

ENHANCING SURREY RCMP DETACHMENT'S DOMESTIC VIOLENCE UNIT



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Introduction

Violence against women is a global concern, so much so that in 1993 the United Nations issued a Declaration on the Elimination of Violence against Women in which they defined violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts...” (UN: 1993). A common form of violence against women is the violence, or threat thereof, perpetrated against a woman by her domestic partner – known alternatively as violence against women, domestic violence, intimate partner violence, spousal violence, or family violence (see Rossiter, 2011 for a more in depth discussion of these definitions).

Domestic violence – the threat or engagement in physical, sexual, or psychological harm by a person towards their romantic partner – occurs all too frequently in Canadian society, and was estimated to cost Canadian society over \$7 billion in 2009 (Zhang, Hoddenbagh, McDonald, & Scrim, 2012). Of note, while domestic violence can also be perpetrated by a female against her male or female partner, the bulk of domestic violence calls for service to the police involve heterosexual couples, where the male partner is accused of engaging in violence against a female partner.

This report focuses on the activities of the Surrey RCMP specialized Domestic Violence Unit and its activities to reduce and prevent domestic violence. This report provides the summation of interviews conducted with current and former members of the Domestic Violence Unit in the Surrey RCMP, as well as North American literature on domestic violence for context. The report concludes with recommendations for the Surrey RCMP to consider to enhance the effectiveness and efficiency of this unit in handling domestic violence investigations and managing serious and persistent domestic violence offenders.

What is Family Violence

Family violence, which includes domestic violence, means the infliction of physical, sexual, emotional, verbal, or financial abuse in the context of relationships (Provincial Office of Domestic Violence, 2014). Broadly speaking, domestic “violence” does not always involve the actual infliction of violence, but can include psychological control and social and physical isolation of a victim. Further, it is not limited to violence between spouses. Violence between siblings or other relatives, inflicted upon a parent by a child, or upon a child by a parent fits under the broad heading of family violence (Provincial Office of Domestic Violence, 2014; Rossiter, 2011). However, given that the mandate of the Surrey RCMP Domestic Violence Unit (DVU) is specific to violence threatened or inflicted between partners, the focus of this report will be on Intimate Partner Violence, particularly as it pertains to male perpetrators and female victims, as this is the vast majority of cases handled by the Surrey RCMP’s DVU.

Frequency of Intimate Partner Violence in Canada

Nearly one in ten adults in Canada report being the direct victim of intimate partner violence. Victimization data collected in the 1999 General Social Survey (GSS) in Canada concluded that approximately 8% of women and 7% of men in a current relationship or who had been in a marital relationship in the past five years had been physically or sexually victimized by their partner (Gannon and Mihorean 2005; Patterson, 2003). In the 2004 and 2009 GSS, these proportions were basically the same, with 6% of Canadian adults reporting violent victimization from an intimate partner in the previous five years (Brennan, 2011a; Mihorean, 2005). Although victimization surveys identify equal proportions of female and male victims of domestic violence, it should be noted that the majority of cases reported to the police tended to involve female victims and male perpetrators (e.g. Zhang et al., 2012). These numbers were even higher for Aboriginal women. In 2009, twice as many Aboriginal women (15 per cent) compared non-Aboriginal women (6 per cent) reported having been victimized by a spouse in the previous five years. Moreover, over half (59 per cent) reported having been injured, compared to less than a slight minority (41 per cent) of non-Aboriginal victims (Brennan, 2011b).

Of note, the Canadian GSS does not include experiences with emotional and financial abuse when calculating rates of intimate partner violence. As a result, these proportions underestimate the extent of spousal victimization in Canada. For instance, both the 2004 and 2009 GSS in Canada identified that nearly one-fifth (17 per cent) of Canadians aged 15 and older had been emotionally or financially abused, whereas the 2009 GSS identified that 34% of Aboriginal women reported having been emotionally or financially abused by their partners (Brennan, 2011a; Brennan 2011b). The extent of overlap with experiences of physical or sexual victimization was not reported in the non-Aboriginal sample; however, in the Aboriginal sample, 90% of women who had been physically or sexually abused by their spouse had also been either emotionally or financially abused by them (Brennan, 2011b). Unfortunately, the proportion of victims who had experienced emotional or financial spousal abuse, but not physical or sexual victimization, was not reported in either study, which makes it difficult to estimate the overall rates and types of spousal victimization in Canada. Further, the lifetime rates of intimate partner violence victimization are much higher. Though not captured by Canadian national victimization surveys, American research suggests between a one-quarter and one-third of all women in America have experienced physical or sexual victimization by a spouse at some point in their life (Black, Basile, Breiding, Smith, Walters, & Merrick, 2011; Breiding, Chen, & Black, 2014; Tjaden and Thoennes, 2000).

Although Canadian victimization data suggest that the prevalence of intimate partner violence victimization is generally equal by gender, the violence perpetrated by male partners against their female victims appears to be more serious (Brennan, 2011a; Brennan 2011b; Sinha, 2013), which is one reason women may be more likely than men to report domestic violence victimization to the authorities. According to Sinha (2013), twice as many female as male victims report being beaten (27 per cent versus 15 per cent) and three times as many report having been choked (25 per cent versus 8 per cent), two situations that

obviously elevate the level of seriousness and risk involved. Overall, nearly half (44 per cent) of female victims of male intimate partner violence report being injured compared to one-fifth (19 per cent) of male victims of female intimate partner violence. Again, Aboriginal women tended to experience severe forms of spousal victimization, with 48% of female Aboriginal victims reporting extremely serious forms of victimization (e.g. being beaten, choked, sexually assaulted). Not surprisingly, they are also more likely than non-Aboriginal women to fear that their spouse will kill them (52 per cent versus 31 per cent, respectively; Brennan, 2011b).

Unfortunately, prior Canadian research indicates that more than half of spousal violence is not reported to the police. Both the 1999 and 2004 Canadian General Social Surveys revealed that, overall, only approximately 27% of spousal violence victims reported their victimization to the police. Unfortunately, this proportion dropped to less than one-quarter (22 per cent) of victims in 2009, with the decrease mostly driven by female victims (Ogrodnik, 2006; Brennan, 2011a). Specifically, while approximately one-third of female victims in 1999 (37 per cent) and 2004 (36 per cent) reported their spousal victimization to the police, this dropped to less than one-quarter of female victims in 2009 (23 per cent). Likewise, less than one-fifth of male victims of spousal violence in 1999 (15 per cent) and 2004 (17 per cent) reported their victimization to the police. Again, this dropped to less than one in ten victims (7 per cent) in 2009 (Brennan, 2011a; Mihorean, 2006; Patterson, 2003). This explains why spousal victimization constitutes 32% of Canadian victimization data on all violent crimes, but only 11% of police-reported violent crime in Canada (Zhang et al., 2012). However, the issue of underreporting spousal victimization is not specific to Canada. For instance, data obtained from the 1995-1996 American National Violence Against Women survey found that only 27% of incidents involving physical assault of a woman by her spouse was reported to the police (Tjaden and Thoennes, 2000).

The proportions of those reporting intimate partner victimization to the police is even lower among immigrant populations in Canada, especially among Indo-Canadian and Muslim women (Baobid, 2002; MacLeod and Shin, 1993). Similarly, there are relatively low rates of reporting domestic violence to the police among Aboriginal populations, despite the greater likelihood for violence to be inflicted against Aboriginal women by their partners (e.g. Brennan, 2011a; Halinka, Malcoe, & Duran, 2003; Sinha, 2013; Tjaden and Thoennes, 2000). In contrast, in 2006, Mihorean reported that the 2004 General Social Survey data indicated that a higher proportion of Aboriginal victims (50 per cent) than non-Aboriginal victims (35 per cent) reported that they did call the police, perhaps because the violence tended to be more severe. Moreover, in 2009, slightly less than one-third (31 per cent) of Aboriginal victims of spousal violence did report their victimization to the police (Brennan, 2011b), which is generally consistent with reporting rates among Caucasian victims of spousal violence. Thus, the research on the police reporting rates of Aboriginal victims of spousal violence is inconsistent, and is likely affected by a wide range of additional factors, such as rural versus urban locations and overall rates of community violence.

Still, the low rates of victim reporting to the police are discouraging, especially in light of Ogrodnik's (2006) observation from the 2004 GSS data that in a majority of cases (57 per

cent), the level of spousal violence decreased following police intervention. Similarly, Wiist, and McFarlane (1998) identified that over one-third (37 per cent) of pregnant Hispanic women who had the police intervene in their abuse reported that the abuse subsequently ended after the intervention, compared to only 22% of women who had not involved the police. Thus, for many victims of spousal violence, calling the police can have positive effects on safety going forward.

To create effective solutions to increase reporting of spousal violence to the police, it is important to first have an understanding of the reasons underlying why victims do and do not reach out to police in situations of domestic violence. The existing research has identified factors that increase the likelihood that a victim of intimate partner violence would call the police. These include the greater the severity of the abuse, fear that the partner would kill them, previous history of abuse, use of a weapon in the incident, and alcohol use at the time of the incident (Bonomi, Holt, Martin, & Thompson, 2006; Brewster, 2001; Chambers, 1998; Dutton, Goodman, & Bennett, 1999; Gillis, Diamond, Jebely, Orekhovsky, Ostovich, MacIsaac, Sagrati, & Mandell, 2006; Ogrodnik, 2006; Sinha, 2013; Wiist and McFarlane, 1998). In other words, factors known to increase the potential severity of a domestic assault are the same factors that increase the likelihood that a victim will call the police for help. This coincides with the fact that, for many victims, calling the police occurs from the desire to have the current abuse stopped immediately, and not necessarily to have their partner charged and prosecuted for their behavior (Brennan, 2011a; Hirschel and Hutchison, 2003; Hoyle and Sanders, 2000; Jaffe and Burris, 1984; Johnson, 2007; Lyon, 2002; Martin and Mosher, 1995; McGillivray and Comaskey, 1999; Mihorean, 2006; Patterson, 2003; Wilson, 1998).

On the other hand, factors that played an important role in a decision not to contact the police included:

- the victim's fear of the offender or fear of retaliation (Ammar, Couture-Carron, Alvi, & San Antonio, 2014; Bradford and Bruce, 2004; Brennan, 2011a; Chambers, 1998; Jiwani and Buhagiar, 1997; Johnson, 2007; Martin and Mosher, 1995; McGillivray and Comaskey, 1999; Native Women's Association of Canada, 1994; Patterson, 2003; Roberts, 1996; Tjaden and Thoennes, 2000);
- a desire to maintain personal privacy or to protect the relationship with the abusive partner (Ammar et al., 2014; Brennan, 2011a; Fugate, Landis, Riordan, Naureckas, & Engel, 2005; Patterson, 2003; Tjaden and Thoennes, 2000);
- previous negative experiences with the police or the criminal justice system (Bradford and Bruce, 2004; Jaffe and Burris, 1984; Jiwani and Buhagiar, 1997; Lyon, 2002; MacLeod and Shin, 1993; McGillivray and Comaskey, 1999; Wolf, Ly, Hobart, & Kernic, 2003);
- a belief that the police would not be able to or willing to help them (Ammar et al., 2014; Brewster, 2001; Fleury, Sullivan, Bybee, & Davidson, 1998; McGillivray and Comaskey, 1999; Miedema and Wachholz, 1998; Native Women's Association of Canada, 1994; Tjaden and Thoennes, 2000; Wolf et al., 2003); and

- a perception that the incident was not serious or important enough to report it (Brennan, 2011a; Fugate et al., 2005; Tjaden and Thoennes, 2000; Wolf et al., 2003), and fears about the potential consequences of involving police, including seizure of children, loss of income, splitting of the family, being forced to end the relationship with the abuser, or being arrested themselves (Chambers, 1998; Fugate et al., 2005; Gillis et al., 2006; Jiwani and Buhagiar, 1997; Johnson, 2007; Lyon, 2002; Martin and Mosher, 1995; McGillivray and Comaskey, 1999; Miedema and Wachholz, 1998; Nixon, 2002; Roberts, 1996; Native Women's Association of Canada, 1994; Wilson, 1998; Wolf et al., 2003).

Furthermore, immigration status and ethnicity of the victim also appeared to influence the likelihood that a victim would contact the police (Buzawa, Hotaling, Klein, & Byrne, 2000; Brewster, 2001; Jiwani and Buhagiar, 1997). For Aboriginal and immigrant women, fear of being ostracized by one's community and fear of shaming the family are additional reasons that detract from the likelihood of calling the police in response to intimate partner victimization. In addition, there was the general perception that the police would give their cases less attention than non-ethnic women (Ammar et al., 2014; Campbell, 2010; Epstein, 1999; Jiwani and Buhagiar, 1997; MacLeod and Shin, 1990; Martin and Mosher, 1995; McGillivray and Comaskey, 1999; Miedema and Wachholz, 1998; Native Women's Association of Canada, 1994; Wolf et al., 2003). Additional issues that make the decision to call the police more complex for immigrant women include a fear of deportation upon conviction for either the partner or the victim, language barriers, and social and economic dependence on their partner; the latter also being an important reason why Aboriginal women infrequently report victimization by their partner to the police (Baobid, 2002; Chambers, 1998; Dosanjh, Deo, & Sidhu, 1994; Gillis et al., 2006; Jiwani and Buhagiar, 1997; MacLeod and Shin, 1990; Martin and Mosher, 1995; McDonald and Cross, 2001; Miedema and Wachholz, 1998; Native Women's Association of Canada, 1994; Wolf et al., 2003).

In a previous Canadian study focusing on immigrant women and intimate partner violence, Hyman, Forte, Du Mont, Romans, and Cohen (2006) analyzed victimization data from the 1999 General Social Survey and found that the likelihood of calling the police varied based on one's length of stay in Canada. Specifically, women who had more recently immigrated to Canada (within the last 10 years) were significantly more likely to call the police to report intimate partner violence (51 per cent) than were women who had immigrated over 10 years ago (26 per cent). It should be noted that this was still a small proportion of victims of domestic violence. In fact, women who had resided in Canada for over 10 years had reporting rates more similar to non-immigrant women (30 per cent). These findings conflict with the existing research suggesting that language barriers and social and economic dependence on the abusive partner are key reasons limiting outreach of immigrant victims of domestic violence from turning to the police, as it is likely that immigrants who have been in Canada for over 10 years are less limited by language barriers and economic dependence than more recent immigrants. Unfortunately, this study did not examine the reasons behind these reporting rates or control for previous experiences with calling the police for intimate partner violence victimization. Thus, it was unclear if the lower rates of reporting to police found among longer-term immigrants was due to prior involvement

with the police and a perception, as found in other studies, that there was nothing police could or would do.

However, in contrast to relatively high rates of police contact, recent immigrants were less likely to access social services (31 per cent) than were non-recent immigrants (51 per cent) or non-immigrants (53 per cent). Much like previous research, this finding implies that a common motivation behind calling the police was simply to have the violence stopped at that moment, as opposed to ending the relationship and accessing formal services. As previous research demonstrated that a victim's preference that her abuser be arrested can have the unintended consequence of increasing future victimization (Hirschel and Hutchison, 2003), it is possible that the lower rates of subsequent reaching out to police found among non-recent and non-immigrants may have been due to previous negative experiences with the police or consequences from involving the police.

A major barrier to immigrant women involving the police is a lack of awareness about rights and laws. Fifteen years ago, Miedema and Wachholz (1998) conducted focus groups with nearly 50 women who had immigrated to New Brunswick, Canada, many of whom reported subsequent victimization at the hands of their husband. Importantly, a consistent finding reported by the researchers was that the victims believed they would be deported if their husband (sponsor) was arrested or convicted of domestic violence, even though this was rarely the case. A second set of false beliefs preventing women from seeking out formal intervention involved the issue of divorce and a fear that they would lose custody of the children, as well as be denied the right to claim any household property or other material gains (Miedema and Wachholz, 1998).

These findings are important for the Surrey RCMP to consider when developing programs, policies, and practice to prevent and reduce domestic violence, as the City has a high rate of ethnic minorities. The 2011 Census data reported that 44% of City residents spoke a non-English mother tongue (compared to 30 per cent in the rest of the Province); most commonly this language was Punjabi (45 per cent), with a small minority speaking Tagalog (7 per cent), Hindi (6 per cent), Mandarin (5 per cent), or a non-specified Chinese language (4 per cent).

Intimate Partner Violence Homicide

Although a large proportion of homicides of women (femicide) are the result of domestic violence, intimate partner homicides are relatively rare and were on the decline in Canada until a decade ago. Since then, the rates have remained relatively stable, although they tend to be slightly higher in the western provinces than the rest of Canada, with British Columbia slightly above the national average (Dauvergne, 2005; Kowalski, 2006; Provincial Office of Domestic Violence, 2014; Taylor-Butts and Porter, 2011). Beattie (2005) examined a decade of Canadian Homicide Survey data (1994-2003) and found that nearly one-fifth (18 per cent) of all solved homicides involved intimate partners. Across Canada, family-related homicides accounted for 35% of all solved homicides and, of this, 47% involved spouses

(Taylor-Butts and Porter, 2011). In Beattie's (2005) study, nearly half (40 per cent) of all spousal homicides involved common-law partners, while approximately one-third (35 per cent) involved married partners and one-quarter (23 per cent) involved separated partners. Moreover, spousal homicide is highly gendered (Taylor-Butts and Porter, 2011), with the deaths of up to half of all murdered women being attributed to their spouses compared to less than 10% for murdered men (Campbell, Glass, Sharps, Laughon, & Bloom, 2007).

