

Recommendations from the Domestic Violence Death Review Committee

2012-2013

BACKGROUND

Domestic Violence Death Review

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 – 2014, the Committee has reviewed and submitted reports on four 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 departmental responses 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 & Responses

Awareness and Education

1. That Government and community agencies involved with victims and perpetrators of intimate partner violence educate their staff about the dynamics of intimate partner violence and an awareness of the risk factors for intimate partner violence and for potential lethality. These agencies include but are not limited to:

- **Health sector**
- **Social services**
- **Policing Agencies**
- **Community Outreach Providers**
- **Transition Houses**
- **Community Mental Health**
- **Public Legal Aid**

Health

With respect to recommendations relating to educating staff about the dynamics and risk factors (including lethality) of D/IPV, the Department of Health offers the following response:

The *Woman Victims of Abuse Protocols* is a publication that provides insight and instruction in order to assist front line service providers when working with women experiencing abuse and violence in their relationships. The Department of Health has been involved in the revision of the *Woman Victims of Abuse Protocols*, and will remain committed to assisting in its promotion and circulation among relevant service providers and community stakeholders.

The Department of Health has representation on the *Roundtable on Crime and Public Safety* and the D/IPV working group. The Department has committed to working with other government and community stakeholders on the action item to “develop and implement a comprehensive, multi-year D/IPV education and awareness campaign focused on engaging communities in addressing this serious societal issue in all NB communities including First Nation communities”.

According to information provided by Horizon Health Network, the Moncton region currently has one social worker (Community Addiction and Mental Health) who is dedicated to providing assessment and treatment services to clients who are referred by the Domestic Violence Court. This social worker has access to training in the matter of D/IPV issues through the Public Safety network. Additionally, several staff have demonstrated having a specific interest in working with individuals who have experienced intimate partner violence and have taken advantage of opportunities to become more knowledgeable on the issue. As well, Addiction and Mental Health Services clinicians participate on regionally based Family Violence committees, strengthening their knowledge and understanding of this issue.

Mental Health services within the Saint John region of Horizon Health Network provides an outreach service that is mandated to ensure that those living in or leaving abusive relationships have access to someone who can support them throughout their crisis. The outreach clinician provides counselling, crisis intervention, safety planning and connects the person to needed community based resources. The outreach service also ensures public education of issues related to D/IPV through presentations to community groups, schools, Horizon Health staff and partnered departments/agencies. The outreach clinician works closely with the Sexual Assault Nurse Examiner (SANE) program at the regional hospital, the Sexual Assault Response Team (SART) and Victim Services.

Social Development

The department recognizes the importance of employees having an appropriate understanding of the

dynamics and risk factors for intimate partner violence. Social Development employees receive orientation on the relevant policies supporting the services and supports provided by their respective program area for victims of intimate partner violence. Regional offices have delivered information to front-line employees and encouraged those employees to attend professional development sessions, including those on intimate partner violence. Child Welfare and Adult Protection Social Workers receive training on abuse and neglect, which includes intimate partner violence.

In an effort to enhance awareness across the department, mandatory information sessions on adult abuse and neglect (including intimate partner violence) will be delivered to all departmental employees providing direct client service, which includes Screeners, Needs Assessors, Case Managers and Social Workers. An invitation to participate in these information sessions will also be extended to staff working in transition houses. Through this initiative, employees will gain an enhanced awareness of the dynamics and risk factors, as well as information on when and how to make a referral to Adult Protection. The department will coordinate training specific to intimate partner violence for Social Workers and Transition House staff.

Social Development delivers information sessions to our community agency partners on adult abuse and neglect, which includes intimate partner violence. An important component of this training is to raise awareness of the role and reporting procedures for Adult Protection in situations where there is potential abuse or neglect against seniors or persons with a disability. The department will continue to offer information sessions to our community agency partners.

Social Development participated in the update of the recently released Woman Victims of Abuse Protocols by the Women's Equality Branch. The Protocols are a valuable resource to inform employees of the dynamics, risk factors and safety planning resources related to intimate partner violence. The department will also work with the Women's Equality Branch to ensure that all employees providing direct client service receive orientation and training on the recently released Woman Victims of Abuse Protocols.

Women's Equality Branch

The Women's Equality Branch is responsible to oversee the implementation of the Government of New Brunswick's plan to address violence against women. Annually the Branch brings together representatives from 14 regional violence prevention networks such as domestic violence outreach workers, transition house and second stage housing directors and community and government representatives for training, skills development, networking and information sharing on best practices. Also known as the Provincial Partnerships in Action Forum, the main goal is to enhance the provincial response for the provision of core services to women and their families who have experienced domestic violence.

In the fall of 2013, the Women's Equality Branch facilitated the training of over 90 domestic violence interveners and other professionals in Danger Assessment, an instrument that helps interveners determine the level of threat that a woman has of being killed by her intimate partner.

The Women's Equality Branch is also responsible to oversee the Woman Victims of Abuse Protocols. Recently updated and released, the Protocols serve to identify and clarify the roles and actions of government agencies and service providers in the response to violence against women. The Woman Victims of Abuse Protocols is an educational tool available in hard copy and electronically. It provides information on the dynamics of intimate partner violence and other information that will be helpful to government and community agencies involved with victims and perpetrators of intimate partner violence.

