

Recommendations from the Domestic Violence Death Review Committee

2014

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 five 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 first four cases reviewed are available on the Public Safety website (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.

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

Recommendations & Responses

1. The Minister of Public Safety, in collaboration with the New Brunswick Association of Chiefs of Police, complete the development and implementation of new policies and procedures and the update of existing policies to improve their response to domestic and intimate partner violence. These improvements to policies and procedures include but are not limited to:

- mandatory training on domestic and intimate partner violence, how to screen for domestic and intimate partner violence, assess risk for serious harm/injury and lethality, investigate and intervene effectively in domestic and intimate partner violence cases;*
- mandatory use of the domestic and intimate partner violence risk assessment tool ODARA, the tool endorsed by the NB Association of Chiefs of Police and the Province of New Brunswick;*
- intervention procedures for domestic and intimate partner violence cases that recognize and mitigate risk factors for lethality and further domestic violence, whether or not criminal charges are considered; and*
- intervention and prevention activities that are carried out in an integrated manner with other stakeholders, including information sharing with other agencies and service providers regardless of the jurisdiction where the domestic and intimate partner violence incident(s) have occurred, or the jurisdiction where the victim or suspect resides.*

PUBLIC SAFETY

As part of New Brunswick's Crime Prevention and Reduction Strategy (the Strategy), mandatory training on D/IPV and the ODARA tool began in June 2014 and is expected to continue until June 2015. To date, 705 of 1,146 police officers have been trained, some from every municipal/regional police force in New Brunswick (NB) and most RCMP jurisdictions. In addition, 67 other service providers and 32 Crown Prosecutors have received information on the risk assessment tool. The one (1)-day police user training sessions include information on the dynamics of D/IPV and the risk factors for re-assault and serious harm/lethality, and how to investigate and intervene effectively in D/IPV cases. Officers are also reminded during the training of the *Criminal Code* provisions that could be used in D/IPV cases, including their ability to lay charges for damage to marital property (s.430 mischief, s.434 arson – damage to property, s.434.1 arson – own property).

While the ODARA was originally designed to predict the likelihood of re-assault (and not to assess the risk of lethal violence), higher scores on the ODARA do indicate more severe future assaults. Further, police officers are trained to recognize the strongest known correlates of lethal D/IPV, such as the perpetrator's use of firearms, threats to kill, attempts to choke/strangle, forced sex, divorce or separation, the victim having a new male sexual partner, and the victim being of childbearing age or having a child from a sexual relationship other than with the perpetrator. Police are also trained to refer all D/IPV victims to DPS Victim Services for continuation of service provision, including the Danger Assessment (DA) (the top verified lethality assessment tool) and safety planning, regardless of the ODARA score, whether the ODARA was used, or whether criminal charges are considered.

The Department of Public Safety (DPS) and the Women's Equality Branch (WEB) invited Dr. Neil Websdale, Director of the Family Violence Institute at Northern Arizona University and the National Domestic Violence Fatality Review Initiative in the United States, to deliver a free ½ day workshop in October 2014 on the risk factors of serious intimate partner violence, injury and death, and the role community partners play in responding to D/IPV. This workshop was well-attended with 81 registrants from the policing community, government, non-profit organizations, and universities. The session received excellent reviews and equipped the ODARA trainers in attendance with an even greater understanding of lethality indicators that they could then include in their D/IPV and ODARA training with police.

The New Brunswick Policing Standards require all Police Forces in the Province to follow the Woman Victims of Abuse Protocols. These Protocols include the provincial definition of D/IPV and state that officers will complete a risk assessment using a validated tool in D/IPV cases. The NBACP Ad-Hoc Policy Committee approved the police-based risk assessment protocol for ODARA in April 2015. The ODARA Protocol aims to prevent further violence by providing a clear and consistent process for police to assess, communicate and manage risk in D/IPV incidents; improving the ability of police to identify and examine risk factors for assessing the risk of repeat victimization; and systematically informing the intervention procedures, including safety planning for the victim and children.

D/IPV is a risk activity of the Quality Assurance Review that staff from the Crime Prevention and Policing Standards Branch undertake of the Municipal/Regional Police Forces in the province. This review includes police forces' compliance with using ODARA, mandatory referral to Social Development under the *Family Services Act*, as well as

referral to DPS Victim Services.

Another activity of the Strategy is the development and implementation of a multi-agency approach to intervening with victims and offenders in medium to high risk D/IPV cases. This work builds on the province-wide training of all front-line police officers on D/IPV and ODARA; use of the Danger Assessment (DA) by DPS Victim Services and the domestic violence sector; the revised Woman Victims of Abuse Protocols; work of the NB Domestic Violence Death Review Committee (DVDRC); the Moncton Domestic Violence Court; and other D/IPV Strategy Activities. The scope, objectives, guiding principles and the overall approach of this collaborative, multi-agency approach are defined in the Project Charter for the Coordinated Community Response (CCR) model, which was approved by the Roundtable on Crime and Public Safety on March 31, 2015. Co-chaired by the WEB and DPS, the Task Group developing the CCR model is comprised of key partners, including John Howard Society, Domestic Violence Outreach, NB South Central Coalition of Transition Houses and Second Stage Facilities, the New Brunswick Multicultural Council, First Nations, NBACP, University of New Brunswick, and the Departments of Justice, Health, and Social Development. (The Office of the Attorney General and RCMP are subcommittee members.)

A required component of this activity is the development of an interagency information sharing protocol to respond to the 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. Pending the development of the CCR model, Police Forces are continuing to work with their local partners in promoting a more coordinated approach to D/IPV cases.

NB ASSOCIATION OF CHIEFS OF POLICE

Work is well underway with the Department of Public Safety to make sure new policies and procedures are being updated to reflect this recommendation.

The assessment tool "ODARA" endorsed by the NB Association of Chiefs of Police and the Province of New Brunswick and is being implemented across the Province.

The Association of Chiefs of Police is working closely with different stakeholders to assure that every files of domestic violence are dealt with accordingly.

2. The RCMP and all Municipal Police Forces provide input and feedback to the Department of Public Safety in the development or update of policies and procedures relating to domestic and intimate partner violence and implement policies and procedures among officers and dispatchers in their force, to improve their response to domestic and intimate partner violence.

PUBLIC SAFETY

The Crime Prevention and Policing Standards Branch works in close collaboration with NBACP in policy development. The Municipal/Regional Operational and Administrative Manuals must adhere to the *Police Act* and its regulations as well as the NB Policing Standards. When provincial policies and procedures are developed and/or updated, all Municipal/Regional Police Forces and RCMP J Division are consulted for input and feedback. Policies are then submitted to the NBACP Ad-Hoc Policy Committee for review and subsequent approval before dissemination to police officers in NB. Any Force specific policies and procedures will meet, or exceed the requirements of the NB Policing Standards.

As part of the D/IPV and ODARA training, officers are reminded of the Woman Victims of Abuse Protocols, the NB Policing Standards, and the related Operational Manual policy and the requirement to adhere to them.

