick. This review includes police forces' compliance with the mandatory referral to Social Development as well as referral to DPS Victim Services.

DPS Victim Services provides a range of support services to victims of crime, including children who witness D/IPV and D/IPV homicide. In addition to the services offered "in-house," Victim Services Coordinators connect clients to community resources for additional supports. In consultation with Public Prosecutions, Coordinators will determine if women victims of D/IPV and their children who have witnessed the violence should participate in the Moving Forward Program. If children witnesses are not required to testify in court, Victim Services Coordinators will make the referral to this community-based group program, which promotes healing from the effects of domestic violence for mothers and their children aged 4 to 16 years. (Children witnesses who are required to testify may be referred to the program at the conclusion of the court process.) The Moving Forward Program is available in nine communities and is funded by the Women's Equality Branch.

Children witnesses who are required to testify in court are eligible for a number of services through DPS Victim Services, such as trauma counselling, court preparation and court support. Victim Services provides for direct payment for trauma counselling by a registered therapist of the victim's choice (to a maximum of 10 sessions). Victim Services Coordinators play an important role in providing information to child witnesses about court procedures and the rights and responsibilities of victim witnesses who are compelled to testify in criminal proceedings. Coordinators can help alleviate fear through support and accompaniment to court and will liaise with Public Prosecutions to identify any special needs or circumstances. For example, upon application, the court may order the use of a testimonial aid (such as video recording, closed circuit television and verbal testimony in the courtroom behind a screen) if the court believes that it is necessary to obtain a full and candid account.

In the event of a D/IPV homicide or murder-suicide, a guardian (on behalf of a child witness) can apply to Victim Services for crime compensation to assist with funeral expenses (up to \$8,000) and grief counselling for direct family members (up to \$2,000).

### **WOMEN'S EQUALITY BRANCH**

The Women's Equality Branch manages and supports Moving Forward: a concurrent group program for children exposed to domestic violence and their mothers. It is a community-based group program for children and their mothers to heal from the hurt of living with domestic violence. Free and voluntary, the program operates on referrals from various community partners. Each program has trained facilitators who explore topics in group sessions that promote healing for children from their exposure to woman abuse. The children and their mothers learn skills that help them heal from the violence in their lives. While the primary focus of this program is on helping children and youth heal from the violence in their families, mothers also learn more effective ways of supporting their children as they move forward in their healing process.

It should be noted that the Moving Forward program is not specifically intended for children who have been exposed to or witness the death of a parent or family member due to domestic/intimate partner homicide. Children exposed to or witnessing the death of a parent or family member due to domestic/intimate partner violence would benefit from interventions informed by an understanding of domestic/intimate partner violence, trauma and the grieving process.

The Women's Equality Branch will explore with the Departments of Social Development, Health and Education and Early Childhood Development assessing when children may be at risk of witnessing or being exposed to the death of a parent/caregiver and/or at risk of being seriously harmed or killed. This includes discussions on how the Network of Excellence for Children and Youth with complex needs could provide guidance to interveners and response to children and youth who witnessed or were exposed to the death of a parent/caregiver as a result of intimate partner violence. The Women's Equality Branch will also offer these departments training on the Danger Assessment Tool, a tool that research indicates that when mothers are at risk of serious harm or lethality from domestic/intimate partner violence their children are as well.

The Women's Equality Branch will also work with Addictions and Mental Health Services, transition houses, second stage housing programs and private counselling services to explore best practices and therapeutic interventions in supporting and counselling children who have been exposed to/ witnessed domestic intimate partner violence and/or the death of a parent/caregiver from the same.

In addition, the Women's Equality Branch will participate in and inform the review of the Child Abuse and Neglect Protocols that is being led by the Department of Social Development particularly on the issue of children witnessing domestic/intimate partner violence and/or the death of a parent/caregiver due to the same.

#### **4. That the Ministers of Public Safety and Women's Equality Branch continue to raise awareness of Domestic/Intimate Partner Violence (D/IPV):**

- a. To acknowledge that individuals and organizations may, from time to time, be sought out to assist someone living with D/IPV, and that indicators of lethality should be made publicly and widely accessible.
- b. To acknowledge that professionals who are not direct interveners in D/IPV, may, from time to time, be sought out to assist someone living with D/IPV, and that they should have access to information about indicators of lethality, and such information should be made publicly and widely accessible. This information could be included in the front pages of telephone books, added to the Abuse Information section.