With respect to the recommendation to educate staff about the dynamics of intimate partner violence and an awareness of the risk factors for intimate partner violence and for potential lethality, the

Women's Equality Branch will in 2014-2015:

- Continue to support and facilitate the Provincial Partnerships in Action Forum;
- Support domestic violence interveners in conducting risk assessments and working with women victims of abuse;
- Share the Woman Victims of Abuse Protocols with key community agencies that serve women who are subjected to abuse in intimate relationships as well as agencies that are likely to come into contact with abused women;
- Work in partnership with government departments to ensure staff receives orientation and training on the Woman Victims of Abuse Protocols; and
- Seek opportunities to share the Woman Victims of Abuse Protocols at central and regional meetings of various government work teams and agencies.

Assessment and Intervention

- 1. That Government and community agencies involved with victims and perpetrators (or potential victims and perpetrators) assess the presence (or potential) of intimate partner violence using a validated tool for screening.***

Health

With respect to recommendations related to assessing for the present of (or potential for) intimate partner violence using a valid screening tool as well as validated risk assessment and safety planning tools, the department of Health offers the following response:

The Healthy Families-Healthy Babies program uses the Antenatal Psychosocial Health Assessment (ALPHA) tool to assess antenatal psychosocial risk factors in pregnant women. These factors provide good evidence of association with at least one of the following poor postpartum outcomes: woman abuse, child abuse, postpartum dysfunction, couple difficulties and increased physical illness. Public health nurses are available to link women with appropriate resources.

The domestic violence social worker through Horizon Health has access to validated risk assessment tools such as ODARA (Ontario Domestic Assault Risk Assessment), SARA (Spousal Assault Risk Assessment), LSI (Level of Service Inventory), used by public safety through the Domestic Violence Court program.

New employees working in emergency rooms within Horizon Health are provided with an orientation package which includes information and policies relating to D/IPV. A screening tool used within emergency rooms across Horizon Health includes questions relating to the patient being a victim of D/IPV.

Recognizing that improvements can be achieved in identifying the presence of or potential for D/IPV, the Department of Health will pursue discussions with both RHAs in regards to exploring the use of other validated screening tools such as the Woman Abuse Screening Tool (WAST) and the possibility of its systematic use when there is indication that a woman may be experiencing D/IPV.

Social Development

Social Development understands the importance of providing employees with appropriate information and resources on how to ask questions and respond when assessing for intimate partner violence. The Woman Victim of Abuse Protocols provides information to raise awareness on the dynamics and risk factors associated with intimate partner violence. The Protocols offer resources to guide employees in assessing for the presence of intimate partner violence – including Chapter 13 (A Critical Point of Access – screening: Basic Guidelines for Screening for Woman Abuse; and General

Guidelines for service Providers). As indicated above, the department is committed to ensuring that all employees providing direct client service receive orientation and training on the recently released Woman Victims of Abuse Protocols.

Within the department, situations of serious domestic violence involving seniors are within the scope of Adult Protection for an investigation by a Social Worker. Through the information sessions, employees will receive information to remind them of the process for making a referral to Adult Protection in situations (or suspected situations) of intimate partner violence involving an adult with a disability or a senior.

The department has implemented a Structured Decision Making Model (SDM) into the Child Welfare Program. SDM is a validated decision-making model and includes screening for intimate partner violence. Although a validated decision-making tool is not currently utilized in the Adult Protection Program, the Intake Social Workers conducting the initial screening for Adult Protection assess for the presence (or potential) of intimate partner violence. They also have training on the SDM model for Child Welfare.

A departmental working group will be established to explore appropriate and validated tools for Adult Protection Social Workers responsible for assessing abuse and neglect, including intimate partner violence. The working group will be responsible for reviewing the various tools available for screening, risk assessment and safety planning and make a recommendation for the use of a validated tool(s). Any tool(s) adopted by the department would need to have the capacity to assess the presence (or potential) of intimate partner violence.

Women's Equality Branch

The Woman Victims of Abuse Protocols is an educational tool that provides information on the dynamics of intimate partner violence and other information that will be helpful to government and community agencies involved with victims and perpetrators of intimate partner violence. The Woman Victims of Abuse Protocols include Chapter 13, *Appendix A Critical Point of Access – screening*, *Appendix B Basic Guidelines for Screening for Woman Abuse and Appendix C General Guidelines for Service Providers*. While not validated tools, information is provided to assist service-providers in screening for intimate partner violence.

Also in the Woman Victims of Abuse Protocols, the Department of Health, Chapter 8, *Appendix 1 The Woman Abuse Screening Tool (WAST)* is highlighted. It was developed for family physicians and was tested and validated over a 10 year period from 1990 – 2000.

As part of the responsibility to oversee the implementation of the Government of New Brunswick's plan to address violence against women including but not limited to the implementation of the Woman Victims of Abuse Protocols, the Women's Equality Branch will in 2014-2015:

- Explore validated tools for screening for domestic and intimate partner violence;
- Offer training and support to government departments and community agencies on the Woman Victims of Abuse Protocols including screening for domestic and intimate partner violence;
- Work closely with government departments, the Department of Health and of Social Development in particular, in strengthening the use of a screening tool for domestic intimate partner violence for their staff; and,
- Work with the Department of Public Safety, the RCMP and Municipal Police Forces to enhance their capacity to screen for domestic and intimate partner violence specifically for 911 operators and dispatchers.