With respect to dispatchers, the Woman Victims of Abuse Protocols include a checklist for receiving a complaint of abuse, whether the complaint is initially received by a dispatcher, or a police officer. Because preliminary information gathering is critical to further the investigation, this information is included in the D/IPV and ODARA training with police. On occasion, 911 dispatchers have participated in this training and it has been suggested during the Quality Assurance Reviews that ODARA trainers inform their dispatchers about the ODARA tool and the checklist.

NB ASSOCIATION OF CHIEFS OF POLICE

Work is well underway with the Department of Public Safety to make sure new policies and procedures are being updated to reflect this recommendation.

3. Police agencies, with support from the Minister of Public Safety, conduct annual internal reviews on compliance to policies and procedures and to respond to domestic and intimate partner violence incidents and conduct internal audits where there is a domestic homicide. Results of audits are to be forwarded to the Department of Public Safety.

PUBLIC SAFETY

As mentioned above, D/IPV is a risk activity that is examined by the Crime Prevention and Policing Standards Branch during the annual Quality Assurance Review of each Municipal/Regional Police Force. While the NB Policing Standards require Police Forces to have written policies for internal self-audits, there is currently no requirement, for police forces to conduct a self-audit should a domestic homicide occur. Provincial D/IPV policy is presently under review and internal audits of police responses to domestic homicide will be considered for inclusion.

NB ASSOCIATION OF CHIEFS OF POLICE

Work is well underway with the Department of Public Safety to make sure new policies and procedures are being updated to reflect this recommendation.

4 The Minister of Public Safety ensures the NB Policing Standards include training related to:

- **the legal status of jointly held property and marital property and how that affects the police's ability to lay charges relating to property damage.**
- **the right of ownership of real property located on First Nations by both First Nations persons and non-First Nations persons as well as how that affects the police's ability to lay charges relating to property damage.**

PUBLIC SAFETY

The overall objective of the NB Policing Standards is to ensure uniform, high quality and cost-effective policing throughout the Province. The Standards are the underlying foundation to effective and efficient professional policing service delivery. Whereas the Standards prescribe that each force has a training function and training coordinator, they do not set what police training will include. The Municipal/Regional Police Forces and the RCMP identify their own training needs.

Having said that, the D/IPV and ODARA training covers provisions of the *Criminal Code* of Canada that could be used in D/IPV cases, including officers' ability to lay charges for damage to marital property. Subsection 429(3)(a) reads:

- (3) Where it is an offence to destroy or to damage anything,
 - (a) the fact that a person has a partial interest in what is destroyed or damaged does not prevent him from being guilty of the offence if he caused the destruction or damage ...

The Woman Victims of Abuse Protocols also contain a list of D/IPV incidents that can result in a criminal charge when the offence is committed against an intimate (or former intimate) partner. These Protocols are discussed at the D/IPV and ODARA training and police officers are encouraged to attend the regional training sessions on the Woman Victims of Abuse Protocols delivered by WEB. There are many checks and balances involved in criminal investigations in New Brunswick, including the initial review by the investigating officer's supervisor, the Chief Reader, the Court Officer, and ultimately by the Crown Prosecutor during the pre-charge screening approval process.

All but one First Nations communities in New Brunswick are policed by the RCMP; St. Mary's First Nation is policed by the Fredericton Police Force. As each First Nations community is different in respect of their laws, it is incumbent on the respective police force to ensure that their members policing said community are familiar with Band Laws, provincial, and federal statutes. Further, each First Nations community has the ability to adopt the *Family Homes on Reserves and Matrimonial Interests or Rights Act* (FHoRMloRA) or develop their own legislation. In either case, police forces will need to identify the appropriate training required for their officers who police First Nations communities.

NB ASSOCIATION OF CHIEFS OF POLICE

Work is well underway with the Department of Public Safety to make sure new policies and procedures are being

updated to reflect this recommendation.

5. The Minister of Health and the Regional Health Authorities ensure that when an individual is in the care of a mental health agency, hospital, or health care provider for issues including depression, anxiety, and/or suicidal and homicidal ideation that the patient and/or intimate partner be screened for domestic and intimate partner violence. Additionally, the health care provider should:

- obtain information from family members, including intimate partner if applicable, current and if possible previous physicians on the history and current status of the individual to determine if domestic and intimate partner violence is suspected or a factor in the relationship;*
- administer a risk assessment, that being the Danger Assessment tool when working with the victim and the ODARA tool when working with the perpetrator, prior to discharge (two validated tools endorsed by the Province of New Brunswick) if there are threats of domestic violence or actual domestic violence is present; and*
- advise police upon discharge that the person is at risk of committing serious harm/injury or homicide; or the person is at risk of being a victim of serious harm/injury or homicide.*

HEALTH

The Healthy Families-Healthy Babies program uses the Antenatal Psychosocial Health Assessment (ALPHA) tool to assess antenatal psychosocial risk factors in pregnant women. Public Health nurses across the Province were trained in utilizing the tool in 2010. 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.

The ALPHA form groups 15 risk factors into 4 categories: family factors, maternal factors, substance use and family violence. Once a problem is identified, a plan should be developed with the individual to address her needs. It is important that the inquiry and interventions be woman-centred and sensitive to the family's needs. 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. However, it would be difficult for the other Addiction and Mental Health staff to use the ODARA because they do not have access to all the information needed to complete the tool (i.e. police records).

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 screening for domestic and intimate partner violence for all individuals who are in the care of a mental health agency, hospital, or health care provider for issues including depression, anxiety and/or suicidal and homicidal ideation. The option of adding questions pertaining to D/IPV to the electronic screening program will be explored. The use of other validated screening tools such as the Danger Assessment Tool or the Woman Abuse Screening Tool (WAST) and the possibility of its systematic use when there is indication that a woman may be experience D/IPV will also be explored.

Included in the *Action Plan for Mental Health in New Brunswick 2011-2018* is the action item: ***“Guidelines for access to community mental-health-centre service will be revisited to reflect the recovery model and include the role of families in treatment plans.”*** – A committee comprised of staff from the Regional Health Authorities and the Department of Health has been struck to determine and write operational guidelines reflecting the recovery model and including the role of families in intervention and treatment 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.

It is part of every health care professional's code of ethics to divulge pertinent confidential information to authorities when someone is at risk for themselves or for others. Staff receives yearly mandatory training on confidentiality including when it is appropriate to breach confidentiality.

Furthermore, Tele-Care 811 is a Province wide, free, bilingual service available 24 hours per day, 7 days per week. 811 provides health 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. 811 has a mental health policy that guides staff on how to handle a caller who is a threat to themselves or others. Triage guidelines include responding to homicidal threats and aggressive/destructive behavior.

On another note, Action item 1.1.5 of 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. Mobile Crisis staff will also offer education in regards to Addiction and Mental Health to community partners, including police services. This will hopefully help identify and provide services to individuals with addiction and mental health problems.

PUBLIC SAFETY

While Recommendation #5 is not directed to DPS for response, the Minister provided the following: The recommendation states in part:

The Minister of Health and the Regional Health Authorities ensure that when an individual is in the care of a mental health agency, hospital, or health care provider for issues including depression, anxiety, and/or suicidal and homicidal ideation that the patient and/or intimate partner be screened for domestic and intimate partner violence. **Additionally, the health care provider should... administer a risk assessment**, that being the DA tool when working with the victim and **the ODARA tool when working with the perpetrator**, prior to discharge... if there are threats of domestic violence or actual domestic violence present...