### **ABORIGINAL AFFAIRS SECRETARIAT**

AAS participates in meetings on D/IPV and some staff have received training as provided through the Women's Equality Branch. AAS continues to co-chair the inter-departmental working group on Ending Violence Against Aboriginal Women and Girls. This group has developed action items and a plan to bring forward to government that may help to address this recommendation.

### **PUBLIC SAFETY**

The objectives of the Love Shouldn't Hurt campaign are to:

- 1) Increase awareness of D/IPV in New Brunswick as well as the services and supports available;
- 2) Change the perception that D/IPV is a private, individual matter to that where D/IPV is seen as a serious societal issue that impacts everyone; and
- 3) Encourage New Brunswickers to take action to prevent D/IPV by seeking help, offering assistance, and speaking out on the issue.

The target audience for Year 1 (2015/2016) of the campaign is general New Brunswickers, and the campaign acknowledges that all citizens (including individuals, organizations and professionals who may not be direct interveners in D/IPV) have a role to play in ending intimate partner violence.

The campaign uses a layered, integrated approach that builds on on-going initiatives of partner organizations such as Partners for Youth Inc., Fredericton Sexual Assault Center, Public Legal Education and Information Service NB, the Canadian Red Cross, the New Brunswick Multicultural Council, RCMP and the NB Association of Chiefs of Police, other non-governmental organizations, First Nations groups, universities, the private sector, municipal and federal governments, and several provincial departments. The campaign provides an umbrella under which all stakeholders can participate and it takes into account the complexity of factors that contribute to the problem. Further, the campaign is based on research that shows that media campaigns must be supported by layers of activities and interventions and consistent messages communicated through multiple sources.

Thus, collaborative efforts have been made since the launch of the campaign to promote awareness about IPV across the province in a variety of ways. Campaign ads were printed for inclusion in all city buses in Fredericton, Moncton and Saint John for four weeks in March 2016. Partner organizations included campaign information in their respective newsletters. The Fredericton Police Force and the Office of the Ombudsman included ads on their windows calling on the public to connect with the campaign on social media. Campaign web banners and a Love Shouldn't Hurt email signature were developed in both official languages for use by all stakeholders. We are aware of at least 75 people who promote the campaign with every email they send, using the Love Shouldn't Hurt signature.

Copies of the postcard containing D/IPV risk factors and indicators of lethality were mailed to more than 300 libraries, legions, high schools, colleges and universities, gas stations, grocery stores, and theatres across New Brunswick for inclusion on bulletin boards (additional copies were sent, upon request, for distribution at events or for increased coverage). Further, postcards (and other campaign materials) were shared at three conferences in May 2016 to more than 645 attendees from a variety of backgrounds. There are plans to also disseminate postcards to seniors' centers and YMCA's in the near future.

To raise awareness, presentations were also delivered to 350 high school students as well as Domestic Violence Outreach workers, second-stage housing and transition home staff about the campaign as well as several media and radio interviews. In addition, two one-hour tweet chats were held in February and April 2016 with the intent to spark conversations about relationships and IPV and direct victims of intimate partner violence to supports in the community. Eighty people participated with a total of 429 tweets in the first chat; 75 people participated with a total of 378 tweets in the second chat. A third tweet chat is being planned for June 2016.

As of May 2016, the Twitter accounts have a total of 1001 followers (767 English; 234 French)

and the Facebook pages have a total of 817 likes (735 English; 82 French), averaging 142 new followers/117 new page likes per month. The advisory committee continues to explore opportunities to further engage New Brunswickers and will consider the recommendation to include lethality indicators in the Abuse Information section of the telephone book.

DPS is grateful for having had the opportunity to present on the Love Shouldn't Hurt campaign to the DVDRC on May 30, 2016. We welcome any suggestions on how to improve this important public education and awareness campaign.

