

**STRATEGIES AND RECOMMENDATIONS FOR MANAGING HIGH-RISK INTIMATE PARTNER  
VIOLENCE (IPV) OFFENDERS IN BRITISH COLUMBIA**

by

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## **Abstract**

High-risk offenders of intimate partner violence (IPV) have the highest probability of engaging in severe violence or causing death (Stewart & Power, 2014). Between 2005 to 2015, 100 deaths occurred in British Columbia as a result of IPV (BC Coroners Service Death Review Panel, 2016). As these high-risk IPV offenders underlying causes of the violence are complex, it is essential to understand strategies that can be used to decrease their likelihood of serious injury or homicide. Various initiatives across North America have been established to classify, monitor and rehabilitate these dangerous individuals; similarly, British Columbia has emphasized the need to focus on high-risk IPV offenders. Although considerable progress has been made, a further emphasis on education, evaluation, and evidence-based practices would be valuable. In addition, British Columbia would benefit from implementing preventative measures such as public awareness campaigns and youth education programs focused on healthy relationships. Lastly, there is a strong need for a national policy on DV to enhance prevention, response, and management of high-risk IPV offenders.

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## **Dedication**

To my incredible, selfless parents, Harjinder Mall and Chanchal Mall. As two young immigrants who came into this country with nothing but hope and admiration in your eyes, you are the true definition of success. Mom, thank you for being a remarkable role model; you have inspired me to be resilient, to break down barriers and to fight against injustice. Dad, thank you for teaching me the importance of empathy and the value of hard work and determination; you motivate me to be a better person every day. Every minute of my success is dedicated to the two of you.

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## **List of Acronyms**

BC- British Columbia  
B-SAFER- Brief Spousal Assault Form for the Evaluation of Risk  
CSC- Correctional Service of Canada  
DA- Danger Assessment  
DV- Domestic Violence  
EVABC- Ending Violence Association of British Columbia  
FVIR- Family Violence Investigative Report  
FO- Family Only Batterer  
GVA- Generally Violent/ Antisocial Batterer  
HIFVPP- High Intensity Family Violence Prevention Program  
HPPD- High Point Police Department  
IPV- Intimate partner violence  
MCFD- Ministry of Child and Family Development  
NISVS- National Intimate Partner Violence Survey  
ODARA- Ontario Domestic Assault Risk Assessment  
OFDVI- Offender Focused Domestic Violence Initiative  
PODV- Provincial Office of Domestic Violence  
PTSD- Post Traumatic Stress Disorder  
RNR- Risk- Need- Responsivity  
SARA- Spousal Assault Risk Assessment  
UCR2- Uniform Crime Reporting Survey 2  
WHO- World Health Organization

## **Introduction**

Intimate partner violence (IPV), also known as domestic violence (DV) or spousal violence is an extensive and troubling issue faced across the world. In Canada, IPV is typically recognized as either situational violence or a coercive tactic based on elements of power and control (BC Coroners Service Death Review Panel, 2016). The World Health Organization (WHO) has defined IPV as “behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours” (p.11). IPV is unique from other violent offences as it involves an intimate relationship between the victim and perpetrator, allowing the perpetrator ongoing contact and control over the victim (Kropp & Hart, 2015). IPV scholars Kropp and Hart (2015) stated that IPV can include threatened, attempted, or actual harm caused to a victim by a former or current intimate partner. The types of violence victims of IPV experience can vary tremendously, and can include harassment, physical, emotional, sexual, verbal, financial, and/or spiritual abuse (Ali , Dhingra, & McGarry, 2016; Burczycka & Conroy, 2017; Kelly & Johnson, 2008; Kropp, Hart, & Belfrage, 2010).

IPV can affect anyone, from any background, socioeconomic standing, or gender. In the 2014 administration of the self-report General Social Survey on victimization in Canada, both men and women reported similar rates of IPV (Burczycka & Conroy, 2017). Even though male IPV victimization was evident in self-reported data, their victimization is typically underreported in police reported incidents (Burczycka & Conroy, 2017). In police reported IPV, the predominant victims are female and perpetrators are male (BC Coroners Service Death Review Panel, 2016; Burczycka & Conroy, 2017; Kelly & Johnson, 2008; Kropp, Hart, & Belfrage, 2010). Women have also been noted as experiencing more severe types of violence in



comparison to men (Statistics Canada, 2016). Women were considered twice as likely as men to experience strangulation, sexual assault, or be threatened with a knife or a gun (Statistics Canada, 2016).

Studies have also established that some groups are more susceptible to IPV than others (BC Coroners Service Death Review Panel , 2016). As McCormick, Cohen, and Corrado (2017) noted, women of ethnic minorities are perceived to be at a higher risk of becoming victims of IPV. In the Statistics Canada (2013) report, it was noted that female victims between the age of 25 to 29 were at the highest risk of IPV homicide. The report also discussed the vast number of Aboriginal peoples affected by IPV. Statistics Canada (2013) noted that Aboriginal women were twice as likely to report IPV in comparison to non-Aboriginal women. Similarly, in the 2011 Statistics Canada General Social Survey, 34% of Aboriginal women disclosed experiencing emotional and financial abuse at rates that were nearly double to non-Aboriginal women. Not only were Aboriginal women more likely to be victims of IPV, they were also faced with more dangerous situations (Brennan, 2011; Statistics Canada, 2013). As Statistics Canada (2013) data revealed, Aboriginal women disclosed experiencing the most severe forms of IPV, including strangulation, threats with a weapon, and sexual assault. As such, the report also found that a disproportionate number of Aboriginal women were the victims of IPV homicide in Canada.

The effects IPV victims face can be extensive yet varied depending on the incident; however, most victims identify physical and psychological issues after an IPV incident (World Health Organization, 2012). The WHO (2012) noted that IPV victims were twice as likely to report mental and physical health issues in comparison to non-abused women. The physical effects could include: bruising, broken bones, head injuries, lacerations, or damage to hearing or sight (WHO, 2012). In addition to the immediate effects, the WHO (2012) observed that ongoing

long term physical consequences to IPV occurred once the violence ended. These medical issues included: fibromyalgia, irritable bowel syndrome, and various chronic pain syndromes. In addition to physical consequences, many psychological issues were mentioned in the WHO's (2012) report. In particular, victims of IPV noted as were more likely to experience emotional distress, depression, phobias, and anxiety (World Health Organization, 2012; Lehmann, 1997; Russell et al., 2010).

IPV creates not only primary victims but often secondary victims. It is well recognized that children who are exposed to IPV deal with trauma and victimization (Kaukinen, Powers, & Meyer, 2016; Lamb, Humphreys, & Hegarty, 2018; World Health Organization, 2012). In the 2014 General Social Survey, it was noted that one in ten Canadians witnessed violence by a parent or guardian against another adult in the family home (Burczycka & Conroy, 2017). In Kaukinen et al.'s, (2016) research, they found that the most common type of violence children of IPV families witnessed included: slapping, pushing, shoving, and throwing objects. Although Kaukinen et al.'s, (2016) investigation noted minor assaults, the Interagency Case Assessment Team (ICAT), which evaluates cases that are considered high-risk in British Columbia, indicated that children were often present during serious assaults across the province. The ICAT report noted that in 2015, out of the 662 files across British Columbia that were referred to as high-risk, 639 files revealed children in the home, which accounted for 96% of all the files referred (Edinger & Hamilton, 2016). This statistic may be increased due to the fact that many referrals to ICAT are provided by the Ministry of Child and Family Development (MCFD). As there is a dark figure associated to IPV, there may be more high-risk files that are not brought to the attention of the ICAT because they are not flagged. This in turn would result in skewed statistics.

When exposed to IPV, children may experience extreme trauma and consequential negative outcomes (Kaukinen, et al., 2016; Lamb et al., 2018; Muzychka, 2008; World Health Organization, 2012). In Muzychka's (2008) research, it was noted that children across all age groups experienced negative effects of IPV, beginning in utero. Many other scholars stated that children who were exposed to IPV were at a heightened risk of depression, anxiety, and violent behaviour (Burczycka & Conroy, 2017; Kaukinen et al., 2016; Kuhlman, Howell, & Graham-Bermann, 2012; Russell et al., 2010). Children who witnessed IPV were also more likely to engage in negative coping mechanisms, such as self blame, worrying, and ignoring the issue (Lepistöetal, 2010). It has also been recognized that these children were more likely to experience behavioral problems, academic issues, and were at heightened risk of substance abuse in the future (Kaukinen et al., 2016; Kernic et al. 2002; Lang & Stover, 2008; Sousa et al., 2011). Kuhlman, et al., (2012) found that children in pre-school who were exposed to IPV experienced more health problems, including allergies, asthma, and dizziness in comparison to children who were not exposed to IPV. They also concluded that children who were exposed to IPV were at a heightened risk of both engaging in IPV and becoming victims of IPV in their adult lives (Gover et al., 2008; Kaukinen et al., 2016; Muzychka, 2008). Gover et al. (2008) established similar outcomes and stated that females who were exposed to IPV, with their father as the perpetrator, were 72% more likely to become victims of IPV in comparison to females who were not exposed to IPV.

