

**Addressing Data Gaps: Implications for Preventing Domestic Homicide**

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## Addressing Data Gaps: Implications for Preventing Domestic Homicide

### Abstract

**Purpose:** Over a ten-year period (2010-2019), there were 815 victims of intimate partner/domestic homicide (IP/DH) in Canada. Definitions of IP/DH not only shape our understanding of these deaths; they also shape how data are collected as well as policy and prevention efforts. The Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPiVP) examined IP/DH with a focus on four specific populations: Indigenous; immigrant and refugee; people living in rural, remote, and northern areas; and children exposed to domestic violence. Not only is the issue of defining IP/DH complex, but complexity also arises in how we define specific populations that experience different risks, barriers, and vulnerabilities to intimate partner violence and IP/DH. **Methods:** At the conclusion of the CDHPiVP, the authors participated in a panel discussion; this article reports and expands upon that discussion by discussing the availability and accessibility of IP/DH data, including official data sources, court decisions, media reports, and domestic violence death reviews. **Results:** We provide an overview of available data, as well as data gaps, regarding IP/DH among each of the four populations, as well as available data sources and challenges in data accessibility. **Conclusions:** We share our priorities for enhancing data to inform researchers, policy-makers, and practitioners who are working toward the prevention of IP/DH. Specifically, we note the importance of partnerships for collecting and working with data and opportunities for enhancing data quality regarding research with each of the four populations.

**Keywords:** domestic homicide; intimate partner homicide; data; domestic violence death reviews

## **Addressing Data Gaps: Implications for Preventing Domestic Homicide**

### **Introduction**

Domestic homicide (DH) encompasses intimate partner homicide (IPH), where primary victims are killed by their current or former intimate partners, as well as other homicides perpetrated in a family context, including killings of children by parents or stepparents, killings of women by other family members, and killings of others (e.g., first responders or coworkers) during an attack on an intimate partner and/or other familial victims (Dawson et al., 2018). On average, 82 people are killed in DH in Canada every year (Dawson et al., 2021a).

The Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPVP) was a 6-year research project that examined intimate partner and domestic homicide (IP/DH) with a focus on four specific populations: Indigenous; immigrant and refugee; people living in rural, remote, and northern (RRN) areas; and children exposed to domestic violence (CEDV). At the conclusion of the CDHPVP, an online conference was held to share findings from the research (CDHPVP, 2021b). At this conference, the authors participated in a moderated panel discussion focusing on critical issues related to definitions and data for the four populations (CDHPVP, 2021a). This article builds on that discussion and provides recommendations for improving data availability and accessibility to better inform efforts to prevent future IP/DH.

In this article, we expand upon our comments during the CDHPVP panel discussion (2021a) to consider challenges with definitions of IP/DH generally as well as challenges in defining the four populations (Indigenous, immigrant/refugee, RRN, and CEDV). We provide an overview of what is known regarding IP/DH among the four populations. We then discuss available data relating to IP/DH in Canada, specifically for the four populations, and challenges with the quality and accessibility of these data. Next, we provide an overview of IPH and DH

data sources, including official statistics, court decisions, media reports, and domestic violence death reviews (DVDRs). The following section covers gaps in these data. Finally, we share our priorities for enhancing data for studying IP/DH. While we primarily focus on Canadian data sources—and challenges with these data—our findings may be applicable to other countries with Indigenous and RRN populations and countries that receive immigrants (Cullen et al., 2021).

### **Challenges with Definitions of Intimate Partner and Domestic Homicide**

Definitions of IP/DH not only shape our understanding of these deaths; they also shape how data are collected and policy and prevention efforts. While we use DH as an umbrella term for homicides that occur in a family context, including IPH and murders of children and others, such as parents, new partners, or other family members, the term “domestic homicide” is used differently across research, initiatives, and countries (Fairbairn et al., 2019). As such, it is often difficult to compare data due to varying definitions. Not only is the issue of defining IP/DH complex, but complexity also arises in how we define specific populations that experience different risks, barriers, and vulnerabilities to IPV and IP/DH, an issue we turn to next.

### **Indigenous Populations**

The definition of Indigenous employed by the CDHPVP stated:

“Indigenous is an inclusive term to encompass all Indigenous peoples and identities, including status, non-status, Indian, Aboriginal, Native, First Nation, Métis, and Inuit who live on or off reserve and in settlement lands per the Land Claims Settlement Agreements in the Yukon and the Northwest Territories” (Dawson et al., 2021a, p. 18).

While First Nation, Métis, and Inuit peoples are frequently grouped under the category of “Indigenous,” in our panel discussion, Claudette Dumont-Smith highlighted challenges with doing so, as there are considerable distinctions for each group (CDHPVP, 2021a). For example, there are substantial differences in how these communities are governed and their relationships with the Canadian government. Canada’s *Indian Act* was enacted in 1876 and governs the lives

of First Nations people with Indian status; non-status First Nations, Métis, and Inuit people are not subject to the *Indian Act*. Historically, First Nations people were relegated to reservations. Presently, there are 634 First Nations communities in Canada. However, the number of First Nations people choosing to live off-reserve is increasing; in 2011, 57% lived off-reserve (Milke, 2011). There is significant diversity in traditions, teachings, languages, and cultural practices among Indigenous communities in Canada.

### **Immigrant and Refugee Populations**

According to the CDHPIVP, immigrants are “individuals who have voluntarily chosen to move to a new country to settle forever,” whereas “refugees are individuals who migrate involuntarily or by force for a variety of reasons, including war, political or religious persecution, or natural disasters” (Dawson et al., 2021a, p. 24). Similar to how First Nations, Métis, and Inuit people are grouped under the umbrella term of “Indigenous” or “Aboriginal,” immigrants and refugees are often grouped as one larger category of “immigrants” or “newcomers;” this category can also include migrants and others with precarious status. As Anuradha Dugal remarked during the panel, this can mean that we “very often miss details on how populations are experiencing systemic racism and systemic violence as well as the violence within abusive relationships” (CDHPIVP, 2021a). There are significant differences in immigrants’ and refugees’ routes to Canada, including fleeing war in their home countries or choosing to migrate to Canada to pursue economic or educational opportunities. Further, several immigration streams are available, including family class and temporary work permits. There is also substantial diversity among immigrant/refugee populations in terms of time in Canada, from new arrivals to those who have spent many years in the country to second-generation Canadians (children of immigrants). Therefore, it is necessary to consider variables such as time in Canada,

stresses of migration, and asylum claims for both victims and perpetrators of IP/DH (A. Dugal, CDHPVP, 2021a).

Anuradha Dugal stressed a challenge when examining individual cases of IP/DH within immigrant/refugee communities—these homicides may be seen, by those outside the community, including authorities, through the lens of “culture or cultural practices, rather than understanding DH and domestic violence (DV) as an issue within an overarching structure of power and control in . . . a patriarchal system [that] manifests in all communities, in really different ways” (CDHPVP, 2021a). Moving toward a systemic level of understanding requires analyzing and understanding intersecting identities and barriers experienced by different populations (A. Dugal, CDHPVP, 2021a). Intersections exist between racialized/visible minority communities and immigrant/refugee status. Many, but not all, immigrants and refugees are racialized (Statistics Canada, 2017). Just as complexity exists among definitions of immigrant/refugee, definitions differ regarding specific racialized communities. Definitions of racialized groups (e.g., Latinx, Black, BIPOC) are not used consistently, which creates barriers to compiling and comparing statistics.