Importantly, given that females are more likely to be the victims in a spousal homicide than males, decreases were observed for both genders, albeit slightly more so for male victims (68 per cent decline) than female victims (57 per cent decline). One probable reason for this decline is the decreasing presence of firearms as a contributing factor to the homicide, which is particularly relevant for female victims, as they are more likely to be shot than male victims of spousal violence (Kowalski, 2006; Taylor-Butts and Porter, 2011). Another plausible factor is policy changes, namely mandatory arrest and no-drop prosecution policies (Patterson, 2003). This is supported by Campbell's (2004) finding that, at least for women considered at high risk, arrest had a protective factor on safety. Patterson (2003) also suggested that other explanatory factors included changing demographics and societal trends, including higher levels of education for women, which also tended to coincide with delayed marriage and child rearing, as well as the improved economic standing among women. These factors are significant given that Canadian homicide surveys conclude that risk of spousal homicide decreases with age, with the most at-risk victims being females between 15 and 24 years of age (Taylor-Butts and Porter, 2011).

Campbell and her colleagues (2004; Campbell, Webster, Koziol-McLain, Block, & Campbell, 2003; Campbell et al., 2007) reported that prior domestic violence was the most significant risk factor for intimate partner homicide, while other major factors include estrangement or separation between partners, forced sex, threats to kill, choking behaviours, presence of and access to weapons in the home, presence of a stepchild in the home, abuse during pregnancy, and a controlling male partner. Importantly, there is often an identifiable pattern of escalating control towards and domination against the victim by their partner in the period of time leading up to the event (e.g. Representative for Children and Youth, 2009, 2012). An important set of risk factors is also the pattern of behaviour engaged in by coercive controlling offenders, such as offenders who try and control the behaviour of their partner by socially isolating them, threatening violence, forcing sexual activity, or stalking (Campbell et al., 2007; Representative for Children and Youth, 2009).

Despite the escalation towards severe and possibly lethal spousal violence, many female victims of domestic violence seemingly do not appreciate the actual level of risk they face. Research published in 2004 by renowned intimate partner violence researcher Jacquelyn Campbell identified that only half of 426 American women killed by their abusive partner had perceived and expressed to someone that their partner might kill them. Rather than reaching out to the police or victim services, these women were primarily coming to the attention of the health care system; a system that is often not trained to intervene when they suspect a woman is being abused. Importantly, Campbell's (2004) study also identified that arrest could play a pivotal role in the victim's safety, depending upon her level of risk. A

prior arrest for domestic violence was a protective factor reducing the likelihood of lethality among victims who were at high risk of being killed by their partner, whereas it actually increased the risk for victims who were considered low risk. This widely varying effect speaks to the importance of conducting accurate and informative risk assessments that can help inform the police how best to respond in a particular case. One example, a Lethality Assessment, will be discussed later in this report.

Causes of Intimate Partner Violence

Research has consistently identified several key factors that escalate the likelihood that domestic violence will occur. These include drug/alcohol abuse, mental health issues, verbal abuse, and power and control issues in a relationship, particularly during the process of separation (Jaffe and Burris, 1984; Sinha, 2013; Tjaden and Thoennes, 2000). However, these factors may vary by ethnicity. Ammar et al. (2014) found that non-Muslim women were more likely to identify substance use as the cause of their partner's violence against them, while Muslim women were more likely to identify that their husband's perception of women as inferior was the cause of the violence towards them. Exposure to domestic violence as a child is another noted risk factor for future participation in domestic violence (Jaffe and Burris, 1984; Tjaden and Thoennes, 2000). It is important to note that British Columbia has introduced a provincial agency focusing on providing services and support to children and youth exposed to domestic violence (Jackson and Martinson, 2015). As children and youth are not the focus of the Surrey RCMP DVU, improving services to this sector will not be specifically discussed further in this report.

As mentioned previously in terms of spousal homicide, factors that increase the potential severity of a domestic violence incident include previous violence in the relationship, in particular, previous engagement in choking of a victim, use of or threat of using a weapon, making threats, and drug and alcohol use (Bennett, Tolman, Rogalski, & Srinivasaraghavan, 1994; Block, 2003; Campbell et al., 2003, 2007; Collins and Messerschmidt, 1993; Hall, Kinoshita, Ortiz, & McAmis, 2006; Klein and Tobin, 2008; McCormick, Cohen, & Plecas, 2011; Mihorean, 2005; Robinson, 2006; Sharps, Campbell, Campbell, Gary, & Webster, 2003). Importantly, a 2008 review by Ontario's Domestic Violence Death Review Committee of 15 cases involving 17 deaths identified that the majority of lethal domestic violence cases involved the following risk factors; a previous history of perpetrating spousal violence (93 per cent), an actual or pending separation (87 per cent), a history of non-family violence (67 per cent), engaging in controlling behaviours, such as stalking (60 per cent), prior threats or attempts to commit suicide (60 per cent), an escalation of violence (53 per cent), and making prior threats to kill the victim (53 per cent). Of note, in 87% of the cases, the perpetrator had experienced significant life changes, although the proximity to the lethal spousal violence to these incidents was not reported. Another important characteristic was the overwhelming presence of a criminal history among perpetrators (80 per cent). While this report did not indicate the length of the criminal history, and the likelihood of the offender's familiarity with the police, a previous study conducted in an RCMP-policed

municipality in British Columbia identified that domestic violence offenders had a lengthy criminal history, often going back 10 years (McCormick et al., 2011).

It is clear that intimate partner violence occurs for a wide range of reasons, including substance use and abuse, mental health issues, jealousy and a controlling attitude, and misogynistic attitudes. However, four main typologies of intimate partner violence offenders have been defined in the literature. The most common includes situational violence offenders, while the most serious involves coercive controlling offenders. Knowing which type of offender one is dealing with should help direct the appropriate course of action for police and other stakeholders (Kelly and Johnson, 2008). Thus, each of the four categories is briefly described below.

Coercive Controlling Violence is where the offender, most frequently a male, engages in a regular pattern of emotionally abusive intimidation and coercion towards their partner, and may stalk or use physical violence to isolate, threaten, and control the victim (Kelly and Johnson, 2008). Approximately 10% of intimate partner violence falls into this category, though a higher proportion of shelter and court case samples are considered to fit in the Coercive Controlling typology (Johnson, 2006). This type of offender could be considered high risk, as they tend to engage in violence more frequently and to a more serious degree, with a corresponding elevated risk of injury or lethality for the victim (Kelly and Johnson, 2008). Yet, Coercive Controlling “Violence” is somewhat a misnomer because if the offender successfully controls their partner through emotional abuse and intimidation, they may not see the need to revert to violence (Kelly and Johnson, 2008). Of note, as previously acknowledged, the General Social Survey used to collect victimization data regarding exposure to intimate partner violence, but it does not integrate responses of emotional abuse when calculating overall rates of victimization despite academic recognition that this type of behaviour describes a serious pattern of control and domination, and the understanding that this type of offender tends to escalate their behaviour over time (Johnson, 2006).

Situational Couple Violence describes intimate partner violence that occurs on occasion as a result of an argument, and which appears to be equally perpetrated by males as females (Johnson, 2006; Kelly and Johnson, 2008). The violence in this category lacks the cyclical pattern that so often characterizes Coercive Controlling Violence, and is more likely to be the result of a conflict (e.g. jealousy, financial matters, child rearing disagreements) that escalates into violence, possibly through the influence of substance use. This category describes the vast majority of the violence occurring between partners, though its proportion decreases when the data comes from shelter or court samples (Johnson, 2006). This is likely the type of conflict most often responded to by general duty police members and, while potentially involving violence, it typically involves less serious forms of violence and is not characterized by the same sense of fear towards the offender that is found among victims of Coercive Controlling Violence (Kelly and Johnson, 2008). The bulk of these cases can likely be managed adequately by non-specialized officers; however, to prevent their reoccurrence, having an option for quick intervention (e.g. docket courts that quickly connect the perpetrator with services, such as anger management counselling or substance

abuse treatment) might reduce the likelihood that the next intimate partner conflict would escalate to violence. Connection to supportive services is particularly important for this type of offender, as previous research suggests that offenders in this category are much more likely to complete court-mandated treatment (77 per cent versus 38 per cent and 9 per cent of two groups of Coercive Controlling Violence offenders), much less likely than Coercive Controlling offenders to commit further abuse (21 per cent versus approximately 43 per cent, respectively), and may also be particularly good candidates for participation in mediation-type responses (Clements, Holtzworth-Munroe, Gondolf, & Meehan, 2002; Eckhardt, Holtzworth-Munroe, Norlander, Sibley, & Cahill, 2008; Kelly and Johnson, 2008).

Violent Resistance is similar to self-defense, in that it describes a victim, typically a female, who immediately and violently reacts to an assault, for which the purpose is primarily to protect herself or others (Johnson, 2006; Kelly and Johnson, 2008). As noted by Kelly and Johnson (2008), Browne (1987) found that women who could be described as Violent Resistant perpetrators of spousal violence could be distinguished from spousal violence victims who had not killed their spouses by the degree and severity of violence. In other words, the spousal abusers who were killed by their partners tended to engage in more frequent and more severe physical attacks, made death threats, and engaged in sexual attacks against the victim.

One reason mandatory arrest laws have been criticized in the past is the over-application of the policy to the victims of intimate partner violence who respond to violence with violence. In some situations, the violence may be mutually engaged in by both partners and dual arrest is warranted (i.e. Situational Couple Violence); however, when the offender is described by the Violent Resistant category, the criminal justice system response should perhaps be less punitive (i.e. as is reflected in the acceptance of a Battered Women Syndrome defence in court).

The final category is Separation-Instigated Violence, where the offender is motivated to threaten or use violence against the victim as a result of the victim's decision to leave their partner and which is often the result of a psychological shock (Kelly and Johnson, 2008). Studies have identified that separation increases the immediate risk for violence and lethality among previously intimate partners (Campbell et al., 2003; Campbell et al., 2007; Hotton, 2001; Ontario Domestic Violence Death Review Committee; Wilson and Daly, 1993). Kelly and Johnson (2008) noted that this type of offender may have never previously engaged in violence towards their partner, thus making it hard to predict that they would react in this manner.

When considering these four categories of offender, the Surrey RCMP DVU should primarily be focused on the Coercive Controlling Violence offender, as this is the type of intimate partner violence offender for whom the violence will be persistent and difficult to treat, given that their frame of mind and perception of the relationship is utterly focused on controlling the victim. This type of offender is the most dangerous and one of the highest risk categories, with the possible exception of an offender motivated by Separation-Instigated Violence. Of course, given that victims of frequent and severe violence are more at risk of falling into the Violent Resistant category, the Surrey RCMP DVU should also

ensure it gives sufficient attention to those identified as high-risk victims. While offenders falling into these other categories may not need to be the focus of the Surrey RCMP DVU, early intervention into developing patterns of intimate partner violence (e.g. with Situational Couple Violence offenders) may help to deter the progression towards more severe violence. This is an area where early intervention through docket systems can be extremely effective, as will be discussed later in this report.

Responding to Intimate Partner Violence: Policy and Practice in British Columbia

The Provincial Office of Domestic Violence (2014) reported that, in 2010, the rate of intimate partner violence was higher in British Columbia than the national average. Over 16,000 victims reported spousal victimization to the police, resulting in a rate of 427 victims per 100,000, compared to the national average of 363 (Sinha, 2012). Between 2003 and 2011, there were 147 spousal homicides in British Columbia with the vast majority involving female victims (72 per cent) and male perpetrators (84 per cent) (British Columbia Coroner's Service, 2012).

Policies addressing violence against women have been in place in British Columbia for several decades, starting with the 1986 Ministry of Attorney General Wife Assault policy and transitioning to the 1993 *Violence Against Women in Relationship* (VAWIR) policy which, despite its name, focused equally on victims of both gender (Ministry of Public Safety and Solicitor General, Ministry of Attorney General, & Ministry of Children and Family Development, 2010). The VAWIR policy has been updated several times (1996, 2000, 2004, and 2010). The most recent amendments introduced in 2010 intended to improve coordination between agencies involved in responding to domestic violence, particularly those involved in justice and child welfare, after a high-profile death of several members of a family, including a child, that were attributed, in part, to the failure to communicate between justice and child welfare agencies (Representative for Children and Youth, 2009). Of note, following the 2009 report, Family Justice Centres and counselors were established in cities across the province to help families facing divorce or separation in an attempt to prevent the occurrence or escalation of violence (see www.clicklaw.bc.ca/helpmap/service/1019 for more information and locations).

The VAWIR policy established the respective roles of police and other stakeholders (e.g. Ministry of Children and Family Development, Corrections, WorkSafe BC) in responding to and reducing domestic violence (Ministry of Public Safety and Solicitor General et al., 2010). For instance, the policy requires that all police in British Columbia take "training on conducting evidence-based, risk-focused domestic violence investigations and on assessing domestic violence risk with a focus on safety planning" (Provincial Office of Domestic Violence, 2014: 14). Police should also have 24-hour access to the Protection Order Registry, which should contain information on all provincial civil and criminal protection orders. A report of domestic violence, regardless of how long after the incident occurred, must always be investigated by a police officer and should be considered a priority file

(Ministry of Public Safety and Solicitor General et al., 2010). In the process of their investigation, police are guided to arrest, when appropriate, only the primary aggressor, considered the most dominant member in the incident, regardless of who initiated the incident. The police should also make a victim referral, whether to a community-based or police-based victims service provider, and should arrange safe transportation, if need be, to a shelter or another temporary residence. Given the dynamic nature of domestic violence cases, the policy states that police are also supposed to monitor the offender's compliance with conditions and review the offender's risk status should they violate a condition, as well as communicate with the victim to review whether they are participating in safety planning (Ministry of Public Safety and Solicitor General et al., 2010).

Within the 2010 policy is the *Protocol for Highest Risk Cases*, which provides for information sharing among the various partners (i.e. police, Crown Counsel, corrections, victim service workers, child welfare) to facilitate offender management and provision of victim safety in those instances involving perpetrators of domestic violence who are most likely to re-offend and inflict serious harm or even death to the victim (Ministry of Public Safety and Solicitor General et al., 2010; Provincial Office of Domestic Violence, 2014). As stated in the VAWIR policy, this designation is assigned by the police when warranted by a formal risk assessment. Essentially, when police are faced with a situation that they believe may qualify as highest risk, the policy states that they should immediately request to complete a B-SAFER risk assessment and notify their protocol partners. If the risk assessment is conducted in time, it should be included in the Report to Crown Counsel for the offender's bail hearing along with other investigatory details, a discussion of safety and protection concerns to the victim and others, and an opinion on risk and possible need for detention. Of note, the policy strongly advises against releasing highest risk suspects on an Undertaking or Promise to Appear. During this initial investigation, police and their partners are expected to regularly communicate in meeting, via telephone, or via email relevant information, including the safety of the victim and, if applicable, the safety of any children, the status of the suspect, including court conditions and release status, and to update with new relevant information, such as contacts with the victim or other forms of condition violations (Ministry of Public Safety and Solicitor General et al., 2010).

Specifically, the protocol states that information, including the results of risk assessments, court outcomes/conditions, breaches of conditions, and "other relevant information pertaining to the accused/offender or victim", should be shared in a timely manner (Provincial Office of Domestic Violence, 2014: 7). The latter part of these guidelines should effectively establish the sharing of information; however, the current study results discussed below suggest that this does not happen as much as it should, mostly as a result of privacy concerns and a lack of trust on the part of some partners.

A recent change in British Columbia's approach to preventing and reducing domestic violence was the establishment of the Provincial Office of Domestic Violence in 2012 in response to a report by the Representative for Children and Youth on the death of three children that was the result of a family violence situation (see the Representative for Children and Youth, 2012). In 2014, the office announced their three-year Provincial

Domestic Violence Plan, which allocated nearly \$6 million towards the creation of more specialized domestic violence police units, funding for offender treatment, improved access to several types of services needed by victims, and specialized programming for Aboriginal families, immigrants and refugees, and women with disabilities (Provincial Office of Domestic Violence, 2014; Woodin, 2014). While there was no mention of specialized domestic violence courts being introduced in the province, one year later, the City of Surrey announced that it would be forgoing specialized community courts in favour of an Integrated Services Network that focused on problem solving (Saltman, 2015). In this one-stop-shop model, administrative services in several key areas, such as justice, health, and social services, would be co-located in a single building where they would work with court-involved clients who fall into one of several categories, including domestic violence. Although this is an important shift in responding to domestic violence offenders, it is not clear whether the services will be provided to both offenders and victims, whether the services will be provided to first-time or repeat offenders, or how long it will take before the offenders receives these services. Thus, this current report provides some additional recommendations based on North American research on responding quickly and efficiently to perpetrators of domestic violence.

Police Responses to Domestic Violence

Much has changed in the way police respond to domestic violence calls for service. Research conducted only two decades ago concluded that police officers did not perceive intimate partner violence as a legal problem and wanted to avoid domestic violence calls (Hannah-Moffat, 1995; Stephens and Sinden, 2000). Furthermore, victims were seen as weak, unreliable, uncooperative, or to be disbelieved (Hannah-Moffat, 1995; Stephens and Sinden, 2000). These attitudes have, for the most part, changed over the past two decades as policies and practices geared towards acknowledging and eliminating violence against women have been developed, leading to new police practices, including the development of specialized units to respond to the perpetrators and victims involved in intimate partner violence, and the adoption of mandatory arrest policies to take much of the police discretion around appropriate response away.