The immediate and prolonged effects of IPV are evident. However, it is also important to recognize the financial ramifications of IPV in Canada. In 2009, the Uniform Crime Reporting Survey 2 (UCR2) reported that there were over 49,000 police reported IPV incidents. The total estimated cost of these incidents in 2009 was \$7.9 billion, which amounted to a cost of \$220 per

Canadian citizen (Zhang, Hoddenbagh, McDonald, & Scrim, 2009). It was estimated that the justice system took on \$545 million of the economic impact. The criminal justice system, including the police, correctional services, court and legal aid, took on \$320 million while the civil system, including civil protection orders, child protection, and divorce, accounted for \$225 million (Zhang et al., 2009). The largest cost associated to IPV was the cost of victims; victims accounted for over 80% of the total economic impact. This included various effects, such as lost wages, damaged property, medical attention, and pain and suffering (Zhang et al., 2009).

Understanding the financial ramifications of IPV is important, but it is imperative to characterize and identify perpetrators of IPV, as they are the cause of the abuse. IPV offenders can be categorized as low, medium, or high-risk, based on their probability of escalation and recidivism (Kropp, Hart, & Belfrage, 2010). Low-risk perpetrators are considered unlikely to cause serious bodily injury or continue with ongoing crime (Kropp & Hart, 2015). These perpetrators are often viewed as more likely to take accountability and succeed in rehabilitative treatment (British Columbia Ministry of Justice, 2014; Tutty & Koshan, 2013). They are noted as responding well to early intervention and are unlikely to reoffend (British Columbia Ministry of Justice, 2014; Tutty & Koshan, 2013). In comparison, high-risk IPV offenders are often identified as male perpetrators who engage in ongoing IPV behaviour, with a heightened likelihood of lethality towards their victims (Stewart & Power, 2014). When considering IPV homicide in Canada, Burczycka and Conroy (2017) found that from 2005 to 2015, 964 IPV homicides were committed. In these homicides, they noted that 74% of the offenders were current or former common-law or legally married partners.

As these high-risk offenders characteristically cause the most severe harm over both the short- and long-term, the purpose of this paper will be to investigate and understand high-risk

IPV offenders, while describing effective approaches that are considered successful or innovative across North America. The paper will also discuss British Columbia's initiatives in dealing with IPV and recommendations will be provided to advance the goal of better recognizing, de-escalating, and rehabilitating high-risk IPV offenders.

### **IPV Statistics in Canada and British Columbia**

Canada has observed high levels of IPV for many years. In a review for Statistics Canada, Burczycka and Conroy (2017) reported that in 2015, approximately 92,000 individuals in the country were victims of police reported IPV; this accounted for 28% of all victims of police reported violent crime. Of these victims, 79% were women, with 72,000 reporting IPV. Their report also found that there were over 2,976 reported incidents of sexual assault occurring within the context of IPV victimization, accounting for a 15% increase from 2010. This amounted to 9 out of every 100,000 individuals being affected by IPV sexual assault; however, as sexual assaults are highly gendered, female victims of IPV were ten times more likely to be sexually assaulted by an intimate partner in comparison to non-IPV victims (Burczycka & Conroy, 2017). In addition, 5,204 incidents of criminal harassment were reported in 2015, and 5,795 incidents of uttering threats were documented (Burczycka & Conroy, 2017).

The report also displayed the tremendous variation of IPV across Canadian provinces and territories. Burczycka and Conroy (2017) found that Nunavut displayed the highest rate of IPV against women (6,402 per 100,000), followed by the Northwest Territories (4,250 per 100,000). These two territories far exceeded the next highest regions, which were the Yukon (1,812 per 100,000) and Saskatchewan (1,086 per 100,000). Alternatively, the lowest recorded rates of IPV in Canada were in Ontario (355 per 100,000) and Prince Edward Island (325 per 100,000).

British Columbia also ranked near the bottom of the list with the rate of 472 per 100,000 (Burczycka & Conroy, 2017).

While the general rate of IPV was lower in British Columbia in comparison to many other jurisdictions in Canada, IPV was still a substantial concern, as noted in the British Columbia Coroner's Office (2016) report. The report summarized all the IPV incidents that occurred across the province between 2010 and 2015. They estimated that over 13,000 people requested police intervention due to IPV and more than 18,000 women and children went to transition homes or safe houses to exit an abusive situation. The BC Coroner's Office (2016) also found that an average of 232 women per year were admitted into a BC hospital due to severe injuries inflicted by an intimate partner. In addition, over the six years reviewed in the Coroner's Office (2016) report, 75 fatal IPV incidents occurred, leading to 100 deaths. These incidents included homicide of 73 victims, both women and children, and the death of 27 offenders; this amounted to an average of 12 IPV related deaths annually. The results of their investigation also found that a majority of the homicide victims were female (78%), were killed in their own homes (80%), and only 10 of the murdered victims obtained a protection order prior to their death (BC Coroners Service Death Review Panel, 2016).

While these incidents themselves were very concerning, an alarming statistic reported by the BC Coroners Office (2016) stated that only one-third of all the fatal IPV incidents reviewed involved previous reports of IPV made to the police. In other words, in two-thirds of all the lethal IPV cases in British Columbia, the police had no prior knowledge of these high-risk IPV offenders. Scholars have discussed why many women do not come forward to report their IPV which includes a fear of being blamed, fear of facing retaliation, economic concerns, or fears surrounding loss of immigration (Jiwani and Buhagiar, 1997; Mears, Carlson, Holden, & Harris,

2001; Neilson, 2015; Plecas et al., 2000). IPV victims have also discussed not trusting the criminal justice system (Hart,1996) and a having a fear of reporting IPV as it might threaten or harm their custody of the children (Chambers, 1998; Hart,1996).

The low reporting rates of IPV is one of the many reasons why effectively managing high-risk IPV offenders is difficult. As will be discussed in the following section, even when high-risk offenders are known to police, case management of these offenders is complex because of the multiple theoretical explanations underlying their high-risk behaviours.

### **Theories on why IPV occurs**

There are many different theories on why individuals resort to a life of crime, including IPV. Although there is no clear consensus on which criminological theory applies most accurately, several theories in particular contribute plausible explanations for IPV. For instance, feminist theories of IPV explain that IPV occurs because there is an imbalance of power between the genders (Dobash & Dobash, 1979; Leung, 2011; Romain & Freiburger, 2016). Generally, feminist theories explain that men want to maintain social dominance over females (Leung, 2011). Feminist theorists argue that due to a patriarchal system, men are constantly placed in a position of power, whereas women are continuously oppressed (Leung, 2011). A well known feminist typology is Johnson's typology. Michael P. Johnson provided an initial framework to categorize IPV offenders into different typologies based on their underlying motivations for violence. Kelly and Johnsons (2008) typology identified four types of IPV: coercive controlling violence, followed by violent resistance, situational couple violence, and separation-instigated violence (Kelly & Johnson, 2008). Kelly and Johnson (2008) explained that in coercive controlling violence there was a pattern of coercion, intimidation, and control through the use of physical violence. This violence has also been referred to as intimate terrorism (Kelly &

Johnson, 2008). In this form of violence, the perpetrator depends on control methods, such as threats, emotional abuse, intimidation, economic abuse/financial control, monitoring the victim's activities, and blaming the victim for the abuse. Victims of intimate terrorism were documented as experiencing more frequent assaults with a lower likelihood of the abuse ending in comparison to the other forms of IPV outlined in this typology (Johnson, 2006). Kelly and Johnson (2008) explained that intimate terrorism is the most common type of IPV that is seen in shelter samples, and is the most common type of IPV presented to police and staff in hospitals. Johnson (2006) also explained that in intimate terrorism IPV the perpetrator was almost exclusively male.

The second type of IPV outlined by Kelly and Johnson (2008) is violent resistant. In this form, the victims turn to violence in order to protect themselves or in response to their partners coercive controlling violence (Kelly & Johnson, 2008). Johnson (2006) noted that violent resistance occurred nearly exclusively with women. He stated that violent resistance could occur at any time, from the first time a victim was assaulted, to several violent incidents later. It was noted that violent resistance rarely led to police involvement as it occurred over a short period of time (Ali, Dhingra, & McGarry, 2016).

The third type of IPV defined in this typology is situational couple violence. Kelly and Johnson (2008) argued that in this IPV, there is not a dynamic of power and control; instead, the IPV is situationally provoked. Kelly and Johnson (2008) argued that situational couple violence has a low level of frequency, although it may describe a large proportion of the IPV typically detected by community based surveys. They explained that situational couple violence is less likely to escalate over time and due to this reason, many victims do not report their victimization and are less likely to attend hospitals, shelters, or police stations (Kelly & Johnson 2008). In



Johnson's (2006) investigation of data of women from mixed locations, such as shelters and courts who were matched with a general survey sample found that 89% of the victims surveyed were involved in situational couple violence whereas only 11% discussed being involved in coercive controlling violence. Johnson (2006) noted that this statistic may be caused by the fact that victims of coercive controlling violence were more fearful of retaliation and less likely to report, and also may have limited ability to report due to a lack of access to a phone.

Lastly, the fourth type of IPV as defined by Johnson (2008) is separation-instigated violence. In separation-instigated violence, there is no previous abuse prior to the separation taking place. This type of IPV is different from coercive controlling violence as there is no fear, intimidation, or control during the duration of the relationship (Kelly & Johnson 2008). This IPV is usually triggered by a traumatic separation or when the perpetrator fears the impact the separation will have on their life (Ali, Dhingra, & McGarry, 2016).

The forms of violence outlined in Johnson's typology provide insight into the categories of IPV violence that can occur and has important implications for case management practices. For instance, risk assessments that can predict the overall likelihood of subsequent violence would identify different levels of risk for each category of IPV perpetrator and, consequently, different strategies to most effectively minimize the risk posed.

