Domestic Violence Death Review Committee

Office of the Chief Coroner

Report on the matter of the death of:

OCC File : 2018-4989
(DVDRC 2021-04)

Details of deceased:

Date of death: April 5, 2018
Age: 61 years
Sex: female

Overview:

The case involves the death of a 61-year-old Indigenous woman by her 62-year-old non-Indigenous male common-law partner. The couple had been in a relationship for 13 years. The perpetrator was alcohol dependent and there was a history of intimate partner violence perpetuated by both individuals. There were 11 risk factors for intimate partner homicide identified.

History of victim:

The victim was a 61-year-old Indigenous woman from northern Ontario. She married and moved to another province, then returned to Ontario when the marriage ended. The victim reportedly harassed her ex-husband's new partner and controlled the visits that he could have with their grandchild.

The victim worked full-time and provided care for her mother, her son, his partner, and their child. The victim was diagnosed with Raynaud's Disease, Meniere's Disease and scleroderma and would travel to

southern Ontario once a year for medical appointments. In 2017, she attended counselling after taking a three-week leave from her employment. She did not appear to have many friends.

History of perpetrator:

The perpetrator was the 62-year-old common-law partner of the victim. The perpetrator's father reportedly abused his mother and the perpetrator played a key role in raising his six younger siblings.

In 1994, the perpetrator was diagnosed with a benign brain tumour and stopped working. He was unable to drive and his license was suspended. He was losing his eyesight and couldn't paint or read anymore. The perpetrator's inability to work led to depression and alcoholism. He was diagnosed with major depressive disorder, alcohol dependence, some obsessive-compulsive traits, anxiety, and post traumatic stress disorder (PTSD).

The perpetrator was previously married and had two children. There were reports of emotional and verbal abuse by the perpetrator towards his family. The perpetrator had been estranged from his children and was in the process of re-establishing a relationship with them.

The perpetrator was seeing a counsellor regularly for depression and suicidal ideation. He had a few admissions to the hospital for suicidal ideation and had attempted suicide by overdose on two occasions. In the two years prior to the homicide, he had seizures from alcohol withdrawal and from his brain tumour. The perpetrator disclosed to his counsellor that the victim had been violent to him several times.

The perpetrator drank daily and was described as arrogant and smug. The perpetrator owned two firearms and his firearms license had expired in July 2017. He had attempted to give his 7mm Mauser firearm to a local historical society, but they declined his offer.

Issues involving children:

The victim and perpetrator each had adult children from previous relationships.

The couple would often spend time with the victim's grandchild on the weekends.

History of relationship:

The victim and perpetrator had known each other since they were teenagers. When their respective marriages ended, they re-connected and began a relationship. In 2005, they moved in together, but after a short time, the perpetrator asked the victim to move out and they lived in the same apartment building but in separate units. The couple had been in a relationship for 13 years.

In 2009, the perpetrator took several pills and drank alcohol; he was sent to hospital but denied a suicide attempt.

In 2012, the perpetrator called police because the victim was harassing him. There was no physical violence and the couple agreed to work things out. Police completed a Domestic Violence Supplementary Report (DVSR) with the perpetrator.

In 2013, the perpetrator called police because the victim would not give him his bank cards, had shoved him and had disconnected the phone. The victim left but was later arrested at her mother's house. A DVSR was completed, charges were dropped and the victim entered into a peace bond. The victim was referred to counselling to deal with "her anger and the perpetrator's drinking." The victim told her counsellor that when the perpetrator was drunk, he would threaten to call police on the victim and her family. She also disclosed that that she struggled with the perpetrator's drinking and that she would be verbally aggressive towards him. She indicated that she had been subjected to a great deal of verbal and emotional abuse over the years; there was no mention of physical violence. There was no formal risk assessment or safety plan completed. The counsellor also saw the couple together on a few occasions and they discussed the perpetrator's venting and lashing out at the victim and the victim's emotional needs.

In 2014, the perpetrator agreed to go into a treatment program.

In 2016, the perpetrator sustained a head injury after falling when drunk.

In 2017, the perpetrator was taken to hospital after experiencing a seizure due to his drinking.

The victim's family did not like the perpetrator. They often saw the victim with black eyes and bruises, but she always had an excuse for the injuries. She disclosed to her son that the perpetrator had caused the injuries, but explained that his actions were the result of his drinking and previous trauma. The victim's co-workers knew about the perpetrator's alcohol problems and saw injuries on the victim.

In November 2017, a coworker confronted the victim regarding the bruises and the victim stopped talking to the co-worker. A month later, the victim took a 10-day leave from her employment to deal with stress associated with the perpetrator's drinking. The employer also provided information to the victim on the Employee Assistance Program (EAP).