### **WOMEN'S EQUALITY BRANCH**

New Brunswick currently has an ongoing public awareness and education campaign on domestic/intimate partner violence that was launched in October 2015 through the New Brunswick's Crime Prevention and Reduction Strategy. The Women's Equality Branch sits on the Roundtable and several of the sub-committees in respect to domestic/intimate partner violence. The anti-intimate partner violence social marketing campaign "Love Shouldn't Hurt" is an initiative of the Roundtable and coordinated by the New Brunswick Department of Justice and Public Safety. The Women's Equality Branch will continue to participate on and contribute to the multi-year domestic/intimate partner violence education and awareness campaign sub-working group.

The Women's Equality Branch funds 14 Domestic Violence Outreach Programs throughout the province. One of the core services of the program is public awareness. Public awareness, education and information are key elements in eliminating family violence. The local family violence networks, in partnership with Domestic Violence outreach, raise awareness of the outreach services by providing education and disseminating information on family violence issues. Domestic Violence Outreach workers are required to have training in the Danger Assessment tool, a lethality risk assessment tool, and can share the information and risk factors contained within the tool with a victim of domestic/intimate partner violence which helps her better understand her own situation.

Additionally, the Women's Equality Branch has provided over 20 training sessions on the Danger Assessment tool to many communities throughout the province. The training is not strictly for interveners, but is open to those interested in the issue. The more people who are trained, the more knowledge about the risk factors of domestic homicide will be understood and recognized. The Danger Assessment training is on-going with new sessions planned in 2016.

The Women's Equality Branch has a website that provides information on resources and services to the public on domestic/intimate partner violence. The Branch will develop an information sheet on indicators of danger and risk factors for lethality which will be included on its website. This information sheet will be distributed through the Branch's social media platform and to government and community partners and professional associations. The professional associations include the Nurses Association of New Brunswick, the New Brunswick Association of Social Workers, College of Physicians and Surgeons of New Brunswick and the College of Psychologists of New Brunswick.

The Women's Equality Branch continues to be involved in the New Brunswick Silent Witness Project that helps raise awareness of domestic/intimate partner violence. It is a travelling exhibit of life-size red wooden silhouettes. Each silhouette represents a woman who was murdered by a husband, common-law partner, boyfriend or intimate acquaintance. The objectives of this initiative are:

- To remember...by honouring women who were murdered by a spouse, partner or acquaintance.
- To create awareness...by sharing information in our communities, provinces and territories, about the nature and extent of family violence.
- To promote action...by profiling local resources that support women coping with violence in their lives and encouraging community and government action to end all forms of violence in our society.

5. That the Ministers responsible for Public Safety, Justice, Women's Equality, Attorney General, Health, and Social Development, as well as the New Brunswick Association of Chiefs of Police, develop and implement a collaborative response team that would identify high-risk cases of D/IPV, and actively assist in the risk management and intervention in such cases.

### **HEALTH**

a collaborative approach to addressing the highest risk cases of D/IPV, such as the one referenced in your recommendations, is closer to being realized. In fact, as early as this fall, there will be two regions in NB piloting a comprehensive, case coordination model (the Coordinated Community Response model) involving many government departments and stakeholders, including the Department of Health. As you are aware, this work is being implemented as a result of the Crime Prevention and Reduction Strategy: Moving from Theory to Outcomes, of which oversight is provided by the Roundtable on Crime and Public Safety. The Roundtable and the Steering Committee for the CCR Model have DH membership. Additionally, there has been DH representation on a task force and a working group involved in the development of the model.

It is expected that this work will build on the work that has already been done to ensure the safety of victimized partners and children, such as police training on the use of the Ontario Domestic Assault Risk Assessment (ODARA) tool to assist officers in screening for high risk situations. Additionally, the Danger Assessment (DA) tool has been used across the province by persons working in Victims Services and the Domestic Violence sector. As previously mentioned, training in the use of the DA will be provided by the Women's Equality Branch to members of the Case Coordination Response teams and employees of various departments, including Addictions and Mental Health clinicians and hospital employees.

The CCR model will seek not only to assist in risk assessment, but to also manage the risk and ensure proper intervention to persons involved while continually enhancing protocols around information sharing to identify those at risk prior to an incident of domestic homicide.

### **ABORIGINAL AFFAIRS SECRETARIAT**

AAS supports this recommendation and will continue to participate in the development of such actions through the various committees that it has representation.