### **Risk Assessments**

IPV risk assessments are tools that are utilized to calculate the probability of IPV recidivism and escalation with perpetrators (Kropp & Hart, 2015). These assessments are essential in preventing further IPV as they provide insight into who is considered high-risk and subsequently requires the most in-depth case management (Jung & Bruno, 2017). Risk assessments are used with IPV perpetrators throughout numerous steps of the criminal justice

system, including: at the time of arrest, when deciding whether to lay a charge, and during sentencing (Kropp & Hart, 2015; Olver & Jung, 2017). These assessments have been found to play an effective role in providing clarity around an IPV offender's level of risk (Jung & Bruno, 2017; Kropp & Hart, 2015; Messing & Thaller, 2013; Olver & Jung, 2017). Each risk assessment is used on a case by case situation; therefore, the results and the implications for case management vary based on each individual offender (Kropp & Hart, 2015). These assessments are not only beneficial for understanding the offender and creating an effective management plan, but they can also be instrumental when dealing with victim safety and safety planning (Kropp & Hart, 2015). For instance, risk assessments can be used by victims when applying for protection orders, family law orders, or when speaking to divorce proceedings (Kropp & Hart, 2015). Unfortunately, scholars have typically disagreed on which IPV risk assessment is the most effective and accurate in understanding likelihood of recidivism, threat, and potential for lethality (Kropp & Hart, 2015). Still, although there is not a clear consensus on which risk assessment should be used in IPV, there are assessments that are internationally recognized and used in numerous countries across the world.

The most commonly used risk assessment globally is the Spousal Assault Risk Assessment (SARA) (Kropp & Hart, 2015, Jung & Bruno, 2017). The SARA is a structured professional judgement tool that is widely used across the world to distinguish the low, medium, or high level of risk posed by an IPV offender (Kropp & Hart, 2015). To date, this assessment has gone through several variations, and currently version three is used in the field. The assessment is divided into three different sections. The first section describes eight factors that are related to the historical pattern of IPV behavior by the offender (Kropp & Hart, 2015). The second section measures 10 risk factors that may be presented by the offender (Kropp & Hart,

2015). Finally, the last section is focused on six victim vulnerability factors (Kropp & Hart, 2015). The SARA is frequently used by mental health professionals with psychological assessment and interviewing skills training (Olver & Jung, 2017). It involves interviews with both the victim and offender, permitting a deeper understanding of the dynamics in a IPV relationship (Olver & Jung, 2017). It also focuses attention on a dynamic or psychosocial adjustment section which can vary depending on the offender; for example, SARA considers factors such as mental health, lifestyle, employment problems, substance abuse, suicidal/homicidal ideation, and recent shift in relationship dynamics in this section (Olver & Jung, 2017). All these factors can fluctuate over time, ultimately shifting the risk level of the offender. Importantly, the SARA has been studied by numerous scholars across the world and has been deemed an effective tool in predicting IPV (Helmus & Bourgon, 2011; Messing & Thaller, 2013; Olver & Jung, 2017).

More recently, the Brief Spousal Assault for the Evaluation of Risk (B-SAFER) has been built off the SARA assessment, as the SARA was not considered an appropriate tool to be used by police (Kropp, Hart, & Belfrage, 2010). As a large component of the SARA focused on mental illness and personality disorders, it was difficult for police officers to complete without adequate time and expertise (Kropp et al., 2010). The B-SAFER assessment was therefore created specifically for use by police and other justice agencies (Kropp et al., 2010). There are 15 factors investigated in the B-SAFER, which are divided into three sections. The first section includes five risk factors related to the offenders' history with IPV. The second section focuses on the offender's history of social and psychological functioning (Kropp et al., 2010). Finally, the third section includes five factors related to the victim. There is also an additional section

listed in the assessment for other considerations that may be considered significant (Kropp et al., 2010).

Along with these academically recognized risk assessments, provincial risk assessments have been created in an attempt to satisfy the needs of certain provinces (Jung & Bruno, 2017). In Canada, provinces such as British Columbia, Alberta, and Ontario have adapted their own risk assessments are that provincially recognized (Jung & Bruno, 2017). In Ontario, the Ontario Domestic Assault Risk Assessment (ODARA) was developed by Hilton et al. (2004) as an actuarial risk measure for law enforcement to predict recidivism in IPV. The ODARA is a 13-item scale that is often used to predict male against female IPV violence. Offenders can score anywhere from 0 to 13, with anyone rating seven or higher being considered high-risk (Olver & Jung, 2017). The ODARA investigates the offender's criminal history, victim's circumstances, details current or previous assaults, and describes children in the relationship. The ODARA was implemented with the intention of being used with the assistance of police records and without victim involvement (Hilton et al., 2004). As stated by Hilton, Harris and Rice (2010), the ODARA allowed assessments to take place with archival data in Canada, without interviewing. This was unique as assessing without an interview could be viewed as challenging with other risk assessments (Jung & Bruno, 2017).

In Alberta, the Family Violence Investigative Report (FVIR) was created and mandated for investigative and case management purposes (Alberta Justice and Solicitor General, 2014; Jung & Bruno, 2017). The FVIR is a 19 item checklist implemented to assist police forces across the province in gathering vital information within a short period of time after an IPV incident occurred (Alberta Justice and Solicitor General, 2014). It was implemented with the purpose of establishing which cases should be considered high-risk and should then be followed up with

case coordination between agencies such as Police and Crown Prosecutors (Alberta Justice and Solicitor General, 2014; Jung & Bruno, 2017). FVIR information is also often used in bail headings, case considerations, and as a quick guide for Crown Prosecutors (Jung & Bruno, 2017). Minimal information is available of the effectiveness of the FVIR; as it has not been verified empirically. The FVIR is currently only used in Alberta (Olver & Jung, 2017).

British Columbia's Summary of Domestic Violence Risk Factors is adapted from the FVIR and is also composed of 19 risk factors (Canadian Domestic Homicide Prevention Initiative, 2016). The Summary of Domestic Violence Risk Factors was adapted for front line professionals, such as the police, anti-violence workers, victims support workers, and child protections workers (Canadian Domestic Homicide Prevention Initiative, 2016). The purpose of this assessment was to assist frontline staff in conducting swift evidence-based assessments during investigations. The assessment is not as descriptive as the B-SAFER or the SARA model as it is meant to be utilized at the initial stages of an assessment or as an indicator of risk level, whereas the B-SAFER and the SARA are meant to be utilized as case management tools to predict recidivism (Canadian Domestic Homicide Prevention Initiative, 2016). There is currently limited information available on the effectiveness of the British Columbia's Summary of Domestic Violence Risk Factors, which makes the assessment difficult to support.

Many of the risk assessments discussed above have various positive and negative elements, as analyzed by Olver and Jung (2017) in a recent study on risk assessments in practice. Olver and Jung (2017) found that when comparing the SARA, the ODARA, and the FVIR, the SARA was most effective in predicting recidivism due to its psychosocial adjustment section. This section displayed dynamic offender traits that could fluctuate, ultimately altering the offenders level of risk. Olver and Jung (2017) warned that the ODARA, in comparison, relied

heavily on static, or unchangeable items; therefore, the ODARA was not effective for assessing when there was a downward change in risk levels (Olver & Jung, 2017). Instead, they argued that the SARA and ODARA should be used in conjunction to provide the most accurate risk assessment. Similarly, research by Jung and Bruno (2017) also concluded that the ODARA was more effective than the FVIR, but was similar in effectiveness when comparing it to the SARA. In contrast, they found that the FVIR did well in predicting only general offending.

### **Low Risk vs High-Risk Offenders**

The risk assessment tools discussed previously distinguish whether an offender is considered a low-risk, medium-risk, or a high-risk offender. The level of risk will distinguish which methods will be used to monitor, sentence, and rehabilitate these individuals (Hilton, 2014). Low risk offenders are considered the least likely to reoffend as they present with minimal risk (Tutty & Koshan, 2013). Consequently, low-risk offenders' rehabilitation plans are often limited to counselling and minimal supervision and if placed in specialized courts, they are likely to quickly resolve their legal issues (Tutty & Koshan, 2013).

In comparison, high-risk offenders display more complicated dynamics that often arise from years of trauma and require more in-depth treatment to effectively manage (Semiatin, Torres, LaMotte, Portnoy, & Murphy, 2017). As scholars have noted, many high-risk offenders have disclosed similar types of trauma throughout their lives (Campbell, et al., 2003; Connors, Mills, & Gray, 2013; Juodis, Starzomsk, Porter, & Woodworth, 2014). Connors et al. (2013) explained that many high-risk IPV offenders grew up in distressing childhoods filled with substance abuse, violence, low income, and low education. Research by Stewart et al. (2014), also found similar results; 61% of the high-risk offenders they interviewed in federal prison discussed witnessing their mothers being abused in IPV situations. Scholars such as Ireland and

Smith (2009), Delsol and Margolin (2004), and Holt et al. (2008) also commented on the link between males witnessing IPV violence towards their mothers and their increased likelihood of engaging in IPV. Similarly, Stewart et al.'s (2014) report also found that 33% of the offenders in their study had been previous victims of childhood abuse.