As discussed previously, violence against women in relationships was first discussed in the Canadian policy sphere in 1982, and shortly thereafter, the province of British Columbia introduced the *Violence Against Women in Relationships Policy* (1984) (Jiwani and Buhagiar, 1997). While the policy was commended for promoting proactive arrests and the consideration of unequal power relations as a common source of violence against women, one unfortunate unintended effect of the policy was a substantial increase in the typical amount of time police spent responding to a domestic assault call for service. In fact, the mean time increased from approximately one hour to between 10 and 12 hours, given that the required number of investigative steps increased from 36 to 58 (Malm, Pollard, Brantingham, Tinsley, Plecas, Brantingham, Cohen, & Kinney, 2005a, 2005b). The increasing

complexities in investigating domestic violence files is one reason many jurisdictions have introduced specialized units dedicated to handling domestic violence offenders.

Specialized Domestic Violence Units

Specialized units for domestic violence have been operating in North America for several decades. These units are typically staffed by a team of specially trained police officers and supervisors and, at times, civilian personnel tasked with victim services. While all police officers have basic training in investigating domestic offence files, there is an expectation that members of the specialized unit have access to more specialized training, such as how to effectively and reliably conduct risk assessments. There are few available academic studies conducted on the effectiveness of these units compared to similar situations handled by general duty police officers; however, the limited research available suggests that victims have greater satisfaction when their case is handled by a specialized unit, rather than a general duty member.

Whetstone (2001) reviewed over 4,000 intimate partner violence files handled by either a specialized domestic violence unit or a 'control' unit made up of regular members. The specialized unit achieved higher arrest, prosecution, and conviction rates than did the control group. One reason for this may be that specialized units focus specifically on the higher risk cases, which may involve a history of domestic violence and a more severe form of violence, leaving first-time or more minor incidents of domestic violence to be handled by first responders (i.e., general duty). Higher risk cases are determined by an offender's threat level, part of which is assessed based on their past criminal history (e.g. previous incidents of domestic violence) and part of which is assessed on current incident characteristics (e.g. a severe degree of violence, use of a weapon). Thus, the greater likelihood of arrest, prosecution, and conviction may be due to the focus on more serious cases that tend to have more evidence supporting case processing.

While successful criminal justice processing of a domestic violence offender is one important outcome of a Domestic Violence Unit, another important outcome to consider is victim satisfaction with case processing. Of note, this is particularly relevant since the introduction of mandatory arrest and no-drop prosecution deterred many victims from wanting to involve the police. In this regard, one Canadian (Grasely, Stickney, Harris, Hutchinson, Greaves, & Boyd, 1999) and several American (Apsler, Cummins, & Carl, 2003; Lane, Greenspan, & Weisburd, 2004; Uekert, Miller, DuPree, Spence, & Archer, 2001; Weisz, Canales-Portalatin, & Nahan, 2004; Whetstone, 2001) studies examined victim satisfaction with specialized police domestic violence units, and found that victims were very satisfied with the response to their case. An important source of victim dissatisfaction appears to be a mismatch between services the victim would like to access and services the police help them to access. For instance, Apsler et al. (2003) examined 96 instances of domestic violence in Boston, and reported significant differences in satisfaction scores based on whether the victim preference and police response matched.

In the Whetstone study, victims reported that “without the DVU, they would not have been able to get through the anger, bitterness, and embarrassment that follows when confronting domestic violence issues” and that “[t]he DVU made the[m] feel a greater degree of safety” (2001: 392). Further, they felt more a part of the criminal justice processing of their case. Of note, many appreciated having a victim advocate respond with the police and suggested that there should always be a victim advocate responding with the police to domestic violence calls for service (Whetstone, 2001).

The Canadian study surveyed 30 female victims whose cases were dealt with by a specialized Family Consultants Service (a specialized police unit for abused women), as well as 74 women whose cases were dealt with by a non-specialized police officer. A substantial proportion of victims who went through the specialized process were satisfied (83 per cent) with the police response. In contrast, only 38% of women viewed the police services they received as “uniformly positive” (Grasely et al., 1999: 33). In particular, the women felt that the specialized unit had more time to listen, gave more emotional support, provided information and referrals, provided them with safety tips to enhance their well-being, and familiarized them with the criminal justice system process (Grasely et al., 1999). The American studies found similar results. In addition, victims involved with the specialized unit in the study by Uekert et al. (2001) reported that they were more willing (58 per cent) to call the police again than were victims dealt with by the traditional units (25 per cent).

The study by Lane et al. (2004) focused on a slightly different form of victim service. They assessed the Second Responders program, in which a specialized team of social workers was co-located in police detachments overnight (6pm through 9am) where they could be dispatched to domestic violence files while the police were onsite. Their primary focus was victim safety and to support this, they provided victims with information about available services, such as shelters, counseling, and protection orders, and helped victims develop plans to access those services. When necessary, they also helped victims access services immediately, such as by making a short-term hotel room placement, providing basic supplies, going with them to the hospital, or providing them with transportation (directly, or with bus tickets or other vouchers). At the end of the shift, they referred the file to the Department of Social Services’ Family Violence Prevention Program (FVPP), where a FVPP is assigned to the case and is expected to be in contact with the victim within 72 hours of the referral (Lane et al., 2004). The research by Lane and colleagues showed that, overwhelmingly, victims who were involved with the Second Responders Program were very satisfied (73 per cent), with nearly all respondents in this experimental group (92 per cent) perceiving that the Second Responders “really wanted to help” and 82% noting that the Second Responders took their situation “very seriously” (Lane et al., 2004: III-2-7). Importantly, for the police, victims who were exposed to the Second Responders Program were significantly more satisfied with their involvement with the police (64 per cent) than victims in the control group who received the standard intervention of police-only dispatch (38 per cent). They were also significantly more likely to access certain services, such as obtaining an Emergency Protective Order, immediately following the offence (47 per cent of the experimental group versus 25 per cent of those in the control group).

Integrated Teams

In addition to, or in place of, specialized teams, some 30 police agencies, including Surrey, across British Columbia participate in Interagency Case Assessment Teams (ICAT) where a cross-range of service providers meet to share information about the offender and engage in safety planning (Jackson and Martinson, 2015). The purpose and benefit of an ICAT is to enhance information sharing across the sectors working in areas related to domestic violence, including the police, court representatives, corrections, victims' services, and child welfare workers (<http://endingviolence.org/prevention-programs/ccws-program/interagency-case-assessment-teams-icats/>). As noted in the interviews for the current study, ICAT meetings in Surrey are convened only for cases involving the highest risk offenders. In these situations, information sharing about factors relevant to the offender's risk and the victim's safety is mandated. This is the result of an amendment to the provincial *Freedom of Information and Protection of Privacy Act* providing that "it is appropriate to collect, use and disclose information for the specific purpose of reducing the risk that an individual will be a victim of domestic violence if that violence is reasonably likely to occur" (Jackson and Martinson, 2015: 28). In all other situations where the offender has not been labeled as highest risk, disclosure is made at the discretion of the person holding the information and, given the well documented challenges typically associated with information sharing, such as ownership over information, fears of violating privacy legislation, and lack of knowledge about what the information will be used for, this is not commonly done.

A successful example of an alternative model of integrated teamwork are the Domestic Violence Response Teams or DVRTs. Examples of these teams can be found in Vancouver, where the Vancouver Police Department (VPD) pairs its investigators with community counselors specializing in domestic violence (Rossiter, 2011). This team is reactive in that it responds to calls for service involving domestic violence, but is also proactive in that it reaches out to victims in relationships with high-risk persons (Rossiter, 2011). New Westminster's police department also has a dedicated domestic violence response team; however, this team appears to operate differently than VPD's, as their services seem more focused on the post-call for service period. Another example of an integrated team involves physically co-locating domestic violence police units with other agencies and services working in the area. For instance, New Westminster, Abbotsford, and Oak Bay police all have Domestic Violence Units where police, victim services workers, and child protection workers are co-located (Rossiter, 2011) and able to offer a wide range of services without requiring the victim to travel to multiple locations.

Community-Based Services and Programs

One barrier to successful information sharing is generated by victims' services and the corresponding rules around disclosure of information. According to Allen (2014), slightly more than one-third (36 per cent) of Canadian victim services are police-based, while one-quarter (24 per cent) are offered by non-profit organizations in the community. This

distinction is important, as it affects disclosure rules around information that would be useful in assessing risk and engaging in safety planning.

While many victims of domestic violence do not access victim services, the majority (61 per cent) of clients who connected with Canadian victim services in 2011/2012 were victims of domestic violence (Allen, 2014). Provision of victim services is incredibly important to the successful management of domestic violence cases because it can increase the victim's real and perceived sense of safety and improve the chances that the victim will support and persist with criminal charges. Victims of domestic violence connect with victim services either as a primary source of intervention, by reporting to them rather than to the police, such as by calling VictimLink BC or by going directly to a transition house or other shelter, or as a secondary source, by receiving a police-referral. Once connected to victim services, access to a wide range of resources is provided, including specialized services in the community, such as for Aboriginal people and immigrants, programs that are youth-focused, and programs that are gender-based. Unfortunately, Rossiter, Yercich, and Jackson (2014) recently observed that, whereas queries to victim services increased substantially (62 per cent, which included 5,683 connections due to intimate partner assault) from 2007/2008 to 2012/2013, the lack of additional funding meant that nearly all (92 per cent) of the victims reaching out for support for the first time were unable to receive assistance from these programs (Rossiter et al., 2014).

The 2015 Directory of Victim Services in British Columbia (Ministry of Justice, 2015) lists five types of victim services in Surrey: two community-based programs for victims of family and sexual violence, one of which is culturally-specific; a police-based victim services program; a victim court support program; and a victim support program through Sophie's Place Child Advocacy Centre and the Centre for Child Development. Specifically, resources in Surrey for adult and child victims or witnesses of family violence include:

- the Surrey Women's Centre and South Fraser Women's Services Society;
- DIVERSEcity for children and youth;
- the toll-free and multilingual VictimLink BC, Kids Help Phone, Youth Against Violence Line, Fraser Health Crisis Line, and BC's Helpline for Children;
- the Options and Atira Women's Resource Society Community Services programs for children who witness abuse;
- transition homes and safe houses;
- Stopping the Violence Counselling; and
- the Surrey RCMP Domestic Violence and Victim Service Units (City of Surrey, nd a; Tokaryk, 2014).

Surrey is also home to the Surrey Coalition Against Domestic Abuse (SCADA), which brings together a variety of community organizations to share information and coordinate skills training, such as through its yearly domestic abuse conference. Another SCADA initiative is the Rakhi Project, which builds on a "a special occasion observed in India, which honours the relationship between brothers and sisters. The ceremony involves the tying of a rakhi (thread) by a sister on her brother's wrist as a symbol of love and respect between them." (City of Surrey, nd b). In Surrey, the Rakhi Project seeks to promote awareness and intolerance for family violence by promoting the wearing of purple bracelets and by

submitting photos of purple umbrellas to the Umbrella Photo Contest, which signifies sheltering those you love (City of Surrey, nd b). The fourth annual Rakhi project took place between June 17 and August 10, 2015. Although not a victim service, the City of Surrey is also a partner and funder of the *Be More than a Bystander* program led by the Ending Violence Association of BC and the BC Lions. This program seeks to prevent violence against women and girls by promoting awareness, discouraging acceptance of violence and abuse, and encouraging those who witness violence to intervene. The program is a universal prevention program, specifically targeted at youth through presentations at schools, but also more generally for all British Columbians through media campaigns and videos (Ending Violence Association, 2012).

Generally speaking, Canadian and American research concludes that, similar to the perception of police responding to the incident, victim services have high rates (around 80 per cent) of appreciation and satisfaction among victims of domestic violence (Buzawa et al., 2000; Graseley et al., 1999; Lane et al., 2004; Lyon, 2002; Russell and Ginn, 2001; Steketee, Lavery, & Keilitz, 2000; Weisz et al., 2004; Whetstone, 2001; Wilson, 1998). Victims appeared to value the emotional and informational support that victim service workers provided them as their case proceeded through the criminal justice system, as well as the referrals they received to supportive services (Russell and Ginn, 2001; Steketee et al., 2000).

However, this level of satisfaction is not just limited to experiences with victim services. Johnson (2007) found that victims of domestic violence who received services from the police that would typically be provided by a victim services worker, such as information regarding available services and steps to take to improve their safety, information on the arrest process, and what would happen to their partner, were more satisfied with the police response to their call for service than victims who did not receive this information. Importantly, women who were satisfied with the police services they received were more willing to call police again in a future instance of victimization (Johnson, 2007). Another important side benefit of providing support through victim services appeared to be greater victim support for and participation in prosecuting perpetrators of domestic violence (Epstein, 1999; Russell and Ginn, 2001).

A different form of victim services may be offered in the form of advocacy groups. The intense levels of intervention these groups can offer had a positive effect on future recidivism. Sullivan and Bybee (1999) looked at recidivism over two years among female victims of domestic violence who had and had not received 10 weeks of advocacy services where the women worked with a community-based advocate to identify their needs and access services. Fully, one-quarter (24 per cent) of the women assigned an advocate reported no new physical abuse two years later compared to only 10% of women who did not receive the advocacy service. They had also accessed more services, were less depressed, and were better able to access social supports.

Risk Assessment Tools

There are a wide variety of risk assessment instruments in use across Canada that focus on domestic violence, such as the Spousal Assault Risk Assessment used by Corrections and in policing, the Level of Service Case Management Inventory used in probation, the Violence in Relationship Checklist used by the RCMP, and the Aid to Safety Assessment Planning used in victim services. Unfortunately, usage seems to largely vary by province (Millar, 2009; Millar, Code, & Ha, 2013). In British Columbia, the provincial VAWIR policy states that police should use the B-SAFER (Brief Spousal Assault form for the Evaluation of Risk; Kropp, Hart, & Belfrage, 2005) to screen for higher risk suspects. Rossiter (2011) noted that this shorter form assessment could be used as a screen to indicate which suspects are in need of a longer and more comprehensive assessment as provided by the Spousal Assault Risk Assessment Guide (SARA; Kropp, Hart, Webster, & Eaves, 1999). More generally, Millar and colleagues noted that police agencies across Canada used the following tools:

- *Violence in Relationship Investigative Checklist* (RCMP in Newfoundland and Labrador);
- the *Spousal/Partner Abuse, Assault Court Package Supplement* (RCMP in Newfoundland and Labrador);
- the *Domestic Violence Police Investigation Checklist* (municipal police and RCMP in Prince Edward Island);
- the *Court Information Package* (municipal police and RCMP in Prince Edward Island);
- the *Ontario Domestic Assault Risk Assessment* (police in Ontario, RCMP and municipal police in Nova Scotia, the Integrated Threat and Risk Assessment Centre in Alberta, RCMP in the Northwest Territories, and police-based victim services in Saskatchewan);
- the *Brief Spousal Assessment Form for the Evaluation of Risk* (municipal police and RCMP in New Brunswick; municipal police and RCMP in British Columbia);
- the *Spousal Assault Risk Assessment* (police in Ontario, the Integrated Threat and Risk Assessment Centre in Alberta, the Vancouver Police Department, and the Yukon RCMP);
- *The Victim's Statement of Risk* (police in Ontario);
- the *Bail Safety Program Interview Checklist* (police in Ontario);
- the *Domestic Violence Supplementary Report Form* (police in Ontario);
- *Stalking Assessment and Management* (the Integrated Threat and Risk Assessment Centre in Alberta, the Vancouver Police Department, and the Surrey RCMP's Behavioural Sciences Unit);
- the *Family Violence Investigation Report* (municipal, First Nations, and RCMP police in Alberta);
- the *HCR-20* (the Integrated Threat and Risk Assessment Centre in Alberta, the Vancouver Police Department, and the Surrey RCMP's Behavioural Sciences Unit);
- *Threat Assessment Questions for Field Personnel* (Vancouver Police Department);
- the *Risk of Sexual Violence Protocol* (the Integrated Threat and Risk Assessment Centre in Alberta);
- the *Psychopathy Checklist* (the Integrated Threat and Risk Assessment Centre in Alberta);
- the *Static 99* (the Integrated Threat and Risk Assessment Centre in Alberta); and

- the *Response Protocol for Quebec Police Services* (police in Quebec) (see Millar, 2009 or Millar et al., 2013 for a summary of each risk assessment tool).

As noted by Campbell (2010), there are several purposes to risk/threat assessments, including that it provides a common language to discuss and assess threats and risks across sectors. Assessments can not only help professionals assess the threat that is posed by an offender and the corresponding response that is demanded by police and the larger justice system, but can also help victims to more accurately recognize their own level of risk and put an appropriate safety plan in place (Campbell, 2010).

Risk/threat assessment is completed at multiple levels and by multiple sectors, including police, Crown, and community services. Police complete an assessment as part of their handling of the file, for instance, to determine whether to refer the file to a specialized unit and to help shape their response to both the offender and victim. One specific form of risk assessment may include an assessment of the potential for lethal violence to occur. While relatively rare, the loss of even one life to preventable violence is troublesome, and police need tools to better assist them in deciding which victims are most at risk of being killed by their partner.