### **PUBLIC SAFETY**

As part of New Brunswick's Crime Prevention and Reduction Strategy (the Strategy), several provincial government departments, community organizations and the New Brunswick Association of Chiefs of Police are developing and implementing a collaborative response team to high risk and high danger D/IPV cases in New Brunswick.

The Coordinated Community Response (CCR) model is an evidence-based, trauma-informed collaborative model that will enhance integration across government and community services for victims of domestic violence, their abusive partners and families. At the core of CCR are multi-disciplinary teams that will foster cross-sectoral collaboration to improve service delivery to high risk and high danger D/IPV cases. The overall goals (the what) of CCR are to: 1) increase the safety of victimized partners, their children and others who may be at risk; 2) reduce the abusive partner's risk to re-victimize; and 3) make the best use of available resources.

CCR is a consent-based model; however, the threat to the health, safety and security of the parties involved shall be taken into consideration to determine whether or not information is shared among CCR team members. High-Risk and High-Danger designations will be based on results obtained from validated risk/danger assessment tools, professional judgment, training and experience.

Using a client-centered approach, local D/IPV Case Coordinators will work with and support victimized partners at risk of being seriously harmed or killed by an intimate partner. The D/IPV Case Coordinators will bring together service providers from police, DPS Victim Services and Probation Services, Social Development Adult Protection and Child Protection, the domestic

violence sector, Mental Health and Addictions, and Hospital Services in case conference meetings to accomplish the following objectives (the how of CCR): 1) improve information sharing; 2) collaborate on safety planning; and 3) develop and implement a risk mitigation strategy. Consideration will be given to ensure that at least one service provider can provide support to and monitoring of the abusive partner.

In support of the CCR model, a provincial oversight body comprised of academic advisors and senior decision-makers was established, representing the departments of Education and Early Childhood Development, Justice and Public Safety, Health, Social Development; Aboriginal Affairs Secretariat; Office of the Attorney General; the Women's Equality Branch; the New Brunswick Association of Chiefs of Police and RCMP 'J' Division; and the New Brunswick Multicultural Council. The provincial oversight committee has met on several occasions to review and revise the draft CCR framework; identify resource requirements; select pilot sites; and develop an implementation plan as well as a communications and engagement strategy. Next steps include the development of a training plan for D/IPV Case Coordinators and Case Coordination Teams; and an evaluation plan.

### **NEW BRUNSWICK ASSOCIATION OF CHIEFS OF POLICE**

The New Brunswick Association of Chiefs of Police advises that the ODARA tool which is a Police-Based Risk Assessment for Domestic and Intimate Partner Violence, introduced by the Department of Public Safety several years ago, is being utilized by all law enforcement agencies in the Province of New Brunswick. It is the position of the NBACP that ODARA identifies the high-risk cases of D/IPV and provides the necessary intervention in these cases.

### **SOCIAL DEVELOPMENT**

Social Development is part of the Domestic/Intimate Partner Violence (D/IPV) Provincial Steering Committee for Case Coordination which, as you know, is developing a Coordinated Community Response (CCR) to domestic and intimate partner violence.

The coordinated community response to domestic and intimate partner violence that the Provincial Steering Committee for Case Coordination is developing comprises goals and objectives that are consistent with the recommendations of the Domestic Violence Death Review Committee. The Charter for the CCR includes:

- Drafting a terms of reference for a permanent steering committee responsible for making decisions regarding the design and protocols of an intervention model. The steering committee will support decision making regarding model development and implementation. They will be the "go to" group when a policy or procedural concern arises. As research emerges, the steering committee will be responsible for proposing new and improved assessment tools and ensuring delivery of associated education and training.
- The change management communication and engagement strategy will outline the intended scope and approach to developing a coordinated community response that helps those who will be directly impacted by this model. This also includes a plan to engage collaboratively with front line service providers and professionals in each chosen community to fine tune approaches in response to community resources and needs.
- The CCR model will build on a jurisdictional scan of successful models and best practice research that empower victims. This response will be victim, family and offender focused, and include community, First Nations, and criminal justice partners. While the basic components of coordinate community response must be provincially consistent, communities will have the flexibility to implement the CCR in a way that fits their unique strengths and approaches to domestic and intimate partner violence cases.
- The goals and objectives of the CCR include increasing the safety of victims and children, reducing the abuser's risk to re-victimize and making the best use of available resources. In reaching these objectives the CCR will build new and strengthen existing relationships, improve information sharing, collaborate on victim safety planning and risk

mitigation strategies.