Research has also established that traumatic events negatively affect IPV offenders. Semiatin et al.'s (2017) research investigated the link between violent IPV perpetrators and post-traumatic stress disorder (PTSD) symptoms. They argued that PTSD was specifically associated with dysfunctional relationships as individuals who displayed PTSD symptoms often resorted to alcohol and drug abuse, which are often foundational issues in IPV. They studied 293 men who were involved with DV treatment between 2006 and 2011. The participants were asked to describe their previous exposure to trauma within nine different traumatic events, which included: witnessing violence, being involved in a natural disaster, receiving bad news, witnessing a serious accident, being in serious danger, being a victim of a violent crime, experiencing relationship abuse, and experiencing physical or sexual abuse (i.e. the Adverse Childhood Experiences scale, Felitti, et al., (1998). Semiatin et al. (2017) found that out of the 293 men, 227 (77.5%) reported experiencing at least one traumatic event in their lives, 62% reported experiencing more than one traumatic event, and 27% reported exposure to four or more traumatic events. They went on to explain that 31.3% reported having been in serious danger of losing their life, 30.4% reported being the victim of a violent crime, and 25.7% reported witnessing someone who was seriously injured or killed. Semiatin et al. (2017) also found that 14.4% of the participants experienced physical or sexual abuse in their childhood. Overall, 11% of the IPV perpetrators in this study met the criteria for PTSD, which is three times more than the national average in USA.

In addition to the issues listed above, high-risk offenders often display traits of psychopathy (Gondolf & White, 2001; Hare, 2001; Huss & Langhinrichsen-Rohling, 2006; Swogger, Walsh & Kosson, 2007). Hare (2001) described psychopathy as a personality disorder, which is comprised of personality characteristics, such as superficial charm, callousness, remorselessness, and pathological lying. It is well documented that psychopathy has been associated with many behavioural problems, such as substance abuse, violent behaviour, poor treatment response in adults, and recidivism (Rock et al., 2013). Scholars, such as Harris, Hilton, and Rice (2011) have also affirmed that males with high psychopathic traits were significantly more likely to engage in IPV in comparison to males displaying no psychopathic traits. To address this issue, Holtzworth-Munroe and Stuart (1994) created a batterer typology and draw a correlation between men who engaged in IPV and psychopathy. Holtzworth-Munroe and Stuart (1994) believed that there were three types of IPV offenders: family only (FO) batterers, borderline/dysphoric batterers, and generally violent/antisocial (GVA) batterers. They argued that FO batters displayed low severity of violence, were largely free of psychopathology, and made up 50% of the batterer population. The borderline/dysphoric batterers accounted for 25% of the total population and engaged in moderate to severe violence (Holtzworth-Munroe & Stuart, 1994). These batterers often showed schizotypal and borderline personality patterns and were expected to show high levels of emotional volatility and distress towards their IPV partners. In contrast, GVA batterers were most likely to engage in moderate to severe violence in all aspects of their life, and experience psychopathy and antisocial personality disorder. Holtzworth-Munroe and Stuart (1994) stated that GVA batterers accounted for 25% of all batterers. GVA batterers were also likely to have drug and alcohol abuse issues and have antisocial and narcissistic personality patterns, which are well recognized contributors to IPV.



While it is evident that certain traits of psychopathy can be associated with IPV offenders, it is important to evaluate IPV psychopathic offenders in order to establish the level of risk of the offender. It has been a frequent finding in IPV psychopathy research that these offenders engage in extreme violence against their partners. Huss and Langhinrichsen-Rohling (2000) found that not only are psychopathic IPV offenders more likely to commit physical violence, they are more likely to engage in verbal and emotional violence towards their partners. The offenders also reported engaging in higher levels of psychological and sexual abuse of their partners than other IPV offender types. Two studies have concluded that GVA offenders represented the highest risk of causing serious bodily injury or death (Goldstein, Cantos, Brenner, Verborn, & Kosson 2016; Juodis et al. 2014). Since there is a documented relationship between psychopathy and IPV, particularly for higher risk offenders, it must be taken into consideration when dealing with high-risk offenders. However, given that treatment is limited for psychopathic offenders, this raises difficult questions around the implications of treatment success for high-risk IPV offenders and about the likelihood of deterring lethal IPV.

### **Recognizing and Reducing the Likelihood of Lethality**

When tackling the issue of high-risk IPV offenders, the key objective is to reduce or eliminate the possibility of IPV homicide. In order to achieve this goal, an emphasis must be placed on recognizing what transpires when an offender becomes homicidal. Numerous scholars have focused on this phenomenon, documenting that previous IPV abuse and an escalation in abuse towards a victim is a strong indicator of IPV lethality (Campbell, et. al., 2003; Juodis, Starzomsk, Porter, & Woodworth, 2014; Nicolaidis, et al. 2003; Stewart, Gabora, & Kropp, 2014). Juodis et al.'s (2014) research used the revised Danger Assessment (DA) to investigate the difference between 78 non-domestic homicide offenders and 37 domestic homicide

offenders. Their research indicated that in incidents of domestic homicide, there was an increase in frequency and severity of the IPV before the victim was killed. Research conducted earlier by Campbell et al. (2003) showed similar results. Campbell et al. (2003) investigated IPV homicide occurring in 11 cities across the United States between 1994 and 2000. They found that the common indicator of IPV homicide was previous physical violence towards the victim. They found that 70% of the female victims were physically abused by their partners before their murder. Nicolaidis et al. (2003) also came to a similar conclusion when they investigated 30 women who were involved in near death experiences across six cities in the United States. They found that 67% of the victims involved in an IPV attempted murder had a history of physical and sexual abuse by the high-risk offender. Lastly, Stewart et al.'s (2014) research with high-risk offenders in the Correctional Service of Canada, who were considered likely to engage in high-risk IPV, found common results; 72% of the offenders in their investigation admitted to previous assaults, 31% engaged in strangulation, 40% used a weapon against their partner, and 30% admitted to IPV more than five times. Stewart et al.'s (2014) research also found that 58% of the high-risk offenders admitted to engaging in IPV with more than one previous partner. This is an important distinguishing factor of IPV homicide as it shows a trend of violent behaviour towards intimate partners. Unfortunately, as previously observed, many cases of lethal IPV in British Columbia involved a history of violence between the perpetrator and victim, but for one reason or another these victimizations were never officially reported to the police (BC Coroners Service Death Review Panel, 2016). As such, the moment to intervene and deter the violence from progressing to lethal levels was missed.

Rather than occurring in the “heat of the moment”, Juodis et al. (2014) reported that the majority of the IPV homicides that occurred did not happen randomly; instead, 82.9% were

committed as a calculated act of revenge against the partner; revealing that IPV homicides are preventable. Of note, a possible motivating factor was that 70% of these domestic homicide offenders were separated from their victims at the time of the offence. In addition, 45% of these offenders were aware that their previous partners were now involved in a new relationship. Nicolaidis et al. (2003) concluded similar results in their study. They found that 73% of the female victims noted that their attempted murder took place after there was a shift in the dynamics of their relationship. When the offender felt they lost control and the victim displayed the desire to leave the controlling and abusive situation, this placed the victims at the highest risk of being murdered (Nicolaidis et al., 2003). Campbell et al. (2003) similarly noted an increased risk to the victim when they chose to separate after living with the perpetrator. Nicolaidis et al. (2003) elaborated on this and advised that they found that 83% of their female victims reported experiencing extreme control, jealousy, stalking, and threats. The research conducted by Kelly and Johnson (2008) and Campbell et al. (2003) also found controlling behaviours, strangulation during pregnancy, and forced sex to be significant indicators of homicide. Jealousy and control with the addition of threats, stalking, previous abuse, and strangulation were identified as significant risk factors for high-risk offenders (Campbell et al., 2003; Kelly & Johnson, 2008; Nicolaidis et al., 2003).

In addition to the change in dynamics, it has also been well documented that high-risk IPV offenders' level of risk escalates when they struggle with substance abuse (Campbell, et al., 2003; Connors, Mills, & Gray, 2013; Juodis et al., 2014; Quinsey et al., 2006). Moreover, Juodis et al. (2014) found that 75.7% of their IPV homicide offenders displayed issues with alcohol abuse and 64.9% of the offenders were using drugs. Similarly, Campbell et al. (2003) found that

when threats against the victim were correlated with drug use, there was a significant escalation in the likelihood of IPV homicide.

Suicidal ideation and mental health were also recognized as important predictors of IPV homicide (Campbell, et al., 2003, Juodis et al., 2014; Eliason, 2009). Juodis et al., (2014) found that 30% of the domestic homicide offenders previously displayed suicidal ideation, and had either attempted or threatened suicide prior to the homicide taking place. In Eke, Hilton, Harris, Rice, and Houghton's (2011) research with 146 offenders who either committed IPV homicide or attempted to commit IPV homicide, 15% of the offenders were noted as having a psychiatric history. Although the information regarding what the psychiatric history was limited, Eke et al. (2011) recommended mental health services for high-risk domestic violence offenders would be beneficial.

Coming from an American perspective, Campbell et al. (2003) stated that in order to decrease likelihood of IPV homicide, offenders must have restricted access to guns. They explained that there is a substantive increase in likelihood of lethality when the offender had access to a gun (Bailey et al., 1997; Campbell, Glass, Sharps, Laughton, & Bloom, 2007). Webster et al. (2010) stated that shootings were the most common way women in the United States were murdered by their intimate partners. They explained that in 2005, 57% of the women murdered across the country died as a result of a firearm (Fox & Zawitz, 2007). By limiting access to weapons or removing weapons completely, a reduction in the likelihood of homicide would occur.