The ODARA was developed by researchers at the Waypoint Centre for Mental Health Care based in Penetanguishene, Ontario in collaboration with the Ontario Provincial Police. It was originally designed to be used by police to assess a perpetrator’s risk of re-assault, as well as the frequency and severity of future assaults. To score the ODARA, the partners must be (or have been) married, common-law, or dating partners who are, or who were in an intimate personal relationship, regardless of their sexual orientation and whether or not they cohabitated; and the index assault (or the incident currently under police investigation) must have been any act of violence that involved physical contact with the victim, including unwanted sexual contact, or a credible threat of death made with a weapon in hand in the presence of the victim. A police record check is strongly advised for five items on the ODARA to score it properly. If there is no information about the perpetrator’s prior police record or criminal history, no details of the index incident, or no information about children, the ODARA cannot be scored. DPS certainly recognizes the importance of D/IPV risk assessment within the health sector; however, since health care providers do not have ready access to police records, the ODARA tool is not an appropriate risk assessment for their use.

6. The Ministers responsible for Women’s Equality, Public Safety, Justice, Attorney General, Health and Social Development develop and implement an interagency information sharing protocol to respond to the risk for serious harm/injury and lethality in situations of domestic and intimate partner violence while ensuring confidentiality and complying with applicable legislation.

PUBLIC SAFETY

Supporting victims of violence and their families is complex and requires collaboration and information sharing across sectors. Multi-sectoral approaches that engage organizations from various segments of society (e.g., non-profit, governmental, for-profit, academia) with complementary sets of expertise (e.g., violence against women, health, justice, adult and child protection, policing) are needed to address complex social issues like D/IPV. Thus action to develop a coordinated response to moderate- and high-risk D/IPV cases, and cases that suggest a potential for lethal outcome, is an important activity of the Strategy. The goals of the CCR model are to increase the safety of victims and children; reduce the abuser’s risk to re-victimize; and make the best use of available resources by building new and strengthening existing relationships based upon trust; improving information sharing; and collaborating on victim safety planning and risk mitigation strategies.

In order to function, the CCR model will require an interagency information sharing protocol, including provisions to ensure protection of information that could increase child or victim risk and clarity on issues associated with victim consent. To date, the CCR Task Group has completed a jurisdictional scan of models and protocols throughout Canada, as well as England and Wales, New Zealand and Australia. Together with their partners, DPS and WEB will:

- Define low, moderate and high risk. (CCR development will focus first on high risk cases. Identification of high risk cases will be based, in the first instance, on risk and danger assessment tools in use in New Brunswick that have been validated by dependable research. In recognition of the fact that all assessment tools have limitations, and that special social and cultural circumstances can affect level of risk, professional judgment may also be used to assess whether the case should be designated high risk.)
- Review existing NB programs (victim- and offender-based).
- Determine CCR structure and components:
 - Referral process
 - Assessment for case planning
 - Risk Management and Intervention Protocols
 - Discharge
 - Terms of Reference for case coordination teams
 - Roles and responsibilities of team members
- Identify applicable legislation and seek input from the Privacy Commissioner
- Develop information sharing protocols
- Develop Complaints procedure
- Ensure First Nations and multicultural lens on model
- Engage community, seek community input, and focus group draft model
- Formalize a Protocol through a “Memorandum of Understanding”, or other appropriate agreement that ensures commitment to the Protocol and the process of information sharing.

SOCIAL DEVELOPMENT

Social Development will partner with the Coordinated Community Response Model (CCR) initiative leads, the Women’s Equality Branch and the Department of Public Safety as well as other Departments/Agencies in the development of a model to improve information sharing and collaboration on victim safety planning and risk mitigation strategies.

The development and implementation of a Coordinated Community Response (CCR) to medium and high risk domestic/intimate partner violence cases is a priority of the New Brunswick Crime Prevention and Reduction Strategy and will include a component on information sharing.

JUSTICE

The Roundtable on Crime Prevention has identified intimate partner abuse as one of its three priorities. Each priority is supposed to consider approaches specific to First Nations populations in the Province. The Department of Justice sits on the Roundtable and officials participate in a number of working groups, including the group that will develop a coordinated community response to domestic/intimate partner violence cases in New Brunswick. The Coordinated Community Response working group has as one of its objectives to develop information sharing protocols for domestic and intimate partner violence cases. The group is still in its infancy and its charter was only approved by the Roundtable in March. However, the plan is to have a pilot project in place by January 2016.

ATTORNEY GENERAL

The Roundtable on Crime Prevention has been exploring ways to better identify and track domestic and intimate partner violence files in the justice system. Codes have been created for all police records management systems in the Province. These codes are included on an updated Prosecutor Information Sheet which allows for police to identify charges related to domestic/intimate partner violence in the Justice Information System (JISNB).

Domestic/Intimate Partner Abuse charge identification will assist in better tracking of domestic and intimate partner violence charges and can assist in developing enhanced risk management processes. This working group, which has completed its task, will feed into the work of the Coordinated Community Response working group by providing better data collection on which to base its work.

HEALTH

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.

- Commitment 1.1 states: “Government will better align and integrate its efforts to provide seamless service by placing the person living with mental illness at the center of treatment and care”.
- Action item 1.1.2 states: “Implement a common consent form for disclosure of personal information of those living with mental illness for the purpose of interdepartmental case management.”
- Action item 1.1.3 states: “Create an interdepartmental case management process to ensure continuity of service to all persons living with mental illness.”

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.

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 can be crucial 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. Consideration must be given to provisions that ensure the protection of information that could increase victim and child risk of violence and clarify issues associated with victim consent to share information.

Information-sharing processes are a key component of a co-ordinated community response to domestic and intimate partner violence. Currently, a Co-ordinated Community Response model for domestic and intimate partner violence for New Brunswick is being developed as part of the New Brunswick Crime Prevention and Reduction Strategy. The Women’s Equality Branch and the Department of Public Safety are co-leading and collaborating on the development of a model with a working group consisting of representatives of government departments, community agencies, a First Nations community and academics.

The development of the Co-ordinated Community Response model for domestic and intimate partner violence will focus first on a response to cases which may be at high risk of serious harm or homicide. High risk cases will be identified, in the first instance, using risk assessment tools i.e. Danger Assessment Tool which is used in New Brunswick and validated by dependable research. In recognition of the fact that all assessment tools have strengths and limitations, and that special social and cultural circumstances can affect level of risk, professional judgment will also be used to assess whether the case should be designated high risk.

In the development of the Co-ordinated Community Response model, with respect to an interagency information sharing protocol in particular, the Women’s Equality Branch and the Department of Public Safety will:

- explore various models of information-sharing protocols and initiate the development of an information-sharing protocol for high risk domestic and intimate partner violence cases;
- engage key government departments and agencies that are involved with victims and perpetrators in the development of a protocol, specifically, Justice, Office of the Attorney General, Social Development, Health, Education and Early Childhood Development, 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;
- formalize a Protocol through a “Memorandum of Understanding” or other appropriate agreement that ensures commitment to the Protocol and the process of information-sharing.