- The principles guiding the CCR will be consistent with the vision, mission and guiding principles of the NB Crime Prevention and Reduction Strategy as well as the Principles outlined in New Brunswick's Woman Victims of Abuse Protocols. This does not prevent the CCR from developing additional guiding principles where necessary or where gaps exist including recommendations from the Domestic Violence Death Review Committee.

In developing a model the Charter recognizes many factors including: domestic and intimate partner violence is independent of age, social economic status, culture, and religion. Families of diverse compositions and contexts must be respected; the level of risk or danger can go up or down depending on personal and social context and can change rapidly; and timely access to services and support reduces risk and isolation while lack of access to services and support increases risk. To maximize the strategy's impact to reduce domestic and intimate partner violence the CCR is working on creating awareness, prevention, and directing support services towards both the abuser and the victims and removing barriers to a victim leaving an abusive situation.

6. That the Minister of Post-Secondary Education, Training and Labour, in collaboration with WorkSafeNB and the Minister of Human Resources, conduct a review of:

- a. The appropriate legislation in order to ensure that mental health and D/IPV are recognized as significant factors affecting workplace safety;
- b. The current strategic and operational focus of WorkSafeNB in order to ensure that mental health and D/IPV are recognized as significant factors affecting workplace health and safety, and that such measures as are deemed appropriate to communicate these issues to employers and employees, are adopted.

#### **ABORIGINAL AFFAIRS SECRETARIAT**

One employee of AAS has identified that they have received training in this area, and will explore further training to be offered to other staff members. Also, AAs has representation on committees that will be directly or indirectly involved in the development of such efforts.

#### **POST-SECONDARY EDUCATION, TRAINING & LABOUR/WORKSAFENB/HUMAN RESOURCES**

Subsection 9(1)(a) of the Occupational Health and Safety Act requires employers in New Brunswick to ensure the health and safety of all employees as a general duty. An employer is required to take measures toward ensuring the safety of the workplace regardless of the type of hazard that may occur, including situations(s) involving mental health and/or Domestic/Intimate Partner Violence (D/IPV).

Subsection 8.1(1)(d) of the Occupational Health and Safety Act requires that employers with 20 or more employees regularly employed in the Province must have a written health and safety program to identify potential hazards in the workplace. According to the Act, the health and safety program should include provisions with respect to the following matters:

- (d) a hazard identification system that includes:
  - (i) evaluation of the place of employment to identify potential hazards;
  - (iii) procedures for ensuring the reporting of hazards, prompt follow-up and control of the hazards.

An employee that identifies or is made aware by an employee that a hazard, such as a D/IPV situation, is possible in the workplace or is impacting employee(s) would be required to take reasonable measures to ensure the safety of the workplace. These measures may include necessary safety procedures, staff education and/or awareness, specific emergency response plans or other measures depending on the situation or hazard.

Under subsection 50(3) of the Occupational Health and Safety Act, WorkSafeNB can require an employer to establish or revise a Code of Practice. In the event an employee or workplace party

contacts WorkSafeNB, and the responding Health and Safety Officer determines that the employer should take measures to ensure the safety of the workplace, the officer can require that the employer establish a Code of Practice. A legislative interpretation is available to employers for guidance when preparing a Code of Practice. A Code of Practice should contain the following:

1. An introduction identifying
  - (a) the hazardous situation(s) which may be encountered;
  - (b) a description of the hazards; and
  - (c) their possible effect(s) on health or safety.
2. Identification of the person or persons at risk from the hazardous situation(s);
3. Identification of the person or persons responsible for implementing the code of practice;
4. The time, day, or event, before, during, or after which the code of practice might be applicable;
5. The location or locations where the code of practice might apply;
6. The methods and equipment to be used to ensure the health and safety of any employee at risk; and
7. Emergency procedures and equipment that might be required in the event of failure of any of the regular procedures or equipment.