### **North American Approach to High-Risk Offenders**

With the goal of reducing escalation leading to IPV homicide, different parts of the world have taken on different approaches. In North America, and particularly Canada, there has been

an adaptation of the risk-need-responsivity (RNR) approach in dealing with high-risk offenders (Connors, Mills, & Gray, 2013). The RNR principles state that an appropriate approach to deal with offenders requires three psychological principles (Andrews, Bonta & Hoge, 1990). The first principle is concentrated on prioritizing service to high-risk offenders, the second principle is driven by targeting the causation of crime, and the third principle is focused on treatment that is effective for the individual offender with their learning style (Andrews et al., 1990). There has been progression in this theory over the years, but the core principles remain the same. The first principle guides the amount of intervention and treatment required based on the offenders' level of risk (Bonta & Andrews, 2007). This principle states that there should be prioritization when dealing with the high-risk offenders in comparison to medium-risk and low-risk offenders (Bonta & Andrews, 2007). Essentially, the principle states that low-risk offenders should not be given intensive treatment (Bonta, 2009), as this could actually raise their level of risk; rather, intensive treatment should be focused on the high-risk offenders. The second principle focuses on the causation of crime; this is considered the need principle, which recognizes the importance of identifying criminogenic issues, or dynamic factors, such as antisocial behaviour, antisocial peers, lack of self-control and substance abuse problems, in the delivery and design of treatment (Bonta & Andrews, 2007). Lastly, the third focus is the responsivity principle, which provides guidance on how treatment should be offered, with intervention tailored to each offender's motivations, learning style, and strengths (Bonta & Andrews, 2007). The responsivity principle advises that intervention should be provided through cognitive behavioural programming, or cognitive social learning methods to change behaviour (Bonta & Andrews, 2007). It is argued that cognitive social learning is the most effective way to teach individuals new behaviours, regardless of the type of behaviour that needs to be changed (Bonta & Andrews, 2007).

Scholars such as Stewart, Gabora, and Kropp (2014) found that RNR based programs significantly improved pro-social skills and reduced attitudes that supported violence against women (Bonta & Andrews, 2018). While Stewart et al.'s (2014) research showed a positive outcome of the RNR principles, these principles were implemented at the federal corrections stage where offenders were incarcerated for a minimum of two years. These principles have not been utilized in other stages of the criminal justice system where there is less opportunity for such intensive intervention. For example, offenders who are not sentenced to federal prisons, and instead are sentenced to provincial prisons, will not be provided the RNR programming. Due to the specialized area RNR principle programming is provided, it is also important to recognize other unique IPV initiatives such as unique police policies, specialized courts and GPS monitoring systems which can be implemented at earlier stages with IPV offenders.

### **The Offender Focused Domestic Violence Initiative (OFDVI)**

A policing procedure that has been deemed effective is the OFDVI (Kennedy, 2009; Sechrist & Weil, 2018). The OFDVI is an evidence-based deterrence policing approach that has researched by Kennedy (2009) and Sechrist and Weil (2018). Sechrist and Weil (2018) explained that this multidisciplinary approach was formed between community members and the High Point Police Department (HPPD) in High Point, North Carolina. The OFDVI was developed after years of collaborative work between the HPPD, the district attorney, a crime analyst, representation from the US District Attorney's office, researchers from a local university, victim services, and the executive director from High Point Community Against Violence (Sechrist & Weil, 2018). As Sechrist and Weil (2018) described, the program created a tier system for offenders rating them from A-level to D-level. The A-level offenders were considered the highest risk offenders and were prosecuted with priority. B-level offenders were considered

medium-risk. Once rated, B-level offenders were contacted by HPPD and in-person meetings were arranged. In these meetings, HPPD would go through the offenders' criminal history and would provide a formal warning to the offender that they were going to be monitored and that their criminal behaviour must end (Sechrist & Weil, 2018). The offenders were also provided with resources if they were ready to engage in positive programming or support services. In comparison, the C-level offenders, who were considered low-risk would get contacted by HPPD and would engage in an in-person meeting within 24 hours of their initial arrest. These offenders would be provided a detailed explanation of dynamics of IPV and the OFDVI. Finally, the D-level offenders, who were likely not facing criminal charges, and were considered the lowest-risk, would be contacted at the scene of the incident. The purpose of these in-person meetings with the offender were to ensure the offender understood that their criminal behaviour was going to be taken seriously by police. HPPD again provided resources moving forward for the offenders (Sechrist & Weil, 2018).

The OFDVI was adapted from a successful three-tiered DV approach being used in Yorkshire, England (Sechrist & Weil, 2018). The approach was considered effective as it saw a reduction in repeat victimization with early interventions, a reduction in number of repeat offenders, and saw a reduction in repeat attendances (Hanmer, Griffiths, & Jerwood (1999). Hanmer, et al. (1999) also found that the tier system enabled the classification of high-risk offenders, as they were individually assessed and data was collected. Working off this model, the OFDVI saw similar results. This program was initially implemented to address the issue with gun violence with repeat offenders and then transitioned into working with offenders who became violent due to the drug trade (Sechrist & Weil, 2018). When implemented in the drug trade, the HPPD saw a 39% reduction in drug markets and a 30% reduction in drug crime

(Kennedy, 2009). It was also noted that with the implementation of this deterrence theory across the city, there was a noted decrease of violent crime by 64% even though there was an increase in population by 42% (Sechrist & Weil, 2018). Favorable results were also found with the strategy when it was applied to IPV. OFDVI saw a 20% reduction in calls for service, a 20% reduction in IPV arrests, and a 20% reduction with victim injury (Sechrist & Weil, 2018).

Although the OFDVI strategies are important as a form of early intervention, there is also a need for knowledgeable specialized courts such as DV and Integrated courts for those offenders who become involved in the court process.

### **Domestic Violence Courts**

Specialized DV courts have emerged in many jurisdictions across Canada and the United States. These courts were established in order to revolutionize the manner in which complex criminal matters were discussed and handled. These specialized courts deviated from the traditional court process and took a unique approach in focusing on the understanding of the causation of criminal behaviour while adopting a holistic approach to understanding the complicated dynamics of IPV (Slinger & Roesch, 2010). In Canada, the first DV court was created in Winnipeg in 1991, with the purpose of providing early intervention to low risk offenders, and prosecution for repeat offenders (Tutty & Koshan, 2013). Tutty (2012) explained that these specialized courts involved a group effort between specialized Judges, Crown prosecutors, specialized police units, victim service workers and probation. According to Tutty (2012), the superior level of IPV training Crown prosecutors received, when taking high-risk offenders to trial, was effective as they saw more guilty pleas at the trial stage and also noticed a decrease in recidivism. Although not widely utilized in British Columbia, these specialized



courts now exist in cities all across Canada, each taking their own individual approach in dealing with IPV.

An example of a successfully evaluated specialized court in Canada is Calgary's DV court. This court opened in the early 2000's with the purpose of providing an expedited judicial process for offenders and victims. The court currently runs in a docket court and also a trial court. In the docket court, the (typically low-risk) offender is given the ability to make a plea and is then placed into treatment swiftly (Tutty & Koshan, 2013). The court allows a pre-trial conference to take place before matters are spoken to in court. In this conference a member from the Calgary Police Service, Calgary Probation, Home Front, the Crown Prosecutors' office and defense counsel are able discuss how to best move forward with the charges (Tutty & Koshan, 2013). This includes discussing the victim's requests, which may include: information regarding contact with the offender; victim's perceptions of safety; or requirements for any specific counselling. This case conference also allows the members of the team to ask for additional information and provide updated information as necessary to move forward with the file as quickly as possible.

In Tutty and Koshan's (2013) evaluation, Calgary's DV court displayed optimistic outcomes. The offenders who went through the DV court were less likely to reoffend when compared to the base group. Tutty and Koshan (2013) found that 33.9% of comparison group offenders breached or were charged with a new IPV related offence, whereas the offenders in DV court reoffended or breached at a rate of 18%. They also found that cases heard in DV court concluded at earlier stages in the criminal process. Tutty and Koshan (2013) explained that in the baseline data, 43% of cases concluded during the early stages but with the DV court, the number escalated to 70%. Tutty and Koshan's (2013) findings validated that Calgary's DV court was

effective in lowering the amount of appearances in court; ultimately decreasing costs and lessening the trauma on victims and offenders.

### **Integrated Courts**

With the success of specialized DV courts came the creation of integrated courts. These courts addressed criminal, civil, and family matters simultaneously with one assigned judge (Koshan, 2014). Koshan (2014) argued that these courts were more successful than traditional DV courts as they promoted a holistic approach in dealing with IPV while creating stronger communication between civil courts and criminal courts by combining them (Birnbaum, Balla & Jaffe, 2014). As many people involved in IPV have to deal with both the criminal and civil courts, scholars have voiced support with the integrated model. Birnbaum et al. (2014) discussed their support towards the first integrated court in Canada, which was opened in 2011 in Toronto, Ontario. They argued that this court improved coordination and information. The courts assigned one judge to one family to address a multitude of issues which could lead to one of the following outcomes: further accountability for offenders, improved decision making by judges, a multi-disciplinary approach to deal with family issues, and coordination of support services (Birnbaum et al., 2014). In Toronto's integrated DV court, Birnbaum et al. (2014) conducted a quasi-experimental design with parallel groups to investigate the court's success. They found that this initiative reduced overlapping; which ultimately lowered emotional harm to those involved. They also concluded that this court was cost effective as it allowed for victims and offenders to speak to numerous matters concurrently. Similarly, they noted that integrated DV courts had a positive effect on family dynamics. As maintaining parental relationships with children is important, regardless if the parent is an IPV offender, this court focused on promoting these relationships. Birnbaum et al. (2014) found that fathers (who were often the offenders) were shown to have

higher involvement with custody cases in integrated DV courts in comparison to the baseline group. They explained that in the baseline group, 84% of mothers gained sole custody of the children, whereas 66.7% of mothers in integrated court maintained sole custody; which displayed a stronger involvement by fathers in the integrated court. Coll and Stewart's (2007) research of integrated DV courts in Idaho found similar outcomes. Their research showed that the integrated courts improved child and family functioning, conflict resolution, and decreased domestic violence and child maltreatment. Their research also showed a significant decrease in drug and alcohol use by the offender.