7. The Minister of Social Development provide enhanced training and awareness specific to child protection procedures related to domestic and intimate partner violence, which would include:

- *awareness and education on the indicators of domestic and intimate partner violence and risk factors for serious assault or homicide;*
- *awareness specific to the risk of lethal violence to children and to their parents during separation;*
- *completion of full assessments to obtain a detailed social history of victims and perpetrators; and*

- *intervention practices that promote the safety of victims and their children, and risk management strategies for working with perpetrators.*

SOCIAL DEVELOPMENT

Child Protection and Family Enhancement social workers are actively participating in information sessions offered through the Women's Equality Branch on the Women Abuse Protocols (2014) and the Danger Assessment Instrument.

A specialized training module on domestic violence is being developed by Social Developments Child Welfare Training Team for Child Protection and Family Enhancement social workers and supervisors. The objectives of the module will be to strengthen skills and develop a deeper awareness of domestic violence practice in child welfare as well as to decrease the danger to women and children. Awareness and skill competencies outlined in Recommendation 6 will be incorporated into the new curriculum. The target date for launch of the module is May 2016.

8. The Minister of Social Development provide training to employees on the Danger Assessment instrument, a standardized risk/danger assessment tool specific to domestic violence to determine the risk of lethality. This is the same tool used by other professionals like Victim Services Coordinators and domestic violence front-line workers that has been endorsed by the Province of New Brunswick. It is further recommended that this tool be implemented for all cases where domestic violence and harassment are present and used to monitor the changing level of risk, and that:

- *appropriate safety planning is completed with regard to the children and their mother when risk of lethality has been identified; and*
- *contact is made with the perpetrator for further risk assessment and risk management planning to ensure the perpetrator is both supported and held accountable to for actions.*

SOCIAL DEVELOPMENT

The Department of Social Development is currently reviewing the Danger Assessment instrument and its possible application. Consideration for administration of the Danger Assessment instrument, which was designed to assist battered women in assessing their danger of being murdered (or seriously injured) by their intimate partner or ex-intimate partner will involve a thorough analysis by Social Development of:

- confidentiality - procedures for communication of results to / from service providers and expectations around sharing of results amongst professionals
- training for assessors on the use of the Danger Assessment
- refreshers and follow up requirements
- the probability of multiple administrations of the tool with the same client victim
- identification of assessors

Currently, Child Protection and Family Enhancement social workers throughout the province are participating in information sessions on the Danger Assessment instrument to gain an understanding of this clinical and research instrument.

Social Development also provides training on domestic violence issues within the Adult Protection Program.

9. Ministers of Public Safety, Social Development, Justice and Health ensure that all cases are screened for domestic violence, and that it is recognized that there is an increased need for the awareness and identification of high-risk cases, that would ensure that:

- *professionals participate in coordinated response efforts to address the safety and risk management needs of victims, children, and perpetrators; and*
- *there is a designation of domestic violence workers or teams within the above mentioned Departments.*

PUBLIC SAFETY

Upon receipt of new client files, Victim Services Coordinators and Probation Officers review the circumstances of the case and determine at that point if the case is in fact D/IPV. Once identified as D/IPV and as part of the case management process, Probation Officers will complete the ODARA risk assessment for adult male offenders while Victim Services Coordinators administer, with the woman's permission, the DA and the Aid to Safety Assessment and Planning (ASAP) tools. For all cases identified as D/IPV, where an intimate partner used any act of violence, or

made a credible threat of death with a weapon in hand in the presence of the victim, police officers will complete the ODARA tool. Upon admission of an offender to a New Brunswick correctional facility, the institutional programmer will determine where possible, if the nature of the offence involves D/IPV from the Warrant of Committal, Remand Order and any other collateral information. In cases where D/IPV has been confirmed, the institutional programmer will advise the Shift Supervisor who will ensure that case planning activities and appropriate communication guidelines are in place to protect the victim.

As part of the Strategy, special study codes for D/IPV were implemented in all Police Records Management Systems in New Brunswick. The Prosecutors Information Sheet was subsequently revised to include the same five D/IPV codes. Flagging D/IPV files makes it clear to police and Crown that the file is a D/IPV case requiring special attention, and provides reliable data that can be used to better understand the magnitude of D/IPV, the proportion for whom ODARA scores are produced, and the number of ODARA scores falling in the low, moderate, and high ranges. Flagging D/IPV files also allows for quality assurance (consistency in response and effectiveness of policy in reducing subsequent D/IPV) and the potential to inform the allocation of resources.

The CCR model described above will be a team approach to risk assessment, risk communication, and risk management. Through improved information sharing and case conferencing when appropriate, professionals participating in the coordinated response efforts will be better able to address the safety and risk management needs of victims, children and perpetrators. A provincial oversight body as well as local/regional teams will be established to take coordinated steps to reduce danger.

The oversight body (D/IPV Provincial Steering Committee for Case Coordination) will be responsible for making collective decisions regarding the design and protocols of the CCR model. Linked to Roundtable on Crime and Public Safety, the Steering Committee will meet as needed to support decision making regarding model development and implementation. They are the 'go to' when a policy or procedural concern arises. Further, 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 Steering Committee will be comprised of senior decision-makers from the following departments/sectors, and will be asked to provide written commitment of involvement in the CCR model:

1. Justice
2. Office of Attorney General
3. Public Safety
4. New Brunswick Association of Chiefs of Police
5. RCMP 'J' Division
6. Women's Equality Branch
7. Social Development
8. Health
9. Education and Early Childhood Development
10. Domestic Violence Sector representative
11. First Nation front-line representative
12. Multicultural Council representative
13. Perpetrator or Offender Program representative
14. Academia

The local/regional teams will be made up of designated and specialized front-line service providers from the multiple departments/agencies listed above, including, but not limited to Victim Services, Probation Services, police, mental health and addictions, adult and child protection. These professionals will work together to provide a coordinated and collaborative case management response that includes monitoring of the abuser and comprehensive safety planning for the victim and others as appropriate.

The CCR model is expected to be drafted by summer 2015 and piloted in January 2016. In the interim, all Municipal/Regional Police Forces have an identified D/IPV coordinator. When a police officer completes an ODARA and the result is 7+ (high-risk), the file is reviewed by the D/IPV coordinator and referrals are made to DPS Victim Services. Similarly, the ODARA trainers within the RCMP are the force's D/IPV subject matter experts.

SOCIAL DEVELOPMENT

Social Development will be actively involved in the implementation of this recommendation as part of Coordinated Community Response Model development initiative under the 2014-2016 NB Crime Prevention and Reduction Strategy Action Plan.

The Coordinated Community Response Model will build on a jurisdictional scan of similar models and best practice research and will target moderate and high risk cases.

JUSTICE

Department officials also participated in the Roundtable working group on the identification and tracking of domestic and intimate partner files in the justice system. Codes have been created for all police records management systems in the Province. These codes are included on an updated Prosecutor Information Sheet which allows for police to identify charges related to domestic/intimate partner violence in the Justice Information System (JISNB). Domestic/Intimate Partner Abuse charge identification will assist in better tracking of domestic and intimate partner violence charges and can assist in developing enhanced risk management processes. This working group, which has completed its task, will feed into the work of the Coordinated Community Response working group by providing better data collection on which to base its work.