2. That Government agencies involved with victims and perpetrators adopt a standardized

and validated risk assessment and safety planning tool for intimate partner violence and for potential lethality. These agencies must provide the necessary training, support and procedures for its implementation.

Health

With respect to recommendations related to assessing for the present of (or potential for) intimate partner violence using a valid screening tool as well as validated risk assessment and safety planning tools, the department of Health offers the following response:

The Healthy Families-Healthy Babies program uses the Antenatal Psychosocial Health Assessment (ALPHA) tool to assess antenatal psychosocial risk factors in pregnant women. These factors provide good evidence of association with at least one of the following poor postpartum outcomes: woman abuse, child abuse, postpartum dysfunction, couple difficulties and increased physical illness. Public health nurses are available to link women with appropriate resources.

The domestic violence social worker through Horizon Health has access to validated risk assessment tools such as ODARA (Ontario Domestic Assault Risk Assessment), SARA (Spousal Assault Risk Assessment), LSI (Level of Service Inventory), used by public safety through the Domestic Violence Court program.

New employees working in emergency rooms within Horizon Health are provided with an orientation package which includes information and policies relating to D/IPV. A screening tool used within emergency rooms across Horizon Health includes questions relating to the patient being a victim of D/IPV.

Recognizing that improvements can be achieved in identifying the presence of or potential for D/IPV, the Department of Health will pursue discussions with both RHAs in regards to exploring the use of other validated screening tools such as the Woman Abuse Screening Tool (WAST) and the possibility of its systematic use when there is indication that a woman may be experiencing D/IPV.

Social Development

Social Development employees often work with vulnerable adults who are potentially at high risk for dangerous outcomes. Determining risk and safety planning are critical elements in working with victims and perpetrators of intimate partner violence. The Woman Victims of Abuse Protocols are useful to guide all employees, including Housing and Income Support Workers, to determine whether a woman may be in danger. The recently released Protocols provide a list of community resources and a suggested tool for "Creating a Safety Plan". As indicated above, employees will receive orientation and training on the recently released Woman Victims of Abuse Protocols.

The Adult Protection Program provides Social Workers with a Risk Assessment Form whereby the dynamic of the relationship between the victim and perpetrator are factors in the assessment of risk. In situations involving children, the SDM model used in Child Welfare incorporates intimate partner violence into the Family Risk Assessment and Safety Assessment.

As indicated above, a departmental working group will be established to look at the various tools available for screening, risk assessment and safety planning and make a recommendation for validated tool(s). The implementation plan of any tool(s) would include the necessary training and support required for departmental employees.

Women's Equality Branch

Risk and lethality assessments are processes and tools to inform the crisis intervener, first responder, front-line personnel and the woman herself about a woman's safety and the potential of being re-assaulted or killed by an intimate partner. Risk assessment tools in general provide a

shared language about “risk” for service providers who may come from a range of different agencies and perspectives. Generally, risk assessments are designed to predict the likelihood that a violence act will occur, whereas lethality assessments are designed to identify the likelihood of potential lethal outcomes.

Many of the risk factors identified in risk assessments and lethality assessments are shared and generally if one scores high on a risk assessment for re-assault, the woman would also score high on a lethality assessment. However, there are some risks that are specific to domestic homicide that are included in lethality assessments (and not in risk assessments) including stalking, strangulation and access to weapons.

After consultation and careful consideration to the context in which risk assessment tools could be used by the domestic violence sector including time and financial constraints, staff expertise and training and turn-over in staffing, a decision was made for the domestic violence sector to use *The Danger Assessment* which is a lethality assessment tool. Factors that were considered included whether or not the tools were currently being used in New Brunswick, the language (if the tool was bilingual) and diversity (cultural, same-sex partners, and age for use), as well as input from the domestic violence sector including current users of the tool. It was discerned the Danger Assessment would be an appropriate validated tool for interveners to use with women who are victims of domestic violence.

Safety planning can be considered a response to providing a risk assessment. Risk assessment may raise a woman’s awareness of the risks she may face and help her engage in safety planning. That is help her recognize there may be a risk to her life or a risk of being re-assaulted, and what actions can be taken to help reduce the risk. With each risk factor that is present in her situation, one looks at what can be done to mitigate that risk. This is not the sole responsibility of the woman at risk but rather a joint effort between services providers, both government and community, with the support of friends and family. The Woman Victims of Abuse Protocols contains Appendix D- Creating a Safety Plan to assist service-providers and women in safety planning.

The Women’s Equality Branch facilitated the training of over 90 domestic violence interveners and other professionals in the Danger Assessment tool. This is only the first phase of the implementation of the tool. Designated staff from the Women’s Equality Branch became trainers for the Danger Assessment tool.