These courts have shown promise at reducing recidivism and improving family dynamics. However, high-risk IPV offenders may require more intensive supervision in order to most effectively reduce their risk. As such, there has been a more recent reliance on technology, such as electronic monitoring and global positioning systems, to enhance offender management.

### **Electronic Monitoring/ Global Positioning Systems**

Electronic monitoring (EM) is a relatively recent tool adopted to ensure safety and offender management in IPV related incidents (Ibarra, Gur, & Erez, 2014). With EM, an offender wears a device that uses global positioning systems (GPS) to monitor their movement and can send an alert if a geographical restriction is violated (Gur, Ibarra, & Erez, 2016). This monitoring system can be implemented at various stages in the criminal justice system process, including as a condition of bail, pre-trial monitoring, post-trial monitoring, or after release from incarceration (John Howard Society, 2006; Gur et al., 2016). These monitoring systems have been viewed as an effective way to manage and monitor offenders as they allow the documentation of offenders' location and activities routinely to ensure they are abiding by conditions (Ibarra et al., 2014) which ultimately plays a role in reducing recidivism. In a study

conducted by Gur and colleagues (2016), a national-web based survey was used to assess the use of EM and GPS programs across the United States. The survey respondents included 616 practitioners who represented 43 states, all of which were using EM or GPS programs. Overall, 96% of the respondents believed EM/GPS provided enhanced supervision and 94% believed these systems kept victims safer. However, although EM and GPS are viewed as effective tools for reducing risk of IPV, the way in which they are utilized varies depending on the enforcement team.

Ibarra and colleagues (2014) investigated GPS tracking systems used with IPV perpetrators in three jurisdictions across the Midwest, West, and South of the United States. In their study, they interviewed criminal justice personnel that were involved with the administration of GPS monitoring. In their study they emphasized that although using the GPS systems was important, the manner the systems were used differed causing differentiation in the effectiveness of surveillance. Ibarra and colleagues (2014) found the Midwest site focused on punitiveness and crime control. They believed that the offender was a serious threat to the victim, therefore the offender should not be notified of the level or type of monitoring that was taking place (Ibarra et al. 2014). Although the offenders were wearing a tracking device, they were not advised on how carefully their movements were being monitored. They were also not informed on the distinctive ways the GPS systems could be operated to monitor them. In comparison, the West took the approach of collecting information from tracking devices and storing for later use in judicial proceedings (Ibarra et al. 2014). This information was only used if the offender was accused of entering a prohibited location. The West also took a lenient approach in supervision by allowing the perpetrators minimal restrictions around curfew, even when they were considered high-risk (Ibarra et al. 2014).

Alternatively, the South site found success in their program by being transparent with the offender regarding monitoring (Ibarra et al. 2014). They considered the GPS as a means to intervene not to punish. Ibarra et al. (2014) explained that the South site also focused on interviews with the offenders and not their criminal histories to establish a supervision plan. They contacted their offenders within 24 to 72 hours of the GPS systems being installed to ensure the offender was aware that they were being monitored and to build rapport. Ibarra et al. (2014) stated that the South site wanted to emphasize that the GPS was not simply installed without purpose; instead, they wanted to motivate change with the offenders while maintaining accountability. They used their GPS systems to ensure the offender was not entering prohibited locations but used GPS to ensure the offenders were attending their court mandated appointments and counselling (Ibarra et al., 2014). The South site aimed for honesty from their perpetrators about any difficulties they may be facing in obeying the rules; they advised the perpetrators that any failure to do so would lead to punitive measures (Ibarra et al., 2014).

All three programs took a distinctive approach in how they used EM systems to monitor their offenders, but the South site took on an approach that not only included monitoring, but interviews with the perpetrator to promote engagement in the process. The South site looked beyond the basic monitoring GPS tools were able to provide and concentrated efforts on creating a strong offender management system with the use of a GPS tool.

Electronic monitoring can be an effective tool at preventing revictimization. However, some offenders cannot be safely released into the community and instead are incarcerated in jails or prisons. Once offenders are incarcerated, the focus shifts from supervision to rehabilitation of IPV offenders through programming. As an example, the Correctional Service of Canada has implemented programs that have shown success in preventing IPV.

## **Correctional Service Canada Programming**

Offenders are placed with the Correctional Service of Canada (CSC) if they are incarcerated for a period of two years or more. The CSC has implemented successful strategies in tackling high-risk IPV offending (Stewart et al., 2014). These programs have been accredited for use of the RNR principles (Stewart et al., 2014). As such, the programming focuses on targeting causes of crime, while using measures that are deemed effective when dealing with each individual offender (Stewart et al., 2014). In CSC's intake process, each IPV offender that is institutionalized with the CSC is assessed through the SARA risk assessment and then placed into a program based on their level of risk (Stewart et al., 2014). The CSC initially found success in their High Intensity Family Violence Prevention Program (HIFVPP) when dealing with high-risk offenders (Stewart et al., 2014). In the HIFVPP program, high-risk offenders attended 78 group sessions and a minimum of 10 individual counselling sessions. This program was intended to provide in-depth programming and accounted for over 300 hours of service (Connors, Mills, & Gray, 2013). The facilitators were trained to take a therapeutic approach while engaging with the offenders through motivational interviewing (Connors et al., 2013). The high-risk offenders were taught coping strategies and were educated on how to avoid high-risk situations (Stewart et al., 2014). The offenders were also asked to engage in lengthy homework and ongoing quizzes. In their research on this program, Connors et al. (2013) found that there was a shift in the high-risk offenders' motivation to change. They argued that this motivation was a pivotal turning point in changing the offenders behaviour. They went on to explain further that without motivation to change, the offenders would be unsuccessful in any program (Connors et al., 2013).

The Integrated Correctional Program Model (ICPM) was created after the HIFVPP program and is a more general offender programming model implemented by the CSC

(Correctional Service Canada, 2014). Again, this program was designed following the risk-needs-responsivity model. In developing this model, the CSC utilized research by Brown, Amand, and Zamble (2009), which concluded that offenders were the most likely to be motivated to change at the beginning, rather than the middle or end of their sentence. As such, the CSC began prioritizing offender programming at the intake stage of sentences (Correctional Service Canada, 2014). In addition, the ICPM model was designed to address multiple offender risks and needs simultaneously instead of focusing solely on one issue at a time (Correctional Service Canada, 2014). While part of the motivation for this shift was budgetary in nature, the CSC also found that offenders who were involved with numerous programs felt overwhelmed due to the amount of time that was required to complete these programs.

Using the ICPM guidelines, offenders assessed as high-risk were placed in the high intensity program. Their program consisted of 97 two-hour sessions, whereas the moderate intensity programs included 50 two-hour programs (Correctional Service Canada, 2014). In the high intensity program, a strong emphasis was placed on motivating resistant offenders, who were often the high-risk offenders (Correctional Service Canada, 2014). The three goals of this program were to address the issues that led to criminal behaviour, to motivate the offenders in participating, and to teach the offenders self-management skills to help address and correct their IPV behaviour (Correctional Service Canada, 2014). While there is no research available to date on the effectiveness of the shift from the HIFVPP model to the ICPM model, the focus on the RNR approach in both initiatives suggests that the effects of this programming should be promising.

## **Programs that Exist in British Columbia**

British Columbia has introduced some unique approaches to prioritize and counter IPV. There are many boards and programs that exist across the province to address this important issue. A provincial initiative that was implemented in 2012 was the Provincial Office of Domestic Violence (PODV) (Provincial Office of Domestic Violence, 2014). PODV was opened with the goal of leading an integrated service for women, children, and families that were affected by domestic violence (Provincial Office of Domestic Violence, 2014). The PODV implemented a three-year plan in February of 2014 (Provincial Office of Domestic Violence, 2014). In the plan the main objectives were: integrating and coordinating a response strategy, enhancing information sharing between service providers, and improving direct services for survivors (Provincial Office of Domestic Violence, 2014). British Columbia also has a provincial policy, called the Violence Against Women in Relationships (VAWIR) policy, to address IPV across the province. The policy was amended in 2010 to more specifically address coordinated responses to high-risk IPV cases. This version provides a framework for those involved in IPV intervention, including Crown Prosecutors, Ministry of Child and Family Development (MCFD) police, victim services, and corrections. VAWIR provides guidelines to these professionals on an array of issues including: primary aggressor screenings; rules and regulations around arrest; explanations on 24-hour access to the Protection Order Registry; and prioritization of IPV files (McCormick et al, 2017). Many jurisdictions have also dedicated Crown to work on what are termed “K-files”, or IPV cases that have progressed to a charge status (British Columbia Prosecution Service, 2018). In high-risk cases the VAWIR outlines the importance of timely sharing of risk assessments, breach of conditions, court outcomes and any other information that is relevant regarding the victim and offender (The Provincial Office of Domestic Violence,



2014). Less commonly, another option that has been implemented in several B.C. communities are specialized DV courts.