HEALTH

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 screening for domestic and intimate partner violence for all individuals who receive care from a health professional. The idea of having an identified domestic violence worker for each region will also be explored with the RHAs.

The Department of Health has representation on the *Roundtable on Crime and Public Safety*, the committee charged with ensuring coordination and oversight of *New Brunswick's Crime Prevention and Reduction Strategy: Moving from Theory to Outcomes*. The mission of the Roundtable is to facilitate greater engagement among key crime prevention stakeholders to support New Brunswick's approach to preventing and reducing crime and victimization, including D/IPV. The Department also has representation on the D/IPV working group and 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 (Addiction and Mental Health Services) 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. Addiction and Mental Health Services within the Saint John region of the 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 domestic and Intimate Partner Violence through presentations to community groups, schools, Horizon Health staff and partnered departments/agencies. The outreach clinician works closely with the Sexual Assault Nurse Examiner program at the Regional hospital, the Sexual Assault Response Team (SART) and Victim Services.

The Healthy Families- Healthy Babies (HFHB) program offered through Public Health services 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 (described in detail above).

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.

The Horizon Health Network policy "Assessment and Treatment of Patients Presenting with Complaint of Domestic Violence" established the following practices:

- There will be only one chart generated. The SANE (Sexual Assault Nurse Examiner) will document the medical history on the ER 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 used for the sexual assault patient can be used if necessary.

- The guidelines for when to consult with the ER doctor for a sexual assault patient 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.

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.

Sexual Assault Nurse Examiners (SANE) play an important role in providing services to victims of sexual assault. Note that 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 to establish this role in the four zones of Vitalité Health Network: Moncton (DGLDUCH), Edmundston, Bathurst and Campbellton. This enhancement also includes the addition of a provincial SANE coordinator to be located in Vitalité Health Network. This position has recently been filled.

10. The Minister of Public Safety, in collaboration with the appropriate stakeholders, continue to develop a comprehensive public education and awareness program on domestic and intimate partner violence as part of the Provincial Crime Prevention Strategy that includes:

- *recognition of domestic and intimate partner violence risk factors;*
- *domestic and intimate partner violence reporting techniques and strategies for families, friends, neighbours and workplaces.*

PUBLIC SAFETY

An advisory group comprised of experts from the D/IPV field has drafted a three (3)-year D/IPV social marketing campaign for implementation by the Roundtable on Crime and Public Safety. The social marketing campaign is designed to change how New Brunswickers and the media think and act towards D/IPV and reduce society's tolerance for violence. It uses a layered, integrated approach that builds on on-going initiatives of partner organizations (government, non-government and private sector). The campaign will spark conversations about relationships and D/IPV and direct victims of intimate partner violence to supports in the community through Facebook, Twitter, Youtube, a speakers' bureau, champions, media awareness training for both journalists and spokespeople, and special events.

Over the past few months, an "umbrella" campaign identity, messaging and creative concepts have been developed. A website was designed and text content written, which includes NB information on D/IPV, tools and resources, as well as an updated Provincial Directory of Services for Victims of Abuse. The website (www.gnb.ca/violence) will be launched publicly in the coming months. In addition, infographics, speech templates, and other materials were produced to be used as part of the social media campaign as a way to inform victims about D/IPV, its impacts, and help available. All of the materials direct people to the website for more information. The campaign will communicate the risk factors for D/IPV (both re-assault and lethality); describe reporting techniques and strategies for families, friends and neighbours of persons affected by D/IPV; and provide information on low-risk intervention techniques.

11. All Government departments and agencies with staff who deliver front-line services to victims and or perpetrators of abuse provide their staff orientation and annual training to enhance their ability to respond to domestic violence.

PUBLIC SAFETY

All Victim Services Coordinators receive five days of orientation training, which includes an overview of the program and services, as well as how to administer the ASAP tool. The Coordinators are trained and certified to use the DA tool through an e-learning certificate program offered by the John Hopkins University School of Nursing. As a

refresher, Coordinators are encouraged to attend the DA training provided by WEB throughout the province, in addition to the regional training sessions on the Woman Victims of Abuse Protocols.

All Probation Officers receive orientation training on D/IPV and ODARA. Much like their Victim Services counterparts, Probation Officers have been attending the regional training sessions delivered by WEB. Some Probation Officers have also participated in the D/IPV and ODARA training sessions for police as a refresher.

Currently, Correctional Officers in NB are provided orientation training and annual training around mental health and addictions. Training in these areas supports the prevention of domestic violence recidivism. Adjustments will be made to the orientation training for Correctional Officers so that it speaks specifically to domestic violence, which will enhance the awareness of front-line workers in corrections.

The Crime Prevention and Policing Standards Branch will continue to coordinate training opportunities for Police Forces on D/IPV and encourage them to maintain a heightened awareness of this serious societal issue. The Branch will assist the Atlantic Police Academy (APA) in exploring opportunities to include the ODARA in police cadet training since 82% (five (5) year average) of new police hires in New Brunswick graduate from the APA. (The APA also supplies police graduates to Nova Scotia, where the ODARA is used by all police agencies.)

SOCIAL DEVELOPMENT

The Department of Social Development provides ongoing training on how to respond to situations involving domestic violence. Child Protection and Family Enhancement social workers are provided with competencies (knowledge, skills and values / attitudes) to work effectively with families where domestic violence or Intimate Partner Violence is confirmed or suspected.

In-service training begins during orientation to the child protection and family enhancement programs and continues during the Core (foundational) training module series on Child Welfare Practice of practice.

Child Protection and Family Enhancement social workers are actively participating in information sessions offered through the Women's Equality Branch on the Women Abuse Protocols (2014) and the Danger Assessment Instrument. They are also participating in Child Welfare League of Canada information sessions as well as community led training initiatives.

JUSTICE

The Department of Justice has offered information sessions on the 2014 update of the Woman Victim of Abuse Protocols. When the protocols were released, copies of the document were provided to each Regional Director (Court Services) for their own staff and to share with each of the judges in their Judicial District. A memo was also sent to the Chief Judge of the Provincial Court, the Chief Justice of the Court of Queen's Bench and the Chief Justice of New Brunswick, advising them of the revised protocols, including the electronic link and requesting that they inform the judges of their respective courts. Court staff was also sent a link to the online version of the protocols. Regional Directors also received a presentation on the procedures set out in the protocols.

ABORIGINAL AFFAIRS SECRETARIAT

This work will be undertaken as part of annual Strategic Planning Sessions with all AAS staff and whenever possible in cooperation with any other government department or agency.

ATTORNEY GENERAL

The Office of the Attorney General provides information and training on domestic and intimate partner violence issues with its staff, specifically staff of the Public Prosecution Services. All Crown Prosecutors (Crown) in the Province are currently being informed of the police use of the ODARA (Ontario Domestic Assault Risk Assessment) risk assessment tool. Crown have been advised that the completed tool will form part of all investigation files relating to domestic violence and they are expected to consider it in their decision-making process. This process began in 2014 and will be completed this year.