An innovative program introduced in 30 different American states is the Lethality Assessment Program (LAP) (<http://mnadv.org/lethality/lap-nationally/>). The LAP is a police tool that helps first responders identify a victim's level of risk and respond quickly by connecting them with a service advocate with the goal of reducing risk of homicide. The program is intended for use in cases of intimate partner violence and when a single aggressor has been identified. The central driving factors behind this program were that, in the year prior to the homicide, almost one-third of victims had contacted the police, while nearly half of the perpetrators had been arrested, yet only 4% of domestic violence homicide victims in the United States had ever accessed a domestic violence shelter or hotline. Furthermore, research showed that women who attended shelters were significantly less likely to be re-victimized (LAP Link, 2014). Given this, the LAP program seeks to assess the risk level among victims and immediately connect them with services that can reduce the potential for further victimization, such as shelters.

The LAP program works by having police officers who respond to domestic violence calls administer an 11-question screen based on the Danger Assessment measure by Campbell (Campbell et al., 2007).¹ The questions touch on known risk factors for elevated violence among intimate partners, including previously being threatened by the offender, the offender having access to weapons, being separated from the offender, or fearing that the offender may try to kill them. If the victim says "yes" to one of several especially high risk questions, or says "yes" to at least four other questions, or if the officer believes the victim is at risk despite their answers, the police officer calls a victim advocate and passes the phone to the victim to have a conversation about building a safety plan. If the victim refuses to speak to the advocate, the officer advises the victim that they believe they are in danger and

¹ See http://mnadv.org/mnadvWeb/wp-content/uploads/2011/10/LAP_Info_Packet--as_of_12-8-10.pdf for a copy of the screen.

that people in similar situations have been killed by their partner, and they advise the victim of what signs to be aware of that may indicate increasing levels of risk to their safety (Maryland Network Against Domestic Violence, no date).

In a recent Department of Justice assessment of LAP in Oklahoma, Messing et al. (2014) found that the LAP was associated with a reduction in future violent victimization, increased use of protective actions on behalf of victims, and greater satisfaction with the police. This study compared a sample of 212 female victims who would have been assessed at a high risk for violence, but who did not officially receive the Lethality Assessment screen (i.e. the high violence comparison group), with a group of 648 women who did receive the assessment. Data was collected at the index offence (i.e., the domestic violence call for service responded to by the officer) and again seven-months later. Importantly, the LAP is designed to reduce the risk that a victim at high risk for severe violence or homicide “slips through the cracks” and, in fact, the measure correctly predicted 93% of the instances of near fatal violence seven months later, while 96% of the victims it classified as not at high danger did not experience near fatal violence in the subsequent seven months. However, because the assessment is designed to widen the net of potential high-risk victims, the screen also had a high rate of false positives, classifying many women as high danger who did not experience subsequent near fatal violence, at least in the subsequent seven months.

Nearly two-thirds (62 per cent) of the women assessed by LAP spoke with the domestic violence counselor by phone. The likelihood that the victim would agree to speak to the counselor was increased if she had experienced severe forms of violence at the index offence, such as being punched or hit with an object, or had experienced serious forms of victimization in the past, such as being the victim of an assault with a weapon, or if she had previously taken steps to protect herself, such as having packed an escape bag. However, women with post-traumatic stress disorder were less likely to speak to the counselor, as were women who had received formal domestic violence services in the past.

One reason why women exposed to the LAP may have been at a reduced risk of victimization was their active engagement in protective activities. Women in the LAP group were significantly more likely than women in the high violence comparison group to remove or hide their partner’s weapons, access formal domestic violence services, set up a code with family or friends that would indicate that they were in trouble, use some form of self-protection, such as pepper spray, improve their home security, obtain medical care for injuries, apply for orders of protection, receive orders of protection, go somewhere their partner could not find or see them, or have a partner who went somewhere he could not find or see her, such as jail.

Dutton (2015) evaluated police officer perceptions and use of LAP in Connecticut. At the start of the study, in 2012, LAP was used in eight police departments; however, it was soon implemented in 43 different police departments and the state police. In total, 24 of the agencies participated in her evaluation. As part of the evaluation, Dutton interviewed police coordinators of the LAP program and reviewed monthly LAP reports. Police officers perceived that the main goals of the program were to help victims and to connect them with services. Officers reported that they felt the program helped them to “reach people [they]

wouldn't have reached before" because, in the past, the only connection to the services the police offered was to hand the victim a card listing the agencies they could call for help. Officers also reported that they felt "more tuned into signs of potentially volatile situations" (Dutton, 2015). Another noted benefit of the LAP was the improved relationships between police and service agencies. Prior to the program's introduction, nearly half (46 per cent) of participating police departments said they had either no or only a minimal relationship with agencies providing domestic violence services. After the program had been introduced, they rated their relationship as an eight out of a maximum of ten with these type of agencies (Dutton, 2015).

Of note, all participating departments reported that they would recommend continuing the program. The most common reasons were because they believed it helped victims and protected them, while some felt that it was another tool for officers and resulted in more complete investigations. Comments included that the program was "not a lot of work on the ...front end for the police officers, and it provides significant benefits for the victim by giving them another avenue to get the help they need", that it helped police to get "out in front of potential powder keg situations", and that they "believe it ...is going to, if it hasn't already, save somebody's life" (Dutton, 2015).

A second stream in this evaluation was a review of monthly LAP reports submitted by participating agencies. Of the 2,709 LAP forms completed, slightly more than half (55 per cent) screened the victim as high danger. Of that group, 86% of victims agreed to speak with the advocate, and, of those, 76% "accessed" a service, meaning they set up an appointment with a service provider (Dutton, 2015).

Despite the successes noted by both evaluations, one of the main challenges remained convincing victims to participate. In some cases, the victim simply refused to talk to the advocate, and in other instances it was perceived that victims were only giving lip service to the program, and were not really taking advantage of the available services. A second challenge noted in some agencies was the need for the officers to use their personal phones to connect the victim with the advocate. In order to protect the victim's safety, officers are generally not allowed to phone the advocate using the victim's home line, but, in some cases, officers were not provided with a work phone to use. This could deter some officers from using the program as intended, such as by not conducting an assessment when they should. A third potential challenge is overwhelming local services, such as shelters.

Shelters

Shelters are one of the most commonly recommended services for women experiencing violent victimization and the majority of women accessing shelters appear to be doing so as a result of emotional and/or physical abuse (Munch, 2012; Mazowita and Burczycka, 2014). For instance, Sinha (2013) reported that 71% of women accessing Canadian shelters on a single day in April 2010 were at the shelter because of abuse. Over 62,000 women accessed shelters across Canada in 2011/2012, with higher rates of admission occurring in the Western provinces and the Territories (Mazowita and Burczycka, 2014). Critically, over half

of women in shelters in April 2012 brought their children with them (Mazowita and Burczycka, 2014).

There are a variety of facilities women can access for shelter, including transition houses (temporary round-the-clock staffed shelter), safe houses (temporary short term shelter and supports), and second-stage houses (six to 18 month stays while planning for independent living) (Ministry of Justice, 2015). According to a snapshot study taken in April 2012, transition homes were the most commonly accessed (34 per cent), followed by second-stage housing (25 per cent), emergency shelters (22 per cent), and women's emergency shelters (13 per cent) (Mazowita and Burczycka, 2014). An important finding was that for nearly half (46 per cent) of the most recent incident that resulted in the women accessing the shelter, police were not informed of the incident.

According to Rossiter (2011), there were over 100 shelters in British Columbia that specifically provided services to female and child victims of domestic violence; five of these are located in Surrey.² Yet, there are still many victims of intimate partner violence who do not need, or who need, but do not access shelters. One reason for this may be lack of recognition on the victim's part that they are significantly at risk as a result of their partner's behavior. Many women underestimate the level of risk their partner actually poses to them, despite having been subjected to threats of violence, use of weapons, and substantial levels of physical abuse, which again speaks to the utility of risk assessment tools that can quickly help women accurately grasp the level of risk their partner poses to them.

While it is outside the scope of this report to review the research on domestic violence courts, it is important to note that, despite recommendations by the Representative of Children and Families (2009) to do so, British Columbia has yet to establish provincial-wide domestic violence courts. However, some municipalities have independently established courts that follow this model, or which involve specialized prosecution teams. For instance, a pilot project in Langley, B.C. reported massive reductions in victim recantation (80 per cent) and stays of proceedings (38 per cent), and an increase in guilty pleas or convictions (43 per cent) over the eight-month period of the pilot when compared to average statistics for the previous six years (Coupal and Konarski, 2010).

Current Study

The current study involved interviews with members of the Surrey RCMP specialized Domestic Violence Unit (DVU). The interviews focused on the mandate of the DVU, human resourcing, partnerships, case management, and crime reduction strategies. Interviews were conducted with both current and former unit members. At the start of this project, the

² A listing of these resources is available online through the BC Society of Transition Houses at www.bchousing.org/Options/Emergency_Housing/WTHSP/Access. Surrey transition houses include the Virginia Sam Transition House and Evergreen Transition House (both provided by Options Community Services Society), and the Ama House for Older Women, the Shimai House, and the Durrant House (all provided by the Atira Women's Resource Society).

sergeant-in-charge was responsible for the DVU and Missing Persons Unit, which were co-located within the Investigative Services branch of the Surrey RCMP; however, following some structural re-organization, these units were moved and integrated with the new Mental Health unit in the Operational Support Unit.

Mandate

Surrey's Domestic Violence Unit is mandated to "provide an integrated police/support worker investigative response to reduce incidents of domestic violence and repeat victimization of victims and family members who are at a high risk of physical harm". In other words, high risk cases are assigned to the DVU for investigation and management. This includes offender management, ongoing victim and witness management, and training/education both in-house and externally. Overall, according to their mandate, the DVU has been tasked with four main responsibilities: (1) review domestic violence investigations and provide guidance to other units; (2) investigate high risk domestic violence offences; (3) provide training and information on domestic violence to the detachment and other public safety agencies; and (4) liaise with community based victim services, partner agencies, and community groups. In addition, a fifth responsibility is to take on other duties that are given to them by Senior Management.

Participants were asked about the need for a specific specialized unit to handle domestic violence files. The participants felt that there were several reasons that required a specialized unit. First, domestic violence files were perceived as more difficult to investigate than a typical assault file because of the nature of the relationship between the offender and victim. Whereas an assault file might involve two strangers or two individuals who are known to each other, domestic violence files stood apart from these in terms of the complexity posed by the interrelationship between offender and victim. In many cases, there was an ongoing relationship, as well as factors leading to a dependent relationship, such as the presence of children, income dependence, or language barriers that made it difficult to engage in risk prevention through simple separation of the two parties involved. Furthermore, effective case management in this area often requires relationship building with victims to encourage their involvement. Thus, investigating and managing these files was noted to be quite time consuming and requiring a great deal of patience and understanding, particularly towards the victim. An additional complexity was that many of the cases involved populations with culturally different gender-based expectations of what was expected in a relationship, which made it more difficult to involve victims and prevent recidivism.

The second reason behind the need for a specialized unit involved the quantity and quality of domestic violence files in the city. Participants felt that while the vast majority of files could be managed satisfactorily by general duty, a smaller portion of files needed more intensive management because of the risk level posed by the offender and the complex needs of the victim. Specifically, it was felt that the severity of the file necessitated a dedicated unit and that their ability to focus on a smaller set of files gave them an intimate

awareness of the nature of the file and when the offender was likely at highest risk of engaging in severe violence. Thus, unlike a general duty member's involvement in files, part of the DVUs mandate was to remain involved in the file through to the offender's completion of the criminal justice system processing of that file, including the serving of a sentence. In other words, unit members would become involved in a file shortly after an incident occurred and would continue to work with the offender and victim until the offender was no longer under the control and supervision of the justice system. Even if the offender was incarcerated, the unit would remain involved in their management, for example through reintegration planning, and would remain in contact with the victim. This intense level of involvement meant that the DVU would only be actively engaged in a handful of files, although they may have 20 to 30 files ongoing at any given time.

Low risk domestic violence cases are, therefore, typically not part of the Surrey DVUs mandate; however, several participants suggested that they should be. When a domestic violence incident occurs for the first time between partners, in many cases, the offender may be more interested in cooperating and trying to fix what went wrong, especially when there are children in the home. In these types of situations, unit members indicated that they would like to be able to intervene at the earliest possible opportunity, as this provides the best opportunity to prevent the development of more serious incidents. To this end, some unit members have already investigated the possibility of developing a Low Risk Offender Program.

In 2014, the DVU mandate changed to include the responsibility for providing integrated police, support worker, and child protection workers focused on reducing domestic violence and repeat victimization for those at high risk for physical harm.

Human Resourcing

At the time of this project, the team was composed of a corporal and three constables, as well as a police-based victims service worker who engages in safety planning with the highest risk victims, connects them with resources, such as housing supports, attends court, and provides overall emotional support. The unit was supervised by a sergeant who also oversaw the Missing Persons Unit. All five member positions may be involved in investigations; however, the sergeant is additionally responsible for managing training and leaves, managing resources, providing quality control over files, and overseeing other units. The corporal is also tasked with directing investigations, assigning files, providing training and education to unit and general duty members, conducting outreach to community and public safety partners, and providing education to community members, for instance, through workshop or conference participation.

Participants felt that there was sufficient supervision within the DVU, but that having more general duty investigators would be useful to allow them to take on more files and reduce the burden on general duty members. While there was the suggestion that the DVU should be doubled, others indicated that simply added one additional constable would increase file capacity by at least 20 over the year, and would also reduce some of the pressure on general

duty and improve the celerity with which DVU files could be managed. Moreover, adding at least one constable to the team might allow for some variations in shifting and provide for some late afternoon and evening coverage when public safety partners, such as Crown and probation, allegedly regularly try to connect with the unit. Adding a member or two would also allow for some coverage for evening house checks. Also, as will be discussed later in this report, participants felt that developing a Low Risk Offender program would be a useful crime reduction strategy; however, this would likely require at least one additional constable position.

At the time of the interviews, while the unit was fully staffed, one constable was seconded elsewhere. The remaining two constables had been with the unit for approximately one year. Two benefits of the DVU's composition was that the unit had a mix of female (one) and male (two) constables, which gave them flexibility in relating to families in different ways, and they had two unit members who spoke Punjabi, which allowed them to connect more directly with some families. Several former supervisory members of the unit had recently transferred out, and a new corporal had been assigned, though had not yet started in their position. Shortly after the interviews were completed, the remaining veteran members of the unit transferred out, leaving a DVU staffed with an entirely new team. Several participants noted that one of the main human resourcing issues with the DVU was its high degree of turnover, which was attributed to both the high levels of stress involved in managing these complex and often emotional cases and a reflection of the general pattern in the Surrey RCMP Detachment where investigators do not tend to spend more than two years in any one posting.

Another important change that was anticipated to occur after the interviews for this project was completed was the integration of a community victim service worker into the DVU. While the unit already had a police based victims service worker, participants noted that, at times, victims preferred to use the community worker, which led to problems with information sharing between the police and community agencies. Essentially, any information shared by a victim with a police victim service worker would be subject to disclosure; however, information shared by a victim with a community victim service worker would only be subjected to disclosure in the event that the victim's abuser was considered to meet the highest risk status. An example of where this became problematic involved no contact orders. If an offender was to breach a no contact order, it might increase their level of risk, yet the community agency might not share that change in status with the DVU, unless that offender was now considered a highest risk offender. One goal then of including a community victim service worker in the DVU was to reduce this barrier to information sharing by strengthening the relationship between police and community agencies. This model is already in place in Victoria, British Columbia where there is reportedly a regional integrated DVU with Victoria Police and Saanich RCMP, as well as two community victim services workers.

There has been a change in the organization of the DVU since the completion of the interviews for this review. By the time of the writing of this report, additional people have

been added to the DVU. As mentioned above, the DVU already had a police-based victim services support worker who was a City of Surrey municipal employee, but, in 2015, added a community-based victim services support worker and a child protection worker from the Ministry for Children and Family Development.

Training

Participants indicated that, prior to joining the DVU, in terms of conducting investigations, they did not need any specialized training beyond what they had already received as part of their general duty work. In effect, from their perspective, to be transferred into the DVU, no special expertise in domestic violence was required, but unit members needed to demonstrate general policing competencies, such as crime scene management, the ability to conduct investigations, interviewing skills, the ability to write requests for judicial authorization, and the ability to present evidence in court. It was also noted that there were mandatory online courses, such as a course on Violence in Relationships, and a course on Evidence-Based Domestic Violence investigations, as well as others that touched on elements of domestic violence, but were not specific to it. Rather than specifically require DVU members to complete these courses, they are required for all RCMP members, as most domestic violence files are actually managed at the general duty level with only the most serious coming to the attention of the DVU.

On the job training primarily involved familiarizing the new member with relevant policies and procedures. Domestic violence is a somewhat unique area because of the presence of multiple levels of policy, including the Surrey RCMP and federal RCMP policies, as well as provincial policies specific to Violence Against Women in Relationships and provincial acts, such as the *Family Law Act* of 2013. Additional on the job training was noted to include further developing interviewing skills.

There were inconsistent reports among participants regarding the need for risk assessment training. Some participants indicated that there was no requirement to send DVU members for training on the B-SAFER method of risk assessment, although they felt that members should and receive this training when possible, while other participants reported that they were required to take the B-SAFER training course. It appears that the requirement to complete the B-SAFER training course varied by position. Given the availability of the course, it appears that priority should be given to the constables and corporal before those at the sergeant level. General duty members are not required to take this course, although, at times, they will train supervisors on the use of this risk assessment tool so that they can be in a better position to assess files when they conduct their supervisory review. However, participants noted that a proper risk assessment could take an entire shift to complete and that the right people were being trained, as it was not a commonly used tool outside of the DVU.

