

THE MOST PREVENTABLE HOMICIDE

DOMESTIC VIOLENCE CAN BE PREVENTED, PROVIDED SOMEONE WHO CAN IDENTIFY THE LETHAL RISK FACTORS COMES INTO CONTACT WITH A POTENTIAL VICTIM AND ACTS APPROPRIATELY.

BY CAROLYN CAMILLERI



In 2010, the B.C. Coroner's Office convened its first Domestic Violence Death Review Panel to consider the dynamics of the 153 deaths in B.C. over the previous 15 years. The next Death Review Panel was convened in 2016, but this time, there were 100 deaths in just six years.

"It does seem that domestic violence homicide, at least in B.C., is on the rise," says Tracy Porteous, Executive Director, Ending Violence Association of BC (EVA BC).

While she says men carry important roles as first responders, partners, family members, co-workers, friends, and allies in speaking up about violence, and there are male victims of domestic violence, the most severe and lethal violence is perpetrated by men against women.

Porteous has been involved in the anti-

violence field for over 35 years. One case she worked on was the 2008 Coroner Inquest into the murders of Sunny Park, her 6-year-old son Christian Lee, and both her parents by her husband Peter Lee, who committed suicide at the scene. In 2013, EVA BC did an assessment to determine what had changed since the deaths of Sunny and her family.

"We determined that in various formats from various ministries and institutions, 176 recommendations had been issued since the inquest into the murders. The recommendations related to increasing the safety of families struggling in this area," she says. "By 2013, only four of those recommendations had been partially started."

And yet, of all the homicides in Canada, intimate partner homicide is considered the most



Approximately every six days, a woman in Canada is killed by her intimate partner. Out of the 83 police-reported intimate partner homicides in 2014, **67 of the victims — over 80% — were women.**¹

Aboriginal women (First Nations, Inuit, and Métis) are **six times more likely to be killed** than non-Aboriginal women.²



The rate of domestic violence is likely much higher than we think. **70% of spousal abuse is not reported to the police.**³

preventable. It's not 100 per cent predictable, says Porteous, but there is an enormous amount of well-researched evidence that helps us understand the lethal signs. However, it is only preventable if the victim or someone the victim comes into contact with knows how to recognize the signs and what to do about them. Only an estimated 22 per cent of women report domestic violence to the police.

"It's very hard for us to fathom that somebody we love or somebody we once loved would actually be capable of taking such a drastic step," says Porteous. "You need to have the support of somebody helping you understand that what you're disclosing is not usual or healthy."

For this reason, EVA BC is on mission to educate people about lethal risk factors.

"Counsellors, police officers, social workers, anti-violence workers, doctors, clinical health workers, family law lawyers, people in the counselling departments at universities, counsellors in high schools, staff at legal aid, anybody who works at intake for social assistance or child protection — really the entire spectrum of human services should understand these risk factors."

THE LETHAL RISK FACTORS

Risk factors are any circumstances making someone more vulnerable to intimate partner violence. Disclosure may come from primary victims, secondary victims, or perpetrators. Identifying risk factors means drawing on your understanding of the complex dynamics of power and control. For example, the abuser's power and control may be expressed in ways related to the woman's Indigenous identity, immigrant or refugee status, age, (dis)ability, geographic location, sexual orientation, or gender identity. With those dynamics as the framework, here are the factors that point to the highest risk.

- ◆ Recent or pending separation or change in relationship. Victims trying to leave violent relationships are at heightened risk during the time of leaving and for up to 18 months after.

- ◆ Escalation or change in abuse or violence. Victims of domestic violence are more likely to have been hurt by their partner many times before they disclose to anyone, and men who abuse their partners are more likely to have done this with previous partners. As violence is repeated, it often becomes more serious and the time between each incident often shortens.

- ◆ Threats of suicide from the perpetrator. When the abuser is suicidal, it is an indication he is in a state of crisis, a major risk factor for domestic violence.

- ◆ Threats to kill the survivor, children, or pets should always be treated very seriously.

- ◆ Criminal harassment, stalking, obsessive jealousy, persistent calling, texting. Stalking and physical assault are strongly associated with murder and attempted murder. Extreme jealousy is also associated with severe violence.

- ◆ Extreme minimization of the impact of violence or justifying abusive behaviour. Serious and frequent offenders deny and trivialize the violence and blame the victim.

- ◆ Strangling, choking, and biting are perhaps at the top of the list of possible lethality.

- ◆ Sexual assault is considered extremely serious and associated with lethality.