### **Rural, Remote, and Northern Populations**

The definition used by the CDHPVP states that:

“Rural, remote, or northern (RRN) refers to a community or geographic location with a small and widely dispersed population distribution (rural as less than 10,000) and/or is not accessible by road all year round (remote), and/or designated by the provincial government as being the Northern part of the province. All the territories are considered Northern” (Dawson et al., 2021a, p. 29).

While challenges and barriers related to geography and access to services are present for most RRN communities, substantial differences exist depending on the size of the community and the location. While considered rural, small urban centers with populations in the thousands

may have public transportation and specific DV services, including shelters. Other rural communities may be several hours away from centers where these services are available. Access to services and resources varies not just by the size of the community but the type of community. For example, there are significant differences between services available in First Nations communities and other small communities of a similar size. Another defining factor for people living in rural areas is the geographic distance to neighbors. The risks and experiences related to IPV are very different for rural people who live in small towns where there are others nearby or those who live on farms kilometers away from others (C. J. Giesbrecht, CDHPiVP, 2021a).

### **Children Exposed to Domestic Violence**

The fourth vulnerable population investigated by the CDHPiVP was children and youth who were victims of homicide in a family setting. According to the CDHPiVP, domestic homicide of children is defined as:

1. Child(ren) killed as a result of intervening during a violent episode between parents; 2. Child(ren) killed by a parent as revenge against the partner (e.g., partner ended relationship); 3. Child(ren) killed by a parent as part of a homicide-suicide in context of domestic violence; 4. Child(ren) killed by parent and there is a history of domestic violence (e.g., perpetrator of child homicide was a victim and/or perpetrator of domestic violence); 5. Child(ren) killed by a third party (e.g., older sibling) at the direction of a parent” (Dawson et al., 2021a, p. 35; see also David et al., 2017).

The ability to identify children at risk of harm and to identify risk factors for homicide in specific situations is heavily dependent on the manner in which DV/DH and IPV/IPH are defined. Some DVDRs use a broad definition of DH that includes the killings of children in the absence of IPV. Definitions of IPV/IPH that encompass both criminal offenses and other recognized forms of IPV, such as coercive control and emotional abuse, may still not capture all forms of violence and abuse that can place children at risk of being killed. In Canada and elsewhere, recent and historical cases demonstrate the importance of recognizing the risk to

children when IPV has occurred, especially after separation (David et al., 2017; Jaffe et al., 2014, 2017; Scott et al., 2020). As Wendy Verhoek-Oftedahl explained during the panel discussion, the best indicator we currently have regarding risk to children is when the adult victim has been identified to be at a high risk of IPH. It is necessary to engage in further research to “drill down to identify situations that put children at increased risk” (W. Verhoek-Oftedahl, CDHPiVP, 2021a).

### **Intimate Partner and Domestic Homicide in Canada**

Over a ten-year period (2010-2019), there were 815 victims of IP/DH in Canada, comprising 718 adult victims and 87 victims aged 17 and younger (Dawson et al., 2021a).<sup>1</sup> Most adult victims of IPH (80%) in Canada are women (Conroy, 2021), a situation that is similar globally (UNODC, 2019). Accused perpetrators of IPH are primarily men (86%; Dawson et al., 2021a). While numbers of IP/DH are subject to fewer reporting and recording biases than non-lethal IPV incidents, it is likely that not all cases are included in these official numbers—a point that we will address later in this article.

### **Indigenous Populations**

In 2016, 4.9% of Canada’s population identified as Indigenous (First Nations, Métis, or Inuit). The CDHPiVP identified 103 Indigenous victims of IP/DH in Canada from 2010-2019, representing 13% of all victims. Of the 103 victims, 10% were children. The majority of adult (73%) and child victims (80%) were female; the majority of accused (73%) were male. Given that information regarding Indigenous identity is often unavailable, these “figures likely underestimate the true number of Indigenous peoples killed within the context of domestic violence” (Dawson et al., 2021a, p. 19).

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<sup>1</sup> The age of 10 victims was unknown.



Forty-four percent (44%) of Indigenous women have experienced physical or sexual violence by an intimate partner, compared to 25% of non-Indigenous women (Heidinger, 2022). Indigenous women are also more likely to experience more severe and life-threatening forms of IPV (Statistics Canada, 2016) and to fear for their lives (Brennan, 2011). These rates of violence are connected to the ongoing impacts of colonization, including the *Indian Act* of 1876 and the creation of Indian Residential Schools (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019). Indigenous people in Canada are more likely to have lower incomes than the non-Indigenous population (Statistics Canada, 2022a), and many Indigenous people live in First Nations communities or other small and rural communities—factors that can exacerbate barriers to leaving the relationship and accessing services when experiencing IPV. Seventy-nine percent (79%) of Indigenous victims in the CDHPIVP study were murdered in the context of a current intimate relationship and 66% lived in an RRN area (Dawson et al., 2021a).

### **Immigrant and Refugee Populations**

Over one-fifth (21.9%) of Canada's population immigrated from another country. In the most recent year reported, 60.3% were economic immigrants, 26.8% immigrated via family class to join family already in Canada, and 11.6% were refugees (Statistics Canada, 2017). Canadian research has shown that as well as being subjected to similar forms of IPV as Canadian-born women, many immigrant/refugee women also experience abuse and control related to their immigrant status (Du Mont et al., 2012; Giesbrecht et al., in press; Rossiter et al., 2018).

One-hundred and twenty-eight (128) immigrant/refugee victims of IP/DH were identified in Canada from 2010-2019, representing 16% of all victims identified by the CDHPIVP. Six of the 128 victims (approximately 5%) were children. The majority of victims were female (86%), and most of the accused (92%) were male. Nearly half (47%) of immigrant/refugee victims were

married to the perpetrator; an additional 21% were estranged from their former partner. Among those who were currently in a relationship with the perpetrator, there was evidence that separation was imminent in 29% of the cases (Dawson et al., 2021a).

### **Rural, Remote, and Northern Populations**

In 2020, approximately 18% of Canadians lived in rural areas (Macrotrends, 2022). Despite the fact that the majority (85%) of Canada's landmass is classified as northern, a small percentage of Canada's population lives in this vast geographic area—in 2017, less than 1% lived in the territories, and approximately 6% of the population lived in the northern region of the provinces (Rotenberg, 2019). Many northern communities are also considered remote.

Two hundred and ninety-two (292) communities in Canada are considered to be remote (Government of Canada, 2011). These remote communities are home to approximately 194,281 people. Fifty-eight percent of these communities (170) are Indigenous communities, and 65% of the remote population (126,861 people) is Indigenous (Government of Canada, 2011). The federal government explains that “the vast majority of [remote] communities are isolated and only accessible by air for most of the year, where alternative means of travel for essential needs (e.g., medical visits and personnel, food, first responders, or laboratory samples) are non-existent, impossible or impractical. Some communities may have limited access to seasonal ice roads or long and unreliable gravel roads, ferries or remote railway” (Transport Canada, 2020). These communities experience challenges receiving necessary supplies and services; for victims at risk of IP/DH, exiting the community or seeking services related to IPV can pose immense challenges.