It should be noted that, in 2015, two DVU team members received training in the Proactive Resolutions Violence Risk Assessment and Management Workshops, and all members, in addition to some key community partners, attended the Facilitation Skills Training provided

by the Justice Institute of BC (JIBC). Moreover, for the DVU and community partners to identify, share information, and case manage domestic violence offenders deemed to be Highest Risk Offenders (HRO), the entire DVU and their community partners will be provided Inter-Agency Case Assessment Team (ICAT) training.

File Review

Although the DVU is only directly involved in a small proportion of domestic violence files, specifically, the highest risk offender cases, they are indirectly involved in all files through the review process performed by unit members. Each shift, DVU members review the duty officer report that provides the PRIME synopsis of all calls occurring in the previous shift. The DVU members first look specifically at the family violence section and read the synopses of the calls that were coded as “K” files. Next, they review the entire list and each synopsis to ensure there were no missed “K” files among the remaining calls. This process was reported by participants to be very cumbersome because of the sheer amount of family violence files that occurred in Surrey. It was estimated that the DVU was working three months behind in their review of files, while other participants reported that the first few hours of every shift was spent reviewing reports and typing out follow ups. Thus, it appears that DVU members spent a great deal of time reviewing files, rather than actively pursuing their own investigations.

To validate these perceptions, a review of the family violence files occurring in a typical year in Surrey was conducted. In 2013, a total of 4,026 files were assigned a family violence code in Surrey. However, only slightly more than one-third (38 per cent) actually involved partner-related offences that would fall under the provincial VAWIR policy. Of these 1,529 offences, three-quarters (78 per cent) involved violence, while the remaining 341 files involved non-violent offences. Another one-third (34 per cent) were considered “other family violence” offences. A smaller proportion were considered founded incidents, but the family violence coding was actually not applicable for these 250 files, while 890 were considered unfounded/z-code files. Considering that the DVU is staffed Monday through Friday, these numbers suggest that unit members would typically need to review an average of nearly 17 files each shift.

The purpose of the review process was two-fold. The first purpose was related to quality control. Similar to what should already be occurring at the supervisory level for general duty members, the DVU would review files for consistency with policy and for overall investigational quality. For instance, unit members would check to ensure that the required checklists and risk assessment templates for family violence files had been completed, such as BC Risk Assessment Form, indications that victim’s services had been contacted/referred, a weapons check done, neighbor enquiries had been conducted, and that any required documentation was present. If something was missing or incomplete, members would refer the file back to the supervisor or general duty member for further work. Furthermore, participants reported that it was not only the family violence files that they would review, but also the duty officer report of the calls occurring in the previous

shift to ensure that no calls were accidentally missing the “K” file designation, such as a verbal argument between two adults that contained a threat, or a break and enter that occurred in the context of a former relationship, either of which would then necessitate the completion of a set of risk assessment forms and trigger follow-ups within 90 days. Although these mistakes should be caught at a supervisory level, participants reported that they sometimes slipped through this stage of quality control.

While participants felt that it was important that those with experience or training in domestic violence investigations to review files for compliance with policy, they simultaneously felt that this was not only time-consuming, but led to them under-applying their particular skill set. Overall, while unit members agreed that it was important for them to provide assistance to general duty members handling their own investigations, the file review process was universally perceived as problematic and resulted in taking time away from the DVU’s own investigations and preventing them from taking on more investigations.

To be clear, every offender who meets the Highest Risk Offender designation is handled by the DVU. However, domestic violence files that are serious in nature and that are typically handled by domestic violence units elsewhere are not handled by the DVU in Surrey because of the high rate of family violence calls for service. And, while we would encourage the DVU to be more proactive in its orientation towards domestic violence, particularly in deterring first-time offenders from recidivating, their involvement in reviewing files for quality control purposes appears to be one of the two main factors preventing them from doing so, the other being understaffing.

The second purpose of file review is to determine if whether the DVU should take over the investigation, or at least provide assistance. Some of these files may not meet the highest level designation, but may be serious enough to warrant the unit’s involvement, such as an offender with a history of domestic violence offences. In other cases, the DVU’s specialized skills might be of assistance to general duty members. Nearly every day there were new cases requiring the DVU to provide assistance to a general duty member, such as assisting with conducting follow ups with victims of domestic violence, which takes a considerable amount of the unit’s time. While this work is extremely important, it does prevent the DVU from engaging in other important activities.

A significant change that occurred after the interviews were completed was to eliminate the DVU’s review of files within the detachment to ensure the quality of investigations, policy compliance, and to assess whether a file should be taken over by the DVU. This change was achieved through the introduction of the Operations Review Unit that was established to ensure the quality of all investigations and policy compliance for all types of investigations, and by creating other mechanisms within the detachment to identify those files that should involve the DVU.

Receiving Files

Domestic unit members do not respond to domestic violence calls for service. The initial call for service and police response (e.g. arrest, taking statements) is provided by general duty members. However, if the offence involves a more serious level of violence, the file may be transferred to the DVU. There were several ways that the unit received their files, including direct transfer by a general duty member (emailing the file number over, or notifying them in PRIME), the DVU file review process, and direct contact by a victim, community member, or partner agency. Some participants expressed that the email system was ideal as it could be accessed by any member of the unit and dealt with right away, and because it was a written documented transfer. In contrast, pulling files out of the file review was not seen as an effective way of identifying cases for the DVU to become involved with.

A review of 2013 PRIME data indicated that the DVU was the primary holder of 70 files that year. Nine of these files were generated by the DVU themselves; however, 77% were referred from calls for service handled initially by a general duty member. The greatest number of general duty referred files occurred in District 3 (n = 22), followed by District 1 (n = 16). Another 11 files were generated from District 2. Very few files were generated in District 5 (n = 2) or District 4 (n = 3). Four other domestic violence unit files were generated through the main detachment, one file was referred to them through a school liaison officer, and one came from the Missing Person Unit.

It should be noted that at the time of writing this report, changes were made to how the DVU receives files. The current process is that the DVU becomes involved in all domestic related files that involve high risk offenders, as identified by either the GD members who respond to the call for service, through PRIME queries conducted on the offender, by referrals from community partners, or through referrals from within the Surrey detachment from GD, the Operations Review Unit, or Investigative Services. In addition, the DVU may also get involved in investigations where a victim receives substantial injuries, where there are aggravating circumstances suggesting the need to involve the DVU, where the nature, complexity, or scope of the investigation makes it prohibitive for GD to manage, where there is the involvement of an RCMP member as a victim or suspect, and when it is a high profile file.

Highest Risk versus Lower Risk Case Involvement

Participants reported that because there were so many domestic violence files, an incident needed to be considered particularly high risk to warrant involvement of the DVU. The participants indicated that there were many serious files that the unit did not manage directly as they did not have the capacity to take them on, while maintaining the level of attention required for those cases considered highest risk. In other words, in most communities, if a suspect physically assaulted their partner and caused injuries, the case would be assigned to a specialized unit for management; however, many such cases in Surrey did not meet the unit's threshold for direct involvement, unless there was also a history of domestic violence, which would elevate the risk level. These 'lower' priority files

would, at times, be transferred to the general investigative services section; however, the vast majority of family violence calls in Surrey were handled in their entirety by general duty members. For instance, of the 4,026 family violence files originating in 2013, general duty members conducted the investigation in 89% of these files. The DVU would, at times, offer supportive services for these files, for instance, in the event that a child witness to the violence required an interview or if the general duty member needed assistance in coordinating with outside agencies or jurisdictions, but most of the DVU's involvement would be indirect.

As previously noted, 1,188 family violence files in 2013 actually did involve violence. The DVU was responsible for investigating only a very small proportion of these (6 per cent), although they reviewed all of them. In total, two-thirds of the family violence files had a common assault UCR code assigned. Slightly more than one-in-ten (11 per cent) involved threats uttered against a person, while slightly less than one-in-ten (9 per cent) involved an assault with a weapon or an assault causing bodily harm. As demonstrated in Table 1, overall, the most common files handled by the DVU were common assault files. However, relative to their comparatively rare occurrence in the community, the DVU was more likely to take on files relating to uttering threats and aggravated assault. Still, the DVU handled a minority of these more serious calls for service. In addition to these files, the unit also handled six files involving breaches of the peace, one peace bond file, one obstruction of justice, and one safety planning file.

TABLE 1: PRIMARY UCR CODES ASSIGNED TO 2013 FAMILY VIOLENCE FILES IN SURREY (N = 1,188)

UCR Category ³	% of Partner-Related Violence Files	# of Partner-Related Violence Files	# Handled by the DVU Directly ⁴ (% of All PV Files)
Common Assault	66%	781	31 (4%)
Utter Threats Against Person	11%	136	17 (13%)
Assault with a Weapon / Cause Bodily Harm	9%	110	6 (6%)
Harass / Obscene Phone Call	6%	77	2 (3%)
Criminal Harassment	2%	23	0
Assault – Other	2%	18	0
Sexual Assault	2%	17	2 (12%)
Forcible Confinement	<1%	7	0
Aggravated Assault	<1%	5	1 (20%)
Intimidation Violence / Threat	<1%	2	0
Kidnapping	<1%	2	1 (50%)
Robbery – Other	<1%	2	0
Assault of Peace Officer	<1%	1	0
Extortion	<1%	1	0

³ Six files appeared to be miscoded as they were considered founded files, but received a ZZZ code, which should not be on a founded file.

⁴ This table contains data from two different sources. The first three columns represent the data held in PRIME for 2013. The last column is data held by the DVU. As such, the specific UCR code may differ between these files.

At the time of the interviews, one participant reported that the team was involved in 22 active files, and had 55 additional open files ranging from moderate to highest risk. Typically, the file is assigned to one investigator, but all unit members are involved in the case management of all files. According to the participants, the estimated proportion of files meeting Highest Risk designation ranged from 1% to less than 5% of all files.

The DVU is specifically mandated to take cases that occur between intimate partners and that are considered high risk, meaning that they involve individuals who meet the classification for the highest risk offenders (HROs) and/or they involve serious forms of violence. In addition, they are responsible for related cases involving the highest risk offenders, such as breaches. Once the DVU has been assigned a file, they are actively involved with the file and its related offender and victim until the offender is no longer under a court order. This means that, unlike other forms of criminal activity, the DVU is actively involved beyond the submission of a report to crown.

The provincial VAWIR policy provides a *Protocol for Highest Risk Cases* that requires information sharing among the various team partners, such as the police, Crown Counsel, corrections, victim service workers, and child welfare, to facilitate offender management and the provision of victim safety in those instances involving perpetrators of domestic violence who are most likely to re-offend and inflict serious harm or even death on the victim (Ministry of Public Safety and Solicitor General et al., 2010; Provincial Office of Domestic Violence, 2014). As stated in the VAWIR policy, this designation is assigned by the police when warranted by a formal risk assessment. Essentially, when police are faced with a situation that they believe may qualify as highest risk, the policy states that they should immediately request that the B-SAFER risk assessment be completed. If the offender meets the Highest Risk designation in that the assessment indicates that the offender poses a threat of grievous bodily harm or death to the victim, such as by repeatedly violating no contact or no go conditions, this should trigger a notification process whereby public safety partners are alerted. For instance, police should initially reach out to Crown Counsel so they can make the argument to hold the offender in remand or, at the very least, to request that very strict conditions are given in court to control the behaviour of the offender in the community. Other agency partners are also notified of the designation, which then requires them to disclose any relevant information they have on file and, if not already in contact with the individual, to start a file on the offender. For instance, probation might check on the individual's history of compliance with court-ordered conditions, while MCFD could check on their previous calls for service to the household. The police based victim service worker will work with the victim, connecting them with community resources and providing support, such as by encouraging them to go to court and attending court with them if necessary, as well as helping them develop a safety plan, connecting them with transition homes, or placing a PRIME hazard notification on the address. If released into the community, the domestic violence team will continue working with the offender by monitoring their compliance with release conditions, and will continue to provide support to the victim, for instance by checking in with them regarding the offender's compliance with conditions (e.g. program attendance, violations of no contact orders), as well as the victim's own wellbeing. The DVU provides the same level of support for all unit files,

regardless of whether they meet the highest risk designation or not; what differs is the level of disclosure in that information must be provided regarding those classified as at the highest risk, and can be provided for all of the other remaining cases.

Overall, the participants felt that they were doing a good job of meeting their mandate in terms of managing all files that met the threshold for highest risk. However, as will be discussed below, they also felt that they could be doing more to prevent recidivism among this population, but that they had neither the time nor the staff to engage in these types of files to a greater degree. In other words, participants felt like they were meeting, but not exceeding, the DVU's mandate. In addition, they felt that they needed to do more with the lower risk offenders to prevent them from escalating the severity of their behaviour and possibly becoming higher risk.

Case Management

Over the course of one year, the DVU might be the lead investigators of approximately 60 to 70 files. Participants suggested that at any given time, each member of the DVU might be actively working between 10 and 15 files. The participants felt that this was too many simultaneous files, which effected their ability to have more involvement in case management, particularly when one also considered the file review duties they were also expected to conduct. In effect, it was felt that having a large number of complex and time-consuming cases, and spending a couple of hours at the start of each shift conducting file review, left them very little time for proactive work, such as checking on an offender's compliance with court-ordered conditions or checking on a victim's well-being. The outcome of this was a concern among some in the DVU that there was little offender management and a general inability to effectively monitor the highest risk offenders. As a consequence, DVU members reported relying on probation and victim services to conduct these parts of case management. This is not an ideal situation as many participants indicated that, in particular, probation was also struggling to conduct these checks and, if probation did detect violations, they might not write up a file on it, which results in a lack of additional police involvement.

Given that participants often felt there was insufficient time to manage all active cases, they engaged in case prioritization. Some of the factors affecting the priority of cases were upcoming court dates, the severity of the offence, the presence of children, the availability of evidence, victims, or witnesses, and the offender's participation in other criminal activity. Primarily though, the main factor used to set the priority of files appeared to be the safety to the victim.

On a typical file, investigators reported spending the majority of their time conducting and transcribing interviews. This was because it was not uncommon for a three hour interview to translate into seven or eight hours of work. Interviews were typically conducted with the victim and offender, as well as witnesses to the incident; however, at times, DVU members also needed to track down individuals who were previously involved with an offender. In addition to this, DVU members also engaged in some victim management, attend Highest

Risk Offender team meetings, attend court, write legal documents, and meet or communicate with other members to share information. Because of the level of seriousness of DVI files, it was reported that nearly all DVU files resulted in a report to crown counsel with recommended charges. In addition, general duty members leading less serious domestic violence investigations may also be submitting their own recommended charges, sometimes with the assistance of DVU members.

In addition to recommending charges, participants also reported that they would push for strict conditions, including no contact orders, no go orders, and a requirement for the offender to attend counseling, abstain from substances, and to relinquish possession of and to stay away from weapons. There were several reasons for this. First, many of the individuals the DVU dealt with were ordinary people in extraordinary circumstances and that the potential outcome of violating conditions was a sufficient enough threat for them to control their behaviour. Second, certain conditions, such as no contact orders, might provide a window of time to work with the victim and either remove them from the residence or set up a safety plan, such as changing the locks, setting up house and panic alarms, assigning a hazard status in PRIME, and coordinating with neighbours. Third, court conditions gave police a tool to intervene quickly should the offender's behaviour escalate. In other words, with a condition to abstain from alcohol, if an offender began abusing alcohol again, the police could quickly re-arrest the individual. Still, while this might work in theory, actually knowing whether an offender was violating any of their conditions was challenging given the reported lack of active follow-up conducted by the DVU and probation.

Once charges have been recommended, participants reported that a central part of their job focused on maintaining the victim's involvement in the file and encouraging them to proceed with any charges. Although at this point the victim's desire to have their partner charged or not has little direct influence on the likelihood that Crown will proceed, a victim who is unsupportive of moving forward with charges increases the chances that Crown will determine that the likelihood of conviction is low because the victim may not attend court and provide evidence. However, DVU participants reported that, in most cases, charges were likely to proceed given the seriousness of the offence.

External Partnerships

Overall, participants felt that the DVU had the right partnerships. At the time of the interviews, the DVU was partnered with probation/parole, community victim services (e.g. the Surrey Women's Centre, transitional housing), the Ministry of Child and Family Development, and Crown. From time to time, the DVU also worked with other police units, such as the child abuse and sexual offence unit (CASO) or specialized surveillance teams. There was only one participant who suggested a need to expand the list of formal partners to include Fraser Health. The root of this recommendation was to increase the ability of the DVU to access mental health information when conducting risk assessments on offenders in order to better interpret some of the behaviours the offender might be displaying, which

might result in a different style or method of case management.⁵ Consistent with the VAWIR policy, these partners meet regularly to discuss their highest risk cases during Integrated Case Assessment Team meetings.

While the partnerships were generally viewed as beneficial, some participants felt that these relationships were somewhat one-sided, in that the partners generally left the DVU to instigate meetings and the sharing of information. Moreover, information sharing was noted to be problematic in many cases because it is not mandated unless the offender was considered Highest Risk to reoffend and that there was sometimes a delay in receiving important case information from partners. The participants reported that they needed to work hard at developing and maintaining certain partnerships because of the constant need to build and maintain trust between DVU members and partner agencies.