The perpetrator had told a female friend that the victim was very controlling. The victim did not like that the perpetrator had a female friend.

The victim saw her grandson every day and he would spend every weekend with the couple. The perpetrator would not drink on the days the victim's grandson was at the house, however there were times the victim cancelled the visit because of the perpetrator's drinking.

Synopsis of events leading up to death:

On March 12, 2018, the perpetrator told the victim that he couldn't stand her controlling behavior. The victim's behavior appeared to become less controlling for a short time.

On April 5, 2018, the victim went to work while the perpetrator was at home drinking alcohol. The perpetrator went to the basement where his rifle and shotgun were stored in a locked case. When the victim returned home, the perpetrator was going to scare her with a gun, then take his own life.

The perpetrator went upstairs and shot the victim in the leg. She retreated and the perpetrator noticed that she was in pain, so he shot her again. The victim died from her injuries.

After shooting the victim, the perpetrator went to a local bar to eat and drink. He returned home and thought about suicide, but decided to "do the right thing" and contact 911.

Risk factors identified:

There were 11 risk factors for intimate partner homicide identified:

- Perpetrator was abused and/or witnessed DV as a child
- Victim and perpetrator living common-law
- Perpetrator unemployed
- Excessive alcohol and/or drug use by perpetrator
- Depression – professionally diagnosed*
- Other mental health or psychiatric problems – perpetrator
- Prior suicide attempts by perpetrator
- History of domestic violence - Previous partners
- History of domestic violence - Current partner/victim
- Access to or possession of any firearms
- Victim vulnerability

Recommendations:

To the Royal Canadian Mounted Police:

1. It is recommended that the RCMP develop a system that alerts them when individuals with a current Possession and Acquisition License (PAL) become known to any police service for alcohol abuse/poor judgement and/or mental health issues and impulsivity/suicidality and that when alerted, an investigation occur with the potential of revoking the PAL. It is recommended that individuals with current mental health and/or substance abuse issues not be eligible to obtain a PAL.

   Committee comments: The perpetrator had a history of suicidality and diagnosed depression and he had substance abuse issues. There were a few occasions where the perpetrator was approached by police due to intoxication and on one occasion, he was found drinking in his car and had a blood alcohol level over the legal limit. The perpetrator had an expired PAL and used his firearm to kill the victim.

To the Canadian Society of Addiction Medicine, Canadian Addiction Counsellor Certification Federation, Ontario College of Social Workers and Social Service Workers, College of Registered Psychotherapists of Ontario and College of Psychologists of Ontario:

2. Given the high co-occurrence between addictions and intimate partner violence, it is recommended that there be more education and training for counsellors who work with clients with addiction problems and who may disclose intimate partner violence.

3. It is recommended that there be routine screening in every case where there are indicators of intimate partner violence. This would include a thorough assessment of risk and risk management of the case.

   Committee comments: The perpetrator regularly saw a counsellor who was aware of his addiction issues and his disclosures of intimate partner violence. The perpetrator also had involvement with a substance abuse treatment program. No risk assessment was completed with the perpetrator which may have helped to identify risk of lethality and a risk management plan.

4. When a counsellor is not trained in risk assessment or does not have the time to complete a thorough risk assessment due to high caseload or lack of resources, the counsellor should refer the client to agencies that specialize in intimate partner violence risk assessment and risk management (e.g., victim services).

Committee comments: Addiction counsellors are not expected to become experts in intimate partner violence work, but it is recommended that they collaborate closely with the violence against women (VAW) and the victim services sector in their community.

5. Counsellors are encouraged to speak with couples separately to assess risk for intimate partner violence prior to seeing the couple together for couples' therapy. This ensures that an appropriate and thorough risk assessment can be conducted where the individuals can be honest and open and where safety is a priority.

   Committee comments: The victim was encouraged to seek counselling for anger management after she was arrested for intimate partner violence. The victim saw a counsellor and spoke about her anger and resentment towards the perpetrator specifically around his drinking. The counsellor saw the couple together on a few occasions without assessing for intimate partner violence and risk with both parties. Information shared or discussed in therapy with the couple together may put the victim at more risk from the perpetrator and/or both parties may not be open and honest about the violence because the other partner is present.