The revised Public Prosecution Services Operational Manual, due to be released in 2015, specifically requires that Crown take note of any risk assessment forms in the file. The manual also specifically references the need for Crown to be aware of and to review the Woman Victims of Abuse Protocols.

Crown Prosecutors have also been advised of the Danger Assessment risk tool used to assess lethality for victims

of domestic violence. While the tool is being used by Family Violence Outreach Workers, some Crown have attended the Outreach Worker training sessions in 2014 and 2015 in order to have additional background information on the risk for lethality in domestic violence cases. Their participation is for information purposes only, since Crown will have no direct involvement with the tool.

The Crown Prosecutors' Annual Meeting 2015 will include a presentation updating all Crown on the workings of the Moncton Domestic Violence Court. New Crown Prosecutors undertake an Orientation Session to alert them to the existence of the Public Prosecution Services Operational Manual, the Woman Victims of Abuse Protocols, and the use of the ODARA tool in particular. A limited number of Crown are also extended the opportunity to attend at the Ontario Crown School week long course on domestic and sexual violence.

Finally, Public Prosecution Services is committed to assisting and training police agencies in their understanding of the applicability of the criminal law in relation to aboriginal reserve land and property. It is imperative that the police fully understand the law in this regard and their authority and power to arrest and to lay appropriate charges in domestic situations whenever they occur on reserve land or in relation to property situated on reserve land.

HEALTH

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 this promotion and circulation among relevant service providers and community stakeholders.

Adding domestic violence training to the Annual Addiction and Mental Health Conference will be explored.

WOMEN'S EQUALITY BRANCH

Annually the Women's Equality 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 response to women and their families who have experienced domestic violence.

Since 2009 the Branch has invited representatives of the New Brunswick Advisory Committee on Violence against Aboriginal women who work in front line positions within their organizations or communities to attend Provincial Partnerships in Action Forums. Gignoo Transition House, the only Aboriginal transition house in New Brunswick, has also been invited to participate in Provincial Partnerships in Action forums. Invitations will continue to be extended to the NB Advisory Committee on Violence against Aboriginal Women, First Nations Child and Family Services social workers and Gignoo Transition House to attend the Provincial Partnerships in Action Forums as well as other training events that are offered in conjunction with the Women's Equality Branch.

The Women's Equality Branch is also providing orientation and training on the Woman Victims of Abuse Protocols, released in May 2014, and on the Danger Assessment Tool, implemented in 2013. The use of a lethality assessment tool such as the Danger Assessment helps improve a woman's safety by making both the victim and the service providers aware of the level of risk she has of being killed by her intimate partners. As risk/lethality assessments raise a woman's awareness of the risks she may face, they help her engage in safety planning. Risk/lethality assessment tools provide a shared language about 'risk' for service providers who may come from a range of different agencies and perspectives. The use of standardized risk/lethality assessment tools will support a consistent response to victims of Domestic and Intimate Partner Violence. Both trainings are open to staff from government departments and both include a session on *What is Domestic and Intimate Partner Violence*. This helps to ensure a better understanding of the issue, the impacts, and the challenges and barriers faced by victims of domestic and intimate partner violence.

EDUCATION & EARLY CHILDHOOD DEVELOPMENT

"Making a Difference – A Resource for Educators when dealing with children where family violence and relationship abuse is a factor" is a guide that was developed in 2014 based on the Woman's Abuse Protocols. It is available both in French and in English. Promotion of this resource is pending. Also, the abuse prevention kit *"Be Safe!"* was developed by the Canadian Red Cross and is being used by teachers to achieve educational outcomes outlined in the Kindergarten to Grade 2 *You and Your World* curriculum.

In early childhood, a training protocol will be added to the Family and Early Childhood Agencies' standards for the next contract (2016-2019). These agencies provide early intervention for children with risk of developmental delays.

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

PUBLIC SAFETY

The Child Victims of Abuse and Neglect Protocols include exposure to domestic violence in its definition of Child Abuse. Exposure to domestic violence refers to when a child is living in a situation where there is domestic violence. It includes children seeing, hearing or being aware of violence perpetrated by one parent figure against another parent figure. The same Protocols require police to report suspected cases of child abuse to Social Development. Similarly, the Woman Victims of Abuse Protocols describe the police officer's obligation to notify Social Development if children are present. In the D/IPV and ODARA sessions, officers are trained to report all D/IPV incidents where a child resides with the accused, or the victim, to Social Development for follow-up care, regardless of whether the child was present at the time of the incident or witnessed the violence.

In D/IPV cases, Victim Services Coordinators will determine, in consultation with the Crown Prosecutor, if the woman and her children who have witnessed the violence should participate in the Moving Forward program. Trauma counselling is also available for any children who have witnessed the abuse and are required to testify in Court.

ABORIGINAL AFFAIRS SECRETARIAT

This work will be undertaken as part of annual Strategic Planning Sessions with all AAS staff and whenever possible in cooperation with any other government department or agency.

ATTORNEY GENERAL

The Office of the Attorney General does not have a mandate to provide services to children who witness domestic violence or domestic homicide. In the case of criminal proceedings involving child victims and witnesses, Crown Prosecutors follow the procedures set out in the Child Victims of Abuse and Neglect protocols and the Protocols for Vulnerable Witnesses.

HEALTH

As previously stated, the RHAs have the responsibility for providing direct service to this vulnerable population. With this in mind, the Department of Health remains committed to working with our health partners including both RHAs in order to continue to address all relevant recommendations stemming from the two most recent Domestic Violence Death Reviews submitted to the Department of Health.

Addiction and Mental Health Services are developing new operational guidelines. Part of this work includes quicker access to services for all New Brunswickers.

The initiative 3.2.1 in the Mental Health Action Plan indicates that the Department of Education, Health, Social Development and Public Safety are developing an integrated service delivery model that will address five core service delivery needs in children and youth: educational; physical and emotional; behavioral; addiction and mental health and familial. This will create another tier of service to provide more timely response to children's mental-health-care needs.

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*. The *Moving Forward* program is a community-based group program (12 weekly sessions) 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 help create safe and secure environments for the children and their mothers to share thoughts, feelings and experiences. Group sessions explore topics that promote healing for children from their exposure to woman abuse, and the children and their mothers learn skills that help them heal from the violence in their lives. It is offered in English and French.

Children and their mothers are taught how to formulate safety plans and make the necessary social connections to remain safe. 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.

EDUCATION & EARLY CHILDHOOD DEVELOPMENT

The document *“Making a Difference”* cited above provides guidance to teachers, administrators and Education Support Services Team members (including social workers and psychologists) to ensure that children who witness domestic violence can access the therapeutic support needed. These professionals work in collaboration with other departments and agencies to ensure appropriate services are provided to students.

Within the current Family and Early Childhood Agencies’ standards, there is a clause on referring to other services, in instances of domestic violence. These agencies would connect with appropriate services.

13. Recognizing the Office of the Chief Coroner and the Domestic Violence Death Review Committee’s jurisdiction does not extend to making recommendations to the Federal government, it is strongly suggested the Minister responsible for Aboriginal Affairs in New Brunswick with support from the Women’s Equality Branch meet with officials of Aboriginal Affairs and Northern Development Canada to discuss the Government of Canada’s fiduciary responsibility to First Nations communities in the prevention of and response to domestic violence and domestic homicide in First Nations communities.