As Crystal J. Giesbrecht stated in the panel discussion,

“When doing research [on IP/DH], it is necessary to group and to categorize so that we can explore themes and see what is common and consistent—to see the gaps and to form

recommendations. Because of the numbers, population, and the fact that there are many commonalities, it makes sense to explore rural, remote, and northern as a category while also acknowledging and exploring the factors that make the communities and specific situations unique” (CDHPVP, 2021a).

Women in rural areas of Canada experience a rate of IPV nearly two and a half times the national average (Conroy, 2021). The rate of violence against young women and girls in Northern Canada is four times higher than the national average (Rotenberg, 2019). The CDHPVP identified 252 RRN victims of IP/DH in Canada from 2010-2019, representing 31% of all victims. Thirty-three of the 252 victims (13%) were children. The majority of adult (80%) victims and over half (58%) of child victims were female; 86% of the accused were male. The largest group of victims (68%) were murdered in the context of a current intimate relationship. Over one-quarter (27%) of RRN victims were Indigenous, and 3% were immigrants/refugees (Dawson et al., 2021a).

### **Children Exposed to Domestic Violence**

Child abuse and neglect often co-occur in households with IPV, with children being directly victimized (Wathen & MacMillan, 2013). Whether or not children are directly victimized, when mothers are at risk of ongoing IPV and IPH, their children are also at risk (David et al., 2017; Jaffe et al., 2017; Scott et al., 2020). Despite this, prevention efforts largely focus on adult victims and perpetrators without an independent assessment of children’s risk factors, safety, and well-being, including in custody/parenting time assessments (Davis, 2015; Jaffe et al., 2008).

There were 74 child victims of DH identified by the CDHPVP from 2010-2019, representing 9% of all victims. Child victims ranged in age from less than one year to 15 years; the average age was six. Both female (53%) and male (47%) children are killed in the context of DV; the majority of accused perpetrators (82%) were male. The majority of child victims were

the biological child of the accused (70%); 24% were stepchildren. In 67% of child deaths, an adult victim (the accused's current or estranged intimate partner and the child's parent) was also murdered (Dawson et al., 2021a). An earlier report by the CDHPIVP indicated that nearly one-third (30%) of DH of children were associated with a current custody/access dispute between parents (Dawson et al., 2018). Among each of the other vulnerable populations investigated (Indigenous, immigrant/refugee, and RRN), the CDHPIVP identified cases where both child and adult victims were killed.

### **Availability and Accessibility of Intimate Partner and Domestic Homicide Data**

Availability of data refers to data that have been collected, usually by a specific sector. Accessibility refers to opportunities for researchers to obtain and use available data and to combine data from multiple sources to elucidate risk factors for IP/DH, develop interventions and, ultimately, inform strategies for prevention. Myrna Dawson highlighted during our panel discussion that “available data are only useful if they are accessible to the communities that need them” (CDHPIVP, 2021a). Researchers need good quality data to inform the prevention of IP/DH; policy-makers and front-line professionals must also have access to data so they can work to address the needs of specific populations (C. Dumont-Smith, CDHPIVP, 2021a).

### **Intimate Partner and Domestic Homicide Data Sources**

Researchers in Canada often rely on publicly available data, including Statistics Canada reports, court decisions, media reports, and DVDR reports (Cullen et al., 2021; Dawson et al., 2021a, b; Rowlands & Bracewell, 2022). Specifically, the CDHPIVP relied on Statistics Canada reports and information reported by the media.

In the CDHPIVP (2021a) panel discussion, Crystal J. Giesbrecht noted,

“low data quality and completeness is a challenge when documenting and examining IP/DH. Much of the available data comes from court documents and media reports, so we

have information on relationship variables (including if they were married or common-law and if they had separated), but we have far less information on relationship dynamics leading up to the homicide.”

### ***Official Data Sources***

Currently, most publicly available official data relating to homicide is aggregated from individual-level, police-recorded data. For example, Statistics Canada’s *Homicide in Canada, 2020* (Armstrong & Jaffray, 2021) reports rates of homicides occurring in spousal and intimate partner (current and former dating and other intimate) relationships. Homicide methods and Indigeneity of victims/perpetrators are also reported. Despite this relatively comprehensive information, these data do not provide insight into risk factors for IP/DH and context surrounding the relationship and the homicide. Data collection instruments were historically designed to capture the larger proportion of homicides which are male-on-male homicides (Dawson, 2021a). Male victims are most often killed by acquaintances and strangers, whereas female victims are most often killed in the context of IP/DH by men they know— male partners and family members (Armstrong & Jaffray, 2021). Few variables in the homicide survey capture risk factors for IP/DH (Dawson, 2021a; Dawson & Carrigan, 2021). For example, absent are variables regarding the history of violence, including police involvement, the nature and extent of the violence, escalation, and direction of the violence, and circumstances such as separation and custody/access disputes. The existence of an “order preventing contact” between suspects and victims was recently added; however, the type of order and its context is not collected (Dawson, 2021a). While prior criminal convictions are collected for both victims and accused, it is difficult to determine if convictions were IPV-related because no such offense currently exists in the Canadian *Criminal Code*. Police-reported statistics rely on cases of IPV being flagged as such by officers, leading to variation across the country and among officers (Dawson & Hotton,

2014). IPV incidents that do not result in charges or that result in charges that do not proceed are not captured in conviction data. Qualitative information is collected in police occurrence reports, and while this information can be accessed by DVDRs, such data are usually unavailable to researchers.

There is another notable gap in IP/DV data collected in official police reports. Coercive controlling behavior has been demonstrated to be a significant risk factor for IP/DH (Office of the Chief Coroner for Ontario, 2019); however, coercive control is not a legislated offense in Canada's *Criminal Code*.<sup>2</sup> Therefore, perpetrators of coercive control often do not come into contact with police and will not have a documented history of IPV in a police record unless they have perpetrated physical forms of violence (e.g., assault, aggravated assault, assault with a weapon, sexual assault) or other crimes against an intimate partner.

IP/DH data available in official reports only include cases that have been officially determined to be a homicide. There are cases of IP/DH that are unlikely to appear in official data as the death has not been officially deemed a homicide (including homicide-suicides), no suspect has been identified, or the intimate partner has not been charged in the victim's death (or charges have been dropped). One such case is that of Donna Acton, who was killed in Moose Jaw, Saskatchewan, in 2011. Her common-law husband was accused of brutally beating her, and she died in hospital 19 days later. Her partner was initially charged with aggravated assault and released on conditions (CBC Saskatchewan, 2011; CTV Regina, 2012a). After her death, the aggravated assault charge was stayed, and no further charges were laid (CTV Regina, 2012b).

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<sup>2</sup> In 2021, a private member's bill, *Bill C-202, An Act to amend the Criminal Code (controlling or coercive conduct)*, was introduced in the Canadian parliament. The bill, which was not passed, sought to amend the *Criminal Code* by creating an offence of engaging in controlling or coercive conduct.