To the Office of Women's issues:

6. It is recommended that the Office of Women's Issues develop a professional education campaign across ministries involved in front-line services for intimate partner violence to raise awareness about historical oppression of Indigenous peoples and how it affects help-seeking with victims. During the development of this educational campaign, reference should be made to the 2019 Report from the National Inquiry into Missing and Murdered Indigenous Women and Girls. [1]

   Committee comments: It is important to highlight the identities of both the victim, an Indigenous woman, and the perpetrator, a white man, in this case and how these social locations may have had an impact on the systemic response and engagement with this couple. The existence of systemic racism and discrimination towards Indigenous peoples creates oppressive differential justice responses and mistrust and fear within the Indigenous communities that greatly affect systemic engagement. Systemic anti-Indigenous racism and discrimination is rooted in the history of colonization where Indigenous peoples lost their identities, culture, security, health, and governance through acts of attempted assimilation in residential schools, the child welfare system, and depriving Indigenous peoples of basic opportunities in education, employment, and standards of living. The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls (June 2019) acknowledges that "colonialism relies on the widespread dehumanization of all Indigenous people; however, this dehumanization more severely impacts women, girls, two-spirit and transgender people through acts of persistent

[1] National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG). (2019). Reclaiming Power and Place: The final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls. (Volume 1a). ISBN: 978-0-660-29274-8. https://www.mmiwg-ffada.ca/final-report/.

physical and sexual violence that is condoned by all systems." (MMIWG, 2019, Vol. 1a, pg. 230) This history of gendered colonization may have had an impact on the Indigenous victim in this case including her fear and mistrust of the justice system and determining the primary aggressor and potential risk for lethality with this couple.

Previous relevant recommendations:

It is recommended that family members, friends, and community professionals be educated to contact police immediately and report their concerns when they are aware of individuals who have potential access to firearms and who are in a relationship where domestic violence is suspected. This is particularly important when the couple is through a separation or the individual is showing signs of depression or suicidal or homicidal thoughts.
(2005)

It is recommended that every effort be made by family members, friends, and community professionals to have firearms removed from individuals who are going through a separation in their relationships and showing signs of depression or suicidal or homicidal ideation.
(2003)

It is recommended to the federal Minister of Public Safety that applications for a firearm Possession Acquisition Licence (PAL) should include a medical waiver signed by the applicant. This would allow investigators access to information pertaining to the mental health of the applicant. There should also be higher standards and more restrictions for individuals applying for a firearms PAL when they have had previous licenses revoked or removed.
(2009)

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(2014)

Screening of individuals applying for, or renewing, Possession and Acquisition Licenses (PALs) should be improved to include: interviewing of applicants and their references, particularly those applicants who have been previously convicted of a crime against a person or convicted of a firearms offence;
(2016)

Mental health professionals supporting clients with depression, alcoholism, and/or IPV should inquire about access to firearms and inform police of risk if firearms are present and client is experiencing any of these issues? Is this possible to have firearms removed if client is experiencing these issues?

Mental health professionals are encouraged to review the common risk factors for intimate partner homicide that have been identified in the annual reports of the Domestic Violence Death Review Committee. The presence of risk factors such as access to firearms and depression should trigger efforts for risk assessment, safety planning and risk management with patients as potential perpetrators/victims.
(2018)

When an individual is diagnosed with depression, efforts should made by the mental health professionals to encourage families to remove the individual's access to firearms.
(2018)

Healthcare providers should emphasize or discuss the importance of care options or mechanisms for couples experiencing declining health or disabilities and work with their families to identify appropriate mechanisms when one partner is being treated for depression or other related mental health issues and, in particular, if there is evidence of depression, suicidal ideation, previous suicide attempts and access to firearms.
(2018)

It is recommended that family members, friends, and community professionals be educated to contact police immediately and report their concerns when they are aware of individuals who have potential access to firearms and who are in a relationship where domestic violence is suspected. This is particularly important when the couple is through a separation or the individual is showing signs of depression or suicidal or homicidal thoughts.
(2005)

It is recommended that every effort be made by family members, friends, and community professionals to have firearms removed from individuals who are going through a separation in their relationships and showing signs of depression or suicidal or homicidal ideation.
(2003)

All employers in Ontario should be required to develop policies on measures they can take in their workplace(s) to prevent and/or provide effective responses to workplace domestic violence. Employers should also be required to provide training to all employees on recognizing the warning signs of domestic violence, as well as initiating the appropriate responses when they do recognize warning signs or witness incidents. Managers and supervisors should receive additional training in providing appropriate assistance to victims or co-workers who report concerns.
(2010)

Review compliance in Ontario workplaces with the provisions in the Occupational Health & Safety Act that require employers to have a program for preventing and responding to domestic violence that could cause harm to an employee at work, and that require instruction on that program.
(2014)

It is recommended that all workplaces design and implement a policy to address domestic violence as it relates to the workplace.