Family Violence Death Review Committee
Case Review #2 Public Report

**September 22, 2016** 



# **Table of Contents**

Incident	3
Background	3
Key Findings	3
Analysis	3
Recommendations	4

### Incident

In 2013, a married, but separated, couple died in a murder/suicide incident.

## **Background**

The couple had been together for approximately nine years at the time of their deaths and had one child. Both individuals had struggles with mental health issues, drug and alcohol use and criminal behaviours. Both sought and received help for their difficulties through the health system and counselling services. The couple had come to the attention of police on a number of occasions related to family violence, dating back to 2008.

# **Key Findings**

### Systems Involved:

There were five key service providers involved with this family: Child Intervention, police services, health services, mental health and a women's emergency shelter (outreach).

### **Analysis**

### Themes:

The main themes in this case were:

- Lack of communication between intersecting systems: there were multiple service providers
  involved with this family and had there been a mandated, coordinated effort to address their
  needs, it could have potentially changed the course for this couple. Each system operated in
  isolation with a demonstrated lack of coordination of supports or resources.
- Minimal use of intersecting systems to better assess risk and escalation of abuse patterns: there was a lack of referrals by police services or safety planning/follow-up post incidents. The Outreach Worker, through the women's shelter, was probably the service provider who had the clearest picture of the severity of risk to the victim. This individual had no mechanism, nor the perceived authority, to bring together other integral service providers deemed necessary to de-escalate the perceived risk in order to discuss a safety plan and/or initiate providing appropriate supports for the victim and her family before things escalated any further.
- High rate of recurring interactions with systems and the inability of the systems to meet the needs of the victim: as in many cases of family violence, there is no formulaic intervention and often service providers are doing their very best to treat the signs and symptoms by whatever means is available to them and that is suitable for the client. In this case, the victim was unwilling to accept assistance by leaving the home for a shelter, as an option, yet she remained engaged with receiving supports and assistance through Outreach Services. Her decision to refuse this intervention may be due to the effects of trauma she experienced as a result of multiple adverse childhood experiences, including her own childhood experience of staying in a women's shelter.

Victims of domestic and sexual violence trauma may minimize the severity of risks to which they are subject. Mental health recognized the victim's need for added supports and counselling and made the appropriate referrals to Outreach Services through the women's shelter, Alberta Health Services: Addictions Services, and other health and mental health professionals to which there was a high frequency of interactions. This set in motion a

sequence of opportunities to educate the victim on the unhealthy circumstances surrounding her relationship with her husband, ultimately assisting her in the realization that she needed to remove herself and child from those circumstances.

Problems accessing important support networks or services can increase someone's risk that they could become a victim of family violence or continue to experience violence. This case highlights that even with a high rate of interaction with support agencies and professionals, the risk to the victim did not diminish. This outcome illustrates the need to offer alternative forms of support in the home to individuals who, because of life experiences similar to those of this victim, may not be willing to leave the home and also, during the time of separation, violence escalates and deaths occur.

### **Best Practices**:

- Mental health recognized the victim's need for added supports and counselling specific to family violence and made the appropriate referrals to Outreach Services through the women's shelter.
- Outreach Services, through a women's shelter, provided a thorough approach to supporting a client who clearly was a victim of family violence through education, awareness, self-care, assessment and safety planning.

#### Post-Incident Practice Shift:

 Police services have implemented new processes and staffing models related to family crime while making greater connections with intersecting systems, such as with women's shelters.

### Recommendations

- Amend the Protection Against Family Violence Act (PAFVA) to include provisions allowing
  professionals to deliver services and supports through voluntary service agreements to those
  impacted by family violence, regardless of violence severity or protection orders being in
  place.
  - If a professional and a person, 18 years or older, agree that said person is in need of protection against family violence, then an agreement to make programs or other services available to them may be entered into by the person (of their own choice) and the professional.
    - Professionals include any individuals who provide services to:
      - Individuals or families who require protection against family violence;
      - Perpetrators of family violence by virtue of employment with an agency that is funded by the Government of Alberta, the Government of Canada or any municipal government; and
      - Individuals who are subject to professional standards resulting from membership in a professional organization. Examples of professionals would be shelter workers, police, social workers, psychologists, court workers, probation officers, etc.
- 2) Amend the PAFVA to include information-sharing provisions where professionals are supported and protected under legislation to obtain and/or disclose a victim's information (with the victim's consent) for the purpose of increasing collaboration and coordination of efforts between professionals to focus on safety planning and intervention, regardless of violence severity and whether the family remains intact or not.