As mentioned above, participants indicated that they would partner with other specialized units, such as a surveillance team, the high risk target teams, drug investigation units, or gang enforcement units. For instance, if the DVU had trouble locating an offender, they might request assistance from high risk target teams who would deploy quite quickly to locate the individual. In other cases, the DVU might coordinate with drug units when they uncover illicit substances during their investigation. However, the DVU noted that these types of partnerships were not common, and, when they did occur, they would primarily involve coordinating with surveillance teams, rather than jointly working on a file with another unit. When asked whether they could use surveillance or high risk target teams to engage in more proactive policing of their high risk offenders, participants felt that their offender population was generally considered lower risk by these integrated teams and they would not typically have the resourcing available to monitor offenders on the DVU's caseload if they were already the subject of another ongoing investigation.

Information Sharing

Participants observed that when information is shared by a victim with a police-based victim service worker, such as the one working in the DVU, that information is shared with the unit members. However, when a victim shares information with a community-based victim service worker, unless the offender is considered highest risk to offend by that worker, the information is not required to be disclosed and, according to participants, in many cases, is not shared with the DVU. This can sometimes create challenges for the DVU in planning effectively for the victim's safety as they are operating without all of the information about the offender's current behavior, such as whether they are violating a no contact order or other conditions. DVU members noted that this was one of the reasons why maintaining a good relationship with community victim services was essential. Likely correctly, members felt that information would more likely be shared if there was a relationship of trust between the DVU and community services. In fact, at the time of these interviews, Surrey was taking the unusual and commendable step of working to integrate

⁵ According to management, this has been achieved, in part, by involving the Police Mental Health Intervention Unit (PMHIU), on a case by case basis, in the research and case management conducted by the DVU.

the community victim services into the DVU to better facilitate case management and information sharing on domestic violence files.

It is interesting to note that the Violence Against Women in Relationships (VAWIR) policy allows for full information sharing in cases related to High Risk Offenders (HRO), and, because the DVU's work is focused primarily on these HRO, the VAWIR provisions remove any barriers to information sharing. Moreover, the integration of the DVU and the engagement of community partners should also contribute to improvements in information sharing.

Crime Reduction Strategies

There are several proactive strategies that specialized units can engage in to prevent recidivism among high-risk offenders, such as targeted enforcement, home checks, partnering with probation/parole to monitor compliance with court ordered conditions and programming, connecting regularly and developing relationships with victims, and mentoring high-risk offenders. Unfortunately, the DVU reported that they did not have time to engage in these strategies. One reason for the lack of proactive work with their current caseload was the substantial amount of time devoted to the file review process discussed above. Rather than spending time reviewing previous "K" file reports, participants generally felt that their time would be better spent engaging in strategies that would prevent their high risk offenders from breaching conditions or revictimizing their partner.

Participants identified several issues that they felt increased the risk for domestic violence or the severity level of the violence. In addition to alcohol, it was felt by participants that the presence or use of weapons, threats that were acted upon, serial predatory harassment, escalating violence, and violence involving children were all critical factors that enhanced the risk of domestic violence. By engaging in more regular active monitoring of offenders, participants felt that they would be in a better position to observe or identify changing risk factors and able to intervene more quickly. As an example, studies in the United Kingdom found that when police officers had regular contact with high risk offenders, such as by conducting regular home checks, reminding them of upcoming appointments, or by driving them from time to time to their programming, negative attitudes can be reduced that gave the police a better chance to change the offender's mindset and behaviour (see Cohen, Plecas, McCormick, & Peters, 2014 for more discussion on police-based mentoring of high-risk offenders).

Members of the DVU mentioned that they are now placing a greater emphasis on proactive strategies targeting high-risk offenders to address their recidivism. To this end, participants provided a list of strategies focusing on this population, such as pre-release meetings to discuss the offender's designation, behavioural expectations, and compliance issues, meetings with DVU members and HRO's to build rapport and to discuss monitoring, curfew checks, and meetings with the HRO's probation officer, child protection workers, and the HRO.

General Duty Training

Another aspect of the DVU's mandate is to provide training on domestic violence investigations to general duty members. Some of the participants reported that they had attended briefings where they informed the members about what the DVU's mandate was or provided updates on changes to policies and the law in the area of domestic violence. Participants also noted that it would be useful to have more regular sessions with general duty members where they can explain why the DVU requests frequent revisions to general duty files, such as to make them compliant with provincial policies. DVU members also felt that it was important to consistently educate general duty members about the importance of staying connected with their domestic violence files, such as keeping the victim involved, and conducting follow ups with service providers and victims.

While the DVU is a small unit, management reported that there continues to be regular training sessions conducted with GD and Watch Commanders to ensure that the detachment's strategic priorities related to domestic violence and issues related to the investigation of domestic violence are understood.

General Domestic Violence Prevention Strategies

Although the DVU was engaged in a number of initiatives to educate the community about domestic violence, such as leading workshops for community partners, presenting information about domestic violence prevention at community meetings, and providing information to the media, many participants shared a common perception about the importance of educating the community about domestic violence. They felt it was imperative that community members know what constitutes domestic violence, how to prevent it, and how to intervene. This was particularly essential for more hard to reach sub-communities where domestic violence appears to be more prevalent. One example that was given was delivering presentations in high schools about what healthy relationships look like and where to go for assistance if someone felt they were in an unhealthy relationship. Another example was the need for more public awareness about what domestic violence is through the media. Participants noted that in Surrey specifically, one of the issues that resulted in the high rates of family violence were differing cultural beliefs about accepted behaviours within the family. Given this, one solution would be to use the media to promote awareness in victims about what kinds of behaviours are illegal in Canada with the goal of helping them to realize that the actions of their abusive partners were unacceptable and potentially criminal. As noted in the literature review, some victims of domestic violence do not report their victimization for fear of losing custody of children or being reported. As such, the media can play a role in changing these often unjustified beliefs.

Another approach discussed by participants was the need to connect with specific professions to encourage greater rates of reporting. For instance, participants noted that victims tell their medical doctor about victimization, but, in many cases, doctors do not report this to the police. While doctors may not be required to report this information to the police, unless the victim was at risk of serious harm or death, for example, they could still be

encouraged to report this victimization to community based victim services, where the disclosure rules would only apply in situations of highest risk. Although this would not be the ideal solution, given that the victimization will not necessarily come to the attention of the police, it would at least represent an initial first step towards seeking help and may result in the victim acknowledging that they are in a risky situation.

Recommendations

By comparing the available North American literature on Intimate Partner Violence with the policies and practices reported by members working in the DVU, several strengths and areas of improvement were identified, which contributed to the development of several recommendations. While these recommendations focus on the Surrey RCMP Detachment, they should be considered by all detachments with or without a dedicated DVU.

Recommendation 1: Change the File Review Process

The leading issue perceived by participants was the file review process. While participants agreed that file review was important to ensure that high risk files were not missed and that family violence files met the standards required by provincial policy, all participants reported that the current process of having the DVU review all family violence files was problematic. Essentially, the DVU was acting more like quality control than an investigational unit. This process took away from the time DVU members spent managing their own high risk cases and prevented them from taking on more files.

There are several suggested solutions to address this challenge. First, the detachment could remove this process requirement from the mandate of the DVU and allow these file issues to be caught by the generic quality control unit. However, this is not recommended, given the necessary expertise reviewers must have with provincial family violence policy. Alternatively, a more appropriate solution might be for the detachment to retain the file review portion of the mandate, but assign a dedicated quality control reader to the DVU to review family violence files. This person would receive training specific on domestic violence so that they would be in good position to provide quality investigational feedback to the lead investigator and to identify when the DVU should become involved in a file. However, since they would be reading approximately 17 files a shift, to maximize efficiencies, the detachment could consider also assigning this reader to the Missing Persons and Mental Health related-files.

Second, several participants observed that the file errors the DVU typically picked up in the files were issues that should have been caught at earlier stages of quality review. All general duty files should be reviewed by a supervisor before being submitted for quality control review. However, participants suggested that, at times, it appeared that the general duty members would check the box to indicate that a review had been done when it had not, while, at other times, the supervisory review had taken place, but certain mistakes, such as the required risk assessment templates were missing, were not being corrected prior to the

file coming to the DVU for review. Thus, the detachment should ensure that supervisors are doing a better job of reviewing the family violence files conducted by general duty members. Moreover, this finding might suggest the need for additional training on family violence protocols at the supervisory level. It should be noted that this issue is not specific to the Surrey RCMP detachment, nor is it specific to domestic violence files; a study conducted in 2012 on clearance rates indicated that both RCMP and municipal detachments had issues at the supervisory level with conducting quality control reviews of general duty files (McCormick, Haarhoff, Cohen, Plecas, & Burk, 2012). Still, Surrey may want to engage in an audit of the quality review process for family violence to determine where mistakes are being made and offer better training on policies and protocols associated with investigating family violence files.

As a third solution, either in place of or in addition to the previous solutions, the Surrey RCMP could advocate for an amendment to the “K” file designation currently used to identify family violence cases. Rather than applying it only to violence in relationships/violence against women in relationships, other violent family relationships, such as violence between siblings or violence from a child against a parent, are also receiving this designation, which could lead to an overestimation of the amount of domestic violence occurring in a community. It is a bit misleading to assign all family violence cases the same identifier, given that police policies and practices vary widely based on whether the file involves partners rather than other family members. For instance, the DVU is only tasked with responding to partner-based violence, and policies, such as the provincial VAWIR, only apply to partner-based violence. When dealing with other family members involved in family violence, mandatory arrest policies do not apply, and while family members may be connected to victim services, police are not required to conduct follow ups with the family as they are in partner-violence files. Amending the “K” file designation so that it only applied to cases involving conflict between partners would reduce the number of files to review over a year to approximately 1,500.

If the file review pressure was removed from the DVU, participants indicated that there would likely be two direct benefits. First, they would have more time to manage their current files and they would be better able to engage in more crime prevention strategies. Second, while all files that meet the highest risk designation are handled by the DVU, regardless of their current caseload, participants suggested that removing the file review process might allow them to take on some of the more serious domestic violence cases that did not meet the highest risk threshold.

It should be noted that the detachment has made some progress on this recommendation by handing the file review process to the Operations Review Unit and by having the DVU assist in the training of the ORU.

Recommendation 2: Conduct an Assessment of High Risk Files that the DVU was not Involved In

Although the DVU routinely assesses domestic violence offenders to identify those who are deemed to be most likely to reoffend violently against their intimate partner(s), the review of 2013 family violence cases indicated that there were at least 293 partner-violence files that could possibly benefit from the DVU's involvement, 132 of these because of the suggested level of violence (i.e., 5 aggravated assault files, 110 assault with a weapon/causing bodily harm files, and 17 sexual assault files), and 161 because of the relevance of threatening and stalking behaviours as an indicator of escalating or increased risk posed to the victim (i.e., 23 criminal harassment files, 2 intimidation/violence threat files, and 136 uttering threats against a person files). As noted above, the DVU was involved in a minority of these files, but could possibly take more of these on if the file review process was amended.

There were an additional 278 non-violent partner violence files that also might have been of sufficient seriousness for the DVU to take over the file. Again, these files included UCR codes associated with behaviours that are known to indicate an escalating risk to a victim, such as breaches of various orders (n = 265), uttering threats to property/animals (n = 9), trespassing (n = 1) or break and enter (n = 1), suspicious person/vehicle/occurrence (n = 1), or weapons possession (n = 1). It is important to note that the DVU reviewed all of these files. If a file was indicative of a particularly serious threat to the victim, the DVU would presumably have taken over the file; however, it is possible that by taking on the file when it was considered a moderate to serious risk, the DVU might have been able to effectively intervene at an earlier point before the offender might have progressed to a higher level and/or have inflicted more serious violence on the victim.

Given this, it is recommended that the Surrey RCMP undertake a comprehensive review of these 293 violent and 278 non-violent partner violence files to determine whether any should have been assigned to the DVU. As part of this review, the research should examine recidivism among the subject of complaints in these files, and determine whether any of these files escalated to a higher risk at a later date to require the DVU's involvement.

Recommendation 3: More Active Engagement in Higher Risk Files

Consistently, DVU members said that they would like to be more actively engaged in proactive policing to reduce the likelihood of recidivism among their target population. For instance, participants felt it would be useful to do door knocks or house checks, where they could check on the offender's compliance with court-ordered conditions, such as no contact orders and no substance use.

One such strategy involves a police-probation partnership. Participants were reportedly interested in developing initiatives like this, where each unit member would work one evening (or overtime) shift per week conducting a variety of home checks. This would allow members to send a message to the highest risk offenders that the Surrey RCMP is closely monitoring their behaviour, would allow the DVU to document incidences of non-

compliance, thereby increasing the chances of future detainment if necessary, and would allow the DVU to intervene much more quickly if an offender began to escalate their level of risk or threat posed to the victim.

Recommendation 4: Adopt Strategies to Effectively Deal with Lower Risk Domestic Violence Offenders

Participants reported that they were interested in developing a Low Risk Offender program to more effectively intervene with emerging domestic violence offenders. This includes subjects of complaints who engaged in an incident of domestic violence, but who do not have a prior history either of domestic violence specifically or criminal behaviour more generally. Participants felt that intervention at this stage with both the offender and the victim, such as connecting both with counseling or anger management treatment, could be an effective deterrent to the recurrence of domestic violence. Some strategies related to this were already mentioned in the literature portion of this report. However, in order to achieve this, it would be necessary to expand the mandate of the DVU and increase the number of human resources attached to the DVU.

One example given was the development of a docket court where low risk offenders could be processed much more quickly and connected to needed services, such as substance abuse treatment. This has the added benefit of keeping the victim engaged in the file, as they have less time to “forgive and forget” the offence. Thus, the Surrey RCMP should consider working with the City of Surrey to develop a docket court for lower risk domestic violence offenders that would be consistent with many other Canadian jurisdictions that have implemented this type of program. Of note, these jurisdictions have seen faster case processing and reductions in recidivism among low risk offenders. That said, a similar, but perhaps simpler solution would be to develop a process whereby a lower risk offender was immediately connected with a mediator, who could discuss the possibility that the police might refrain from recommending charges if the offender agreed to promptly attend relevant treatment. However, ensuring compliance without a court order might be difficult, and the DVU would need to spend additional time monitoring these offenders for compliance with the mediated agreement. Still, the Provincial Office of Domestic Violence noted in 2014 that BC Corrections Branch offered a comprehensive Family Violence Prevention program for all medium and high-risk sentenced domestic violence perpetrators and were intending to develop similar services for those who were seeking treatment prior to contact with the criminal justice system. Connecting lower risk offenders to this program through a mediator might be a practical option.

Assigning a Low Risk Offender Program to the DVU would also take some of the pressure off of general duty members who currently handle the vast majority (90 per cent) of family violence cases in Surrey. The DVU members managing this program would not only be taking over files from general duty members, but would also continue to help them with their remaining files, such as by conducting follow ups with victims. Typically, policy requires that a follow up be conducted within 90 days of the incident; however, while the diary date is set for 90 days from the incident and appears to be when most checks are

completed, it would be more useful to complete those checks within 30 days, as previous research has found that one-third of domestic violence recidivism occurs within that time frame (McCormick, Cohen, & Plecas, 2011). It should be noted that, more recently, the ORU, in consultation with the DVU, determined that follow ups should be assigned a 30 day diary date. Given that general duty members are only available during regular working hours for two shifts out of their four-shift block, conducting follow ups at these quicker intervals could also be part of the mandate of this Low Risk program.

Recommendation 5: Pilot a Lethality Assessment Program with General Duty Members

In addition to developing a Low Risk Offender program, Surrey RCMP should also consider piloting a project to examine the utility of having general duty members conduct Lethality Assessments at the scene of a domestic violence incident. It should be noted that GD members complete the provincially mandated BC Summary of Domestic Violence Risk Factors Form (Bail Comments) Form ED6136 and that GD members are trained to refer files to the DVU when significant risk factors are deemed to be present. Still, given that the Lethality Assessment screen correctly identified nearly all women who were subsequently exposed to severe violence means it could be an important police intervention to reduce the risk of violence to women in Surrey. Rather than train all general duty members on the tool initially, Surrey RCMP could consider first piloting it in the districts where the DVU receives most of its files, such as District 3.

Again, general duty members handle 90% of the family violence calls in Surrey and make the initial first call as to whether the file should be transferred to the DVU. While the DVU makes an additional assessment, they are not present at the scene and, therefore, rely on the information collected and document in the PRIME synopsis by a general duty member. Thus, there are several reasons for the recommendation to conduct a Lethality Assessment. First, conducting the assessment might lessen the pressure associated with the file review process as it would reduce the chances a high risk victim was not connected to the DVU. In other words, by conducting Lethality Assessments at the scene, the decision for general duty members to refer a file to the DVU may be made more obvious. A second reason is that some participants reported that, at times, offenders considered low risk were the ones who suddenly engaged in lethal violence. Although the Lethality Assessment is unlikely to catch all such cases, it may increase the chances of detecting offenders who are more high risk than may be perceived by a responding member. Moreover, the tool examines risk level from the victim's perspective and, therefore, may catch a victim whose partner would not have been flagged as high risk based on a more offender-focused assessment.

A related issue is that this assessment would have the effect of increasing the awareness among victims of the level of danger posed to them. Participants generally felt that the most challenging part of their job was working with victims and maintaining their interest in changing the offender's behaviour. Several of them noted that victims were often not aware of the danger they were in or that the offender's behaviour had reached a high level of

seriousness. In addition, domestic violence victims may not like the police for one reason or another, but what might change their willingness to work with the police is the realization that their partner might seriously injure or kill them. By having them complete an assessment that provides an overview of the risks they face, victims may be persuaded to take action. A fourth reason to consider piloting this assessment tool is that the screen takes less than 10 minutes to complete, yet can provide a wealth of information to investigators who are putting a file together, thereby possibly improving the quality of investigations and the outcomes of those investigations.