Therefore, Donna's death would not be recorded as a homicide in official statistics despite family and friends contending that she was a victim of homicide.

There have been other Canadian cases where women have been found dead under suspicious circumstances; however, when cases remain unsolved, these killings may not be counted in official homicide statistics or identified as IP/DH. For decades, homicides of Indigenous women in Canada were not investigated and not counted because of systemic racism causing institutional barriers. This violence was collectively named "genocide" in the final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls (2019).

Jane Monckton Smith is researching "hidden homicides" in England and Wales, including sudden and unexpected deaths which were not "investigated, prosecuted or recorded as homicide" despite the presence of risk markers for IP/DH (Monckton Smith, 2021, p. 202). These hidden homicides include murders that were staged to look like suicides or drug overdoses (Retter, 2022). In addition, some women survivors of IPV commit suicide, and many IPV victims have identified feeling suicidal (Aitken & Munro, 2018; Monckton Smith, 2021). Aitken and Munro (2018) explained, "Those trapped by domestic abuse can feel so hopeless that they believe the only way out is suicide." In England, Justene Reece took her own life following years of abuse. In 2017, the perpetrator "was jailed for ten years in June 2017 after admitting manslaughter, engaging in coercive or controlling behaviour and stalking" (Staffordshire Police, 2021).

Another death not officially determined to be a homicide is that of four-year-old Keira Kagan, who died in an apparent murder-suicide when she and her father reportedly fell from a cliff in Ontario in February 2020. Keira's father had been violent to her mother, who ended their relationship when Keira was only eight months old. Despite the court finding that IPV had

occurred in the past, the judge stated, “I am of the view that there is no risk to Keira” (Brown v. Kagan, 2018, ONSC 564). Prior to the murder-suicide, the father’s behavior had been escalating, and he was warned by the courts. Child protection services were investigating, and the caseworker called Keira’s father on Friday—just two days before the apparent murder-suicide—to arrange to meet with him the following week. It seems he knew he was in danger of losing access to Keira (Knope, 2021; Mulligan, 2022). In the absence of definitive evidence, the Coroner ruled the manner of death undetermined.<sup>3</sup>

### ***Court Decisions***

Another important source of IP/DH data are court decisions. Awareness of significant life events and changes before the incident, such as family court outcomes, including custody and access/parenting time decisions, is essential. Court decisions can provide information on relationship variables (including if the couple were married or common-law and if they had separated); however, availability of information pertaining to relationship dynamics depends on if the individuals had come to the attention of law enforcement and incidents of IPV referred to criminal or domestic violence court or if matters relating to access to children had been addressed by family court. What is documented in court decisions is a reflection of what was brought in as evidence—what was known and recorded as well as what is seen as important and pertinent to the case. If particular risk factors are not recognized as relevant, information may not be sought or submitted (C. J. Giesbrecht, CDHPVP, 2021a). Significantly more information is available when an individual accused of IP/DH pleads not guilty, and the case goes to trial than when the accused pleads guilty and proceeds directly to sentencing. Substantially less

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<sup>3</sup> At the time of writing, Bill C-233 (2022), *An Act to amend the Criminal Code and the Judges Act (violence against an intimate partner)*, also known as *Keira’s Law*, had passed in the House of Commons and was presently before the Senate.



information is available for cases where perpetrators died by suicide<sup>4</sup> (Dawson et al., 2021a). It must be remembered, however, that when perpetrators of IP/DH face trial, they have a lawyer to present their side of the story while the victim has been “silenced by death” (Monckton Smith, 2021, p. 13). In the court system, the victim’s family and friends often have “few opportunities to set the record straight, or to get their loved one’s story heard” (Monckton Smith, 2021, p. 13).

### ***Media Reports***

Previous research has demonstrated media reports of homicide to be as accurate as official sources. In many cases, media reports contain more information (Parkin & Gruenewald, 2017). Media reports describe factors present in individual cases, making it possible to analyze the prevalence of various risk factors, something that is not possible using aggregated data from official sources.

Media stories that include the voices of those who were close to the victims provide the most complete details, offering additional context regarding victims’ lives and relationship dynamics leading up to the homicide (Parkin & Gruenewald, 2017). There are many barriers to seeking assistance from formal supports for people who are experiencing IPV and at risk of IP/DH; additional intersecting barriers exist for Indigenous, immigrant/refugee, and RRN victims. While victims may not have come into contact with formal service providers (such as police, child protection services, and DV shelters), family, friends, and coworkers are often aware of warning signs.

Systemic and geographical barriers may impact which stories are shared in the media and the extent to which these stories are covered. The accessibility of RRN communities to members

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<sup>4</sup> The CDHPVIP identified 760 accused in the 718 cases of domestic homicide from 2010-2019. Twenty-one percent of these accused died by suicide following the IP/DH and another eight percent attempted suicide. Suicide was especially common in IP/DH in RRN communities (30% of perpetrators died by suicide) and cases where children are killed (50% of perpetrators died by suicide) (Dawson et al., 2021a).

of the media may play a role in covering these stories, as do community-level factors related to sharing information (C. J. Giesbrecht, CDHPIVP, 2021a). There are undoubtedly barriers for Indigenous and newcomer communities to speak to members of the media, including language and cultural factors and a lack of trust based on past reporting. During the Truth and Reconciliation Commission hearings, it was stated that members of the media are apt to overgeneralize and label Indigenous people and misinform the public causing additional harm and violence to the victims (Canadian Association of Journalists, 2021). The problems of stereotyping and ill-informed reporting on the killings of Indigenous women were also brought forward at the National Inquiry into Missing and Murdered Indigenous Women and Girls (2019). In the panel discussion, Anuradha Dugal highlighted the importance of media reports as a data source for immigrant/refugee populations, especially given that immigration status is not reported in publicly available Statistics Canada reports regarding IP/DH. However, she identified that “biased reporting or a tone or attitude about culture and cultural realities can lead to assumptions being made about some populations” (CDHPIVP, 2021a). For example, as institutions that both reflect and form society and culture, media representations of immigrant populations have included stereotypical ideas of women being subjugated and in danger from dangerous men, often Islamophobic or anti-Black in nature (Jiwani, 2005). Media can be helpful in ascertaining numbers or cases of immigrant or refugee victims of homicide; however, this alone might provide only a partial and possibly biased view.

It is common for femicides<sup>5</sup> to be initially reported in the media when the investigation is underway; however, follow-up stories reporting outcomes are not always published. This is especially true in cases of Indigenous victims, making it challenging for researchers to identify if

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<sup>5</sup> Femicide has been defined as the “the killings of women and girls because they are women and girls” (Dawson et al., 2021b, p. 10). Femicides are primarily, but not exclusively, perpetrated by men.

these killings are related to intimate partner or family violence. It is also common to see reports of two people, a man, and a woman, found dead inside a residence, with police stating that there is no threat to public safety (e.g., Aguilar, 2021; Westoll, 2021); however, in many cases, updated information confirming a domestic homicide-suicide and identifying the primary victim is never published. Further, there are many cases of femicide where a male accused has been charged and reported in the media, but the relationship between the victim and accused is not specified (Dawson et al., 2021b).