Appropriate risk assessment, risk management and safety planning are paramount. To that end the Women’s Equality Branch will over the course of 2014 and 2015:

- Deliver regional training on the Danger Assessment Tool as phase two of the implementation of Danger Assessment. Regional training will promote partnerships, information sharing while providing training in the Danger Assessment tool. The Branch will involve Regions in organizing and inviting participants including domestic violence sector, Health, Law Enforcement, Social Development, NB Legal Aid Services Commission, Public Prosecutions, Public Safety and other community organizations and stakeholders. Not only will this increase capacity in risk assessment but it will help improve a coordinated response by bringing the community together.
- Continue to support the Department of Public Safety, the RCMP and Municipal Police Forces in their implementation of the province-wide validated risk assessment tool, ODARA, and education and orientation to domestic and intimate partner violence;
- Work with the Department of Public Safety, the RCMP and Municipal Police Forces in exploring a risk assessment tool for lethality; and, Support the domestic violence sector in strengthening safety planning processes with women with the help of Public Legal Education and Information Services – NB and the Woman Victims of Abuse Protocols, Chapter 13

Appendix D. Safety planning for children witnessing abuse of their mothers is included. While not a validated tool, it is useful in guiding the woman and/or service-provider in considering what to do in the event of a violent incident involving an intimate partner.

Communication and Information Sharing

- 1. That Government agencies involved with victims and perpetrators adopt an interagency information sharing protocol to respond to the potential risk for violence and lethality in situations of intimate partner violence while ensuring confidentiality and respecting privacy legislation.***

Health

With respect to the development of interagency information sharing protocols to respond to the potential risk for violence and lethality in situations of D/IPV, the Department of Health offers the following response:

The Action Plan for Mental Health in New Brunswick 2011-2018 speaks to the importance of information sharing and integrated case management processes in situations relating to vulnerable New Brunswickers suffering from mental illness, some of whom may be involved in situations of domestic violence. Government has committed to better align and integrate its efforts to provide seamless service and to create an interdepartmental case management process to ensure continuity of service.

The Department of Health will also participate in an additional action item as identified in *New Brunswick's Crime Prevention and Reduction Strategy: Moving from Theory to Outcomes* to “develop a multi-agency approach to intervening with victims and offenders in medium to high risk D/IPV cases”, which will include the development of information sharing protocols.

Social Development

The department recognizes the importance of communication and working with other departments and agencies involved with victims and perpetrators. Information-sharing protocols can be important in the development of effective and safe interventions to aid in the prevention of further risk or lethality.

Through the recent release of the Woman Victims of Abuse Protocols, the department reinforced our commitment to fostering a collective approach between government departments for the provision of services and programs related to woman victims of abuse. These Protocols will continue to be valuable resources for employees in the delivery of programs and services.

The Women's Equality Branch will be engaging government departments and agencies in the development of an information-sharing protocol. Social Development will actively participate with the Women's Equality Branch and other government departments in the development of an information-sharing protocol respectful of confidentiality and privacy legislation for high-risk intimate partner violence cases.

Women's Equality Branch

Information-sharing is a critical mechanism to ensure support and assistance that increases victim safety is provided in a timely and effective manner. Sharing sensitive, private and confidential victim and perpetrator information between services helps to enhance safety through earlier intervention and prevention strategies. Information-sharing must honour the rights of victims and perpetrators to privacy and respect legislation that applies to both privacy and safety concerns.

To that end, the Women's Equality Branch will over the course of 2014 and 2015:

- Explore various models of information-sharing protocols that pertain to domestic intimate partner violence;
- Initiate the development of an information-sharing protocol for high risk domestic intimate partner violence cases;
- Invite and engage key government departments and agencies that are involved with victims and perpetrators to participate in the development of a protocol specifically Public Safety, Justice, Office of the Attorney General, Social Development, Health, the NB Association of Chiefs of Police, RCMP, Academia and other agencies that are identified as the work commences;
- Seek input from the Privacy Commissioner on issues that must be considered in developing an information-sharing protocol;
- Create an information-sharing protocol that will facilitate the development of comprehensive risk assessment and risk management plans for domestic and intimate partner violence cases at high-risk of serious assault and homicide; and,
- Formalize a Protocol through "Memorandum of Understanding" or other appropriate agreement that ensures commitment to the Protocol and the process of information-sharing.

Public Safety

Assessing risk is a first step to improving our approaches with D/IPV cases and getting better outcomes. The logical next step is risk management. Meetings are planned for June 2014 to bring the work to develop a coordinated approach to intervening with victims assessed at moderate to high risk on the Danger Assessment by Public Safety's Victim Services Coordinators, and offenders assessed at moderate to high risk on the ODARA. A key component of this activity is the development of an interagency information sharing protocol to respond to the potential risk for violence and lethality in situations of D/IPV while ensuring confidentiality and respecting privacy legislation. This protocol will facilitate information sharing with all agencies and service providers regardless of the jurisdiction where the D/IPV incident(s) may have occurred, or the jurisdiction where the victim may reside.

2. That the Minister of Public Safety in collaboration with the New Brunswick Association of Chiefs of Police adopt within the NB Policing Standards a requirement that police agencies implement policies and procedures for dealing with Intimate Partner Violence. The policies and procedures should include:

- ***training on how to assess, investigate and intervene effectively in IPV cases;***
- ***a mandatory formal documented risk-assessment process be applied to all cases of IPV which identifies all potential victims.***
- ***Intervention procedures for IPV cases be in place that recognizes the risk factors for lethality and re-assault; and***
- ***intervention and prevention procedures are carried out in an integrated manner including information sharing with all other agencies and service providers regardless of the jurisdiction where IPV incident(s) may have occurred, or the jurisdiction where the victim may reside.***
- ***mechanisms to ensure compliance with the mandatory referral provisions of the Family Services Act,***

Public Safety

In September 2013, the New Brunswick Association of Chiefs of Police passed a resolution to:

1. endorse the provincial definition of D/IPV;
2. adopt the use of a single validated risk assessment tool to be used by all police forces in NB and that tool be the Ontario Domestic Assault Risk Assessment (ODARA);
3. support ODARA implementation; and
4. support continuous research to develop a New Brunswick Police-Based Risk Assessment Model that evolves ODARA and includes lethality and diversity.