Recommendation 6: Develop an Integrated Domestic Violence Unit

Several participants observed that it would be useful for them to work more closely with some of their partners, namely community victim services, corrections, and MCFD. At the time of the interviews, as previously noted, the Surrey RCMP Detachment was working towards integrating a community victim services worker into the DVU, and there was a verbal agreement with MCFD. However, the DVU did not yet have a probation/parole worker position set up. As mentioned above, since the completion of the interviews, the DVU is much more integrated with four RCMP officers, two Victim Services Support Workers, and one Child Protection Worker from MCFD.

In addition to adding a probation officer to the DVU, the Surrey Detachment should consider further developing an integrated DVU that follows the model of Sophie's Place, a unit that co-locates police dedicated to investigating child abuse and sexual offences alongside two MCFD representatives and a victim services worker from the Ministry of Justice. In Sophie's Place, the employees are out of uniform, there are child friendly rooms where they conduct interviews, and there are other available services to connect victims and families.

It would be beneficial for Surrey RCMP to consider pushing for an integrated DVU for several reasons. First, the VAWIR policy provides a protocol for Highest Risk cases that mandates agencies working with domestic violence victims to work closely together and share information. This process would be facilitated by co-locating the most commonly involved services, such as police, community victim services, probation/parole, and MCFD, together in a single unit. In fact, the Provincial Office of Domestic Violence (2014) reported that four jurisdictions (Vancouver, Victoria, Abbotsford, and New Westminster) had already developed integrated units for domestic violence investigations; two of these have included child welfare workers and community-based victim services. Surrey RCMP has already modeled the integration of a community victim service worker after Victoria's approach; however, they should also review how the partnerships have unfolded in these other three jurisdictions with the view to modeling a larger and more integrated unit.

A second benefit of an integrated DVU is that, in addition to improving the likelihood of information sharing, an integrated DVU would also mean that information would be shared more quickly between partners, improving the speed and quality of police response to a file. At times, it is possible that information was missed or not included in a file because of communication problems between different agencies. Co-locating a dedicated domestic

violence team should reduce these issues. An integrated DVU should also result in reduced long-term costs for partner agencies, and would improve the quality of investigations and victim supports because it would ensure the presence of a consistent set of employees who would gain expertise in investigating and managing domestic violence files and victims. Furthermore, an integrated unit that results in greater inter-agency collaboration and more connection with the community might mean that some of the perception that domestic violence is exclusively a policing issue, rather than a larger community issue, might be reformed.

Recommendation 7: Further Promote Greater Public Education on Domestic Violence

While recognizing that the DVU expends great effort in promoting public awareness of domestic violence within its communities by offering workshops on domestic violence, providing training to community partners, participating in community groups that are dedicated to increasing public awareness of domestic violence, and making media appearances, there remains the need for more public education as a form of preventing domestic violence. This need was also observed over a decade ago in Russell and Ginn's (2001) *Framework for Action Against Family Violence* for Nova Scotia. The authors suggested reductions in domestic violence through public education could be achieved in a similar fashion to the change in attitudes towards the social acceptability of drinking and driving. In other words, by sending a message that domestic violence was unacceptable, members of the public would be less likely to engage in it or, if exposed to it, to accept its occurrence. While the DVU already gives presentations to other agencies working in Surrey, there was no mention of early intervention through promoting awareness of domestic violence in the school system. Thus, while such activities are not solely the responsibility of the Surrey RCMP, team leaders in the DVU may consider working with the members in the community to develop and deliver information and education about domestic violence.

Conclusion

This study reviewed the operations of the Surrey RCMPs Domestic Violence Unit with the goal of making recommendations to improve its efficiency and effectiveness. It was clear from the interviews that DVU members were very passionate about reducing and preventing domestic violence, and actively engaged in the investigation of these files. While at times they felt overlooked by others or constrained in their ability to respond, they generally felt as though they were doing a good job in meeting their mandate. That said, this report identified several areas where improvements could be made, namely, at the administrative (increasing human resourcing and amending the file review process) and crime reduction (engaging in more proactive policing strategies, developing initiatives to process offenders more quickly) levels. While significant positive changes have already occurred in the DVU since the interviews for this study were concluded, there remain a

number of recommendations that should help further enhance the effectiveness and efficiency of the DVU in preventing and responding to incidents of domestic violence in Surrey, British Columbia. Moreover, the recommendations made in this report would also apply to any detachment that either has a DVU unit or is considering establishing one.

A final comment should be made regarding the concern expressed in the interviews about the length of time required for a domestic violence case to be heard in court (e.g., ranging from six to 18 months). While outside the mandate of the RCMP, one solution that should be considered at the government level is the introduction of Expedited Domestic Violence Courts. As discussed above, these courts have been successfully introduced elsewhere, and several studies found that victims were very satisfied with the court process, felt much more involved in the process than in the traditional system, appreciated the quickness with which their case was concluded, and were happier with the case outcomes/sentences (Moyer, 1999; Gover, Brank, & MacDonald, 2007; Gover, MacDonald, Alpert, & Geary, 2003). Importantly, in Moyer's (1999) study of six Ontario Domestic Violence courts, the highest level of victim satisfaction (80 per cent) was found for specialized domestic violence courts that offered early intervention, whereas those without early intervention, but with Partner Assault Response programs and/or dedicated courts and/or dedicated Crowns had a lower range of satisfaction (between 42 per cent and 64 per cent). It appeared that the greater victim satisfaction was associated with the opportunity to quickly access treatment for the offender and the ability to avoid a criminal record for the offender if they participated in treatment. Importantly, research on specialized courts also demonstrated reduced recidivism rates over the next 18 months when compared to offenders processed through the traditional system (Gover et al., 2003). Given the sheer number of domestic violence calls for service occurring in Surrey, it would be wise for municipal and provincial governments to prioritize the development of specialized expedited domestic violence courts across the province.

References

- Alberta Solicitor General, Calgary Rocky View Child and Family Services, & HomeFront. (2002). *Interagency Domestic Violence Protocol*. Accessed March 2015 from <http://homefrontcalgary.com/main/assets/files/Microsoft%20Word%20-%20Probation%20-%20Child%20Welfare%20-%20HomeFront%20Protocol.pdf>.
- Allen, M. (2014). *Victim Services in Canada, 2011/12*. Ottawa, ON: Statistics Canada.
- Ammar, N., Couture-Carron, A., Alvi, S., & San Antonio, J. (2014). Experiences of Muslim and Non-Muslim battered immigrant women with the police in the United States: A closer understanding of the commonalities and differences. *Violence Against Women*, 19(12): 1449-1471.
- Apsler, R., Cummins, M.R., & Carl, S. (2003). Perceptions of the police by female victims of domestic partner violence. *Violence Against Women*, 9(11): 1318-1335.
- Baobid, M. (2002). *Access to Woman Abuse Services by Arab-Speaking Muslim Women in London, Ontario: Background Investigation and Recommendations for Further Research and Community Outreach*. London, Ontario: Centre for Research on Violence Against Women and Children.
- Beattie, K. (2005). Spousal homicides. In K. AuCoin (ed.), *Family Violence in Canada: A Statistical Profile 2005* (pp. 48-51). Ottawa, CA: Minister of Industry.
- Bennett, L.W., Tolman, R.M., Rogalski, C.J., & Srinivasaraghavan, J. (1994). Domestic abuse by male alcohol and drug addicts. *Violence and Victims*, 9(4): 359-368.
- Birnbaum, R., Bala, N., & Jaffe, P. (2014). Establishing Canada's first Integrated Domestic Violence Court: Exploring process, outcomes, and lessons learned. *Canadian Journal of Family Law*, 29: 117-171.
- Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., & Merrick, M.T. (2011). *National Intimate Partner and Sexual Violence Survey*. Atlanta, GA: CDC. Centers for Disease Control and Prevention.
- Block, C.R. (2003). How can practitioners help an abused woman lower her risk of death? *National Institute of Justice Journal*, 250: 4-7.
- Bonomi, A.E., Holt, V.L., Martin, D.P., & Thompson, R.S. (2006). Severity of intimate partner violence occurrence and frequency of police calls. *Journal of Interpersonal Violence*, 21: 1354-1364.
- Bradford, B. & Bruce, M. (2004). *HerStory of Woman Abuse and PEI Justice System*. Muriel McQueen Fergusson Centre for Family Violence Research. Accessed March 2015 from <http://fvps.ca/womanabuseresearch/peifinal.pdf>
- Brennan, S. (2011a). Self-reported spousal violence, 2009. In *Family Violence in Canada: A Statistical Profile* (pp. 8-19). Ottawa, ON: Minister of Industry. Accessed May 2015 from <http://www.statcan.gc.ca/pub/85-224-x/85-224-x2010000-eng.pdf>.

- Brennan, S. (2011b). Violence victimization of Aboriginal women in the Canadian provinces, 2009. *Juristat*. Catalogue no. 85-002-X. Ottawa: Statistics Canada. Accessed May 2015 from <http://www.statcan.gc.ca/pub/85-002-x/2011001/article/11439-eng.pdf>.
- Brewster, M.P. (2001). Legal help-seeking experiences of former intimate-stalking victims. *Criminal Justice Policy Review*, 12: 91-112.
- Breiding, M.J., Chen, J., & Black, M.C. (2014). *Intimate Partner Violence in the United States – 2010*. Atlanta, GA: CDC. Centers for Disease Control and Prevention.
- British Columbia's Coroners Service. (2012). *Intimate partner violence in British Columbia, 2003 – 2011*. Victoria, BC: Ministry of Justice. Accessed July 2015 from <http://www.pssg.gov.bc.ca/coroners/reports/docs/stats-domestic-violence.pdf>
- Browne, A. (1987). *When battered women kill*. New York: Free Press. As cited in Kelly & Johnson (2008).
- Buzawa, E.S., Hotaling, G.T., Klein, A., & Byrne, J. (2000). *Response to Domestic Violence in a Pro-Active Court Setting: Executive Summary*. Report submitted to the U.S. Department of Justice. Accessed March 2015 from <https://www.ncjrs.gov/pdffiles1/nij/grants/181427.pdf>.
- Campbell, M. (2010). *Threat Assessment and Risk Management in Domestic Violence Cases: An Overview of Ontario Justice and Community Collaboration for 2010 and Future Directions*. Centre for Research & Education on Violence against Women and Children.
- Campbell, J.C. (2004). Helping women understand their risk in situations of intimate partner violence. *Journal of Interpersonal Violence*, 19(12): 1464-1477.
- Campbell, J.C., Glass, N., Sharps, P., Laughon, K., & Bloom (2007). Intimate partner homicide: Review and implications of research and policy. *Trauma, Violence & Abuse*, 8(3): 246-269.
- Campbell, J. C., Webster, D., Koziol-McLain, J., Block, C., Campbell, D. et al. (2003). Risk factors for femicide in abusive relationships: Results from a multisite case control study. *American Journal of Public Health* 93, 1089–1097.
- Clements, K., Holtzworth-Munroe, A., Gondolf, E. W., & Meehan, J. C. (2002, November). *Testing the Holtzworth-Munroe et al. (2000) batterer typology among court-referred maritally violent men*. Paper presented at the Association for the Advancement of Behavior Therapy Annual Meeting, Reno, NV. As cited in Kelly & Johnson, 2008.
- Chambers, S.D. (1998). *An Analysis of Trends Concerning Violence Against Women: A Preliminary Case Study of Vancouver*. Vancouver: Feminist Research, Education, Development and Action Centre (FREDA). Accessed March 2015 from <http://fredacentre.com/wp-content/uploads/2010/09/Chambers-1998.pdf>.
- City of Surrey. (no date). *Victim Assistance Services*. www.surrey.ca/community/12411.aspx.
- Cohen, I., Plecas, D., McCormick, A., & Peters, A. (2014). *Eliminating Crime: The Seven Essential Principles of Police-based Crime Reduction*. Len Garis: University of the Fraser Valley.

Collins, J.J. & Messerschmidt, P.M. (1993). *Baker One Domestic Violence Intervention Project: Improving Response to Chronic Domestic Violence Incidents*. Charlotte-Mecklenburg Police Department.

Coupal, J. & Konarski, R. (2010). *The Langley Domestic Violence Pilot Project: Best Practices in Investigating and Prosecuting Domestic Violence Cases*. As cited in Rossiter (2011).

Courts of Saskatchewan. (nd). *Domestic Violence Court*. Accessed March 2015 from <http://www.sasklawcourts.ca/index.php/home/provincial-court/adult-criminal-court/domestic-court>.

Dauvergne, M. (2005). Homicide in Canada, 2004. *Juristat*, 25(6). Catalogue no. 85-002-XPE. Ottawa: Statistics Canada.

Dosanjh, R., Deo, S., & Sidhu, S. (1994). *Spousal Abuse in the South Asian Community*. Vancouver, India Mahila Association. Accessed March 2015 from <http://fredacentre.com/wp-content/uploads/2010/09/Dosanjh-et-al-1994.pdf>.

Dutton, M.A., Goodman, L.A., & Bennett, L. (1999). Court-involved battered women's responses to violence: The role of psychological, physical, and sexual abuse. *Violence and Victims*, 14: 89-104.

Eckhardt, C., Holtzworth-Munroe, A., Norlander, B., Sibley, A., & Cahill, M. (2008). Readiness to change, partner violence subtypes, and treatment outcomes among men in treatment for partner assault. *Violence and Victims*, 23: 446-475.

El-Khoury, M., Dutton, M.A., Goodman, L.A., Engel, L., Belamaric, R.J., & Murphy, M. (2004). Ethnic differences in battered women's formal help-seeking strategies: A focus on health, mental health, and spirituality. *Cultural Diversity and Ethnic Minority Psychology*, 10(4): 383-393.

Ending Violence Association of British Columbia. (2012). *Be More than a Bystander: Break the Silence on Violence Against Women*. www.endingviolence.org/files/uploads/Project_Backgrounder_Updated_March_7_2012.

Epstein, D. (1999). Effective intervention in domestic violence cases: Rethinking the roles of prosecutors, judges, and the court system. *Yale Journal of Law and Feminism*, 11: 3-50.

Fleury, R.E., Sullivan, C.M., Bybee, D.I., & Davidson, W.S. (1998). Why don't they just call the cops? Reasons for differential police contact among women with abusive partners. *Violence and Victims*, 13: 333-345.

Fugate, M., Landis, L., Riordan, K., Naureckas, S., & Engel, B. (2005). Barriers to domestic violence help seeking: Implications for intervention. *Violence Against Women*, 11: 290-310.

Gannon, M. & Mihorean, K. (2005). Sentencing outcomes: A comparison of family violence and non-family violence cases. *JustResearch* no. 12: 42-51.

Gillis, J.R., Diamond, S., Jebely, P., Orekhovsky, V., Ostovich, E., MacIsaac, K., Sagrati, S., & Mandell, D. (2006). Systematic obstacles to battered women's participation in the judicial system: When will the status quo change? *Violence Against Women*, 12: 1150-1168.

Gover, A.R., Brank, M.E., & MacDonald, J.M. (2007). A specialized domestic violence court in South Carolina: An example of procedural justice for victims and defendants. *Violence Against Women*, 13: 603-626.

Gover, A.R., MacDonald, J.M., Alpert, G.P., & Geary, I.A. (2003). *The Lexington County Domestic Violence Court: A Partnership and Evaluation*. Columbia: University of South Carolina. Accessed March 2015 from <https://www.ncjrs.gov/pdffiles1/nij/grants/204023.pdf>.

Grasely, C., Stickney, J., Harris, R., Hutchinson, G., Greaves, L., & Boyd, T. (1999). *Assessing the Integrated Model of Services for Abused Women: The Consumers Perspective*. London, Ontario: Centre for Research on Violence Against Women and Children. Accessed March 2015 from http://www.learningtoendabuse.ca/sites/default/files/pub_grasely1999.pdf.

Halinka Malcoe, L. & Duran, B.M. (2004). Intimate partner violence and injury in the lives of low-income Native American women. In B. Fisher (ed.), *Violence Against Women and Family Violence: Developments in Research, Practice and Policy* (pp. 1-2-1-I-2-16). Washington, D.C.: National Institute of Justice. NIJ number: 199701. Accessed March 2015 from <https://www.ncjrs.gov/pdffiles1/nij/199701.pdf>.

Hall, D., Kinoshita, M., Ortiz, G., & McAmis, C. (2006). *County of Kern Domestic Violence Death Review Team: 2006 Report Spanning Years 1999-2004*. Prepared for the Domestic Violence Advisory Council. Kern County, California.

Hannah-Moffat, K. (1995). To charge or not to charge: Frontline officers' perceptions of mandatory charge policies. In M. Valverde, L. MacLeod, & K. Johnson (Eds.), *Wife Assault and the Canadian Criminal Justice System* (pp. 35-46). Toronto, Canada: University of Toronto, Centre of Criminology. Cited in Gillis, J.R., Diamond, S.L., Jebely, P....& Mandell, D. (2006). Systematic obstacles to battered women's participation in the judicial system. When will the status quo change? *Violence Against Women*, 12: 1150-1168.

HomeFront Calgary. (nd). *Early Intervention and Outreach Program*. Accessed March 2015 from <http://homefrontcalgary.com/main/assets/files/Microsoft%20Word%20-%20EIO%20Protocol%20Document%20ARC.pdf>.