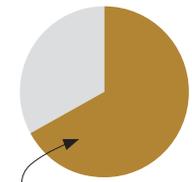
- ◆ Perpetrator mental illness. Certain types of mental health issues are associated with violence against women, including personality disorders characterized by anger, lack of impulse control, and behavioural instability.

- ◆ Violation of civil and criminal court orders, i.e., a breach of protection order, are considered quite serious.

Other risk factors include child abuse, animal abuse, pregnancy/new birth, employment/financial problems, substance/alcohol abuse, history of violence, and past assault of intimate partner or other relationship problems.

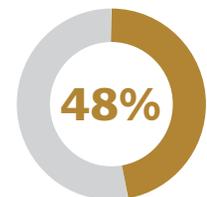
Porteous says people seeking help won't necessarily walk into your office and say, "I'm a victim of domestic violence."

"They might walk in your door and say, 'I can't sleep' or 'I'm struggling with anxiety' or 'I'm struggling with depression' or 'I can't seem



67% of Canadians say they have **personally known at least one woman** who has experienced physical or sexual abuse.⁴

According to the RCMP, **a child who witnesses spousal violence is experiencing a form of child abuse**, since research shows that "witnessing family violence is as harmful as experiencing it directly."⁵

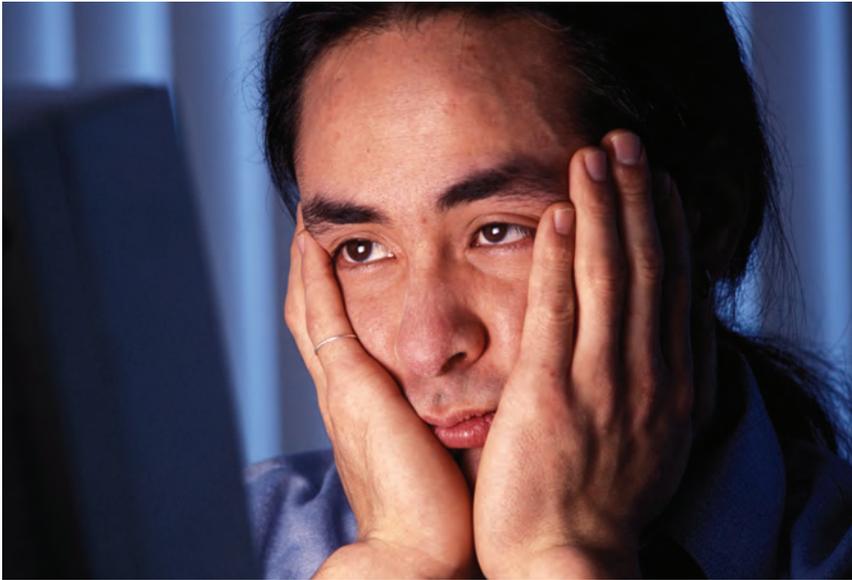


Spousal violence was the most common form of family violence in 2013. **48% of family violence occurs at the hands of a current or former spouse** (married or common law).

In 2013, there were more than

90,300

victims of police-reported violence by an intimate partner (including spousal and dating partners), accounting for over one quarter of all police-reported victims of violent offences in Canada.⁶



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to connect with anybody in my life,” says Porteous. “There could be myriad initial reasons people seek help, and when we begin listening deeply to people affected by domestic violence, we could begin to hear something that indicates risks factors for possible severe or lethal violence.”

Porteous says counsellors with skills to assess and take action on suicide ideation are better positioned than most to deal with risk factors for lethal or severe domestic violence. “In someone who is suicidal, you’re listening for an idea, a plan, and the means to carry out the plan. In domestic violence risk, you follow the *Summary of 19 Risk Factors for Domestic Violence*.”⁷

If clients are disclosing risks and you suspect they are serious and credible, Porteous suggests telling the client you are concerned for them. For example: “I’m concerned for your safety. What you’re telling me relates to all of the evidence that those of us who work in this field understand to be quite serious in terms of your safety. Can you and I work together before you leave today to figure out another place for you stay tonight or figure out how you’re going to go pick up your kids and go to another place that’s safe.”

Porteous feels strongly that, if at all

possible, a woman leaving a violent situation should have a plan to ensure her safety and the safety of her children, family, pets, and workplace.

“The best, most ethical thing a counsellor can do is refer the client to the best, most experienced help available in that community,” says Porteous.