In April 2014, a 3-day train-the-trainer workshop was held to train 32 police officers and their community partners on D/IPV and how to assess risk using the ODARA. These 32 trainers will train the 1,146 front-line police officers across the province on D/IPV and ODARA between June 2014 and June 2015. The 1-day user training sessions will include: the dynamics of D/IPV and the risk factors for D/IPV and lethality; the provincial definition of D/IPV; forms and patterns of violence; the Woman Victims of Abuse Protocols; reporting requirements under the *Family Services Act*; diversity and main obstacles; personal values and beliefs; police response to D/IPV; and risk management. The training will also remind officers of their *Criminal Code* powers to search and seize firearms which includes the homes of perpetrators of D/IPV and reinforce the importance of taking warned, video-taped statements with victims of D/IPV.

Once trained, officers will use the ODARA in D/IPV cases, regardless of whether criminal charges are considered, but only in cases in which an intimate partner inflicts an act of violence involving physical contact with the victim, or makes a credible threat of death with a weapon in hand in the presence of the victim. The ODARA is not designed to be used in non-criminal domestic disputes. Results from this assessment will help inform the appropriate level of intervention.

Where the ODARA does not predict lethal domestic violence specifically, the police-based risk assessment subcommittee of the Roundtable has commenced research on validated lethality assessment tools for use by police. We will work with the NBACP to introduce a standardized lethality assessment at the appropriate time. Police officers will also refer all victims of D/IPV to provincial Victim Services Coordinators who will complete the Danger Assessment Tool (a validated lethality assessment), followed by Aid to Safety Assessment and Planning (ASAP).

Staff from the Crime Prevention and Policing Standards Branch undertakes a Quality Assurance Review of the Municipal Police Forces in the province and this past year D/IPV was a risk activity that was reviewed. D/IPV will remain as a risk activity to be reviewed in 2014 and that will include a review of the compliance of police forces to using ODARA and the compliance of mandatory referral under the *Family Services Act*.

The current edition of the New Brunswick Policing Standards which is under review, states that Police Forces follow the established Woman Victims of Abuse Protocols. In addition, the current policy around D/IPV has been identified as requiring revision and work has commenced. The revisions will include a reflection of the work being done under the Strategy and will take your recommendations into consideration.

- 3. That law enforcement officials ensure that policies and procedures relating to the removal of firearms from the homes of perpetrators of intimate partner violence are developed and followed, to reduce the risk of lethality for intimate partners, family members and perpetrators themselves, even where family members have initially intervened.**

Public Safety

Use of firearms and the threat to use firearms within the context of domestic and intimate partner violence (D/IPV) are associated with increased risk for future violence and more severe violence. In fact, research shows that threats with a weapon is the strongest predictor of serious harm or lethality. Women who were threatened or assaulted with a gun or other weapon were 20 times more likely

than other abused women to be murdered in Dr. Jacquelyn Campbell's research. Further, Dr. Deborah Doherty found that a firearm was used in 13 of 28 New Brunswick domestic homicides that she studied; a firearm was used in all but one of the homicide-suicide cases. As such, firearm possession and access are important safety considerations which are currently being addressed in both police policy and training.

The Municipal/Regional Police Forces Operational Manual policy relating to D/IPV is currently under review. Potential revisions of said policy will reference police officers' *Criminal Code* authority to search for and seize firearms and related documents (if applicable) from all alleged perpetrators of D/IPV, even if the firearms were not used during the commission of the offence and regardless of whether any charges will be laid.

D/IPV will remain a risk activity to be reviewed in the 2014 Quality Assurance Review of the Municipal Police Forces in New Brunswick by staff from the Crime Prevention and Policing Standards Branch. The QA Review will include a review of police forces' compliance to using ODARA, mandatory referral to Social Development under the *Family Services Act*, and once revised, the Municipal/Regional Police Forces Operational Manual policy relating to D/IPV.

Further, the removal of firearms from the homes of alleged perpetrators of D/IPV is addressed in the province-wide D/IPV and ODARA training that is currently underway. Following a discussion on the dynamics of D/IPV, its forms and patterns, the risk factors for re-assault and lethality (including the use of/threat to use firearms), and the Woman Victims of Abuse Protocols, all front-line officers receive training on their *Criminal Code* powers of search for weapons including a handout¹ which pays particular attention to sections 117.02 and 487.11 which refer to warrantless searches for weapons in exigent circumstances. The D/IPV and ODARA trainers themselves received a three-day train-the-trainer, which included training from two members of the National Weapons Enforcement Support Team (NWEST), a program that provides direct investigative support to front-line policing; assists with the development and execution of search warrants; and trains law enforcement agencies across Canada, among other duties.