ABORIGINAL AFFAIRS SECRETARIAT

This recommendation will be met by first setting a meeting with Aboriginal Affairs and Northern Development Canada and the appropriate provincial departments in a joint manner to articulate the situation in New Brunswick. The initial stage of this action has already been undertaken by AAS and WEB in raising this issue for a more in-depth discussion with federal officials representing various departments, including Senior Regional Officials with Aboriginal Affairs and Northern Development Canada (April 15, 2015). A request for the necessary support and cooperation to address prevention and response to domestic and domestic intimate partner violence from AANDC will be brought forth at the meeting once set. It should be noted that there is a level of cooperation that is stemming from the Family Homes on Reserves and Matrimonial Interests or Rights Act. This federal law deals with the division of real property on reserves upon the breakdown of a relationship or death of a spouse. It also provides for emergency protection orders in situations where family violence exists on reserves.

WOMEN’S EQUALITY BRANCH

The Women’s Equality Branch will work with and support the Minister responsible for Aboriginal Affairs to facilitate a meeting with officials of the Department of Aboriginal Affairs and Northern Development Canada regional office. The meeting will be scheduled as soon as possible to discuss the issue of violence against Aboriginal women and girls, the needs of the First Nations communities to prevent and respond to this issue, supports and services currently being offered by that department and how the Government of Canada can be involved in the prevention of and response to domestic violence and domestic homicide in First Nations communities.

14. The Departments of Social Development, Public Safety, Justice, Attorney General, Aboriginal Affairs Secretariat, Education and Early Childhood Development, Health and the Women’s Equality Branch, in collaboration with First Nations leaders and the Government of Canada, develop and implement a collective and coordinated response to address domestic and domestic and intimate partner violence in First Nations communities in New Brunswick.

PUBLIC SAFETY

DPS will follow the lead of the WEB and the Aboriginal Affairs Secretariat in working with other provincial departments, federal government, First Nations leaders and First Nation community service providers, in applying a First Nations lens on the CCR model, in accordance with the First Nations lens of the Strategy. This will help to ensure that the model is reflective of the First Nations communities’ current realities and needs.

SOCIAL DEVELOPMENT

Social Development supports collaborative work efforts to address domestic violence and intimate partner violence with respect to First Nations people living in their communities as well as those living outside their communities.

Social Development will work with the Departments mentioned and will participate with meetings being established by the Aboriginal Affairs Secretariat with Aboriginal Affairs and Northern Development Canada and the other appropriate provincial departments in a joint manner to articulate the situation in New Brunswick.

ABORIGINAL AFFAIRS SECRETARIAT

This recommendation will be met by first setting a meeting with Aboriginal Affairs and Northern Development Canada and the appropriate provincial departments in a joint manner to articulate the situation in New Brunswick. The initial stage of this action has already been undertaken by AAS and WEB in raising this issue for a more in-depth discussion with federal officials representing various departments, including Senior Regional Officials with Aboriginal Affairs and Northern Development Canada (April 15, 2015). A request for the necessary support and cooperation to address prevention and response to domestic and domestic intimate partner violence from AANDC will be brought forth at the meeting once set. It should be noted that there is a level of cooperation that is stemming from the Family Homes on Reserves and Matrimonial Interests or Rights Act. This federal law deals with the division of real property on reserves upon the breakdown of a relationship or death of a spouse. It also provides for emergency protection orders in situations where family violence exists on reserves.

ATTORNEY GENERAL

In response to various provincial and Federal-Provincial-Territorial initiatives, the Government of New Brunswick has established the Interdepartmental Working Team on Violence against Aboriginal Women and Girls. The Office of the Attorney General is represented at the table. The working Team was established to:

- Coordinate, review and analyze the work by provincial departments to address violence against Aboriginal women and girls;
- Consult with Aboriginal women and Aboriginal leadership to identify goals and priorities most meaningful and applicable to Aboriginal women in New Brunswick; and,
- Develop a New Brunswick plan to prevent and respond to violence against Aboriginal women and girls.

Work continues on the development of a concrete plan but it is anticipated that the plan will be presented to Government for consideration in the coming months. While the plan is not specific to domestic and intimate partner violence, it does address the broader issue of violence against women and girls and will put forward proposals for combatting some of the root causes of that violence.

HEALTH

A representative from the Department of Health has been participating on the Intergovernmental Working Team on Violence Against Aboriginal Women and Girls (under the joint leadership of the Women's Equality Branch and the Aboriginal Affairs Secretariat).

The Interdepartmental Working Team continues to:

- Coordinate, review and analyze the work by provincial departments to address violence against Aboriginal women and girls;
- Consult with Aboriginal women and Aboriginal leadership to identify goals and priorities most meaningful and applicable to Aboriginal women in New Brunswick;
- Develop a New Brunswick plan to prevent and respond to violence against Aboriginal women and girls;
- Inform the work being done in the Federal/Provincial/Territorial and Provincial/Territorial committees, and the National Aboriginal Organizations, including the February 27th National Roundtable, dealing with issues of violence against Aboriginal women and girls.

WOMEN'S EQUALITY BRANCH

In 2011, the New Brunswick Roundtable on Crime and Public Safety was established and led by the Department of Public Safety. It is a multi-stakeholder forum that brings together over 40 decision makers to collaborate on the planning and implementation of improvements to New Brunswick crime prevention policy and practice through the NB Crime Prevention and Reduction Strategy. The Women's Equality Branch is a necessary partner on five (5) listed actions under the Domestic and Intimate Partner Violence section of the strategy and participants on the Roundtable Working Group on Domestic/Intimate Partner Violence and several Subcommittees under the Domestic and Intimate Partner Violence Working Group.

One of the subcommittees under the Domestic and Intimate Partner Violence is developing and implementing a multi-agency approach to intervening with victims and offenders in medium to high risk cases of domestic and intimate partner violence which leads to improved information sharing, collaborative safety planning and risk mitigation strategies, this could include a high risk case coordination model.

The Women's Equality Branch is co-chairing, with Public Safety, a subcommittee on the development of the Co-ordinated Community Response model for high-risk cases for serious harm or homicide. As part of the

subcommittee, the Women's Equality Branch will be closely involved in creating the information-sharing protocol within the Co-ordinated Community Response model.

The Women's Equality Branch will work in partnership with First Nations leaders and First Nation community service providers, provincial departments and the federal government, in developing a Co-ordinated Community Response model for domestic and intimate partner violence specifically in First Nations communities in New Brunswick. The process and model will be parallel to the New Brunswick Public Safety's Crime Prevention and Reduction Strategy Action Plan on developing and implementing a Co-ordinated Community Response model for the Province. The development and implementation of a Co-ordinated Community Response Model to domestic and intimate partner violence and interagency information-sharing protocol must reflect both the needs and realities within First Nations communities, First Nations agencies and the provincial government services that are involved in the response.