In terms of the strategic and operational focus, WorkSafeNB has proposed providing education sessions to increase Health and Safety Officers' knowledge and awareness of mental health and D/IPV situations, including how these situations can be present in the workplace, to which resources they can direct employers (e.g., the Workplace Toolkit) and the potential impact on WorkSafeNB's mandate to promote compliance.

#### **WOMEN'S EQUALITY BRANCH**

The Women's Equality Branch and Department of Justice and Public Safety are co-leading the development of the Coordinated Community Response to High Risk/Danger Domestic/Intimate Partner Violence. The Coordinated Community Response to High Risk/Danger Domestic/Intimate Partner Violence model is a multi-agency approach which guides service providers in sharing information, planning effectively and managing risk in cases where there is significant risk of re-assault or homicide. The focus is on victimized partners, abusive partners and their family members, and includes community and government partners. Service-providers can enhance the safety and well-being of New Brunswick families by coordinating interventions and services and making best use of existing resources

In support of the Coordinated Community Response to High Risk/Danger Domestic/Intimate Partner Violence model, a provincial oversight body comprised of academic advisors and senior decision-makers was established, representing the departments of Education and Early Childhood Development, Justice and Public Safety, Health, Social Development; Aboriginal Affairs Secretariat; Office of the Attorney General; the Women's Equality Branch; the New Brunswick Association of Chiefs of Police and RCMP 'J' Division; and the New Brunswick Multicultural Council. The provincial oversight committee has met on several occasions to review and revise the draft Coordinated Community Response to High Risk/Danger Domestic/Intimate Partner Violence framework; identify resource requirements; select pilot sites; and develop an implementation plan as well as a communications and engagement strategy. Next steps include the development of a training plan for domestic/intimate partner violence Case Coordinators and Case Coordination Teams; and an evaluation plan. It is anticipated the Coordinated Community Response to High Risk/Danger Domestic/Intimate Partner Violence model will be piloted in 2 communities commencing in the fall of 2016. The Women's Equality Branch will be involved in implementation, support and evaluation.

7. That the Ministers of Public Safety, Post-Secondary Education, Training and Labour, Women's Equality Branch, Social Development, Health, Justice, Education and Early Childhood Development (Francophone and Anglophone), Attorney General, Aboriginal Affairs Secretariat, Executive Council Office, enhance efforts to create staff awareness of community services that are available, such as Domestic Violence Outreach Services, Victim Services, Transition Houses,

and Second Stage Housing.

### **EDUCATION AND EARLY CHILDHOOD DEVELOPMENT**

The Department of Education and Early Childhood Development Occupational Health and Safety Committee has reviewed the information provided and as a result will commit to increase awareness of family violence by promoting 'Domestic Violence Awareness Month' in the month of October on an annual basis and will coordinate with the Employee and Family Assistance Program to align the theme of the communication during that time. The committee will also share training tools, programs and initiatives on family violence with all school districts through their Occupational Health and Safety Committees.

Additionally, our education services branch has made available to districts a new resource addressing Intimate Partner Violence (IPV). Making a Difference: A Resource for Educators was released in November 2014 to assist educators who serve children who witness IPV in their homes. It is available in both official languages. A copy can be made available to you upon request. Students are also able to access short-term solution-focussed counselling from our comprehensive and developmental guidance teachers or with school social workers. When warranted, students may also be referred to community-based mental health services.

Education and Early Childhood Development Wellness Committee will work with both Public Safety and the Women's Equality Branch of the Executive Council Office, in order to promote programs and initiatives on the subject of the prevention of family violence, for the benefit of the Department of Education and Early Childhood Development (EECD) employees.

### **HEALTH**

Government departments need to ensure that this type of roadmap information gets passed on to staff working on the front line. We remain committed to ensuring that DH staff are involved in the various committees that have been formed to address the issues of D/IPV, including education and awareness campaigns and to subsequently share information with the leadership of the Regional Health Authorities. We welcome any opportunity to collaborate and invite those working directly in the Domestic Violence Sector to present to our staff on services they provide to this vulnerable population. I will also do my part to encourage departmental staff to reach out to the DV sector to organize and coordinate such sessions particularly in the context of already existing awareness campaigns.