4. That the Minister of Social Development adopt intake, screening and tracking procedures that identify victims of IPV and ensure the provision of support services including, but not limited to, income support and housing are provided on a priority basis to victims of intimate partner violence.

Social Development

The department recognizes the importance of procedures to identify victims of intimate partner violence and to ensure the provision of appropriate supports and services. Departmental policies and procedures identify women who are victims of domestic violence as a priority group when determining eligibility for income assistance and housing supports. Victims of intimate partner violence applying for income assistance and housing would be indicated on their electronic file in order to prompt employees to appropriately assess for eligibility.

Through Adult Protection, the department implemented an Intake tool in April 2014 for tracking purposes, including where the alleged abuse occurred and the alleged offender's relationship to the victim. This tool involves Intake Social Workers asking the applicable questions so that the department can track the nature of abuse and neglect, including intimate partner violence.

All departmental employees will participate in a refresher session on the departmental policy that identifies persons "in transition" as a priority group. Employees will be reminded of the procedures for registering and tracking information in relation to this priority group. In addition, departmental employees and transition house staff will be provided with information on reporting domestic violence

situations (that involve adults with a disability or seniors) to Adult Protection.

5. That health care agencies implement written policies and procedures for identifying and responding to intimate partner violence. Such policies and procedures should include a requirement that:

- **all health care providers and mental health professionals receive training in how to assess and intervene effectively in IPV cases;**
- **a formal documented risk-assessment process be applied to all cases of IPV which identifies all potential victims;**
- **intervention procedures for IPV cases be in place that recognize the risk factors for lethality and reassault; and,**
- **intervention and prevention procedures are carried out in an integrated manner.**
- **information sharing with essential service providers.**

Health

With respect to the need to develop and implement written policies and procedures for identifying and responding to D/IPV, the Department of Health offers the following response:

The Healthy Families-Healthy Babies program offered through Public Health has the standard that pregnant women meeting criteria to be included in the program are screened at or around 20 weeks gestation using the ALPHA tool.

The Domestic Violence Court in Moncton has established protocols for addressing an abuser's primary needs in accordance to court ordered treatment, including an assessment through Mental Health and Addiction Services. The purpose of these protocols is to provide assistance to prioritize an abuser's primary need for services at the time of assessment and prior to an admission to a domestic violence program.

Emergency Departments within Horizon Health have standards that speak to the triage assessment, interventions, supportive care, safety planning and mandatory reporting requirements pertaining to patients presenting as victims of D/IPV. The Horizon Health Network policy "Assessment and Treatment of Patients Presenting with Compliant of Domestic Violence" establishes the following practices:

- There will be only one chart generated. The SANE will document the medical history on the emergency room clinical nursing note. However, if the patient informs the SANE that there was also a sexual assault, a second chart will be generated to document the sexual assault.
- The patient will be offered a head to toe examination and documentation of any injuries will be charted. The traumagram can be used if necessary.
- The guidelines for when to consult with the emergency room doctor have been developed and will be used for the domestic violence patient.
- The patient will receive information about a safe shelter and a pamphlet will be given to the patient with phone numbers that she/he may need. A safety plan will be discussed with the patient.
- An information sheet hidden in an object like a pen will be offered to the patient if she/he is undecided to leave the domestic violence relationship at the present time but may decide to leave at a later date. This information sheet includes tips on how to plan to leave an unhealthy relationship.
- The patient will be given the option to report the incident to the police. Reporting cases of adult abuse is usually not mandatory except if there is imminent risk of harm.

The Department of Health, through the *Action Plan for an Equitable Distribution of Health Services*, has dedicated funding over the next three fiscal years to support the enhancement to the SANE

program to establish this role in the four zones of Vitalité Health Network. This enhancement also includes the addition of a provincial SANE coordinator to be located in Vitalité Health Network. This position has recently been filled.

6. When an individual is in the care of a mental health agency or hospital for issues including depression, anxiety and/or suicidal and homicidal ideation where IPV is a factor or suspected:

- information should be obtained from family members, current and previous physicians on the history and current status of the individual;
- persons to whom threats are addressed should immediately be fully informed;
- the individual should be assessed for risk of intimate partner homicide prior to discharge; and
- police should be advised upon discharge that person is at risk of committing intimate partner homicide and/or intimate partner violence.

Health

With respect to responding appropriately to situations where D/IPV is a factor or suspected and an individual is accessing services due to mental health concerns while in the care of a mental health agency or hospital, the Department of Health offers the following response:

Included in the *Action Plan for Mental Health in New Brunswick 2011- 2018* is an action item that speaks to the importance of including family members in intervention and plans when appropriate. The Department of Health recognizes that family involvement in situations of D/IPV must take care to ensure that victims of D/IPV are not re-victimized due to the involvement of any particular family member and must be done with the permission of the victim.

7. That the Women’s Issues Branch and the Departments of Health and of Social Development that provide funding and program support to intimate partner violence outreach interveners, transition houses and second stage housing facilities implement policies and procedures on:

- risk assessment and safety planning; and,
- integrated service delivery with law enforcement and service providers.