Hirschel, D.J. & Hutchison, I.W. (2003). The voices of domestic violence victims: Predictors of victim preference for arrest and the relationship between preference for arrest and revictimization. *Crime & Delinquency*, 49: 313-336.

Hotton, T. (2001). Spousal violence after marital separation. *Juristat*, 21(7), 1-19.

Hoyle, C. & Sanders, A. (2000). Police response to domestic violence: From victim choice to victim empowerment? *British Journal of Criminology*, 40: 14-36.

Hyman, I., Forte, T., Du Mont, Romans, S., & Cohen, M. (2006). Help-seeking rates for intimate partner violence (IPV) among Canadian immigrant women. *Health Care for Women International*, 27: 682-694.

Jackson, M. & Martinson, D. (2015). *Risk of Future Harm: Family Violence and Information Sharing Between Family and Criminal Courts*. Discussion Paper for the Canadian Observatory on the Justice System Responses to Intimate Partner Violence.

Jaffe, P. & Burris, C.A. (1984). *An Integrated Response to Wife Assault: A Community Model*. Ottawa: Ministry of the Solicitor General of Canada. Accessed March 2015 from <http://www.publicsafety.gc.ca/lbrr/archives/hv%20700.c2%20j3%201984-eng.pdf>.

Jiwani, Y. & Buhagiar, L. (1997). *Policing Violence Against Women in Relationships: An Examination of Police Response to Violence Against Women in British Columbia, Executive Summary*. FREDA Centre for Research on Violence Against Women and Children. Accessed March 2015 from <http://fredacentre.com/wp-content/uploads/2010/09/Jiwan-and-Buhagiar-1997.pdf>.

Johnson, I.M. (2007). Victims' perceptions of police response to domestic violence incidents. *Journal of Criminal Justice*, 35: 498-510.

Johnson, M. P. (2006). Conflict and control: Gender symmetry and asymmetry in domestic violence. *Violence Against Women*, 12, 1003-1018.

Kelly, J.B. & Johnson, M.P. (2008). Differentiation among types of intimate partner violence: Research update and implications for interventions. *Family Court Review*, 46(3): 476-499.

Klein, A.R., & Tobin, T. (2008). A longitudinal study of arrested batterers, 1995-2005: Career criminals. *Violence Against Women*, 14(2): 136-157.

Kowalski, M. (2006). Spousal homicides. In L. Ogrodnik (ed.), *Family Violence in Canada: A Statistical Profile 2006* (pp. 52-57). Catalogue no. 85-224-XIE. Ottawa: Statistics Canada.

Kropp, P.R., Hart, S.D., & Belfrage, H. (2005). *Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER)*. Ottawa, ON: Department of Justice Canada.

Kropp, P.R., Hart, S.D., Webster, C.D., & Eaves, D. (1999). *Spousal Assault Risk Assessment Guide (SARA)*. Toronto: Multi-Health Systems.

Lane, E., Greenspan, R., & Weisburd, D. (2004). The Second Responders Program: A coordinated police and social service response to domestic violence. In B. Fisher (ed.), *Violence Against Women and Family Violence: Developments in Research, Practice and Policy* (pp. III-2-1-III-2-11). Washington, D.C.: National Institute of Justice. NIJ number: 199701. Accessed March 2015 from <https://www.ncjrs.gov/pdffiles1/nij/199701.pdf>.

LAP Link. (2014). *LAP Link*, 4(3):1-2. Accessed March 2015 from <http://mnadv.org/mnadvWeb/wp-content/uploads/2014/10/LAP-Link-October-2014-Final.pdf>.

Lyon, E. (2002). *Special Session Domestic Violence Courts: Enhanced Advocacy and Interventions*. Final Report prepared for National Institute of Justice, U.S. Department of Justice. Accessed March 2015 from <https://www.ncjrs.gov/pdffiles1/nij/grants/197860.pdf>.

- MacLeod, L. & Shin, M.Y. (1990). *Isolated, Afraid, and Forgotten: The Service Delivery Needs and Realities of Immigrant and Refugee Women who are Battered*. Ottawa, ON: National Clearinghouse on Family Violence. Accessed March 2015 from <http://publications.gc.ca/collections/Collection/H72-21-78-1992E.pdf>.
- MacLeod, L. & Shin, M.Y. (1993). *"Like a Wingless Bird": A tribute to the Survival and Courage of Women who are Abused and who Speak neither English nor French*. Accessed March 2015 from <http://publications.gc.ca/collections/Collection/H72-21-110-1994E.pdf>.
- Malm, A., Pollard, N., Brantingham, P., Tinsley, P., Plecas, D., Brantingham, P., Cohen, I., & Kinney, B. (2005a). *A 30 Year Analysis of Police Service Delivery and Costing*. Report prepared for the Royal Canadian Mounted Police. Abbotsford, BC.
- Malm, A., Pollard, N., Brantingham, P., Tinsley, P., Plecas, D., Brantingham, P., Cohen, I., & Kinney, B. (2005b). *A 30 Year Analysis of Police Service Delivery and Costing: "E" Division*. Report prepared for the "E" Division Royal Canadian Mounted Police. Abbotsford, BC.
- Martin, D.L. & Mosher, J.E. (1995). Unkept promises: Experiences of immigrant women with the neo-criminalization of wife abuse. *The Canadian Journal of Women and the Law*, 8: 3-43.
- Maryland Network Against Domestic Violence. (no date). *Lethality Assessment Program: Maryland Model for First Responders*. Accessed March 2015 from http://mnadv.org/mnadvWeb/wp-content/uploads/2011/10/LAP_Info_Packet--as_of_12-8-10.pdf.
- Mazowita, B & Burczycka, M. (2014). Shelters for abused women in Canada, 2012. *Juristat*. Statistics Canada Catalogue no. 85-002-X. Ottawa: Statistics Canada.
- McCormick, A.V., Cohen, I.M., & Plecas, D. (2011). *Reducing Recidivism in Domestic Violence Cases*. Centre for Public Safety and Criminal Justice Research.
- McCormick, A.V., Haarhoff, T., Cohen, I.M., Plecas, D., & Burk, K. (2012). *Challenges Associated with Interpreting and Using Police Clearance Rates*. Centre for Public Safety and Criminal Justice Research, University of the Fraser Valley: Abbotsford, BC.
- McDonald, S. & Cross, P. (2001). Women's voices being heard: Responsive lawyering. *Journal of Law and Social Policy*, 16: 207-239.
- McGillivray, A. & Comaskey, B. (1999). *Black Eyes All of the Time: Intimate Violence, Aboriginal Women, and the Justice System*. Toronto: University of Toronto Press.
- Messing, J.T., Campbell, J., Sullivan Wilson, J., Brown, S., Patchell, B., & Shall, C. (2014). *Police Departments' Use of the Lethality Assessment Program: A Quasi-Experimental Evaluation*. NCJRS. Accessed March 2015 from <https://www.ncjrs.gov/pdffiles1/nij/grants/247456.pdf>.
- Miedema, B. & Wachholz, S. (1998). *A Complex Web: Access to Justice for Abused Immigrant Women in New Brunswick*. Ottawa: Status of Women Canada.

Mihorean, K. (2006). Factors related to reporting spousal violence to police. In L. Ogrodnik (ed.), *Family Violence in Canada: A Statistical Profile 2006* (pp. 19-28). Catalogue no. 85-224-XIE. Ottawa: Statistics Canada.

Mihorean, K. (2005). Trends in self-reported spousal violence. In K. AuCoin (ed.), *Family Violence in Canada: A Statistical Profile, 2005* (pp. 13-32). Catalogue no. 85-224-XIE. Ottawa: Statistics Canada.

Millar, A. (2009). *Inventory of Spousal Violence Risk Assessment Tools used in Canada*. Accessed August 2015 from

www.learningtoendabuse.ca/sites/default/files/Inventory%20of%20spousal%20violence%20risk%20assessment%20tools%20used%20in%20Canada.pdf

Millar, A., Code, R., & Ha, L. (2013). *Inventory of Spousal Violence Risk Assessment Tools Used in Canada: Updated 2013*. Department of Justice Canada. Accessed August 2015 from www.section15.gc.ca/eng/rp-pr/cj-jp/fv-ff/rr09_7/rr09_7.pdf

Ministry of Justice. (2015). *Directory of Victim Service and Violence Against Women Programs*. www.pssg.gov.bc.ca/victimservices/directory.

Moyer, S. (1999). *An Evaluation of the DVC Process in Six Sites: Overview and Preliminary Results*. Cited in Ad Hoc Federal-Provincial-Territorial Working Group Reviewing Spousal Abuse Policies and Legislation, 2003 (<http://www.canada.justice.gc.ca/en/ps/fm/reports/spousal.html>)

Moyer, S., Rettinger, J., & Hotton, T. (2000). *The Evaluation of the Domestic Violence Courts: Their functioning and effects in the first eighteen months of operation, 1998-1999*. A report to the Ministry of the Attorney General of Ontario, Toronto: Moyer and Associates. Cite in Tutty et al., (2008).

Munch, C. (2012). Victim services in Canada, 2009/2010. *Juristat*. Statistics Canada Catalogue no. 85-002-X. Ottawa: Statistics Canada.

Native Women's Association of Canada. (1994). *Aboriginal Women: Police Charging Policies and Domestic Violence*. Accessed March 2015 from www.nwac-hq.org/reports/Police%20Charging%20Policies%20&%20Domestic%20Violence.pdf.

Nixon, K. (2002). Leave him or lose them: The child protection response to woman abuse. In L.M. Tutty & C. Goard (eds.), *Reclaiming Self: Issues and Resources for Women Abused by Intimate Partners* (pp. 64-80). Halifax, NS: Fernwood.

Ogrodnik, L. (2006). Spousal violence and repeat police contact. In L. Ogrodnik (ed.), *Family Violence in Canada: A Statistical Profile 2006* (pp. 11-18). Catalogue no. 85-224-XIE. Ottawa: Statistics Canada.

Ontario Domestic Violence Death Review Committee. (2008). *Annual Report to the Chief Coroner*. Toronto, ON: Office of the Chief Coroner.

Patterson, J. (2003). Spousal violence. In H. Johnson & K. AuCoin (eds.), *Family Violence in Canada: A Statistical Profile* (pp. 4-7). Catalogue no. 85-224-XIE. Ottawa: Statistics Canada.

- Provincial Office of Domestic Violence. (2014). *British Columbia's Provincial Domestic Violence Plan*. Victoria, BC: BC Ministry of Children and Family Development.
- Representative for Children and Youth. (2012). *Honouring Kaitlynne, Max and Cordon. Make Their Voices Heard Now*. Office of the Representative for Children and Youth.
- Representative for Children and Youth. (2009). *Honouring Christian Lee. No Private Matter: Protecting Children Living with Domestic Violence*. Office of the Representative for Children and Youth.
- Roberts, A.R. (1996). *Spousal Assault and Mandatory Charging in the Yukon: Experiences, Perspectives and Alternatives*. Ottawa: Department of Justice Canada, Research and Statistics Division. Accessed March 2015 from <http://www.collectionscanada.gc.ca/webarchives/20071122063851/http://www.odpp.gc.ca/en/ps/rs/rep/1996/wd96-3a.html>.
- Rossiter, K. (2011). *Domestic Violence Prevention and Reduction in British Columbia (2000-2010)*. The FREDA Centre for Research on Violence Against Women and Children.
- Rossiter, K., Yercich, S., & Jackson, M. (2014). *Assessing the Complexities and Implications of Anti-Violence Service Delivery in British Columbia*. The FREDA Centre for Research on Violence Against Women and Children.
- Russell, D. & Ginn, D. (2001). *Framework for Action Against Family Violence*. Nova Scotia: Department of Justice. Retrieved March 2015 from <https://novascotia.ca/just/publications/docs/russell/toc.htm>.
- Saltman, J. (2015). Surrey plans network of services for people involved in the justice system. *The Province*, March 19 2015. Accessed March 2015 from www.leaderpost.com/news/Surrey+courts+expansion+cost+million+Justice+Ministry/10903493/story.html.
- Sharps, P., Campbell, J.C., Campbell, D., Gary, F., & Webster, D. (2003). Risky mix: Drinking, drug use, and homicide. *National Institute of Justice Journal*, 250: 8-13.
- Sinha, M. (2013). Measuring violence against women: Statistical trends. *Juristat*. Statistics Canada Catalogue no. 85-002-X. Ottawa: Statistics Canada.
- Sinha, M. (2012). Family violence in Canada: A statistical profile 2010. Ottawa, ON: Minister of Industry. Accessed May 2015 from <http://www.statcan.gc.ca/pub/85-002-x/2012001/article/11643-eng.pdf>.
- Steketee, M.W., Levery, L.S., & Keilitz, S.L. (2000). *Implementing an Integrated Domestic Violence Court: Systematic change in the District of Columbia*. Washington, DC: National Center for State Courts. Accessed March 2015 from <http://cdm16501.contentdm.oclc.org/cdm/ref/collection/famct/id/70>.
- Stephens, J. & Sinden, P.G. (2000). Victims' voices: Domestic assault victims' perceptions of police demeanor. *Journal of Interpersonal Violence*, 15: 534-547.

- Sullivan, C.M. & Bybee, D.I. (1999). Reducing violence using community-based advocacy for women with abusive partners. *Journal of Consulting and Clinical Psychology*, 67: 43-53.
- Taylor-Butts, A. & Porter, L. (2011). Family related homicides, 2000 to 2009. In *Family Violence in Canada: A Statistical Profile* (pp. 32-41). Ottawa, ON: Minister of Industry. Accessed May 2015 from <http://www.statcan.gc.ca/pub/85-224-x/85-224-x2010000-eng.pdf>.
- Tjaden, P. & Thoennes, N. (2000). *Extent, Nature and Consequences of Intimate Partner Violence: Findings from the National Violence Against Women Survey*. Washington, DC: National Institute of Justice and the Center for Disease Control and Prevention. www.ncjrs.org/pdffiles1/nij/181867.pdf
- Tokaryk, J. (2014). *Surrey Community Resource List and Pink Book*. [www.surrey.ca/files/PINK BOOK FINAL COPY September 2014 \(Final revised\).pdf](http://www.surrey.ca/files/PINK BOOK FINAL COPY September 2014 (Final revised).pdf).
- Trainor, K. (ed.). (2002). *Family Violence in Canada: A Statistical Profile*. Catalogue no. 85-224. Ottawa: Statistics Canada.
- Tutty, L., Koshan, J., Jesso, D., Ogden, C., & Warrell, J.G. (2011). *Evaluation of the Calgary Specialized Domestic Violence Trial Court & Monitoring the First Appearance Court: Final Report*. Accessed January 2015 from www.ucalgary.ca.
- Tutty, L.M., & Ursel, E.J. (2008). Chapter Three: The court response to domestic violence. In L. Tutty, K. Wyllie, P. Abbott, J. Mackenzie, E.J. Ursel, & Koshan, J.M. *The Justice Response to Domestic Violence: A Literature Review*. Accessed March 2015 from <http://homefrontcalgary.com/main/assets/files/Justice%20Response%20to%20Domestic%20Violence%20Literature%202008.pdf>.
- Uekert, B.K., Miller, N., DuPree, C., Spence, D., & Archer, C. (2001). *Evaluation of the STOP Violence Against Women Grant Program: Law Enforcement and Prosecution Components*. Alexandria, Virginia: Institute for Law and Justice. Retrieved March 2015 from <https://www.ncjrs.gov/pdffiles1/nij/grants/189163.pdf>.
- United Nations, General Assembly. (1993). *Declaration on the Elimination of Violence against Women*. A/RES/48/104.
- Ursel, J. (2002). "His sentence is my freedom": Processing domestic violence cases in the Winnipeg Family Violence Court. In L.M. Tutty & C. Goard (eds.), *Reclaiming Self: Issues and Resources for Women Abused by Intimate Partners* (pp. 43-63). Halifax, NS: Fernwood.
- Weisz, A.N., Canales-Portalatin, D., & Nahan, N. (2004). An evaluation of victim advocacy within a team approach. In B. Fisher (ed.), *Violence Against Women and Family Violence: Developments in Research, Practice and Policy* (pp. III-3-1-III-3-8). Washington, DC: National Institute of Justice. NIJ Number: 199701. Accessed March 2015 from <https://www.ncjrs.gov/pdffiles1/nij/199701.pdf>.
- Whetstone, T.S. (2001). Measuring the impact of a Domestic Violence Coordinated Response Team. *Policing: An International Journal of Police Strategies & Management*, 24: 371-398.

- Wiist, W.H. & McFarlane, J. (1998). Utilization of police by abused pregnant Hispanic women. *Violence Against Women*, 4: 677-693.
- Wilson, H.E. (1998). *Victim's Attitudes and Perceptions of the Pro-Arrest Policy*. Unpublished MA Dissertations. Dalhousie University, Halifax, Nova Scotia.
- Wilson, M., & Daly, M. (1993). Spousal homicide risk and estrangement. *Violence and Victims*, 8, 3-16.
- Wolf, M.E., Ly, U., Hobart, M.A., & Kernic, M.A. (2003). Barriers to seeking police help for intimate partner violence. *Journal of Family Violence*, 18: 2, 121-129.
- Woodin, H. (2014). *Province Unveils Domestic Violence Plan at KPU Conference*. Accessed March 2015 from www.kpu.ca/news/province-unveils-domestic-violence-plan-kpu-conference.
- Zhang, T., Hoddenbagh, J., McDonald, S., & Scrim, K. (2012). *An Estimation of the Economic Impact of Spousal Violence in Canada, 2009*. Department of Justice Canada.