### **ABORIGINAL AFFAIRS SECRETARIAT**

AAS works primarily with Aboriginal service providers and community service providers to remain current on such matters. However, such resources are limited for aboriginal access to services related to the aforementioned recommendation. That being said AAS will continue to work and partner with all agencies to fulfill work in this area.

### **PUBLIC SAFETY**

As part of the Love Shouldn't Hurt campaign, two directories of services were produced by Public Legal Education and Information Service of New Brunswick; one for victims of intimate partner violence and the other is for abusive partners. Both directories are available from the Love Shouldn't Hurt website and include information about community services that are available, such as Domestic Violence Outreach Services, Victim Services, Transition Houses and Second Stage Housing, among many others. As Minister of Justice and Public Safety, I will ask Premier Gallant, Minister responsible for Women's Equality Branch, to send an email to all GNB employees to advise staff that these important directories exist and where to find them, and to remind them that help is also available through the Employee Family Assistance Program (EFAP).

### **POST-SECONDARY EDUCATION, TRAINING & LABOUR**

There are a number of existing resources, such as the Family Violence: Workplace Toolkit developed by the Public Legal Education and Information Service of New Brunswick (PLEIS-NB) and the Woman Victims of Abuse Protocols, which are beneficial in enhancing staff awareness of community services.

The Department of Human Resources plays a key policy role with respect to workplace health

and safety within the Government of New Brunswick (GNB). It is expected that a new employee health and safety unit will be established within the Department of Human Resources. This new unit will be responsible for developing policies and programs in areas such as injury prevention, wellness promotion and case management support to ensure healthy and safe GNB workplace environments.

The Department of Post-Secondary Education, Training and Labour is also exploring a possible relaunch of existing resources in order to promote employee awareness and create positive/supportive work environments through existing resources such as those developed by Women's Equality Branch including the Woman Victims of Abuse Protocols. Moreover, information pertaining to the Department of Public Safety's Love Shouldn't Hurt campaign has been shared with Regional Officers. The Love Shouldn't Hurt campaign is part of a widespread approach to reduce intimate partner violence, which is a priority of the New Brunswick Crime Prevention and Reduction Strategy.

### **WOMEN'S EQUALITY BRANCH**

The Women's Equality Branch maintains and promotes "Support Services for Abused Women" information sheet on its website. This list includes all of the Domestic Violence Outreach Programs, Transition Houses and Second Stage Housing Programs in addition to crisis lines. This list of supports and services are distributed at all training sessions provided by the Women's Equality Branch (Danger Assessment Training, Woman Victims of Abuse Protocols, Family Violence and the Workplace toolkit) to increase awareness about the services and supports available in New Brunswick.

The Women's Equality Branch is a member of the Family Violence and the Workplace Committee chaired by the Muriel McQueen Ferguson Centre. The Family Violence and the Workplace Toolkit is intended to provide employers, unions and employees with information and resources for recognizing and responding to family violence situations that enter the workplace. The objectives of the tool kit are:

- To educate and raise awareness of the need for early intervention in situations where family violence may have an impact on the workplace;
- To develop practical, flexible training tools that will help employers deal with the impact of family violence on the workplace;
- To strengthen the relationship between business and community;
- To promote practices, policies, and procedures that support victims of family violence in the workplace;
- To help create safer and healthier work environments;
- To support businesses large and small in meeting their social responsibility to prevent family violence from spilling over into the workplace.

The Women's Equality Branch is now working with the Department of Finance, Human Resources Branch, and the Employee and Family Assistance Program to provide information and training on the *Family violence and the Workplace Toolkit*.

## **List of Abbreviations**

AAS	Aboriginal Affairs Secretariat
APHA	Antenatal Psychosocial Health Assessment
ASAP	Aid to Safety Assessment and Planning
CCR	Coordinated Community Response
DA	Danger Assessment
DIPV	Domestic Intimate Partner Violence
DPS	Department of Public Safety (New Brunswick)
JISNB	Justice Information System New Brunswick
LSI	Level of Service Inventory
NBACP	New Brunswick Association of Chiefs of Police
ODARA	Ontario Domestic Assault Risk Assessment
RHA	Regional Health Authority
SARA	Spousal Assault Risk Assessment
SART	Sexual Assault Response Team
WAST	Women Abuse Screening Tool
WEB	Women's Equality Branch / New Brunswick