Health

With respect to the implementation of policies and procedures related to risk management, safety planning and integrated service delivery with law enforcement for those agencies for which the Government provides funding and program support, the Department of Health offers the following response:

The *Action Plan for Mental Health in New Brunswick 2011- 2018* states that “the Department of Health will provide funds for mobile crisis services throughout the province to ensure responsiveness of services closer to the individuals’ home communities and avoid hospitalization”. The objective of Mobile Crisis services is to provide effective intervention to people experiencing a mental health crisis. In situations where deemed appropriate, Mobile Crisis staff work closely with local police officials.

Tele-Care 811, a province wide, free, bilingual service available 24 hours per day, 7 days per week, provides advice and information to help New Brunswick citizens determine the severity of an injury or illness as well as access to service providers in their local area. Tele-Care 811 has an Abusive Situations policy stipulating that staff has a duty to report domestic violence where it is suspected that the abuse may be affecting a child. Staff is also obliged to report in situations where the caller is a threat to themselves or others. If the child is being affected by domestic violence, the RN will report to the appropriate child protection agency based on where the child is located. If the adult

victim discloses domestic violence and is seeking help, 811 nurses will direct the caller to the appropriate local agency.

Social Development

Social Development provides funding to transition houses throughout the province. In addition, the department is responsible for the licensing and monitoring of these homes. Social Development will continue in this capacity.

A working group was established in 2013 to identify opportunities for partnership and integration of service delivery. Along with Social Development, the group includes membership from transition houses, second stage housing and the Women's Equality Branch. Social Development will continue to participate on this important working group.

Social Development produces written Standards and Procedures for Transition Houses that includes information to assist Social Development employees and board members / staff of transition houses. It is the responsibility of the Boards of Directors for each transition house to have policies and procedures for their employees on resident services, orientation and training. The department recognizes the importance of providing transition houses with information on up-to-date policies and procedures. These 2008 Transition House Standards and Procedures will be updated to include information on reporting intimate partner violence situations that involve adults with a disability or seniors.

Each of the department's service delivery regions has a Child Welfare Social Worker assigned as a Liaison person for transition houses in that region. Similar to situations where children are involved, the department will assign a regional Liaison person for transition houses to contact in matters involving adults with a disability or seniors.

Women's Equality Branch

A number of important initiatives are underway to address the development and implementation of policies and procedures relating to risk assessment and safety planning. The Provincial Crime Prevention and Reduction Strategy led by the Department of Public Safety is addressing among other things risk assessment and a multi-agency approach to intervening with victims and offenders in medium to high risk domestic and intimate partner violence cases. This includes the development of information sharing protocol.

A working group of Transition House and Second Stage Housing staff along with Social Development and the Women's Equality Branch was established in 2013 to maximize opportunities for partnerships, networking and information sharing between the government, transition house and second stage services.

The Government of New Brunswick, through the Women's Equality Branch, has provided funding and support to 14 Domestic Violence Outreach programs throughout New Brunswick. The goal of outreach is to ensure women living in or leaving abusive relationships have access to someone who can respond to their crisis and support them. The program improves women's access to services and its workers provide help and information to women in need as well as increasing awareness in the community.

The Women's Equality Branch will over the course of 2014 and 2015:

- Continue to fund the Domestic Violence Outreach Program;
- Deliver regional training on the Danger Assessment Tool as phase two of the implementation of the Danger Assessment. Not only will this training provide instruction in the use of the Danger Assessment Tool, it will also include information on domestic and intimate partner

violence to help improve understanding and sensitivity to the issue as well as provide an introduction to the Woman Victims of Abuse Protocols. This regional community training will build capacity and promote a collective and coordinate response;

- Offer training and support to government departments and community agencies on the Woman Victims of Abuse Protocols including screening for domestic and intimate partner violence;
- Continue to co-chair the Transition House and Second Stage Housing working group to identify areas to integrate service-delivery with law enforcement and other service-providers and implement policies and procedures to facilitate an integrated service-delivery model; and,
- Participate in the Crime Prevention and Reduction Strategy Working Group tasked with developing a multi-agency approach to intervening with victims and offenders in medium to high risk domestic and intimate partner violence cases by leading the exploration, creation and implementation of an information-sharing protocol that facilitates the development of comprehensive risk assessment and risk management plans for domestic intimate partner violence cases at high-risk of serious assault and homicide.

8. That the Minister of Post-Secondary Education Training and Labour, in collaboration with WorkSafe NB, conduct a review of:

- a. **the appropriate legislation in order to ensure that *Mental Health and Intimate Partner Violence* are recognized as significant factors impacting workplace health and safety.**
- b. **the current strategic and operational focus of WorkSafe NB in order to ensure that *Mental Health and Intimate Partner Violence* are recognized as significant factors impacting workplace health and safety, and that such measures as are deemed appropriate to communicate these issue to employers and employees, are adopted.**

Department of Post-Secondary Education, Training & Labour

The department and WorkSafeNB recognize the importance of the health and safety of all New Brunswick workers, including the mental health of employees in the workplace.

After conducting this review, we are satisfied that the legislation is adequate and appropriate measures are currently in place by WorkSafeNB to administer the legislation and communicate its rights and obligations to employers and workers in the Province.