### **British Columbia DV Courts**

In British Columbia, several DV courts were established with the intent of lowering recidivism, holding offenders accountable, decreasing court delays, increasing victim safety, and ensuring treatment for offenders (Birnbaum et al., 2014). However, across British Columbia, there are only three DV court models in place, and each program operates with a different objective. The first model is used in Duncan, BC. In Duncan, the court sits once a week on a designated date where all IPV offences, excluding serious offences, are heard by the specialized court, with an average of 40 to 45 cases scheduled each week (Ministry of Justice, 2014).

Duncan DV court requires IPV perpetrators to appear in person, unless approved by the court. This court focuses on limiting the number of adjournments in each file while ensuring victim services and MCFD are present during bail hearings (Ministry of Justice, 2014). Any serious IPV related criminal charges are moved to the standard court system and are not heard in Duncan court.

The court has some concerns, including the lack of space available for case conferences (Ministry of Justice, 2016). These case conferences allow the participating parties, such as the Crown Prosecutor and defense counsel, to speak to each other on matters related to the charges; this can include anything from the formal plea, to a change in bail conditions. Due to the limited amount of space, the ability to have the in-depth or mandatory case conferences that DV courts such as Calgary utilize, is not possible. While some parties are known to attend court early to speak to each other, a formal process is currently creating a barrier for those wanting to engage in a collaborative effort (Ministry of Justice, 2016).

In comparison, the docket courts in Kelowna and Penticton, BC, were primarily designed to address the backlog of cases with the hope of become more efficient (Ministry of Justice, 2014). These docket courts only hear less severe DV charges and only hear matters related to continuation dates or trial (Ministry of Justice, 2014). Lastly, the third model used in British Columbia is the DV court in Nanaimo. In Nanaimo, nearly all IPV offences, excluding murder charges, are heard. The court sits on a designated date once every two weeks and schedules an average of 50 to 60 files weekly. There is also one Crown counsel that maintains ownership of the majority of the files from the time that a charge is laid, to the conclusion of the file (Ministry of Justice, 2014). This court allows cases to be adjourned for longer periods of time in order to facilitate engagement with victims or offenders and service providers and (Ministry of Justice, 2014). Unlike Duncan, there is no mandatory requirement for the offender to present themselves in person.

Each of these programs has implemented their own unique approach; unfortunately, there has been no formal evaluation of these DV courts. Due to this lack of information, it is unsure how they are functioning. What remains evident is that overall, these courts appear to operate with minimal focus on high-risk offenders and high-risk offender management. Instead, these particular offenders are processed through the traditional court system, and, if sentenced for their IPV offences, they are likely to end up in BC corrections, where their rehabilitation programming begins (McCormick, Cohen, & Plecas, 2013).

### **British Columbia Corrections - IPV Custody Program**

BC Corrections houses offenders sentenced to anything less than two years in British Columbia. Currently, in BC, when a IPV offender is sentenced to a provincial facility, they are placed in cognitive behavioural programs in an attempt to alter their behaviour (Ministry of

Public Safety and Solicitor General, 2017). The offenders are referred to a two-part counselling program, which includes a Respectful Relationships program and Relationship Violence program (Ministry of Public Safety and Solicitor General, 2017). According to the Ministry of Public Safety and Solicitor General (2017), the Respectful Relationships program is comprised of 10 sessions teaching offenders' self-management. The Relationship Violence program, in comparison, is comprised of 17-sessions focused on men who have been abusive towards their intimate partners. In order for offenders to engage in the Relationship Violence program, they must have first completed the Respectful Relationships program. There is also additional training available for sex offenders, substance abuse, and a program called Living Without Violence (Ministry of Public Safety and Solicitor General, 2017). Unlike the CSC programming, there is no variation placed on offenders based on their risk levels, as the programming in BC corrections does not follow the RNR principles that are the foundation for programming at the federal level. In addition, the programs in place in BC Corrections have not been evaluated for effectiveness.

### **Interagency Case Assessment Team (ICAT)**

A unique high-risk case management team approach in British Columbia is the Interagency Case Assessment Team, or ICAT. ICATs are a collaborative effort of organizations from a single community, such as: Crown prosecutors, MCFD, police, parole, corrections, mental health organizations, income assistance, Aboriginal agencies, transition houses, and forensic psychologists (Ending Violence Association of BC, 2015). These professionals review cases in order to distinguish which cases should be designated high-risk based on the B-SAFER risk assessment. As the Ending Violence Association of BC (EVA-BC) (2015) explained, these organizations conduct periodic ICAT meetings where the committee participants share relevant information, legally and ethically, regarding the victim and offender (Ending Violence

Association of BC, 2015). At the end of the meeting, a vote takes place in order to establish whether or not the case should be considered high-risk. From 2010 to 2017 there were 636 cases referred to ICAT teams across the province; 526 of those cases were designated high-risk, accounting for 83% of the files that were brought forward (unpublished statistics, EVA BC). 95% of the offenders in these cases were male and 5% were female (unpublished statistics, EVA BC).

While there is minimal research currently available, the ICAT's have shown promise. They have enabled organizations to discuss cases in a more in-depth and timely manner than was previously possible. The process also allows for members from every stage of the criminal justice system to be involved in the process, and in particular, Crown prosecutors are able to attend ICAT's. Their attendance is essential as Crown prosecutors play a significant role in ensuring the offenders level of risk is apparent throughout criminal court proceedings; including bail hearings, case conferences, trial and sentencing. With high-risk offenders, it is imperative that their level risk is taken into consideration at every stage to minimize harm. Although it may be argued that Crown prosecutors should not engage in the ICAT process, cities such as Calgary have seen success with their Crown prosecutors' involvement with high-risk offender management as the offenders' risk is consistently explained throughout the criminal process.

The ICAT also permits collaboration in safety planning. The safety plan to keep the victim safe is created with the input of various departments and organizations acknowledging many different elements of safety. The ICAT has also shown positive effects in reducing recidivism and decreasing escalation. In 2015, of the 556 cases deemed highest risk only 4.9% of the victims experienced further violence and only 10.8% of the offenders had breaches after the file was designated high-risk by the committee (Edinger & Hamilton, 2016). This is significantly

lower than general IPV recidivism rates. It is estimated that between 20% to 33% of IPV offenders recidivate, often within six months of their initial assault (Hanson, Helmus, & Bourgon, 2007; Hendricks, Werner, Shipway, & Turinetti, 2006; Ventura and Davis, 2004)

## **Recommendations**

While the research to date is limited, British Columbia appears to have introduced some innovative approaches for managing high-risk IPV offenders across the province, although there is still a distinct lack of research on the effectiveness of these approaches. Further, the province continues to lack widespread implementation of some of the promising practices used elsewhere, such as the specialized DV courts. Overall, further evaluation and evidence-based practices would be beneficial for the province moving forward. Additionally, training that incorporates this evidence-base would be beneficial. Following the review of practices used in British Columbia versus other jurisdictions, it is clear that implementing the following recommendations could further enhance the province's response to its high-risk IPV offenders.

### **1. Mandatory training of IPV risk assessments**

As outlined in this paper, risk assessments can be lengthy and complicated to complete but are invaluable tools that can assist in accurately establishing an offender's level of risk. As stated in PODVs Provincial Domestic Violence plan (2014), it is imperative for agencies across the province dealing with IPV to be educated and trained on how to effectively complete risk assessments. Risk assessment trainings in British Columbia are available in many forms including online seminars, and in-depth instruction with the scholars who created risk assessments such as the SARA and B-SAFER. Although education is accessible, there is a clear lack of training provided to organizations that are involved in potentially high-risk IPV situations. When discussing police in particular, scholars such as Hirschel and Buzawa (2012) have emphasized the importance of training police on IPV, but acknowledged the typical lack of

training provided. Without educating officers on the causes, cycles, and signs of IPV, they are more likely to miss crucial elements of an effective investigation (Fraehlich & Ursel, 2014).

In an investigation of the Surrey RCMP Domestic Violence Unit, scholars McCormick et. al (2017) explained that members of the unit were not given specialized training on IPV. Coming into the unit the officers displayed general competencies such as interviewing skills, crime scene management, effective investigation skills, and writing abilities, which they felt provided sufficient training to conduct investigations. Although training on elements such as VAWIR and family law was provided to all general duty officers, not enough training was given to members of these specialized units. For police in BC, who investigate IPV risk using the B-SAFER model, it would be beneficial to implement mandatory training to every member of any IPV specialized unit across the province. This mandatory training would ensure all members of these specialized units were provided the knowledge to effectively determine who is a high-risk offender.

## **2. Mandatory training for ICAT's**

Similar to the previous recommendation, those attending ICAT meetings should also be mandated to engage in IPV training sessions. As the individuals who join ICATS are in attendance due to their professional involvement with either the victim, offender or children associated to the couple, their knowledge of IPV is crucial. These community members are given the opportunity to vote on whether or not the offender should be considered highest-risk yet it is unclear what their level of understanding is on the dynamics of IPV or the traits an IPV high-risk offender displays. It is also unclear if they understand how quickly IPV can escalate without the proper safety measures being put into place. Due to the serious nature of ICATs it is essential that training regarding information on IPV dynamics, IPV escalation, and effective IPV

initiatives addressing high-risk offenders are covered. This training could include an online seminar or an in-depth training session.