Journalists have documented some of the challenges that they face in piecing together data on IP/DH. Canadian Broadcasting Corporation (CBC) journalists (Carman et al., 2021) compiled a database containing information on 392 IP/DH that occurred in Canada between 2015 and 2020. They wrote that it took “more than a year, 30 freedom of information requests, and weeks of chasing down court documents across the country.” Carman et al. (2021) reported that some police forces charged “excessively high” fees to fulfill freedom of information requests; others did not provide information on cases currently before the courts. “Most forces did not provide the names of victims or those charged, so CBC’s team spent weeks identifying cases based on the data points provided by police.” Further, the journalists identified additional cases “based on credible media reports” that were not included in information released by police. They were only able to locate court records for approximately half of the cases; reasons for this likely include the high rate of homicide-suicide and that not all decisions are reported publicly in legal databases. Additionally, “without the name of the victim or the accused, it is impossible to search for court documents or media stories” (Carman et al., 2021).

Around 2015, several police services in Canada began withholding the names of homicide victims. A 2019 study found that 36% of police services released the names of all

homicide victims, 54% released names “depending on circumstances,” and 7% never released victims’ names (Burnett et al., 2019, p. 1). Several police organizations stated that “information containing the name of a victim is only released if there is an investigative need . . .” (Burnett et al., 2019, p. 1). Although delaying releasing names is often necessary to protect the integrity of the investigation or to allow police to notify family members, ensuring that names are released when possible is essential for furthering public awareness of IP/DH and associated risk factors. When names and other variables (such as age) are not included in media stories, it is often impossible for readers to tell if a story refers to a new or previously reported IP/DH.

Victims’ families often choose to speak to members of the media, sharing important details about their deceased loved one, the partner/perpetrator, the relationship, and the community. This information is invaluable for furthering research and public awareness of IP/DH and, subsequently, prevention. When police release names and other details, this ensures consistency in counts of incidents and assists in identifying relevant factors such as Indigenous identity.

### ***Domestic Violence Death Reviews***

DVDRs review cases of IP/DH to identify risk factors to help predict potential lethality and to create recommendations aimed at preventing deaths in similar circumstances. DVDR reports are available to the public. Generally, these reports share aggregate information (not identifying individual cases), indicate common risk factors for IP/DH, and offer recommendations for improvement across multiple sectors that respond to IP/DV. The most comprehensive opportunities for collecting information relating to IP/DH are likely DVDRs, which in some jurisdictions, have access to records from coroners/medical examiners; police; medical records; provincial governments, including probation, corrections, and child protection

services; and DV agencies. DVDRs may be the only mechanism to comprehensively investigate IP/DH followed by a perpetrator's suicide.

DVDRs have been conducted in North America, beginning in the United States, since the early 1990s. These initiatives primarily grew out of an increasing recognition that IP/DH are often preventable. Various DVDR models now exist in the US, Australia, Canada, New Zealand, Portugal, England, Wales, and Northern Ireland. In Canada, specifically, DVDRs have been conducted in Alberta, British Columbia, Manitoba, New Brunswick, Ontario, Québec, and Saskatchewan (CDHPI, n.d.), with the scope of reviews varying depending upon the jurisdiction and what they perceive to be a DH. Some provinces, such as Ontario and Québec, conduct regular DVDRs, while others conduct DVDRs on an ad-hoc basis. Unfortunately, DVDRs are not undertaken in all Canadian provinces and territories, creating an inequity in data availability. The variety of available data and the quality of reviews vary across jurisdictions. All DVDRs do not review the same materials or consult equivalent stakeholders. Even within a province, the same process may not be replicated from one death review to the next. These inconsistencies make comparisons over time and between jurisdictions within the country difficult.

While DVDR reports are not framed with the goal of informing research, they can be rich sources of data. DVDR reports “can illuminate victim and perpetrator characteristics and experiences, circumstances of death events, other contextual factors (including risk, need and agency contact), and learning about practice, policy, and system responses” (Rowlands & Bracewell, 2022, p. 3). However, DVDR reports are only as good as the quality of information obtained and the way the information is presented in the report. Some victims and perpetrators may not have come into contact with systems (such as police or child protection), providing little in the way of documented background information. In situations of IP/DH, several different

parties, including various service providers, family, friends, and coworkers, are often involved with the victim and perpetrator and have different pieces of relevant information. Some DVDRs speak to collateral victims, including family, friends, and coworkers, whereas others do not (CDHPI, n.d.; Dawson, 2017, 2021; Mullane, 2017; Sheehy, 2017). Rowlands and Bracewell (2022) also caution that the skills and experience of review panel participants and the methodology used impacts report quality. Finally, DVDRs focus largely on risk factors specific to adult victims and perpetrators. Prevention of child deaths in the context of domestic violence warrants greater integration of experiences of the children and child-specific risk factors into DVDRs (Jaffe et al., 2017; Scott et al., 2020).

### **Data Gaps**

Risks associated with IP/DH are present at the individual, relationship, community, and societal levels (Truong et al., 2022). As such, “we need to be gathering more consistent information that enables us to parse out and factor in information at the various levels of the social-ecological model” (W. Verhoek-Oftedahl, CDHPVP, 2021a). A systematic review of risk factors for IP/DH conducted in 2022 by Truong and colleagues details dozens of risk factors at the individual level (for both victims [e.g., age and socioeconomic status] and perpetrators [e.g., alcohol/substance use and mental health disorders]), relationship-level (e.g., history of violence), community-level (e.g., access to DV services), and societal-level (e.g., socio-cultural beliefs and attitudes and firearm laws). This systematic review found that most (91.5%) empirical studies reported individual-level factors. Relationship-level data was available in 64.7% of studies; however, it was less common for studies to report data on community-level (17.9%) and societal-level (15.6%) factors, and only 0.9% of studies reported data from all levels. Availability of and access to data for variables at all levels is a significant challenge for researchers who study

IP/DH. The following are just some of the questions that we cannot answer for the four populations (Indigenous, immigrant/refugee, RRN, and CEDV) using available data. In addition, gaps exist in reporting sex/gender in official sources. As Myrna Dawson noted during the panel discussion, “the data sources that we have accessed make some victims and some families experiencing violence more invisible than other victims and their families” (CDHPVP, 2021a).

It is often unclear from media reports if victims were Indigenous, though it is more likely that this will be noted in court reports. While it may be possible to assume Indigenous identity if the IP/DH happened on a First Nation or based on the victim’s last name or photo, if it is shared in media stories, this is not a reliable method of counting Indigenous victims. Further, an adult victim of IP/DH may identify as First Nations while her children identify as Métis, or a non-Indigenous mother may have Indigenous children—this level of detail is usually not present in publicly available sources. It is possible that the prevalence of IP/DH of immigrant/refugee victims is not fully captured in official statistics due to failures to record or report data on immigration status. Some categories, such as international students or individuals who are undocumented or do not have official status in Canada, may be missed in counts of immigrant/refugee homicide victims (A. Dugal, CDHPVP, 2021a).