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

- **recognition of IPV risk factors;**
- **IPV reporting techniques and strategies for families, friends, and neighbours;**
- **low-risk intervention techniques;**

Public Safety

An advisory group comprised of experts from the D/IPV field has drafted a 3-year D/IPV education and awareness campaign plan for implementation by the Roundtable. The campaign objectives are to:

1. Increase awareness of D/IPV in New Brunswick as well as the services and support 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.

More specifically, this campaign will communicate the risk factors for D/IPV; describe reporting

techniques and strategies for families, friends and neighbours of persons affected by D/IPV; and provide information on low-risk intervention techniques. Further, Public Safety has partnered with the Canadian Observatory on the Justice System's Response to IPV, the Muriel McQueen Fergusson Centre for Family Violence Research, and the Women's Equality Branch to co-host a national D/IPV conference in Fredericton, NB, on October 20-22, 2014. Among many related topics, this conference will inform the participants about coordinated community responses to IPV and best practices for information sharing among professionals. A keynote address will be delivered by Dr. Neil Websdale, Director of the American National Domestic Violence Fatality Review Initiative.

Criminal Code of Canada Powers of Search for Weapons

Summary of Applicable Sections

s. 487

- **search with warrant**
- **anywhere including dwelling houses**
- **for anything including weapons**
- **you intend to use exhibits as evidence in prosecuting an offence**

s. 117.02

- **search without a warrant**
- **exigent circumstances**
- **places other than a dwelling house**
- **for weapons**
- **you intend to use them as evidence in prosecuting an offence**

s. 487.11

- **search without warrant**
- **exigent circumstances**
- **dwelling houses (or anywhere)**
- **for weapons (or anything)**
- **you intend to use them as evidence in prosecuting an offence**

s. 117.04(1)

- **search warrant for specified weapons**
- **no offence committed**
- **public safety is the concern**
- **you intend to seek disposition of the weapons under s. 117.05, not charge for an offence**
- **anywhere, including a dwelling house**

s. 117.04(2)

- **you have grounds to obtain a warrant under s. 117.04(1)**
- **but possible danger to safety if you delay to obtain the warrant**
- **you intend to seek disposition of the weapons under s. 117.05, not charge for an offence**
- **search without warrant**
- **anywhere, including dwelling house**

Basic Distinction between Sections 117.02 and 117.04

- **s. 117.02 is the power of search for weapons involved in an offence – so you are seizing them as evidence for a prosecution in court**

-
- **s. 117.04 is the power of search for specified weapons when there is just a public safety concern, not a criminal offence** – so you are seizing them for public safety reasons, not as evidence of an offence – **the court proceeding will be a disposition hearing under s. 117.05, not a criminal trial where we are trying to convict the owner of an offence**
 - Don't forget about using other *Criminal Code* search/enter powers – ss. 487, 487.11, 529.1(1) and 529.3(1) – to fill the gaps left by ss. 117.02 and 117.04
-

Sections 117.02 and 487.11

Search without Warrant upon Exigent Circumstances for Evidence of an Offence

General – ss. 117.02, 487 and 487.11

- **s. 117.02 is a power of search without warrant for evidence but does not cover dwelling houses**
 - **to search a dwelling house without warrant, use s. 487.11**
 - **to search with warrant for evidence, rely on s. 487 – anywhere, including dwelling houses**
-

Section 117.02

- **you are searching for any weapon** used in an offence
 - **or a firearm, prohibited weapon, restricted weapon, ammunition or explosives** forming the subject matter of an offence or involved in an offence
 - **you believe on reasonable grounds any evidence of offence likely to be found**
 - **you can search** without warrant
 - **a person, a vehicle, or a place other than a dwelling house**
 - but only if
 - **you had reasonable grounds to obtain a warrant**
 - **but exigent circumstances make it impractical to obtain a warrant**
-

Section 487.11

- **to search a dwelling house without a warrant where there are exigent circumstances, use s. 487.11**
-

Section 487

- **if in doubt, rely on s. 487, the general search warrant power – it authorizes you to get a search warrant for anything, anywhere (on reasonable grounds, of course)**
 - **and then, if exigent circumstances arise before you can obtain the warrant, rely on s. 487.11, the general exigent circumstances power of search without warrant**
-

Section 117.04

Search with and without Warrant – Public Safety Cases

Section 117.04(1) – Search with Warrant – Public Safety Cases

- **you have reasonable grounds to believe**
 - **not in interests of safety of the respondent or any other person**
 - **for the respondent to possess weapon, firearm, prohibited weapon, restricted weapon, ammunition or explosives**
- **a justice may issue search warrant**
 - **which authorizes you to search the specified place and seize weapons, authorizations, licenses and registration certificates**
 - **includes dwelling houses**
- **the section does NOT say you need reasonable grounds to believe there are weapons in the place you want to search**
 - **but in practice I think you should do this**
 - **many justices will reject your application otherwise**

Section 117.04(2) – Search without Warrant – Public Safety Cases

- **you could obtain a warrant under s. 117.04(1)**
- **but impractical to do so – possible danger to safety of respondent or any other person**
 - **think “personal injury branch of exigent circumstances test”**
 - **can’t do this just because you think evidence is about to be destroyed**
- **search place without warrant**
- **includes dwelling houses**

*And don’t forget all other search powers, both with and without warrant:

- under other statutes
- upon arrest
- upon detention
- articulable cause
- lawfully impounded vehicle
- consent or voluntary searches