### **3. Transition to the SARA risk assessment with ICAT**

As discussed earlier in this paper, SARA has been described as the most commonly used risk assessment globally. It provides immense insight the dynamics of an IPV relationship (Olver & Jung, 2017) while focusing on the psychosocial adjustment features of an offender; which is unique from other risk assessments. Many scholars have stated that SARA has been proven to be the most effective risk assessment in predicting recidivism and escalation (Helmus & Bourgon, 2011; Messing & Thaller, 2013; Olver & Jung, 2017). Currently with ICAT's, a B-SAFER risk assessment is conducted by police to distinguish whether or not an offender should be considered high-risk. Although the B-SAFER is an effective tool, initially created for the police, research has shown that SARA is more effective. As ICAT's are more complex and multifaceted than common IPV incidents, it would may be appropriate to shift towards the more academically evaluated and validated tool than can be used on a continuum with offenders.

### **4. Evaluation and Unification of DV Courts**

British Columbia's DV courts were implemented as they were academically supported and there was a push to make the best use of limited resources across the province (Ministry of Justice, 2016). In 2016, the *Specialized Court Strategy* by the Ministry of Justice, discussed the significance of evaluation of these specialized courts. The strategy explained the importance of a cost and benefit analysis and evaluation to support ongoing development, based on empirical evidence. Although the requirement of evaluation was clearly defined, DV courts in BC are functioning without an evaluation methodology and with varied objectives (Ministry of Justice,

2016). There is currently limited information available on the success or downfalls of these specialized courts.

The *Specialized Court Strategy* also mentioned the benefit of implementing systems that were proven effective in other jurisdictions. In order for British Columbia to gain an understanding similar to Calgary, and Toronto's specialized courts, they must first begin with obtaining information. The DV courts must implement a system that gathers data from each DV charge. This can be done in partnership with a local organization, as the Calgary DV court implemented with Home Front, or through provincial databases such as JUSTIN. This information would play a vital role in establishing which model of DV courts is most effective in lowering recidivism while remaining cost effective. Although this data may have already been documented, there is currently no information available detailing what information, if any, has been gathered.

In addition, as courts in British Columbia differentiate on how they are structured, the evaluations of these courts could provide insight into which model is most effective and which model requires modification (Ministry of Justice, 2016). With this information, all DV courts across the province could move towards a unified approach with the specialized DV courts. Not only would this ensure efficiency but also accountability as the courts rate of success could be compared to one another across the province.

Research has also shown that integrated courts have been successful in addressing IPV in a holistic manner, in cities such as Toronto. After an evaluation of BC DV courts, it may be effective to transition into an integrated court model as this would not only decrease the amount of court time utilized in IPV incidents, ultimately lowering costs, but it would also address the multitude of concerns victims and offenders when dealing with criminal and civil matters



individually. Nevertheless, without an evaluation, implementing or exploring change would be difficult as there is no evidence available stating the systems currently in place are unsuccessful.

### **5. Provincial Corrections taking the CSC approach**

The current program at BC Corrections addresses IPV but fails to recognize the risk-need-responsivity model used in CSC. In order to provide the most effective programming for high-risk IPV offenders, provincial corrections should adopt a policy that recognizes which offender is low, medium, or high-risk. It is recommended that the characterization take place using the SARA risk assessment to ensure precision and consistency with federal corrections. It would also be effective for BC Corrections to adopt a model similar to High Intensity Family Violence Prevention Program previously used in CSC. This program would allow prioritization of high-risk offenders programming and rehabilitation. As offenders in provincial facilities are incarcerated for shorter periods of time, in comparison to federal offenders, it would be beneficial to continue the offender's programming through community probation.

### **6. Sentencing all high-risk offenders to federal incarceration**

If changing provincial policy to mimic CSC policy is not feasibly possible, or possible due to time constraints, a change in the way courts sentence high-risk offenders may be a viable option. Typically, sentences for those convicted of criminal charges resulting from intimate partner violence are minimal (Gannon & Mihorean, 2005; Klein & Tobin, 2008; Ventura & Davis, 2004). Yet, as high-risk offenders generally have a long history of previous criminal behaviour and are considered most likely to commit extreme violence or in some cases, homicide (Stewart & Power, 2014), it may be in the best interest of society to sentence these offenders to a minimum of two years' incarceration. By sentencing them to federal prison, the high-risk offenders would be given the opportunity to partake in more effective programming that is offered in CSC. As discussed previously in this paper, the programming at CSC addressed a

multitude of concerns with high-risk IPV offenders and showed substantially positive results by transforming negative attitudes of the offenders, which is often difficult to do as high-risk IPV offenders are not easily rehabilitated. This recommendation is based on the assumption that the perpetrators have a demonstrated history of involvement in violent behaviour, via a pattern of previous arrests, charges and/or convictions.

## **7. Preventative Youth Education**

Risk-need-responsivity approaches to dealing with high-risk offenders have shown positive results, but it is important to recognize that any approaches applied at the point of incarceration is reactive and not preventative. In order for high-risk IPV to be reduced in this province, and across Canada, an emphasis must be placed on strategies focused on youth. It is imperative to educate children around healthy relationships and recognizing power and control dynamics at a young age (Buckle, Simpson, Berger, & Metcalfe, 2014; National Center for Injury Prevention and Control, 2017). Buckle and colleagues (2014) discussed applying these preventative approaches at a young age with children. They recommended implementing an in-school program delivered to children between the ages of 13 to 16 years old, as IPV can begin at a young age. As the National Center for Injury Prevention and Control (2017) in America have previously noted, 8.5 million women (7%) expressed experiencing IPV before the age of 18. Also, 3.5 million women (3.5%) in America reported being stalked by a former partner before the age of 18. As IPV can begin early in life, Buckle et. al. (2014) stated the focus of this program is aimed at preventing or eliminating the beginning of violence in relationships. They explained that this program allowed teachers to implement this vital information into the curriculum, showing its importance. Buckle et. al. (2014) also discussed a program aimed at adolescent males. This program was offered in a sports setting with the hope to changing

attitudes around gender roles, violence, masculinity, and power. Buckle et. al. (2014) found these programs also promoted men speaking out against violence.

## **8. Increase public awareness of high-risk indicators**

Currently, there is not enough public knowledge surrounding IPV in British Columbia. In the Provincial Domestic Violence plan (2014) there was discussion of focusing attention towards Victimlink BC as a way of creating public awareness but this not sufficient. A stronger emphasis must be placed on providing information on the warning signs of high-risk IPV and what can be done if you believe someone is involved in an IPV situation. This could include pamphlets being distributed in local schools, physicians' offices, recreational centers or through the use of social media platforms such as Facebook, Snapchat, Instagram, or Twitter. As youth are heavily involved in social media, it would be constructive to present this information on platforms they use daily. This could include a media campaign or the promotion of a hashtag similar to the #metoo movement. Not only would this create public interest, but also provide important education regarding IPV.

In Ontario, there is a public education campaign that was created to raise awareness around abuse against women called Neighbors', Friends and Families. This program is funded by the Ontario government and encourages communities to speak out if they believe a woman is experiencing abuse (Centre for Research & Education on Violence Against Women & Children, 2018). The program provides free campaign products for those interested in becoming involved or those looking for information regarding safety planning, risk of death and guidance on how to assist abused women (Centre for Research & Education on Violence Against Women & Children, 2018). This organization also presents public service announcements to help educated the masses. As this is a government funded initiative, it may also be in the best interest of British

Columbia to take on a similar approach to provide free information and also create a movement that involves different members of the community.

## **9. Create a National Policy on Domestic Violence**

Canadian provinces and territories have all taken individual approaches when addressing IPV, leading to success in some locations over others. As IPV is an issue that occurs all over the country, it would be effective to implement a national policy on domestic violence. By doing so, all relevant information relating to IPV could be compacted and presented as a unified understanding of the issue. In addition, the national policy could establish best practices for agencies across the country addressing IPV. This policy could also stand as an overarching rule book for those provinces and territories that are currently behind on relevant information regarding this important issue.

## **Conclusion**

IPV causes not only physical and psychological trauma on victims (World Health Organization, 2012) but also creates a significant financial burden on the Canadian system (Zhang et al, 2009). Although both men and women are affected by IPV, women are noted as experiencing the most severe types of IPV (Statistics Canada, 2016). The offenders who engage in this abuse are categorized as low, medium or high-risk based on their probability of escalation and recidivism (Kropp, Hart, & Belfrage, 2010). The high-risk offenders are the most alarming offenders as they are most likely to cause serious bodily injury or commit homicide. Many of these high-risk IPV offenders have been documented as experiencing troubling childhoods filled with violence, physical and sexual abuse (Semiatin et al., 2017), substance abuse, low education and low income (Connors et al., 2013). Some high-risk IPV offenders have also been documented as displaying signs of PTSD (Semiatin et al., 2017), and psychopathic personality

traits (Gondolf & White, 2001; Hare, 2001; Huss & Langhinrichsen-Rohling, 2006; Swogger, Walsh & Kosson, 2007).

As IPV homicide is preventable, programs and policies such as the VAWIR and ICAT play an influential role in reducing the likelihood of IPV homicide in British Columbia. In order to further this initiative, British Columbia would benefit from focusing on educating those involved with IPV investigations to ensure relevant information is not missed. In addition, it would be favorable for British Columbia to concentrate on reevaluating DV courts, provincial corrections programming and the manner in which offenders are sentenced. Furthermore, a focus on proactive and preventive approaches such as public awareness campaigns and youth education programs in schools would be valuable. Lastly, the creation of a national policy on DV would be advantageous as it would provide a unified understanding of IPV and would enhance prevention, response, and management of high-risk IPV offenders.

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