Under the leadership of the Aboriginal Affairs Secretariat, the Women's Equality Branch and the Secretariat will engage officials of the Department of Aboriginal Affairs and Northern Development Canada to discuss the issue of violence against Aboriginal women and girls, the needs of the First Nations communities to prevent and respond to this issue, the supports and services currently being offered by that department and how the Government of Canada can be involved in the development of co-ordinated Community Response model for domestic and intimate partner violence specifically in First Nations communities in New Brunswick.

EDUCATION & EARLY CHILDHOOD DEVELOPMENT

Education and Early Childhood Development is refreshing and piloting *Personal and Career Development, grades 3-5 and 10* with an increased emphasis on the development of healthy relationships.

Education and Early Childhood Development will work in partnership with other Departments in the development and implementation of an approach to address domestic violence and domestic homicide.

15. The Minister of Social Development and Child and Family Service agencies within First Nations communities conduct an internal review whenever a domestic violence death occurs in a family that received services by the Department and/or Child and Family Services within 12 months prior to the death. An internal review would allow the Department to:

- examine any points of intervention that may have been missed to provide necessary supports for safety to the victim and/or the children, and risk management strategies supports for the perpetrator;***
- identify any challenges that front-line workers may face in providing services, specific to awareness and recognition of domestic violence, screening for domestic violence, risk factors for serious harm/injury and lethality; risk assessments for serious harm/injury and lethality, and safety planning; and***
- identify best practice approaches, enhanced training opportunities and interventions specific to domestic violence.***

SOCIAL DEVELOPMENT

The Department will work with the Department of Public Safety to develop a review process that requires an internal review to be completed whenever a domestic violence death occurs in a family that received services by the Department within 12 months prior to the death.

16. The Minister of Social Development, Minister responsible for Aboriginal Affairs and Minister responsible for Women's Equality, with support from the Aboriginal organizations' and First Nations' leaders, work with service providers and agencies, who provide support and services on First Nation communities and to Aboriginal people who reside off First Nations to:

- facilitate mandatory training on domestic and intimate partner violence, how to screen for domestic and intimate partner violence, assess risk for serious harm/injury and lethality, and intervene effectively in domestic and intimate partner violence cases; and,***
- implement intervention and prevention activities in an integrated manner with other stakeholders, including information sharing with other agencies and service providers regardless of the jurisdiction where the domestic and intimate partner violence incident(s) occurred, or the jurisdiction where the victim or suspect resides.***

SOCIAL DEVELOPMENT

Social Development will work with the Aboriginal Affairs Secretariat and the Women's Equality Branch to offer

assistance to develop such partnerships and to facilitate as much cooperation as possible with First Nation Communities in New Brunswick. Social Development will continue to be part of the aforementioned committee exploring actions to respond and prevent violence against Aboriginal women and girls, and will continue to support the Women's Equality Branch in their efforts to end violence against women.

ABORIGINAL AFFAIRS SECRETARIAT

With respect to this recommendation, AAS will work with the Department of Social Development and the Women's Equality Branch to offer assistance to develop such partnerships and to facilitate as much cooperation as possible with First Nation Communities in New Brunswick. The Aboriginal Affairs Secretariat will continue to be part of the aforementioned Interdepartmental Committee exploring actions to respond and prevent violence against Aboriginal women and girls and will continue to support the Women's Equality Branch in their efforts under the Strategic Framework to End Violence against Wabanaki Women in New Brunswick in 2008.

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. As it relates to training on domestic and intimate partner violence, the Women's Equality Branch is responsible for bringing together the elements of the Woman Victims of Abuse Protocols. Released in 2014, 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 are an educational tool and provide information on the dynamics of intimate partner violence and other information helpful to government and community agencies involved with victims and perpetrators of intimate partner violence. Included in the Protocols is a chapter dedicated to working with Aboriginal women. The chapter provides information on contributing factors to violence against Aboriginal women, background, historical context and considerations, tips and guidelines for service providers supporting Aboriginal women.

The Women's Equality Branch is currently providing orientation and training sessions on the Woman Victims of Abuse Protocols across New Brunswick. Invitations are being sent to First Nations Child and Family Services agencies in the regions where training is being held. A training session was already held in a First Nation community for frontline service providers in the community. The Women's Equality Branch will also extend an invitation to First Nation communities who want to host a training session on Woman Victims of Abuse Protocols within their communities for service providers. The training session on Woman Victims of Abuse Protocols highlights the chapter on working with Aboriginal women so that all New Brunswick service providers are aware of the chapter and gain some knowledge and awareness of basic information on working with Aboriginal women who have experienced intimate partner violence and have access to resource information available in New Brunswick First Nations communities where it exists.

As it relates to screening, within the Woman Victims of Abuse Protocols are sections on screening for intimate partner violence. The Woman Victims of Abuse Protocols include in 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 highlights *Appendix 1, The Woman Abuse Screening Toll (WAST)* in Chapter 8. It was developed for family physicians and was tested and validated over a 10 year period from 1990 – 2000.

As it relates to assessing risk, since 2013, the Women's Equality Branch has facilitated the training of domestic violence interveners and other professionals in the Danger Assessment Tool, an instrument that helps interveners determine the level of threat that a woman has of being killed by her abusive intimate partner. Several representatives from First Nations communities have received training.

Training in the Danger Assessment Tool continues throughout New Brunswick by the Women's Equality Branch. To date there have been 8 sessions in various regions of the Province with over 250 service providers (both government and community) including some participation from Aboriginal organizations and First Nations. There also will be a further 6 training sessions scheduled in April, May and June including one in a First Nations Community. Invitations to attend Danger Assessment training sessions or to hold a training session will be extended specifically to First Nations communities. The use of a lethality assessment tool helps improve a woman's safety by making both the victim and the service providers aware of the level of risk she has of being killed by her intimate partners. As risk/lethality assessments raise a woman's awareness of the risks she may face, they help her engage in safety planning. Risk/lethality assessment tools provide a shared language about 'risk' for service providers who may come from a range of different agencies and perspectives. The use of standardized risk/lethality

assessment tools will support a consistent response to victims of Domestic and Intimate Partner Violence.

In addition, the Women's Equality Branch will continue to chair and support the ongoing work of the *New Brunswick Advisory Committee on Violence against Aboriginal Women* which was created in 2006. The committee developed a *Strategic Framework to End Violence against Wabanaki Women in New Brunswick* in 2008. The document makes recommendations and sets key priorities to address violence against Aboriginal women in New Brunswick. The Women's Equality Branch will explore ways to implement and support the many recommendations outlined in the Strategic Framework, specifically in the areas of education and awareness, intervention and prevention. One of the key areas that the Women's Equality Branch will explore is to develop and implement a strategy, in partnership with First Nations and stakeholders, to establish outreach and crisis intervention services for Aboriginal women and girls.

FREDERICTON POLICE FORCE

In addition, the Fredericton Police Force has advised that many of the recommendations in the report have been addressed through the implementation of their DIPV Strategy and corresponding policy changes and the introduction of their DIPV coordinator. They further advised that they have met with community leaders/officials to discuss the report conclusions and recommendations. They are committed to continuing their partnerships in regards to key community risk factors such as domestic and intimate partner violence. Going forward, there will be processes in place to ensure better communication and information sharing, community and staff education and support programs related to DIPV for officers and members of the community.

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