The most common weapons used in the perpetration of IP/DH in RRN areas were firearms (used in 41% of cases; Dawson et al., 2021a). However, we do not know whether those firearms were owned legally by perpetrators of IP/DH, as this information is not reported in official sources and is not consistently available in media or court reports. Further, data regarding previous incidents using firearms (e.g., threats with a weapon), indications of unsafe use or storage, or if there were any orders involving surrendering or not possessing firearms is not reported in official sources and, therefore, not available to researchers. Yet, these are critical

pieces of information for determining and managing the risk posed by people who use violence, particularly in RRN communities (C. J. Giesbrecht, CDHPVP, 2021a).

Also of particular relevance in RRN areas is care for and ownership of animals, including companion animals and livestock. Research has demonstrated that maltreatment of animals, intimate partner violence, and child abuse frequently co-occur. We also know that even when the perpetrator does not harm animals, animals are often a barrier to leaving relationships where IPV is occurring (Doherty & Hornosty, 2008; Giesbrecht, 2022). The CDHPVP included prior involvement with animal control or animal welfare organizations in the data collection instrument; however, these data were unavailable for most cases.

Knowledge about the dynamics of relationships where homicide occurred informs prevention efforts. In many cases, risk factors like financial stress, economic abuse, sexual violence, and assaults during pregnancy may not have been known to service providers. When we consider physical isolation and distance from supports that many RRN victims face, it may be more likely that these factors are not documented by service providers. Indigenous and immigrant/refugee victims may experience geographic and transportation barriers, as well as cultural, linguistic, and systemic barriers to reporting and accessing DV services.

The experiences of and risks to children are seldom directly assessed, and safety planning and risk management tend to be focused on the adult victim (David et al., 2017; Jaffe et al., 2014, 2017; Scott et al., 2020; W. Verhoek-Oftedahl, CDHPVP, 2021a). To date, only one IPV risk assessment tool incorporates risk and protective factors for children and factors such as housing instability, poverty, social networks, and culture/language barriers; however, the tool has not been formally evaluated (Barnardo's, 2011). When children are killed in the context of



IP/DH, it is essential to collect and examine data relating to both the child and adult victim(s) (W. Verhoek-Oftedahl, CDHPiVP, 2021a).

As well as the above examples of identified data gaps for the four vulnerable populations, data gaps exist that impact research and prevention work more broadly. For example, a small body of Canadian research has examined the prevalence and dynamics of IP/DH in same-sex relationships or IP/DH against or perpetrated by people who do not fit the gender binary (Rossiter et al., 2020; Whitehead et al., 2021). When official sources (e.g., Armstrong & Jaffray, 2021; Conroy, 2021) do not report the gender of both victims and perpetrators, we do not have the complete picture. For example, on average, 67 male victims are killed in family relationships in Canada each year, 17 of these in an intimate or spousal relationship (Armstrong & Jaffray, 2021). Statistics Canada does not report the gender of the perpetrators in relation to the gender of victims, however. Understanding the relationship between the victim and the accused is necessary to inform prevention strategies. For adult (intimate partner) victims, risk factors and barriers to seeking help may be different for men who are victimized by male partners versus men who are victimized by women. Thus, data could help to make a case for specialized awareness and outreach services. When examining these numbers, it is also important to differentiate adult and child victims and to differentiate victims who were the primary target(s) from secondary victims killed in IP/DH.

Furthermore, while official data sources reporting the gender of the perpetrator of IP/DH are limited, it must also be noted that the perpetrator of the homicide is not always the primary aggressor in the relationship. Cases detailed in court and media reports indicate that victims have killed their partners after being subjected to severe and prolonged violence. One example is that of Helen Naslund, who shot and killed her husband in Alberta in 2011 after 27 years of violence

and abuse (CBC Radio, 2022). Legal scholar Elizabeth Sheehy documented ten similar Canadian cases in her 2014 book *Defending Battered Women on Trial: Lessons from the Transcripts*.

While these women were perpetrators of IP/DH, that is not the whole story. Accurate and complete data regarding the dynamics of the relationship prior to the homicide are necessary for determining the differences between IP/DH perpetrated by a violent and controlling aggressor versus situations where a victim violently resists further abuse and threats of death.

Distinguishing these cases is necessary for informing strategies for prevention.

### **Priorities for Enhancing Data to Prevent Intimate Partner and Domestic Homicide**

We contend that the purpose of collecting data regarding IPV and IP/DH must be to work toward prevention (for more, see Dawson & Carrigan, 2021). The first step in reducing data gaps is improving data collection, specifically by examining what kind of data are currently collected and what is missing. Second, accessibility of data is important—data that are collected can only be used to inform prevention if they can be accessed by communities and researchers who have such priorities.

### **Importance of Partnerships for Collecting Data**

All stakeholders must work together to improve data collection and accessibility to prevent future IP/DH. While conducting research is not a primary goal of agencies that hold data, including policing agencies and governments, these agencies have a collective interest in working together to prevent IP/DH. It is necessary to examine the reasons for data collection and build buy-in for collecting data to increase knowledge and inform prevention, as opposed to collecting data for primarily administrative purposes (M. Dawson, CDHPiVP, 2021a).

Variables that are relevant for research to advance the prevention of IP/DH may not be collected by services that work with perpetrators of IPV (e.g., police, probation, or intervention

programs) or agencies that work with victims and survivors of IPV, whose priorities are providing crucial front-line services. Examination of gaps can lead to improved data collection, which is necessary to inform and improve service delivery at the individual and agency levels and contribute to research and prevention work more broadly. Partnerships between university and community-based researchers and government and community-based agencies that hold relevant data are essential for determining guidelines for data collection and access that will not place an excessive burden on service providers and their clients but provide researchers, policy-makers, and practitioners with the opportunity to answer these questions and work together to come up with recommendations for improving practice and preventing future tragedies (C. J. Giesbrecht, CDHPIVP, 2021a).

DVDR panels often have access to information documented by coroners/medical examiners and data collected and held by police and governments, health authorities, and DV agencies; however, researchers can rarely access such data. Given that DVDRs have access to the most comprehensive and complete information about cases of IP/DH, guidelines for accessing these data for research purposes should be explored. When Jane Monckton Smith conducted research to develop the eight-stage timeline leading to IPH, she relied on data from DVDRs conducted in England and Wales, of which over 800 have been published. These reviews provide “crucial detail of the history of the relationship and the victim’s experience of life with their killer” (Monckton Smith, 2021, p. 215). As Wendy Verhoek-Oftedahl stated during the panel discussion (CDHPIVP, 2021a), research in Canada would be enhanced by

“work with existing provincial/territorial DVDRs and child death review committees, that have access to . . . the most in-depth information available from a wide range of sources . . . [which] could give information on regional differences. Also, the information could be used to develop a standard set of definitions and variables.”