Anti-violence experts are trained in risk identification, safety planning, and managing immediate risk and safety. In B.C., there are hundreds of anti-violence programs, including community-based victim assistance, outreach, multicultural outreach programs, counselling programs, transition houses, and safe homes.

CALLING IN THE EXPERTS

Porteous says making an effective referral — not just giving the client a list of places to call — is one of the most important skills a counsellor can have. She suggests making the phone call while the client is sitting in your office. That phone call could well be to an ICAT: Interagency Case Assessment Team.

ICATs are innovative, multi-sectoral teams made up of responders to high-risk domestic violence and often include a representative from community-based victim services, police-based victim services, police, child protection, corrections, health, aboriginal service providers, and other agencies. ICATs work to share information appropriately and work to coordinate risk identification, offender management, and victim-safety planning.

The benefits of ICATs include better identification of risk factors, proactive supports to victims and offenders, elimination of systemic barriers to safety, reduction in service duplication, fewer removals of children, and an overall reduction in domestic violence offences. EVA BC has been working to help develop and maintain ICATs since they started in 2010. Currently in B.C., about 60 communities are served by ICATs.

“The outcome of these teams is phenomenal in that they’re dealing with the highest risk for lethal violence in communities,” says Porteous. “Most important is that if anyone in the community is worried about a domestic violence situation, they can refer the case to ICAT, and ICAT begins to assess risk and build safety.”

THE PERMISSION ISSUE

Women in abusive relationships may not be ready to leave — they may not want the relationship to end.

“Domestic violence is complicated by love and sometimes children, extended family, faith, community, housing or the lack thereof,” says Porteous. “None of us wants our client to be abused mentally, sexually, or physically, but we also have to respect the agency of our clients and respect when she’s ready to leave.”

As helpers, we seek to restore agency and empowerment in all the ways we can, says Porteous, especially for people who have been hurt and disempowered. “Respecting a woman’s privacy and not acting unilaterally is a huge part of this. Obviously, if children are in danger, if her life is in danger, that’s different than her choosing to stay when her partner is abusive but not threatening to kill her.”

In extenuating circumstances, counsellors may be in a situation where a client has disclosed a potentially lethal

or really serious situation, for example, if a client has left a distressing message and you can’t reach her or she left your office in a state of crisis and you’re concerned for her safety.

“If the situation is imminent, and you are going to report it yourself, the police are the fastest link to getting help and assessing risk.”

And you can make that call.

The province amended the privacy legislation that governs public bodies in relation to domestic violence specifically for this reason.⁸ And all other privacy rules allow for information to be shared if there is a serious concern for safety.

“Anyone can refer a case to police or an ICAT, although ideally, and in the



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vast majority of cases, this would be done with your client’s permission,” says Porteous. “If permission has not been granted, and you believe your client could be in serious danger, or if you are the counsellor to someone who is committing violence and they have disclosed an ideation for homicide, and you believe he has the means to carry out his threat or intent, you have clear legislative authority under all privacy acts to make a report to police, an ICAT, or a domestic violence unit.”

If sharing that information seems uncomfortable, know that no one sector can help somebody who is struggling with domestic violence.

“A completely important guiding principle of responding to domestic violence is that the response needs to be multi-sectoral,” says Porteous. “We know that when single sectors try to manage this by themselves, they have very little access to information and resources to help manage it.”

ICATs are B.C.’s answer to a multi-sectoral response and a move toward broader access to critical risk- and safety-related information.

“There’s no question: when you have people practising from a coordinated

base in a community, there are fewer deaths. We know working together with others saves lives. ICATs are doing phenomenal work.”

Porteous compares it to referring your client to a cardiac specialist if they have heart disease; you wouldn’t want a family physician alone managing something so specialized.

“It’s the same thing with domestic violence: there are specialists that exist in many communities,” she says. “Get help. Bring help to that family.” ■

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7 <http://endingviolence.org/wp-content/uploads/2014/02/MPSSG-Summary-of-Domestic-Violence-Risk-Factors.pdf>

8 Government of Canada, Department of Justice. www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/mlfvc-elcvf/p9.html. “However, British Columbia has recently gone one step further, by amending its Freedom of Information and Protection of Privacy Act (FOIPPA) to clarify that it is appropriate to collect, use, and disclose information for the specific purpose of reducing the risk that an individual will be a victim of domestic violence, if such violence is reasonably likely to occur.” Reference to Freedom of Information and Protection of Privacy Act, RSB 1996, c 165, sections 26(f), 27(1)(c) and 33.1(1)(m.1).