Challenges exist with completeness and accessibility of data for variables relevant to understanding the dynamics of IPV and IP/DH (C. J. Giesbrecht, CDHPIVP, 2021a; see also Cullen et al., 2021). The work of DVDRs, starting with Ontario (CDHPI, n.d., Office of the Chief Coroner for Ontario, 2019), provide a comprehensive list of risk factors for IP/DH. Despite this, information on these factors is not always collected, documented, and used to inform risk management and safety planning strategies in cases of IPV where service providers are involved. This information is difficult to piece together after an IP/DH has occurred. Collection of these data could be enhanced by training all front-line professionals on risk factors for IP/DH and developing standardized methods of capturing this information to be used by all agencies that support victims, perpetrators, and their children.

Researchers (Truong et al., 2022) have noted challenges with definitions of variables (e.g., socioeconomic status) in international research. Within the Canadian context, we have noted a similar problem with inconsistent measures and definitions used by various agencies that collect and hold data. Various government agencies should work with researchers to develop common variables and definitions as well as processes for data sharing. Data on relevant variables must be documented by law enforcement and other professionals who work with perpetrators and adult and child victims of IP/DV, and data at multiple levels (i.e., individual, relationship, community, and societal; [Truong et al., 2022]), and from multiple sources, must be combined to further elucidate risk factors for IP/DH, develop interventions and, ultimately, inform strategies for prevention.

Presently, it is not possible to combine data from multiple sources (e.g., police and survey data from Statistics Canada, other police data, and data from front-line services that serve survivors, such as shelters) for the purpose of studying IP/DH in Canada. While requirements to

protect privacy are crucial, confidentiality can create barriers to the analysis of case data after IP/DH has occurred and impede development of effective interventions to prevent IP/DH. Data for both victim and perpetrator variables, including circumstances surrounding where and how the IP/DH occurred, should be collected in one national database (C. Dumont-Smith, CDHPVP, 2021a). Building a database that contains variables demonstrated to be relevant for the study and prevention of IP/DH would exponentially enhance research in this area; however, the creation of such a database would require agreements and sustained collaborations from various agencies, as well as time and resources to work with these data. Policies related to accessing and storing confidential information are essential. Partnerships between university and community-based researchers and government and community-based agencies that hold such data are necessary for determining guidelines around access to data and for working together to streamline methods of data collection and access (C. J. Giesbrecht, CDHPVP, 2021a). There should be significant involvement throughout the process by IPV and IP/DH experts, advocates, and affected communities that would access these data and have an interest in research findings. Such efforts in Indigenous communities should be Indigenous-led.

### **Opportunities for Enhancing Data Quality**

While it is exceedingly challenging to capture and compile individual-level data for both victims and perpetrators, it is even more difficult to quantify data on relationship, community, and societal-level factors (C. J. Giesbrecht, CDHPVP, 2021a). Data collected by various service providers are necessary to provide a complete picture. This includes those who work with perpetrators, victims, and their children, including police, medical professionals, child protection services, DV shelters and services, and others. For agencies that work with perpetrators and victims of violence to collect data that are accurate and useful for informing strategies to prevent

future IP/DH, it is necessary for these professionals and agencies to be properly resourced. For example, some intervention programs for men who perpetrate IPV track program attrition and completion; however, they are unable to access recidivism data which is held by police and provincial governments. Therefore, agencies that work toward preventing recidivistic IPV by offering interventions for people who use violence in intimate relationships are often unable to assess the overall effectiveness of these interventions and examine participant-level, community-level, and other variables that may be barriers to reducing future IPV (Giesbrecht et al., 2022).

It is necessary to incorporate both qualitative and quantitative data relating to IP/DH. Quantitative data are necessary to understand the prevalence of and linkages between certain factors; qualitative data add context to the statistics. Service providers are important research collaborators. For example, long-term professionals in the DV sector have worked with thousands of victims and survivors over their careers; they see themes, know what is changing, and can share many examples (C. J. Giesbrecht, CDHPIVP, 2021a). Data quality can be substantially improved when communities are involved to ensure that the right questions are asked, and that data are collected in a way that is culturally safe. Narratives from survivors, collateral victims, and service providers are necessary to understand the risks and dynamics associated with IP/DH (Fuentes & Cookson, 2020). Survivors are the experts; they know best what would have helped in their situation and can offer crucial feedback regarding the type of data collected and the way questions are asked (see Straatman et al., 2022). The CDHPIVP incorporated interviews with survivors of severe IPV and loved ones of victims of IP/DH (Straatman et al., 2022). Family and friends are vitally important contributors to DVDRs (e.g., Mullane, 2017), as they can provide additional context and are aware of relationship dynamics that are not reported elsewhere. DVDRs in Canada should consider ways to invite participation

from family members and others who were close to the victim and perpetrator, such as friends and coworkers.

Further, for those who are able to and are comfortable doing so, family and friends have much to offer in terms of public awareness. Talking about relationship dynamics and changes leading up to the incident in media interviews and presentations may help others to recognize salient risk factors, such as isolation, coercion, and controlling behaviors. As Crystal J.

Giesbrecht explained during the panel discussion,

“as we increase public awareness about warning signs and risk factors, that will improve the quality of data that we see reflected in court reports and media stories—so it will improve interventions and responses to IPV, and will also improve the quality of publicly available data” (CDHPIVP, 2021a).

### **Indigenous Populations**

It is essential that governments, researchers, and other stakeholders collaborate to realize the priorities identified by the Truth and Reconciliation Commission of Canada (2015) and the *Missing and Murdered Indigenous Women, Girls, and 2SLGBTQQIA+ People National Action Plan* (2021). The Truth and Reconciliation Commission of Canada called “upon the federal government to develop a national plan to collect and publish data on the criminal victimization of Aboriginal people, including data related to homicide and family violence victimization” (Call to Action 39). Short term priorities identified in the MMIWG and 2SLGBTQQIA+ National Action Plan are to: “address issues related to the accurate tracking of data on missing and murdered Indigenous women, girls, and 2SLGBTQQIA+ people (Calls for Justice 9.5v) and “collect disaggregated data (Inuit, Métis, and First Nations) to report on violence against Indigenous women, girls, and 2SLGBTQQIA+ people, and on progress and the effectiveness of laws, policies, and services” (Calls for Justice 16.6; 16.44; 17.2; 18.3; 18.4).

The newly formed National Indigenous Women's Partnership Table has submitted that Canada should take action in the following ways: 1) Immediately require all RCMP and police services across Canada to collect and maintain all information available on Indigenous women who disappear or are killed, to promote enhanced data collection; 2) Co-develop data collection and sharing techniques in partnership with the National Indigenous Women's Partnership Table and Statistics Canada; and 3) Co-ordinate national information sharing between relevant federal, provincial, territorial and municipal authorities (including but not limited to the RCMP, police services, and coroners) to collect all data available on the disappearances and deaths of Indigenous women and girls (C. Dumont-Smith, personal communication, July 25, 2022).

### **Immigrant and Refugee Populations**

Disaggregated data are necessary for understanding the differential impacts of IPV and IP/DH on racialized and immigrant and refugee populations and informing policy recommendations; however, in decades past, there was an "informal ban on collecting racialized statistics, and now there is a call for it, but [we recognize] that we cannot go back to the way it was collected, it has to be collected in a way that is responsible to the communities and involves the communities" that are affected (M. Dawson, CDHPIVP, 2021a).

In 2022, Statistics Canada announced the Disaggregated Data Action Plan, which "seeks to combine data and then break them down into sub-categories according to gender, race, age, sexual orientation, disability (or a combination of these)." Statistics Canada stated that "this process will help to reveal uneven economic and social realities in Canada." Statistics Canada has stated that by securely combining data from different sources (e.g., the Canadian census, Statistics Canada survey data, and data collected by provinces and territories), better use can be made of data already provided to the government. This change is also expected to "improve the



accuracy of the data and expand the range of results and insights they provide” (Statistics Canada, 2022b). It is necessary to have available data for immigrant/refugee and racialized communities that allows for the exploration of the intersections of these categories (acknowledging that not all immigrants/refugees are racialized, and racialized groups experience systemic racism, risks, and barriers unrelated to immigration status), and further distinctions and intersections that exist within these populations (A. Dugal, CDHPIVP, 2021a). It is also necessary to explore ways to examine intersections for people (such as LGBTQQIA+ immigrants/refugees or those without documented status in Canada) who experience or are at risk of IP/DH without increasing vulnerability for those groups (A. Dugal, CDHPIVP, 2021a). There are inherent risks in recording the immigration status of victims of IPV when they seek services (e.g., if someone is on a temporary work permit or currently does not have status in Canada); a requirement to provide such information would undoubtedly create a barrier to accessing services for many survivors. When examining cases of IP/DH, however, immigration status becomes a key factor for understanding the experience of the victim and intersections with relationship, community, and societal level variables, including barriers to employment, education, and help-seeking.

### **Rural, Remote, and Northern Populations**

To improve service provision and prevent future IP/DH, it is necessary to examine data at various levels beyond the individual.

“We need data on if services, including police and support services, were accessed by victims or perpetrators before the homicide and, if so, how recently and outcomes of these interactions. Moreover, when we are looking at [IP/DH] in RRN areas, we need to know how many options were realistically available and accessible (including RCMP, shelters, and violence treatment programs) because that will help us to understand barriers to reporting and seeking support, and barriers related to gaps in services and availability of transportation, which will help to inform recommendations for intervention in RRN communities” (C. J. Giesbrecht, CDHPIVP, 2021a).

Prevention efforts should be informed by exploring perpetrators' histories, such as violence against intimate partners and others. In many cases, we also know very little about the perpetrators' history, including adverse childhood experiences. It is important to know if the perpetrator attended or had the opportunity to participate in a treatment or intervention program and their attendance and adherence; however, this is a gap in available data regarding IP/DH. We know that access to interventions for people who use violence differs across the country, and access is limited in RRN communities (Giesbrecht et al., 2022; Heslop et al., 2016). Further, research and evaluation of interventions are necessary to prevent future IP/DV and IP/DH by improving program effectiveness, risk reduction, and risk management for perpetrators.

### **Children Exposed to Domestic Violence**

To prevent child homicide in the context of IP/DV, it is important to directly assess the experiences of the child in conjunction with those of the adult victim to help refine our understanding of risk and protective factors, as well as strategies for safety planning and risk management specific to children. It is vital to assess children's experiences directly as well as relationship, community, and societal-level factors specific to children.

A priority to enhance data quality is the validation of the only risk assessment tool to date that incorporates the experiences of both the child and the adult victim and considers factors at the relationship and community level that can increase vulnerability (Barnardo's, 2011; W. Verhoek-Oftedahl, CDHPVIP, 2021a). To accurately assess risk for child homicides in the context of DH, it is crucial to evaluate perpetrator parents' relationships with children and assess the risks that custody/access disputes present to children, as the seriousness of abusive behaviors and risks to children often go unrecognized (W. Verhoek-Oftedahl, CDHPVIP, 2021a). It is also necessary to examine if specific behaviors of perpetrators of IPV toward children and their

mothers (e.g., harassing, threatening, and coercive control) put children at increased risk of DH (W. Verhoek-Oftedahl, CDHPVP, 2021a). Scotland's *Domestic Abuse Act (2018)* specifically criminalizes coercive control of children. Similar legislation in Canada would not only enhance opportunities for safety and support for adult survivors and their children, but it would also increase data accuracy and availability by identifying perpetrators and adult and child victims of coercive control who come into contact with the legal system.

### **Recommendations for Future Research**

When examining IP/DH, data relating to typology of perpetrators are rarely analyzed. This is likely because, despite decades of research (Ali et al., 2016), no agreed-upon typology has been determined, and a method of assessing IPV perpetrators for typology has not been developed. Therefore, information regarding typology is unavailable for DVDRs and researchers in the case of lethal violence. An Australian study examined pathways to IPH: fixated threat, persistent and disorderly, and deterioration/acute stressor (Boxall et al., 2022). For offenders who followed each pathway, researchers described key characteristics, including the perpetrators' history before the relationship; relationship factors, including the presence of coercive control; the period leading up to the IPH; and characteristics of the homicide. Notably, the researchers provided recommendations for disrupting each pathway's trajectory toward IPH (Boxall et al., 2022). We recommend that research into typologies and pathways of IP/DH be conducted in Canada, including examining how typologies and pathways may differ for offenders from different groups (Indigenous, immigrant/refugee, and RRN), as well as perpetrators who have killed children. This knowledge would likely help to inform strategies for prevention.

Cases of sudden deaths, including suicides and overdoses, and suspicious deaths, should be investigated to determine the presence of IPV; doing so may reveal additional victims of

IP/DH. For example, research in England and Wales indicated the importance of “a count of missing domestic abuse victims, plus suicide victims where domestic abuse is known—because many of these will have been caused by persistent abuse, or chillingly, even staged” (Retter, 2022; see also Monckton Smith, 2021).

Researchers have provided significant insight into the DVDR process and the usefulness of data collected and generated by DVDRs (Dawson, 2021b; Dawson, 2017; Rowlands & Bracewell, 2022). Collaboration among provincial and territorial governments, DVDR panel members, researchers, and other relevant stakeholders could inform the consistency of data collected and examined in future reviews and elucidate ways that researchers can use DVDR data to increase knowledge and inform prevention efforts.

In terms of understanding IP/DH and informing prevention efforts, we can only go so far with individual and relationship-level data; a greater focus on community and societal-level factors is needed. In addition, more study is needed regarding protective factors (at the individual level for victims and perpetrators, as well as relationship, community, and society-level factors). It is necessary to investigate how risk and protective factors intersect (Truong et al., 2022) and how these can be targeted effectively to enhance safety and prevent future IP/DH.

### **Conclusion**

Complete data from multiple sources that work with perpetrators and primary and collateral victims of IP/DH (including police, child protection services, DV shelters and services, probation and correctional services, family and criminal courts, and medical professionals) and those close to perpetrators and victims (family, friends, coworkers, neighbors, and community members), as well as research with survivors of near-lethal IPV, are necessary to inform researchers, policy-makers, and practitioners who are working toward prevention. Currently,

some of the most robust data relating to IP/DH comes from DVDRs, media, and court reports. It is imperative that agencies that collect and hold data work with researchers to inform methods for compiling data from multiple sources and using this data to inform work to prevent future IP/DH.

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